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NATIONAL
QUALITY FORUM

Renal Project: Spring 2019 Measure Review Cycle

Standing Committee Measure Evaluation Meeting

Andrew Lyzenga, MPP

Poonam Bal, MHSA

Janaki Panchal, MSPH

June 7, 2019

Welcome

Agenda

- Welcome
- Introductions and Disclosure of Interest
- Role of Endorsement in Measurement Enterprise
- Review of Candidate Measures
- NQF Member and Public Comment
- Next Steps

NQF Staff

- Project Staff
 - ▣ *Andrew Lyzenga, MPP, Senior Director*
 - ▣ *Poonam Bal, MHSA, Senior Project Manager*
 - ▣ *Janaki Panchal, MSPH, Project Manager*
- NQF Quality Measurement leadership staff
 - ▣ *Elisa Munthali, Senior Vice President*

Housekeeping

- Please do not put this call on hold.
- Please mute the microphones on your computer to eliminate feedback.
- When you are not speaking, mute your phone line with *6.
- NQF will be monitoring the chat room, but we would request that participants make verbal comments as the webinar is being recorded.

Introductions and Disclosure of Interest

Renal Standing Committee

Co-Chairs

Constance Anderson, BSN, MBA

Lorien Dalrymple, MD, MPH

Rajesh Davda, MD, MBA, CPE

Myra Kleinpeter, MD, MPH

Elizabeth Evans, DNP

Alan Kliger, MD

Michael Fischer, MD, MSPH

Mahesh Krishnan, MD, MPH, MBA, FASN

Renee Garrick, MD, FACP

Lisa Latts, MD, MSPH, MBA, FACP

Stuart Greenstein, MD

Karilynne Lenning, MHA, LBSW

Mike Guffey

Franklin Maddux, MD, FACP

Debra Hain, PhD, APRN, ANP-BC, GNP-BC,
FAANP

Andrew Narva, MD, FACP, FASN

Lori Hartwell

Jessie Pavlinac, MS, RD, CSR, LD

Frederick Kaskel, MD, PhD

Mark Rutkowski, MD

Michael Somers, MD

Bobbi Wager, MSN, RN

John Wagner, MD, MBA

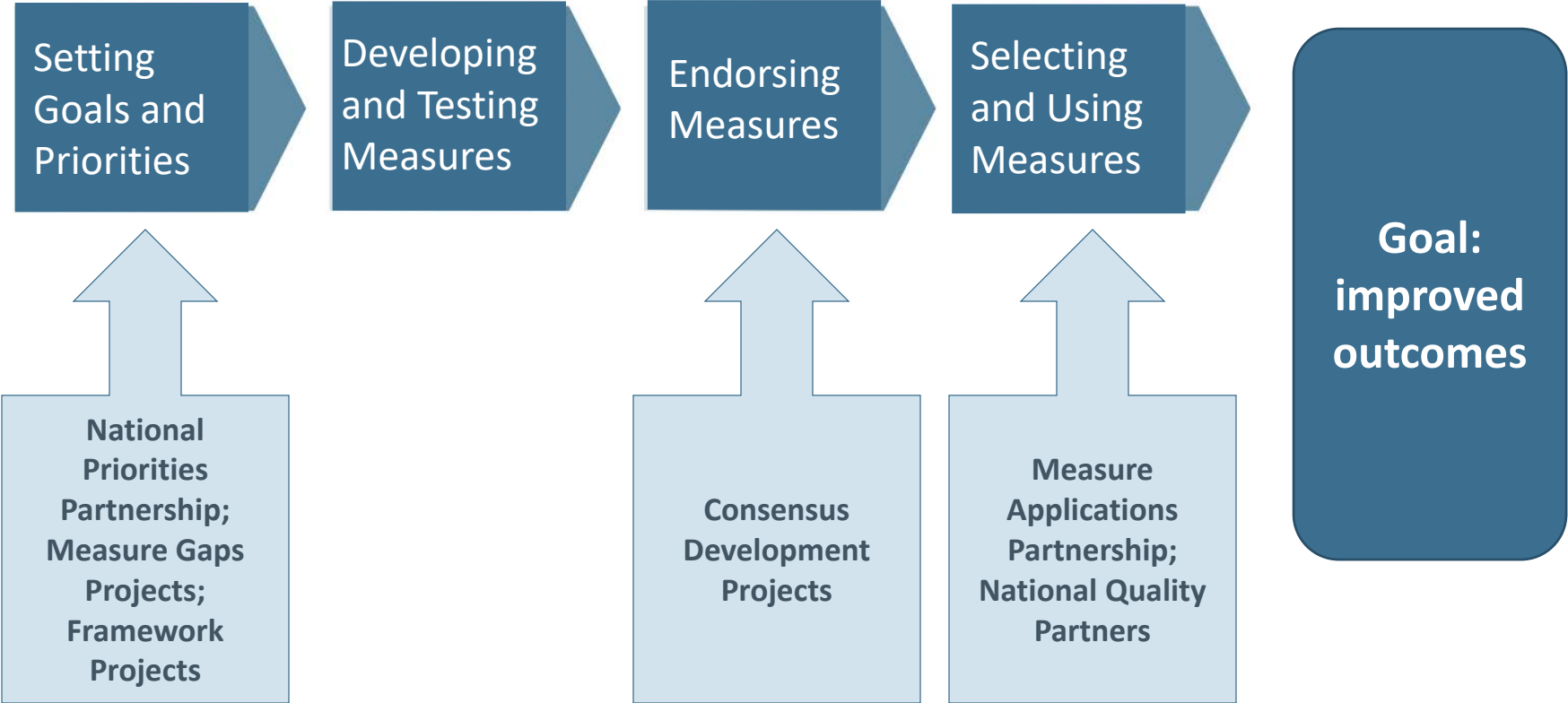
Joshua Zaritsky, MD, PhD

Overview and Background

Standing Committee's Role in Measurement Enterprise

NQF and Measurement

The Performance Measurement Enterprise




Measure Applications Partnership (MAP)

Measure Applications Partnership (MAP) Pre-Rulemaking

- Established in 2011
- A multistakeholder partnership that guides the U.S. Department of Health and Human Services (HHS) on the selection of performance measures for federal health programs.
- Renal measures are generally reviewed in the Hospital Workgroup for **ESRD QIP**
 - ▣ *ESRD QIP was part of the PAC-LTC Workgroup until 2014*
- Endorsement is preferred but not required for measures under consideration
 - ▣ *May see measures after they are reviewed in MAP*

What is Rulemaking?

Rulemaking refers to the process that government agencies—such as the Department of Health and Human Services (HHS)—use to create regulations.



Congress sets broad policy mandates by passing statutes

The public is informed of and can comment on proposed rules

The proposed rule becomes the final rule with some minor modifications

<http://en.wikipedia.org/wiki/Rulemaking>

What is the value of pre-rulemaking input?

- Facilitates multistakeholder dialogue that includes HHS representatives
- Allows for a consensus-building process among stakeholders in a transparent and open forum
- Proposed laws are “closer to the mark” because the main provisions related to performance measurement have already been vetted by the affected stakeholders
- Reduces the effort required by individual stakeholder groups to submit official comments on proposed rules

<http://en.wikipedia.org/wiki/Rulemaking>

MAP Pre-Rulemaking Approach

A closer look into how recommendations will be made

November

- The MAP Coordinating Committee examined key strategic issues to inform preliminary evaluations of measures under consideration
- During today's meeting the Workgroup will familiarize themselves with finalized program measure set for each program

December

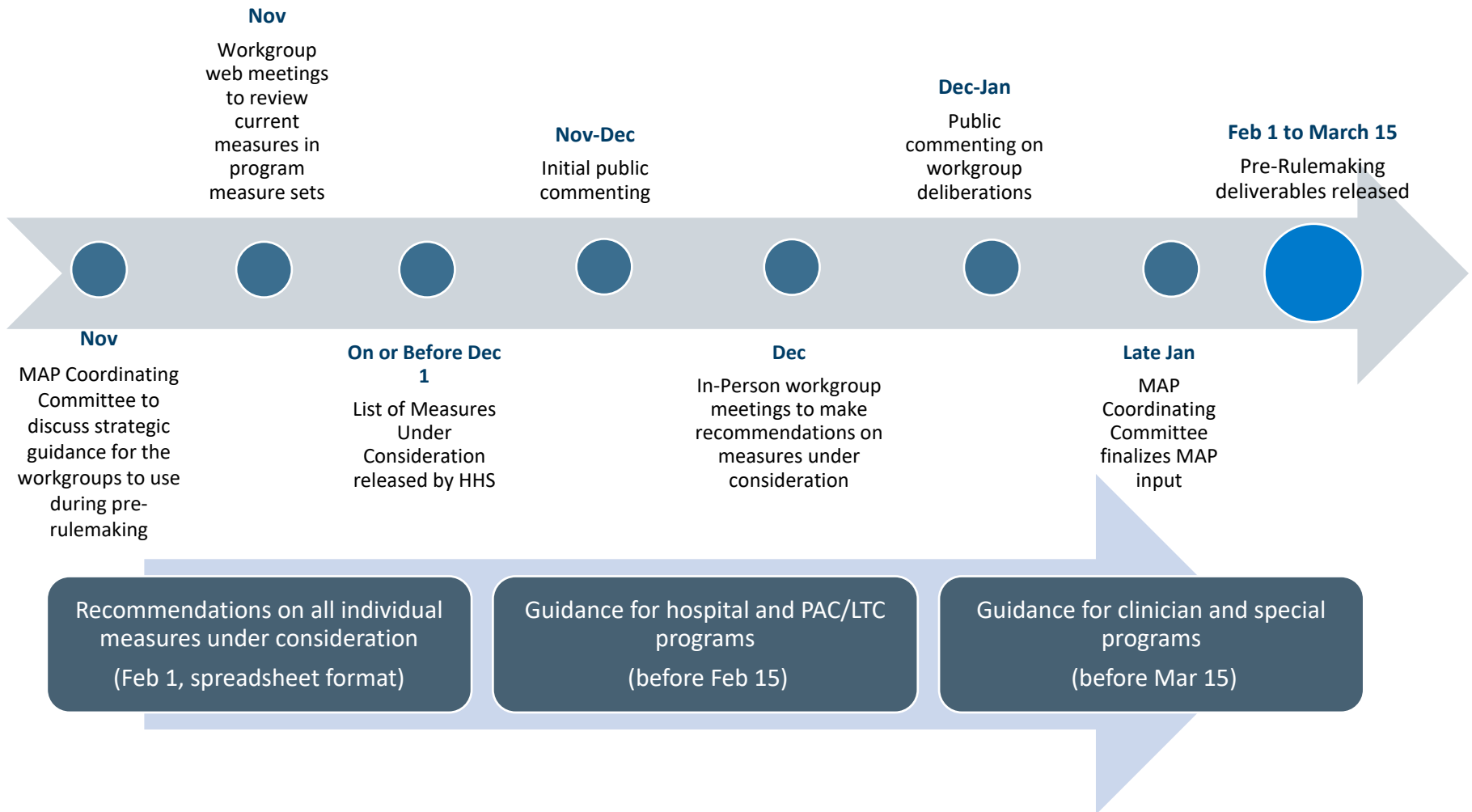
- The MAP workgroups will evaluate measures under consideration during their December in-person meetings informed by the preliminary evaluations completed by NQF staff

January

- The MAP Coordinating Committee will examine the MAP workgroup recommendations and key cross-cutting issues

MAP Pre-Rulemaking Approach

A look at what to expect



MAP Measure Selection Criteria (MSC)

- Identify characteristics that are associated with ideal measure sets for public reporting and payment programs.
- Not absolute rules; provide general guidance and complement program-specific statutory and regulatory requirements
- Focus should be on the selection of high-quality measures that address healthcare priorities, fill measurement gaps, and increase alignment.
- Reference for:
 - ▣ *evaluating the relative strengths and weaknesses of a program measure set*
 - ▣ *how the addition of an individual measure would contribute to the set*
- MAP uses the MSC to guide its recommendations. The MSC are the basis of the preliminary analysis algorithm.

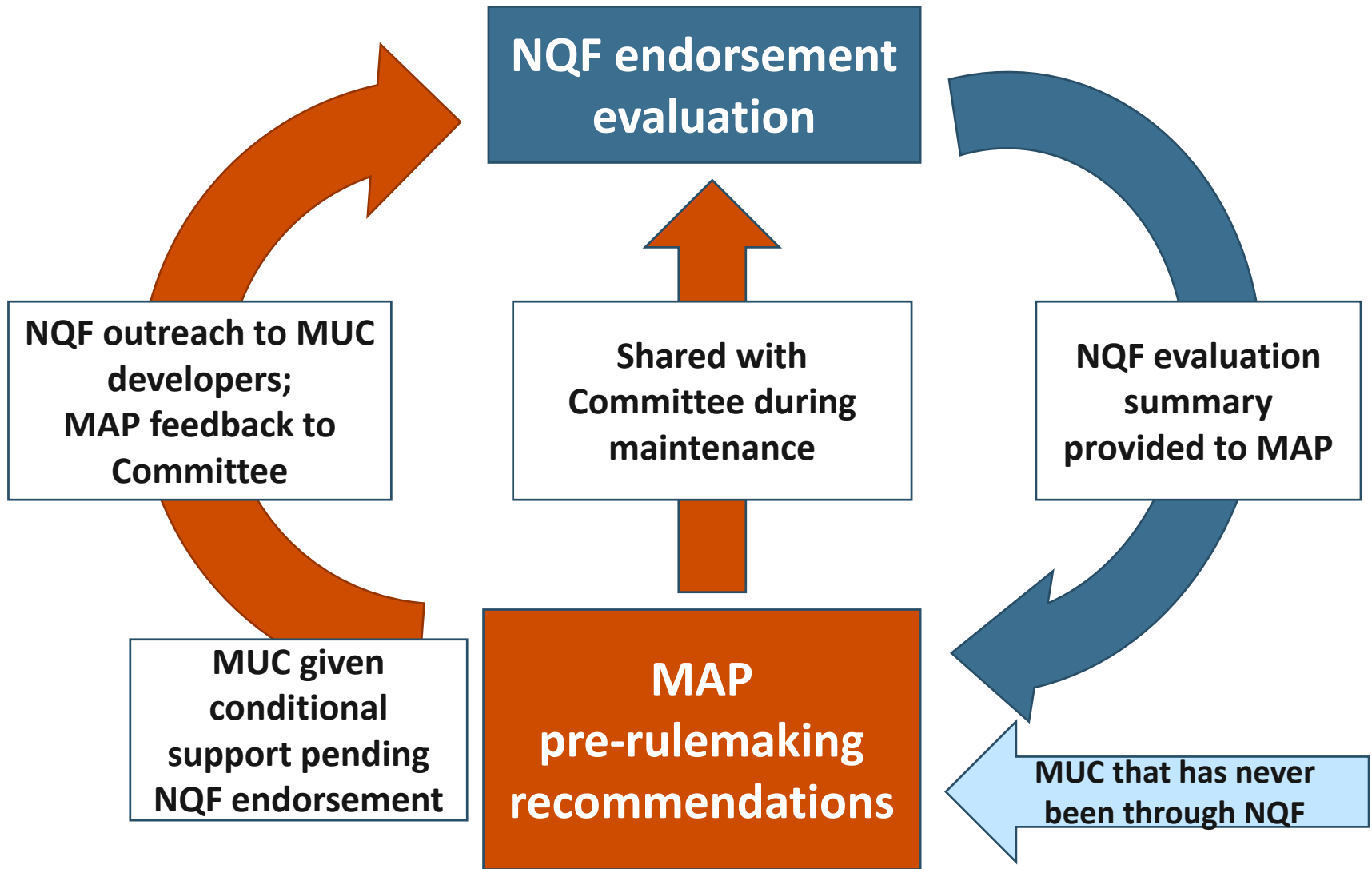
MAP Measure Selection Criteria

1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective
2. Program measure set adequately addresses each of the National Quality Strategy's three aims
3. Program measure set is responsive to specific program goals and requirements
4. Program measure set includes an appropriate mix of measure types
5. Program measure set enables measurement of person- and family-centered care and services
6. Program measure set includes considerations for healthcare disparities and cultural competency
7. Program measure set promotes parsimony and alignment

Decision Categories for 2018-2019

Decision Category	Definition	Evaluation Criteria
Support for Rulemaking	MAP supports implementation with the measure as specified and has not identified any conditions that should be met prior to implementation.	The measure is fully developed and tested in the setting where it will be applied and meets assessments 1-6 of the MAP Preliminary Analysis Algorithm. If the measure is in current use, it also meets assessment 7.
Conditional Support for Rulemaking	MAP supports implementation of the measure as specified but has identified certain conditions or modifications that would ideally be addressed prior to implementation.	<p>The measure meets assessments 1-3, but may need modifications. A designation of this decision category assumes at least one assessment 4-7 is not met. MAP will provide a rationale that outlines each suggested condition (e.g., measure requires NQF review or endorsement OR there are opportunities for improvement under evaluation).</p> <p>Ideally, the modifications suggested by MAP would be made before the measure is proposed for use. However, the Secretary retains policy discretion to propose the measure. CMS may address the MAP-specified refinements without resubmitting the measure to MAP prior to rulemaking.</p>
Do Not Support for Rulemaking with Potential for Mitigation	MAP does not support implementation of the measure as specified. However, MAP agrees with the importance of the measure concept and has suggested modifications required for potential support in the future. Such a modification would be considered to be a material change to the measure. A material change is defined as any modification to the measure specifications that significantly affects the measure result.	The measure meets assessments 1-3 but cannot be supported as currently specified. A designation of this decision category assumes at least one assessment 4-7 is not met.
Do Not Support for Rulemaking	MAP does not support the measure.	The measure under consideration does not meet one or more of assessments 1-3.

CDP-MAP INTEGRATION – INFORMATION FLOW



Renal Measures in Federal Programs

End-Stage Renal Disease Quality Incentive Program (ESRD QIP)

- **Program Type:**
 - ▣ Pay for performance and public reporting
- **Incentive Structure:**
 - ▣ As of 2012, payments to dialysis facilities are reduced if facilities do not meet or exceed the required total performance score. Payment reductions will be on a sliding scale, which could amount to a maximum of 2.0% per year.
- **Program Goals:**
 - ▣ Improve the quality of dialysis care and produce better outcomes for beneficiaries.

ESRD QIP Program Measure Set

Type	NQF #	Measure Title	NQF Status
Outcome	1454	Proportion of Patients with Hypercalcemia	Endorsed
Outcome	Based on NQF 1460	National Healthcare Safety Network (NHSN) Bloodstream Infection in Hemodialysis Patients	Not Endorsed
Outcome	1463	Standardized Hospitalization Ratio (SHR) Clinical Measure	Endorsed
Outcome	2496	Standardized Readmission Ratio (SRR) for Dialysis Facilities	Endorsed
Outcome	2978	Hemodialysis Vascular Access: Long Term Catheter Rate Clinical Measure	Endorsed
Outcome	2977	Hemodialysis Vascular Access: Standardized Fistula Rate Clinical Measure	Endorsed
Outcome	0258	CAHPS In-Center Hemodialysis Survey	Endorsed
Outcome	2979	Anemia of Chronic Kidney Disease: Dialysis Facility Standardized Transfusion Ratio (STrR)	Endorsed
Process	Based on NQF 0418	Clinical Depression Screening and Follow-Up Reporting Measure	Not Endorsed
Outcome	N/A	Kt/V Dialysis Adequacy Comprehensive Clinical Measure	Not Endorsed
Structural	N/A	National Healthcare Safety Network (NHSN) Dialysis Event Reporting Measure	Not Endorsed
Process	N/A	Ultrafiltration Reporting Measure	Not Endorsed

ESRD QIP Program Measure Set

Type	NQF #	Measure Title	NQF Status	Updates
Process	0255	Serum Phosphorus Reporting Measure	Endorsed	Removed for PY 2021
Process	Based on NQF 0431	NHSN Healthcare Personnel Influenza Vaccination Reporting Measure	Not Endorsed	Removed for PY 2021
Process	Based on NQF 0420	Pain Assessment and Follow-up Reporting Measure	Not Endorsed	Removed for PY 2021
Outcome	N/A	Anemia Management Reporting Measure	Not Endorsed	Removed for PY 2021
Process	3403	Percentage of Prevalent Patients Placed on a Transplant Waiting List (PPPW)	Under Review	Finalized for PY 2022
Process	2988	Medication Reconciliation for Patients Receiving Care at Dialysis Facilities (MedRec)	Endorsed	Finalized for PY 2022

Consideration of Candidate Measures

Spring 2019 Submitted Measures

- **0318** Delivered Dose of Peritoneal Dialysis Above Minimum
- **2706** Pediatric Peritoneal Dialysis Adequacy: Achievement of Target Kt/V
- **1423** Minimum spKt/V for Pediatric Hemodialysis Patients
- **1424** Monthly Hemoglobin Measurement for Pediatric Patients
- **1425** Measurement of nPCR for Pediatric Hemodialysis Patients

Process for Measure Discussion

- Measure developer will introduce the measure (2-3 min.)
- Lead discussants will begin Committee discussion by:
 - ▣ *Providing a summary of the pre-meeting evaluation comments*
 - ▣ *Emphasizing areas of concern or differences of opinion*
- Developers will be available to respond to questions at the discretion of the Committee
- Committee will vote on criteria/subcriteria

Voting

- Votes will be taken after the discussion of each criterion
- Importance to measure and report (must pass):
 - Vote on Evidence
 - Vote on Gap
 - Composite measures only - rationale
- Scientific acceptability of measure properties (must pass):
 - Vote on Reliability
 - Vote on Validity
 - Composite measures only – quality construct
- Feasibility
- Use (must pass)
 - Must pass for maintenance measures
- Usability
- **If a measure does not pass a must-pass criterion, discussion and subsequent voting on remaining criteria will stop.**
- **Vote on the measure as specified.**

Quorum and Minimum Agreement

- Quorum: 66% of the Committee
- Pass/Recommended: Greater than 60% “Yes” votes of the quorum (this percent is the sum of high and moderate)
- Consensus not reached: 40-60% “Yes” votes (inclusive of 40 and 60%) of the quorum
- Does not pass/Not Recommended: Less than 40% “Yes” votes of the quorum

Consideration of Candidate Measures

NQF 0318

- Delivered Dose of Peritoneal Dialysis Above Minimum

Consideration of Candidate Measures

NQF 2706

- Pediatric Peritoneal Dialysis Adequacy:
Achievement of Target Kt/V

Consideration of Candidate Measures

NQF 1423

- Minimum spKt/V for Pediatric Hemodialysis Patients

Consideration of Candidate Measures

NQF 1424

- Monthly Hemoglobin Measurement for Pediatric Patients

Consideration of Candidate Measures

NQF 1425

- Measurement of nPCR for Pediatric Hemodialysis Patients

Renal Portfolio: Gaps Discussion

Renal Portfolio of NQF-Endorsed Measures

Hemodialysis

- **0249** Hemodialysis Adequacy Clinical Performance Measure III: Hemodialysis Adequacy--HD Adequacy-- Minimum Delivered Hemodialysis Dose (CMS)
- **0318** Delivered Dose of Peritoneal Dialysis Above Minimum
- **0321** Adult Kidney Disease: Peritoneal Dialysis Adequacy: Solute
- **0323** Adult Kidney Disease: Hemodialysis Adequacy: Solute (AMA-PCPI)
- **2704** Minimum Delivered Peritoneal Dialysis Dose
- **1460** Bloodstream Infection in Hemodialysis Outpatients

Hemodialysis Vascular Access

- **0251** Vascular Access—Functional Arteriovenous Fistula (AVF) or AV Graft or Evaluation for Placement (CMS)
- **0256** Hemodialysis Vascular Access- Minimizing use of catheters as Chronic Dialysis Access (CMS)
- **0257** Hemodialysis Vascular Access- Maximizing Placement of Arterial Venous Fistula (AVF) (CMS)
- **2977** Hemodialysis Vascular Access: Standardized Fistula Rate
- **2978** Hemodialysis Vascular Access: Long-term Catheter Rate

Renal Portfolio of NQF-Endorsed Measures

Hospitalizations & Mortality

- **1463** Standardized Hospitalization Ratio for Dialysis Facilities
- **0369** Standardized Mortality Ratio for Dialysis Facilities

Other

- **1454** Proportion of patients with hypercalcemia
- **1662** Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy
- **2701** Avoidance of Utilization of High Ultrafiltration Rate (≥ 13 ml/kg/hour)
- **2594** Optimal End Stage Renal Disease (ESRD) Starts
- **2979** Standardized Transfusion Ratio for Dialysis Facilities

Pediatric Hemodialysis

- **1423** Minimum spKt/V for Pediatric Hemodialysis Patients (CMS)
- **1424** Monthly Hemoglobin Measurement for Pediatric Patients
- **1425** Measurement of nPCR for Pediatric Hemodialysis Patients
- **1667** Pediatric Kidney Disease : ESRD Patients Receiving Dialysis: Hemoglobin Level < 10 g/dL
- **2706** Pediatric Peritoneal Dialysis Adequacy: Achievement of Target Kt/V

Previously Identified Gaps

- Patient-reported outcomes
- Patient experience of care and engagement
- Care for comorbid conditions
- Palliative dialysis
- Vascular access
- Transition from pediatric to adult care
- Rehabilitation of working age people
- Harmonization and improvement of bloodstream infection measures

NQF Member and Public Comment

Next Steps

Next Steps

Upcoming Meetings:

Meeting	Date/Time
Measure Evaluation In-Person Meeting – TODAY!	June 7, 2019, 8-5 pm ET
Measure Evaluation Post-Meeting Webinar (2 hours)	June 14, 2019, 3-5 pm ET
Post-Comment Webinar (2 hours)	September 19, 2019 at 1-3 pm ET

Project Contact Information

- Email: Renal@qualityforum.org
- NQF phone: 202-783-1300
- Project page:
http://www.qualityforum.org/Project_Pages/Renal.aspx
- SharePoint site:
<http://share.qualityforum.org/Projects/Renal/SitePages/Home.aspx>

THANK YOU