South Carolina Study Finds Association between Freestanding Dialysis Facility Size and Medicare Quality Incentive Program Performance Scores

Researchers from the Arnold School of Public Health's Health Services Policy and Management and Epidemiology and Biostatistics departments at the University of South Carolina have completed a study on the association between freestanding dialysis facility size and Medicare quality incentive program performance scores. Their paper was published in the American Journal of Nephrology.

Medicare uses a quality incentive program (QIP) criteria to evaluate care in dialysis facilities and imposes monetary penalties on underperforming facilities. Smaller dialysis facilities are likely to be rural and operate on lower profit margin; therefore, such facilities are likely to underperform and face Medicare penalties.

In this study, the researchers examined the association between freestanding dialysis facility size and QIP scores. They compared QIP scores for the 2015 payment year across levels of facility size for more than 5,000 freestanding dialysis facilities. The study used Medicare facility data, including Dialysis Facility Compare, Performance Scores, Facility-Level Impact, plus United States Renal Data System files. They measured facility size using the number of dialysis stations per dialysis facility.

The researchers found that facilities operating more than 10 dialysis stations had higher QIP scores than those operating fewer stations. Additional factors associated with better quality scores included location (facilities in the South and Northeast performed best) and spending more hours per dialysis session. Facilities reporting a higher proportion of patients with access to pre-end-stage renal disease nephrologist care achieved higher QIP scores. Findings regarding patient race/ethnicity were mixed, with facilities serving a high proportion of Hispanic patients having higher quality scores while those serving a high proportion of African American patients had lower scores. Finally, higher patient travel distance was associated with lower quality scores.

The team concluded that quality improvement strategies are needed, especially for small facilities, to prevent penalties and eventual closure of such facilities due to financial insolvency. They warn that failure to address these issues will increase further disparities in pre-end-stage renal disease care.