NATIONAL QUALITY FORUM

Renal
Spring 2018 Review Cycle

CSAC Review and Endorsement

October 23, 2018

Renal: Spring 2018

- Renal disease is a leading cause of morbidity and mortality in the United States.
- More than 20 million adults in the United States (10 percent of the population) have chronic kidney disease (CKD), which is associated with premature mortality, decreased quality of life, and increased healthcare costs.
- Risk factors for CKD include cardiovascular disease, diabetes, hypertension, and obesity.
- Untreated CKD can result in end-stage renal disease (ESRD). Currently, over half a million people in the United States have received a diagnosis of ESRD.

Renal: Spring 2018

- Two new waitlisting measures were submitted.
  - *3402 Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients (SWR) (Centers for Medicare and Medicaid Services)*
  - *3403 Percentage of Prevalent Patients Waitlisted (PPPW) (Centers for Medicare and Medicaid Services)*

- No maintenance measures were submitted.
- Both measures were reviewed by the Methods Panel.

Renal Standing Committee Recommendations

- The Standing Committee did not recommend both measures.
  - *Measure #3402 did not pass Validity*
  - *Measure #3403 did not pass Evidence*

Measure Evaluation Summary

	Maintenance Measures	New Measures	TOTAL Measures
Submitted	0	2	2
Measures Not Recommended	0	2	2
Reasons for not recommending:		Importance – 1 Scientific Acceptability – 1	

Public and NQF Member Comments Received

- 10 comments from 7 organizations after the draft report was posted
- The majority of the commenters supported the Committee's decision to not endorse the two measures under review. However, one commenter requested that the Committee reconsider its decision.
- The Standing Committee agreed that having a transplant measure is very important, but noted that the commenter did not provide any new information to address the committee's concerns associated with evidence for both measures and lack of exclusions for 3403.
  - *The Standing Committee decided to stand by their original recommendation.*

Member Expression of Support

- Two NQF member organizations did not support either measure
  - *1 member did not support Measure #3402*
  - *2 members did not support Measure #3403*

Renal: Reconsideration Request

- The measure developer, the University of Michigan-Kidney Epidemiology and Cost Center submitted a request for reconsideration to the CSAC co-chairs for the two measures under consideration
  - *Measure #3402: Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients (SWR) (CMS)*
  - *Measure #3403: Percentage of Prevalent Patients Waitlisted (PPPW) (CMS)*
- The CSAC co-chairs requested that the Renal Standing Committee review the reconsideration request and provide a response to the CSAC

Renal: Reconsideration Request

- Point 1: Flaw in evidence algorithm for process measures
  - *Per the criteria, the developer needs to provide "Quantity, quality, and consistency of a body of evidence that the measured healthcare process leads to desired health outcomes in the target population with benefits that outweigh harms to patients"*
  - *Given the presence of an absolute regulatory requirement linking the waitlisting process to the outcome of transplant, the developer believes this should have been considered sufficient for the evidence requirement rather than empirical demonstration of the relationship in the published literature.*

Renal: Reconsideration Request-NQF Response

- Point 1: Flaw in evidence algorithm for process measures
  - *NQF criteria gives the Standing Committees the option to pass a measure with "Insufficient with Exception" on Evidence when the evidence provided is not directly related but still demonstrates an important connection.*
  - *Standing Committees are asked to consider the following:*
    - » Are there, or could there be, performance measures of a related health outcome, or evidence-based intermediate clinical outcome or process?
    - » Is there evidence of a systematic assessment of expert opinion (e.g., national/international consensus recommendation) that the benefits of what is being measured outweigh potential harms?
    - » Does the SC agree that it is OK (or beneficial) to hold providers accountable for performance in the absence of empirical evidence of benefits to patients?
  - *The Standing Committee chose not to pursue that option.*

Renal: Reconsideration Request

- Point 2: Threats to Committee's Impartiality
  - *Concerns about the Renal Standing Committee's impartiality and the lack of broader representation from patients/patient advocates and the transplant provider community.*

Renal: Reconsideration Request-NQF Response

- Point 2: Threats to Committee's Impartiality
  - *The Renal Standing Committee is experienced committee (est. 2016)*
  - *Only one comment asking for more dialysis organization representation submitted during initial 2016 roster comment*
  - *Four seats refilled in 2017 (two health plan experts, a provider and a patient). No comments were submitted on these additions.*
  - *All committee members were vetted through NQF's Conflict of Interest process*
  - *No issues about the conflicts of interest for the Renal Standing committee or lack of representation have been raised during roster commenting or measure evaluations prior to this.*
  - *In terms of committee composition, the current Committee has three patients (all three have received kidney transplants) and two former transplant medical directors*

Renal: Reconsideration Request-Standing Committee Response

- There currently is a mechanism to track waitlist rates and transplant rates through the Dialysis Facility Reports.
- The Renal Standing Committee (and the MAP) expressed concerns about attribution for this type of performance measure. Since decisions about wait listing a patient are made by the transplant center (and not the dialysis facility), it is difficult to link this type of measure to the quality of care at the dialysis facility.
- The measure does not account for patient choice or preference, noting that some patients express a clear desire to not undergo a transplant.

Renal: Reconsideration Request-Standing Committee Response

- The measure does not account for the effect of preemptive transplants on facility performance on this measure. It was noted that well-organized transplant communities that are performing a higher-than-average number of preemptive transplants could be achieving the desired outcome, but could perform poorly on this measure because those patients would never be counted in the denominator population.
- The measure could have the unintended consequence of incentivizing referral of patients who are not suitable candidates for transplantation.

Renal: Reconsideration Next Steps

- The Renal Standing Committee did not change their recommendation on the two measures
- The CSAC will discuss the measures and determine whether or not to uphold the Standing Committee's recommendation to not endorse the measures

Timeline and Next Steps

Process Step	Timeline
Appeals Period	October 26, 2018-November 26, 2018
Adjudication of Appeals	November 27, 2018-December 21, 2018
Final Report	Early February 2019

Questions?

Project Webpage:
http://www.qualityforum.org/Renal_Measures.aspx

Project Email Address: renal@qualityforum.org