

Measure at a Glance

CBE #5598: Standardized Modality Switch Ratio for Incident Dialysis Patients (SMoSR)

Measure Summary (Where does this measure seek to improve care?)

This measure looks at how often patients (18 and older) switch from in-center hemodialysis (dialysis done at a clinic) to home dialysis (dialysis done at home, including peritoneal dialysis or home hemodialysis). The measure compares the number of patients who actually switch to the number expected to switch based on patient traits and national averages. It focuses on adult patients with end-stage renal disease (ESRD), which is a serious kidney condition.

The measure only counts the first switch that lasts at least 30 days and happens within the first 12 months of starting in-center hemodialysis. A higher score means better performance.

Meaningfulness (Why does this matter to patients, and how could it improve their care?)

This measure focuses on how often patients switch to home dialysis, which many patients value for flexibility, well-being, and support. Patients and caregivers report that home dialysis may help them stay connected in their relationships, reduce daily life disruption, and feel more confident in their treatment choices.

The measure also reflects concerns that many patients do not receive enough education about dialysis options. About 30% of patients report that their treatment choice was not fully informed or not really their choice.

This measure may help compare how dialysis facilities support education and patient decisions about switching to home dialysis.

Usability (How will providers use this measure to improve care delivery?)

Dialysis facilities publicly report and review the measure. The facilities can use the results to:

- Gain insight into their performance.
- Compare their performance against other facilities and national averages.
- Monitor performance over time.
- Guide improvements, such as how facilities educate patients and support treatment changes.

Feasibility (How can this measure be implemented without adding burden for providers and patients while still improving care?)

This measure uses data that dialysis facilities already collect during routine care. The data comes from structured sources, so they are organized and recorded in a standard way. These sources include the ESRD Quality Reporting System (EQRS), Medicare claims, and other

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routine data systems. Because the data are already available, the measure does not require new data collection steps.

In addition, there are very few missing or incorrect data points, and dialysis facilities regularly review the data.

Impact (How will using this measure improve patient experiences and outcomes?)

This measure may impact how dialysis facilities support patients in learning about treatment options and making decisions about their care. It focuses on whether patients switch from in-center hemodialysis to home dialysis during the first year of treatment. Because many switches happen during this time, the measure may highlight how well facilities provide education and support early care. This measure may support better alignment between treatment and patient goals and values.

Facilities can use the measure to review and improve how they deliver education and support for home dialysis. This could include repeated education, support from trained staff, and help with the transition process. Because some patients report limited education or feel their choice was not fully informed, this measure may support efforts to improve patient understanding and involvement in choosing their treatment.

Performance Gap (Based on current performance, where and how much care can improve?)

Differences in performance scores may reflect how well dialysis facilities educate patients, provide support, and manage the switch to home dialysis. Because a higher score means better performance, the results can help identify where improvement is needed. Facilities can also use this measure to compare performance and track changes over time.

This measure shows differences in performance across dialysis facilities using data from 2021 to 2023, including 6,926 facilities and 335,531 patients. The mean (average) score is 9.71, with scores ranging from 0 to 175.8.

Results can be grouped into deciles, which divide facilities into 10 equal parts based on scores. Decile 1 includes facilities with the lowest scores (0.01), and Decile 10 includes facilities with the highest scores (28.38), so being in a higher decile reflects a better score and performance.

These results show a gap, as some facilities switch very few patients to home dialysis while others switch many more, which suggests opportunities to improve patient education and support.

Disclaimer: Battelle used generative artificial intelligence in the initial drafting of this document. Actual humans with relevant expertise subsequently validated and revised the content.