

# ICH CAHPS Survey Fact Sheet

May 2021

## Overview

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) In-Center Hemodialysis Survey, hereafter referred to as the “ICH CAHPS Survey,” is designed to measure the experiences of people receiving in-center hemodialysis care from Medicare-certified dialysis facilities (also known as ICH facilities or dialysis centers). Patients may know the ICH CAHPS Survey as the “Medicare In-Center Hemodialysis Survey.” The survey measures patients’ experiences on topics that are important for making more informed choices when selecting a dialysis facility as well as helping dialysis facilities to improve the quality of dialysis care for their patients.

The survey is conducted twice a year, in the spring and fall. Over 7,200 in-center hemodialysis facilities typically participate and approximately 100,000 patients respond to the survey each survey period. Survey results are reported semiannually (April and October) on Care Compare on Medicare.gov (<https://www.medicare.gov/care-compare>).

The following types of patient experiences are included in the survey:

- kidney doctors’ (nephrologists’) communication and caring,
- quality of the dialysis center’s care and operations, and
- providing of information to patients.

The survey results are used by:

- Consumers to inform decisions about choosing an ICH facility,
- ICH facilities for quality improvement initiatives, and
- Centers for Medicare & Medicaid Services (CMS) to monitor quality of dialysis care.

## ICH CAHPS Survey Content

The ICH CAHPS Survey contains 62 survey questions in the mail survey version and 59 questions in the telephone survey version. The mail version of the survey contains three additional survey items used to determine if the survey was completed by a proxy respondent, which is not permitted on ICH CAHPS. Questions 1 to 44 are considered the “core” ICH CAHPS Survey questions. Questions 45 to 59 are the “About You” questions and ask for self-reported health status and basic demographic information.

There are 21 approved supplemental questions available for ICH facilities to use, if they desire. An ICH facility can choose to use one or more of these supplemental questions. An ICH facility can also use facility-specific questions, as long as they are approved by CMS before use.

The ICH CAHPS mail survey is currently available in English, Spanish, traditional and simplified Chinese, and Samoan. The ICH CAHPS telephone survey is available in English and Spanish only.

The survey covers topics such as the patient’s interactions with the ICH facility providers, the staff’s professionalism, staff communication, care and emotional support, kidney doctor’s communication and care, coordination of care, handling of complaints, patient involvement in decision making, safety and

environment, patient rights, and privacy. Patients are asked to provide overall ratings of kidney doctors, dialysis center staff, and the dialysis center.

The ICH CAHPS Survey and related materials can be found here: <https://ichcahps.org/Survey-and-Protocols>.

## **ICH CAHPS Survey Public Reporting on the Care Compare Website**

CMS began publicly reporting ICH CAHPS Survey results in October 2016, with star ratings added in October 2018. ICH CAHPS Survey results are currently refreshed or updated on the Care Compare website twice each year (typically in April and October).

The survey results that are publicly reported are based on combined data from the two most recent survey periods. To be eligible for public reporting, participating facilities must have at least 30 completed ICH CAHPS surveys combined from the two survey periods included in the public reporting period. For ICH facilities that do not have survey results publicly reported, a footnote will appear on Care Compare to indicate why results are not reported.

## **ICH CAHPS Survey Measures Reported on the Care Compare Website**

ICH CAHPS Survey results are reported on the Care Compare Website as “patient survey ratings” or “patient survey star ratings.” The ICH CAHPS patient survey ratings include:

1. The percentage of patients who provided the most favorable ratings of patient’s experiences related to the following three composites:
  - Six questions that comprise the “Kidney Doctors’ (Nephrologists’) communication and caring” composite (Questions 3, 4, 5, 6, 7, and 9). This appears on Care Compare as: “Communication: Patients who reported that kidney doctors “always” communicated well and cared for them as a person.”
  - Seventeen questions that comprise the “Quality of dialysis center care and operations” composite (Questions 10, 11, 12, 13, 14, 15, 16, 17, 21\*, 22, 24, 25, 26, 27, 33, 34, and 43). This appears on Care Compare as: “Doctors & Staff: Patients who reported that dialysis center staff “always” communicated well, kept patients as comfortable and pain-free as possible, behaved in a professional manner, and kept the center clean.”
  - Nine questions that comprise the “Providing information to patients” composite (Questions 19, 28, 29, 30, 31, 36, 38, 39, and 40). This appears on Care Compare as: “Communication: Patients who reported that YES their kidney doctors and dialysis center staff gave them the information they needed to take care of their health.”
2. The percentage of patients who gave a score of 9 or 10 on a scale of 0 (worst possible) to 10 (best possible) for the following three global ratings:
  - Global rating of kidney doctors (calculated from survey Q8). This appears on Care Compare as: “Doctors & Staff: Patients who gave their kidney doctors a rating of 9 or 10 on a scale of 0 (worst possible) to 10 (best possible).”
  - Global rating of dialysis center staff (calculated from survey Q32). This appears on Care Compare as: “Doctors & Staff: Patients who gave the dialysis center staff a rating of 9 or 10 on a scale of 0 (worst possible) to 10 (best possible).”

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\* For Q21, response option 5 (“I insert my own needles”) is coded as missing and not included when calculating the composite.

- Global rating of dialysis center (calculated from survey Q35). This appears on Care Compare as: “Overall experience: Patients who gave the dialysis center a rating of 9 or 10 on a scale of 0 (worst possible) to 10 (best possible).”
3. A star rating, which provides an easy visual to help patients make an informed decision when choosing where to receive their in-center hemodialysis care. The star rating is generated from a simple average of six individual star ratings (*please note that the individual star ratings are not provided on Care Compare*):
    - Each of the three composite measures (#1 above); and
    - Each of the three global ratings (#2 above).
  4. The survey response rate and the number of completed surveys are also included as part of the patient survey ratings.

## **ICH CAHPS Sampling and Survey Administration**

The national implementation of the ICH CAHPS Survey, which began in the fall of 2014, is administered on a semiannual basis by multiple CMS-trained and approved survey vendors that administer the survey on behalf of ICH facilities. For each semiannual survey period, a sample of patients is selected using patient-level data from CMS’s End Stage Renal Disease Quality Reporting System (EQRS; formerly CROWNWeb) and provided to each participating facility’s authorized ICH CAHPS survey vendor. To be eligible for the survey, patients must:

- be 18 years old or older by the last day of the sampling window,
- receive ICH care for 3 months or longer, and
- not be institutionalized.

There are currently three approved data collection modes on ICH CAHPS: mail-only, telephone-only, and mixed-mode (mail with telephone follow-up of nonrespondents).

The typical sampling window for the Spring Survey is October 1 through December 31 of the preceding year; data collection for the Spring Survey is conducted from April through July in each year. The sampling window for the Fall Survey is April 1 through June 30 of the current year; data collection for the Fall Survey is conducted from November through January. To meet CMS’s quality reporting requirements, all ICH facilities that serve 30 or more survey-eligible patients in a calendar year are required to contract with a CMS-approved survey vendor to administer the survey on their behalf the following year.

The survey and its protocols for sampling, survey administration, data coding, and submission can be found in the *ICH CAHPS Survey Administration and Specifications Manual* located on the ICH CAHPS website: <https://ichcahps.org/SurveyandProtocols.aspx>.

## **ICH CAHPS Primary and Alternate CCNs**

Many ICH facilities have both a primary and alternate CCN associated with their facility. EQRS (formally CROWNWeb), the CMS database that provides sampling information used for the ICH CAHPS Survey, may include sample patients under both CCNs. For this reason, it is critical that participating ICH facilities investigate whether they have an alternate CCN(s). If unsure, facilities should check with their billing department to obtain all CCNs used for billing CMS for services related to end stage renal disease (ESRD) patients.

If patients from a facility were surveyed under a primary and an alternate CCN for the ICH CAHPS Survey, data from patients at both CCNs are combined and results are publicly reported under only the primary CCN, which is determined by the Care Compare Team. Ensuring that all assigned CCNs have been registered and have an authorized survey vendor may result in more reportable survey responses from the facility's patients and may mean the difference between whether a facility has publicly reportable ICH CAHPS Survey data on the Care Compare website or not.

More information on alternate CCNs can be found here:

<https://ichcahps.org/GeneralInformation/Announcements/tabid/348/EntryId/455/Importance-of-Registering-and-Authorizing-Primary-Alternate-CCN-pairs-on-the-ICH-CAHPS-Website.aspx> 


## **Development of the ICH CAHPS Survey**

The Balanced Budget Act of 1997 (Section 4558(b)) required that CMS develop and implement a method to measure and report the quality of renal dialysis services provided under the Medicare Program. Although CMS has been reporting comparative clinical information at the dialysis facility level since 2001, a major gap in the information available was the quality of in-center hemodialysis care from ESRD patients' perspective. In 2001, the U.S. Department of Health and Human Services Secretary announced the Quality Initiative, which reflects a commitment to assure quality health care for all Americans through accountability and public disclosure in all provider areas.

Since 1995, the Agency for Healthcare Research and Quality (AHRQ), in conjunction with CMS, has developed a CAHPS Survey that is used to collect and publicly report data about the health care patients receive from a variety of health care settings, including hospital inpatients, home health care, and Medicare Advantage plans.

In 2004, CMS partnered with AHRQ to develop a CAHPS Survey for ESRD patients who receive in-center hemodialysis from ICH facilities. AHRQ and CMS developed the ICH CAHPS Survey in 2005, and a field test was conducted to test the reliability of the survey items and implementation procedures. The ICH CAHPS Survey measures were endorsed by the National Quality Forum in 2007.

## **For More Information or to Contact the ICH CAHPS Coordination Team**

For more information about the In-Center Hemodialysis CAHPS Survey, please visit the ICH CAHPS website at <https://ichcahps.org/Home.aspx> .

If you have questions about the survey, the ICH CAHPS Coordination Team can be contacted via email at [ichcahps@rti.org](mailto:ichcahps@rti.org) or by phone at 1-866-245-8083.