

# Appendix F: Dialysis Organization Corporate Representative Interview Protocol

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## Introduction

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Hello. My name is [*interviewer name*] from Insight Policy Research, and I want to thank you again for agreeing to speak with me today about your involvement in activities related to dialysis care. I'm joined today by [*note taker name*] from Insight, who will be taking notes for the interview.

We were hired by the Centers for Medicare & Medicaid Services, otherwise known as CMS, to conduct an evaluation of the ESRD Quality Incentive Program (QIP). CMS is interested in learning how this initiative may have affected dialysis patients' health, outcomes, satisfaction, access to care, quality of care, and healthcare spending. CMS has also asked us to learn about other topics that are less directly related to the QIP.

This year we are focusing on the following topics related to ESRD care and will be asking you about them today:

- ▶ Quality of dialysis care
- ▶ Health Equity and access to ESRD care
- ▶ Factors associated with access to home dialysis
- ▶ Factors associated with access to transplant

## Informed Consent

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Let me also take a minute to review the informed consent for the interview and how we'll handle the information you provide:

- ▶ We will use the information you share with us for research purposes only.

- ▶ All your responses will be kept confidential. No one except the Insight research team will have access to the information you provide.
- ▶ We will use your answers to produce summaries from our collective set of interviews.
- ▶ We will not report information in any way that identifies you or the organization you are affiliated with to anyone outside the research team, except with your permission or as required by law. CMS will not see your name or your organization's name connected to your individual responses. That being said, there are only a few organizations out there, so be mindful that CMS may be able to determine which organization is affiliated with certain remarks.
- ▶ All information identifying you is stored securely and will be destroyed at the end of the study.
- ▶ We'd also like to emphasize that your participation is completely voluntary:
  - Your participation or nonparticipation will not be reported to anyone.
  - You can stop the interview at any time for any reason, and you can decline to discuss any topic we raise.
- ▶ We expect that this call will take about 30-45 minutes.

If you would like this information in writing, let me know, and I will send you a copy to your email.

With your permission, we'd like to audio record the interview to ensure we capture and analyze your remarks accurately. Only the research team will have access to the recording, and it will be destroyed at the end of the project. Would it be okay to audio record the interview?

Do you have any questions before we begin?

## Introduction of Interviewee(s)

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*[If there are several interviewees on the phone, call out each one individually and ask them the same introductory question below.]*

1. Before we start our discussion, would you please share with me your job title and your role at *[organization name]*? How long have you been working in the ESRD field?

I'm going to ask you some questions about a variety of topics related to ESRD care, but since we are talking to many different stakeholder organizations, some of the questions may not fall within your purview of expertise. If that is the case, please let me know and I can move on to another set of questions.

## Dialysis Quality

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My first set of questions has to do with the quality of care dialysis patients receive.

1. How do you evaluate the quality of care your facilities provide to your patients? (i.e., which survey or metrics do you use to measure quality)?
2. How well aligned are the QIP measures with what you track and measure internally?

3. Have you noticed misalignments of QIP measures with the quality measures of other government-related efforts, such as Five Star or the alternative payment models like the Kidney Care Choices model and the ESRD Treatment Choices model? If so, please describe those misalignments.
4. Are there any QIP measures that are particularly challenging for facilities to maintain or improve their scores over time? If so, please explain.
5. Are there any QIP measures that you feel don't fully represent with patients' priorities for their ESRD care? If so, which measures and how do they differ from patients' priorities?

## Access to Care

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Next, I'm going shift gears a little and ask about patient access to ESRD care.

1. Does your organization collect data on health-related social needs (e.g., food insecurity, stable housing, mobility impairment, transportation barriers)? If so, what does your organization do with the information collected related to those needs?
2. Focusing on underserved populations treated by your facilities (such as low income, rural, uninsured), what are some strategies to improve access to care that you have implemented or seen implemented by facilities or providers?
  - a. What are some challenges, if any, that affected implementation of these strategies?
  - b. What resources or incentives facilitated the implementation of these strategies?
3. Has your organization adopted strategies to address health inequities? If so, please describe them.
  - a. *[If yes to Q8]* Did the QIP encourage the development and implementation of these strategies? If so, how?
  - b. *[If yes to Q8]* Were did other non-QIP CMS initiatives or Models encourage the development and implementation of these strategies to address health inequities? If so, which ones and how?
4. Can you please tell me about your organization's strategies to improve access to home dialysis for patients who are interested?
5. Are there ways in which the QIP is designed that helps or creates challenges to patients' access of home dialysis? If so, please describe.
6. Can you please tell me about your organization's strategies to improve access to transplants or transplant waitlist for patients who are interested?
7. Are there ways in which the QIP is designed that helps or creates challenges for patients' access to transplant? If so, please describe.

## Closing

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Before we finish, is there anything you would like to share that I haven't asked about or anything you would like to elaborate on that you didn't get a chance to discuss about the QIP?

Thank you for taking the time to speak with me today. Your input is helpful, and we look forward to summarizing all the information we hear from stakeholders. If you have questions after the call or wish to offer additional feedback, please feel free to reach out to me.