KIDNEY CARE PARTNERS

April 21, 2011

National Quality Forum
601 Thirteenth Street, NW
Suite 500 North
Washington, DC 20005

Subject: End Stage Renal Disease 2010 Project, NQF Member Comments

I. General Comments

Thank you for the opportunity to comment on the National Quality Forum's (NQF) draft document, *National Voluntary Consensus Standards for End Stage Renal Disease (ESRD) 2010: A Consensus Report*. Kidney Care Partners (KCP) is an alliance of members of the kidney care community that includes the full spectrum of stakeholders related to dialysis care—patient advocates, dialysis care professionals, dialysis providers, researchers, and manufacturers and suppliers—organized to advance policies that improve the quality of care for individuals with both chronic kidney disease and ESRD. We greatly appreciate NQF undertaking this important work and commend the significant contributions of the Steering Committee and NQF staff.

The NQF report recommends 11 measures be endorsed as national voluntary consensus standards. Our understanding is that NQF endorsement historically has been for the purposes of public reporting and internal quality improvement. As an operating premise, however, KCP has assumed that endorsement means the Centers for Medicare and Medicaid Services (CMS) may use a measure in the Quality Incentive Program (QIP)—i.e., for payment/value-based purchasing. And while CMS states it will use rulemaking to implement measures for the QIP, for purposes of clarity we have stated KCP's support for each measure in the context of intended use.

II. Measures Recommended by NQF

NQF recommends 11 measures, 10 of which KCP generally supported, some with caveats.

a. **NQF 1454 Upper Limit for Total Uncorrected Serum Calcium (CMS):** Proportion of patients with 3-month rolling average of total uncorrected serum calcium greater than 10.2 mg/dL.

   Comment: Mineral and Bone Disorder measures are specifically noted in MIPPA as an important area for quality measurement. KCP supports this measure for public reporting and payment. We also recommend that future development of measure for a lower limit for serum calcium be pursued.

b. **NQF 1460 National Healthcare Safety Network (NHSN) Bloodstream Infection Measure (CDC):** Number of hemodialysis outpatients with positive blood cultures per 100 hemodialysis patient months.

   Comment: KCP supports this measure for public reporting only.

c. **NQF 1438 Periodic Assessment of Post-Dialysis Weight by Nephrologists (CMS):** Proportion of patients who have documentation of receiving a post-dialysis weight assessment from a nephrologist in the reporting month. (Recommended for time-limited endorsement)

Comment: KCP recognizes the important area this measure addresses, but does not support this measure at the facility level. KCP believes this aspect of care should be assessed at the clinician level. KCP also notes that the specifications require a "prescription," and recommends this be modified to an "assessment," as indicated in the description—a *new* prescription may not be necessary after the assessment. By "assessment," we mean documentation in the medical record/CROWNWeb that the assessment was done and either a new prescription was written or one was not required. We also note that the denominator is specified as "Number of patients in an outpatient dialysis facility undergoing chronic maintenance hemodialysis (HD)." We note this measure is also appropriate for home hemodialysis and peritoneal dialysis patients.

d. **NQF 1463 Standardized Hospitalization Ratio (SHR) for Admissions (CMS):** Risk-adjusted standardized hospitalization ratio for admissions. The measure is designed to reflect the number of hospitalization 'events' for the patients at a facility, relative to the number of hospitalization events that would be expected based on overall national rates and the characteristics of the patients at that facility.

Comment: KCP recognizes the important area this measure addresses and supports it for public reporting only, subject to certain modifications. As the measure is currently specified, it encompasses all admissions. KCP recommends the specifications be modified to "Risk-adjusted standardized hospitalization ratio *for dialysis access-related infections and fluid overload,*" with the numerator and denominator limited to the appropriate DRGs for dialysis access-related infections and fluid overload. In addition to this recommended change, we note that the measure developer, CMS, needs to provide greater transparency of methodology—in particular clarity with respect to the denominator of "expected" hospitalizations?

e. **NQF 1418 Frequency of HD Adequacy Measurement for Pediatric Patients (CMS):** Percentage of all pediatric (<18 years old) patients receiving in-center hemodialysis (irrespective of frequency of dialysis) with documented monthly adequacy measurements (spKt/V) or its components in the calendar month.

Comment: KCP supports this measure for public reporting and payment.

f. **NQF 1421 Method of HD Adequacy Measurement for Pediatric Patients (CMS):** Percentage of pediatric (<18 years old) in-center HD patients (irrespective of frequency of dialysis) for whom delivered HD dose was measured by spKt/V as calculated using UKM or Daugirdas II during the reporting period.

Comment: KCP supports this measure for public reporting and payment.

g. **NQF 1423 Minimum spKt/V for Pediatric Hemodialysis Patients (CMS):** Percentage of all pediatric (<18 years old) in-center HD patients who have been on hemodialysis for 90 days or more and dialyzing 3 or 4 times weekly whose delivered dose of hemodialysis (calculated from the last measurements of the month using the UKM or Daugirdas II formula) was a spKt/V>= 1.2 during the reporting period.

Comment: KCP supports this measure for public reporting and payment.

h. **NQF 1425 Measurement of nPCR for Pediatric HD Patients (CMS):** Percentage of pediatric (<18 years) in-center hemodialysis patients (irrespective of frequency of dialysis) with documented monthly nPCR measurements. (Recommended for time-limited endorsement)

Comment: KCP supports this measure for public reporting and payment.

i. **NQF 1424 Monthly Hemoglobin Measurement for Pediatric Patients (CMS):** Percentage of all pediatric (<18 years old) hemodialysis patients and peritoneal dialysis patients who have monthly measures for hemoglobin. The hemoglobin value reported for the end of each reporting month (end-of-month hemoglobin) is used for the calculation.

Comment: KCP supports this measure for public reporting and payment.

j. **NQF 1430 Lower Limit of Hemoglobin for Pediatric Patients (CMS):** Percentage of pediatric (<18 years old) hemodialysis and peritoneal dialysis patients, with ESRD >=3 months, who have a mean hemoglobin <10 g/dL for a 3 month reporting period, irrespective of ESA use. The hemoglobin value reported at the end of each reporting month (end-of-month hemoglobin) is used for the calculation.

Comment: KCP supports this measure for public reporting and payment.

k. **NQF 1433 Iron Therapy for Pediatric Patients (CMS):** Percentage of all pediatric (<18 years old) hemodialysis and peritoneal dialysis patients with hemoglobin<11.0 g/dL and in whom simultaneous values of serum ferritin concentration was <100 ng/ml and TSAT<20% who received IV iron or were prescribed oral iron within the following three months. (Recommended for time-limited endorsement)

Comment: KCP supports this measure for public reporting and payment.

III. Measures Not Recommended by NQF

In addition to the measures just noted, KCP offers the following comments on two measures not recommended and strongly encourages their reconsideration. Specifically, we recommend that these measures be advanced for voting as voluntary consensus standards.

l. **NQF 1427 Adult Dialysis Patients - Serum Phosphorus Greater Than 6 mg/dl (Genzyme):** Proportion of patients with 3-month rolling average of serum phosphorus greater than 6 mg/dL.

Comment: KCP supports this measure for public reporting and payment, and we recommend this measure be advanced to the voting phase. We believe high serum phosphorus is a biomarker that is important to monitor. In addition, with the implementation of the bundled payment system (in particular the forthcoming inclusion of oral medications in the bundle), measures that can assess appropriate treatment/undertreatment are central to evaluate quality of care for ESRD patients.

m. **NQF1429 Avoidance of Iron Therapy in Iron Overload (CMS):** Percentage of all adult (≥ 18 years old) dialysis patients with a serum ferritin ≥ 1200 ng/mL or a TSAT ≥ 50% on at least one measurement during the three-month study period who did not receive IV iron in the following three months.

Comment: KCP supports this measure for public reporting only, and we recommend this measure be advanced to the voting phase. Again, given implementation of the bundled payment system, we believe this is an appropriate measure to evaluate quality of care for ESRD patients.

IV. Summary

Again, thank you for undertaking this important project; we appreciate the opportunity to provide KCP's consensus comments. Please do not hesitate to contact Lisa McGonigal, MD, MPH (lmcgon@msn.com or 203.298.0567) if you have any questions.

Sincerely,

Abbott Laboratories
Affymax
American Kidney Fund
American Nephrology Nurses' Association
American Renal Associates, Inc.
American Society of Diagnostic and Interventional Nephrology
American Society of Nephrology
Amgen
Baxter Healthcare Corporation
Board of Nephrology Examiners and Technology
California Dialysis Council
Centers for Dialysis Care
DaVita, Inc.
Dialysis Patient Citizens
Fresenius Medical Care North America
Fresenius Medical Care Renal Therapies Group
Genzyme
Kidney Care Council
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National Kidney Foundation
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