

## About the DOPPS Practice Monitor (DPM)

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The DPM is an initiative launched in 2010, stemming from the Dialysis Outcomes and Practice Patterns Study (DOPPS) which has been ongoing since 1996 to describe hemodialysis care and practices associated with outcomes for hemodialysis patients in the U.S. and 11 other countries (Australia, Belgium, Canada, France, Germany, Italy, Japan, New Zealand, Spain, Sweden, and the United Kingdom). One of the main motivations for developing the DPM has been to meet the needs in the U.S. hemodialysis community for monitoring trends in U.S. dialysis practice during implementation of major new CMS reimbursement programs: (1) the new bundled Prospective Payment System (PPS) implemented January, 2011 and with modifications expected in January 2014, and (2) the Quality Incentive Payment program (QIP), beginning in 2012. No other nationally representative data source currently exists to fulfill these roles in a timely way. The DPM also helps meet priorities highlighted in the U.S. Government Accountability Office (GAO) report (March 2010), which specified the need to monitor quality of and access to dialysis care as the new PPS is implemented. The DPM provides the U.S. dialysis community with current data every four months via this Web-based report. The DPM website is freely accessible to the public and describes many different clinical aspects of U.S. hemodialysis practice, offering nearly contemporaneous reporting with only a 3-4 month lag between data collection and Web posting. The DPM can serve as an early warning system for possible adverse effects on clinical care and as a basis for patient and dialysis community outreach, editorial comment, and advocacy.

As you view the DPM, you will see detailed data and statistics in many different areas relevant to hemodialysis care including demographics, comorbidities, anemia management, mineral metabolism, dialysis dose and dialysis treatments, cardiovascular medication use, nutrition-related practice, quality of life, and vascular access use. The DPM provides comparisons and trends over time in each of these practice areas, not only for the United States as a whole, but also according to different facility types in the U.S. The reports offer access to more than 800 figures and tables to facilitate a detailed understanding of the state of U.S. hemodialysis practice. So, if you like lots of interesting data, this is the place to be! Ongoing trend analyses help determine significant changes in practice over time. These trend analyses began in late 2011, as sufficient data had been collected to support a reliable time-trend evaluation. The DPM is also a resource to monitor access to care as the new PPS is implemented.

Here are some special features you may find helpful while perusing the DPM website:

- If you would like to understand how we calculate the reported statistics, how the analyses are carried out, or understand the sampling methods, go to the link, "Study Sample and Methods." Information regarding the patient and facility samples can be viewed via the "Enrollment Tables" link.
- If you 'mouse-over' the links in the Featured Measures section you can easily and quickly view the graphics on the Home Page; beneath these graphics is a Download button which allows you to freely download these graphics to your computer. You can enlarge a graphic by clicking on it.
- At the bottom of the Home Page, you can choose to browse by Clinical Topic or by Facility or Patient Characteristic; selecting any of the links in these two sections will bring you to the

second page of the DPM and allow you to browse many topics and comparisons in the area that you choose to examine.

- When you view a particular graphic, there is an option below it to view “Sample sizes and statistics for figure above;” this latter link brings you to a data table providing additional statistics and sample size information not shown in the graphic.

The source for the data provided on the DPM website is approximately 140 U.S. hemodialysis units randomly selected to participate in the DOPPS, and to be representative of U.S. hemodialysis practice. We have applied this methodology since 1996 in the DOPPS, providing nationally representative hemodialysis-related statistics in numerous countries. A detailed description of the sampling methodology used for the DPM is provided in the “Study Sample and Methods” link on the Home Page.

The DOPPS also captures detailed clinical events not reported on the DPM. These include a wide array of outpatient procedures, hospitalizations (with diagnoses and procedures), and patient survival. Patient-reported outcomes, including quality of life and satisfaction with care, are also collected. The DPM Web site reports on trends in some clinical event rates. More detailed analyses of trends identified by the DPM in particular clinical outcomes and associations with practice changes will be described in peer-reviewed publications.

Details about the DPM facility sample, as well as data demonstrating comparability to national data (e.g., CMS data and ELabs), are in the “Study Sample and Methods” document accessible from the DPM Home Page. We’d like to emphasize several points with respect to interpretation of DPM findings:

- For early trends, additional follow-up is warranted to understand if findings persist over time.
- Trends require confirmation with national data when eventually available.
- Trends in clinical care may not necessarily affect patient outcomes, and careful evaluation to understand the effect on patient outcomes, if any, is warranted.
- DPM data are aggregated across dialysis organizations and facilities. Dialysis organizations and facilities are not identified individually. Aggregated trends may not reflect trends in individual dialysis organizations or facilities, and are not intended to provide oversight of performance in individual dialysis organizations or facilities.

Major updates to the DPM website are planned every four months, with interim updates every two months. Subsequent updates to the Emerging Trends summary can be found on the Home Page following each amendment. Media releases will also accompany each major update. Please see the DPM website for dates of upcoming releases. Web conferences after each major update will soon be open to the public. Questions and comments are encouraged.

The DPM serves an important need, providing a source of timely, representative data, while tracking the effects of the new ESRD PPS on dialysis practice. It serves as an early warning system for possible adverse effects on clinical care and as a basis for patient and dialysis community outreach, editorial comment, and informed advocacy.

The DOPPS has published over 125 peer-reviewed papers focusing on important issues relevant to hemodialysis patient care and outcomes. Graphics and abstracts from these publications are freely available and easy to download at our DOPPS website (<http://www.dopps.org>).