National Quality Forum - Comment Report for Renal Fall 2020 Project

Post-Evaluation Comments received through April 23, 2021 All comments received during the Member and Public Comment Period have been included in this table, as well as the pre-evaluation public comment period.

Important Links: Renal Measures Project Page

List of Measures that were Recommended 2701: Avoidance of Utilization of High Ultrafiltration Rate (>13 ml/kg/hour)

Council Acronyms

Council Acronyms	
HPL	Health Plan
HPR	Health Professions
PRO	Providers
SPI	Supplier/Industry
QMRI	Quality Measurement, Research, and Improvement
CON	Consumers
PUR	Purchasers
PCHA	Public/Community Health Agency

To sort or filter your view of comments by category in the main worksheet, click on the control indicated by the red arrow in the Category column.



Commenting Revied	ID#	Date	Category	Measure	Comment	Commontes	Council/ Public	Response	Theme
Period	ID# 8593	Submitte 3.25.21	Category	weasure	Comment	Commenter Submitted by	OMBI	Kesponse	Theme
sst-evaluation 8593 3.25.21 General	3.25.21	General		Kidney Care Partners (KCP) appreciates the opportunity to comment on the measures under endorsement consideration in the National Quality Forum's	Kidney Care	QMRI		General	
				Renal Project Fall 2020 Cycle. KCP is a coalition of members of the kidney care community that includes the full spectrum of stakeholders related to dialysis	Partners				
				care-patient advocates, healthcare professionals, dialysis providers, researchers, and manufacturers and suppliers-organized to advance policies that					
			improve the quality of care and life for individuals with both chronic kidney disease and end stage renal disease. We commend NQF for undertaking this important work and offer comment on both measures considered within the Fall Project Cycle.						
evaluation	8594	3.25.21	Recommended	2701: Avoidance of	impartain work and oney commentor boto measures considered wronn ore nan regist, cycle.	Submitted by	QMRI		Importance
		Utilization of High		Kidney Care					
			Ultrafiltration Rate (>13 ml/kg/hour)	KCP believes fluid management is a critical area to address through performance measurement and supports the Standing Committee's recommendation for	Partners				
		(KCOA)	ACP beneves much management is a critical area to address information mance measurement and supports the standing committee's recommendation for continued endorsement of this measure.						
t-evaluation	8595	3.25.21	Not Recommended			Submitted by	QMRI	The performance gap is an assessment to determine if there are	Importance & Accountability
						Kidney Care		opportunities for improvement in the measure outcome. While	
						Partners		the median performance of 8.3% long-term catheter (LTC) use may be considered clinically appropriate, we note that 25% of	
								providers have catheter rates above 13%, indicating that there is	
								in fact substantial opportunity for improvement among a sizable	
							number of providers. In addition, the width of the actual		
							performance gap between high and low performing providers is larger in measure #3567 than the performance gap for the		
							recently NQF endorsed facility level metric #2978: Hemodialysis		
						Vascular Access: Long-term Catheter Rate. Perhaps even more			
								important is the opportunity to align incentives between	
						physician provider groups and the dialysis facilities in which they see patients by having a similar outcome measures for LTC use.			
		3567: Hemodialysis Vascular				see patients by having a similar outcome measures for LTC use.			
				Access—Practitioner				We understand that there are certain clinical situations where	
			Level Long-Term				the use of a LTC is an appropriate option and this measure serves		
			Catheter Rate (CMS)				to identify provider groups whose performance is substantially		
							different from that of their peers. The 2015 TEP that developed the facility level version of this measure considered multiple		
								prior failed vascular access attempts as an exclusion criterion for	
					Vascular access may be the most important performance metric for patients making decisions about dialysis facilities, and KCP has consistently supported			vascular access measures, however consensus was not reached	
					the facility-level Long-Term Catheter Rate (LTCR) measure, NQF 2978. Nevertheless, we support the Standing Committee's recommendation against			within the TEP on how best to implement this exclusion.	
					endorsement of the clinician-level LTCR measure because of little room for continued improvement in this aspect of care. As noted by the Committee, the			Specifically, there was not consensus as to who was the most appropriate provider to make this assessment (e.g. nephrologist.	
					median performance identified during measure testing—8.3 percent—is likely close to the appropriate level of catheter use in clinical practice and thus does not support the addition of a clinician-level measure for which a corollary facility-level metric is already in use. We also share the Committee's concerns that			appropriate provider to make this assessment (e.g. nephrologist, vascular surgeon, or interventional radiologist/nephrologist) or	
					not support the addition of a clinician-level measure for which a containty facility-level methols aready in use. We also share the committee's concerns that the measure does not account for calitons for whom a catheter is the only or most appropriate choice, such as patients with exhausted vascular access or			on what bases (ultrasound, venography, number of prior failed	
					those on the transplant waitlist whose waiting time is expected to be brief (e.g., with a living related donor transplant). This omission is in direct conflict			accesses). In addition we have evaluated historical vascular	
					with the updated 2019 NKF KDOQI Clinical Practice Guidelines for Vascular Access, cited to support the measure, which instead emphasize a patient-focused			access data in CROWIWeb to determine if a patient's prior vascular access history could be used to identify multiple failed	
				approach to vascular access and list a number of circumstances where short- or long-term use of tunneled CVCs may be clinically appropriate.			vascular access history could be used to identify multiple failed vascular accesses, and in turn whether this information could		
t-evaluation	8639	04.14.21	Not Recommended	3567: Hemodialysis		Submitted by	HPR	We recognize the importance of patient choice when	Measure specifications
				3567: Hemodialysis Vascular		American		determining a vascular access plan, however at this time there	
		Access—Practitioner	The American Medical Association (AMA) supports the Standing Committee's recommendation to not continue endorsement of this measure. Specifically, we			are no standard criteria for how to validate an informed			
				Level Long-Term	agree with the concerns around the inability of the measure to distinguish whether the care received is based on patient preferences or if treatment decisions are based on clinical anomorphic advects. Additional refinement or new measure development is peeded to create a measure that adequately assesses	Association		decision. A check-box attestation may not be sufficient for determining whether an informed and express choice was made	
				Catheter Rate (CMS)	whether appropriate treatment decisions were made based on patient choice and through shared decision-making.			by a patient, and this is especially true for vulnerable patients.	
			Not Recommended		We appreciate the thoughtful review that was recently completed by the Renal Standing Committee for quality measure #3567 Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate. This measure did not pass the Performance Gao requirement and the Standing Committee expressed	Submitted by the	PRO		
					that "the median performance of 8.3 percent is likely close to the appropriate level of catheter use in clinical practice, and there is little opportunity for	University of Michigan Kidney			
					improvement". However, 25% of providers have catheter rates above 13%, indicating that there is in fact substantial opportunity for improvement among a	Epidemiology			
					sizable number of providers. Our understanding is that the performance gap represents the magnitude of variation in provider performance, and not	and Cost Center			
		1		3567: Hemodialysis Vascular	whether the mean level of performance is clinically appropriate. In addition, the width of the actual performance gap between high and low performing		1	1	
				Access—Practitioner	providers is larger in measure #3567 than the performance gap for the recently NQF endorsed facility level metric #2978: Hemodialysis Vascular Access: Long-term Catheter Rate. Given this discrepancy, it is not clear why the provider level metric failed after demonstrating a larger performance gap than the				
				Level Long-Term	competitive dataset has a sense of the sense				Opportunity for Improveme
	8647	04.23.21		Catheter Rate (CMS)	the application of the performance gap criteria in hopes of improving the consistency of committee review.			The manual sectors are supported by the test	the Performance Gap
t-evaluation			General				Public	those patients are not included in CROWNWeb which is the	Measure specifications, Exclusions & Unintended
t-evaluation								primary data source for identifying patients in the measure.	Exclusions & Unintended Consequences
evaluation								Patients who receive a living-donor kidney transplant within 3	consequences
evaluation								Patients who receive a living-donor kidney transplant within 3	
-evaluation								months of starting dialysis would also be excluded from the	
evaluation								months of starting dialysis would also be excluded from the measure, allowing for expedited care for those with patients	
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t-evaluation								months of starting dialysis would also be excluded from the messure, allowing for expedited care for those with patients where dialysis is intended to be short term. In the above mentioned 2015 TEP discussion about exclusion criteria for this measure, other clinical conditions such as severe congestive heart failure were also discussed, but a data source does not	
t-evaluation								months of starting dialysis would also be excluded from the measure, allowing for expedited care for those with patients where dialysis is intended to be short term. In the above mentioned 2015 TEP discussion about exclusion criteria for this measure, other clinical conditions such as severe congestive	
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bevaluation								month of starting dialysis would also be excluded from the massure, allowing the expedied care for flows with plations where dialysis is intended to be short term. In the above entoneed 2015 TH discussion about carbon schedulen carbon for the massure, other clinical conditions such as severe competitive heart failure ware and clicicasic, but ad also survar deen end const to capture their potential conditions to down that the NG measure fail of live lender: Ca77R: Hemodalysis Vascular Access to getern Catheter Rule In already in use pCAG, we do no ballever tat dading the currents and the dialysis Vascular Access to congetern Catheter Rule In already in use pCAG, we do no ballever tat dading the current and the dialysis Vascular Access to the start dading the current and the dialysis vascular Access to the start dading the current and the dialysis vascular Access to the start dading the current and the dialysis vascular Access to the start dading the current and the dialysis the start and the dial term and term and the dial term and term	
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Levaluation					Sommery : Dur rephrologist colleagues within the Johns Hapkins Hapkin System had a number of comments about the measure. They believe that the	Submitted by		months of starting during second and be encluded from the summer, allowing the sequence of the second second second second second second second second second second second methods 2015 TH Rescursion about second	
Levaluation				3%7* Hemodalvsk	concept of this measure has the opportunity to ensure optimal care and could result in long-term healthcare savings with fewer interventions. They do have	Submitted by Armstrong Institute for		months of starting dailys would also be excluded from the survey, allowing of regardless are of those with patients where dailyses, is insteaded to be short term. In the above those dailyses, and the start term is the above term of the start term of the start term of the bear failer were also discusses, but a start comparison that relative were also discusses, but a start comparison that relative were also discusses, but a start comparison that relative were also discusses, but a start of the start to the capture there exclude all could be also also the start of the total start of the start of the start of the start all starts in your by to Mix, we do not below that adding the current produce level against areas would assessment as potential	
t-evaluation				3567: Hemodialysis Vascular	Semmary : Our nephrologist colleagues within the Johns Hopkins Health System had a number of convents about the measure. They believe that the inscruption from measure has the approximately to mease organical care and could result have go that had have a more stronger to the system. They are been measured on the system stronger to the stronger to the stronger to the system had a number of convents about the measure. They believe that the measured of the measure has the approximate of the stronger to the system had a number of convents about the measure. They believe that the measure to the stronger to the stron	Armstrong		months of starting during second and be encluded from the summer, allowing the sequence of the second second second second second second second second second second second methods 2015 TH Rescursion about second	
st-evaluation				Vascular Access—Practitioner	concept of the measure has the opportunity to ensure optimal care and cauld result in long-term healthcare assing with fivew interventors. They do better they economicated the derivantities of the economics of exclusion be equivaled to include AD patients, live donor transplant recipients, patients who have enhanced AV access options, and those elso carent threndymically lower and and the bar enhances of earliest of the carent specification of earliest elso transplant recipients, and there enhances of earliest elso transplant recipients, patient with established AV access. They also have the carent three enhances careful specification of earliest elso transplant recipients evaluated AV access. They also have the carent transmission and the enhances of earliest elso transplant entropy patients with established AV access. They also have the carent transmission and earliest elso transplant entropy patients with established AV access. They also have the carent transmission and the enhances of earliest elso transmission and the enhances of earliest	Armstrong Institute for Patient Safety and Quality at		menths of stating during would also be excluded from the same during of the specific of a for the sub particul where during is instanted to be short time. It has also also during the same during the same during the same during the same during the same during the hard failer were also discusse, but a data source does not be that were also discusse, but a data source does not the capture there also discusse, but a data source does not hard failer were also discusse, but a data source does not also discusse, the same during the same during the capture of the hQD exclusion of the same during the capture during the same would exact the same during the capture during the same would exact the same of the same same during based in our by CAR, we do not base that during the capture during the same would exact the same same during the same same same during during the during same same during the same same during during the same same during the same same shall be during to during the during the same during the same same during the same same same same same same same during the same same same same same same same sam	
st-voluation	80.9	04 22 21		Vascular	concept of this measure has the opportunity to ensure optimal care and could result in long-term healthcare savings with feer intermitions. They do have some concerns, though, with the measure as currently specified. They recommended the denominator exclusions be expanded to include ARI patients, live donor transplart net repletes, patients who have enhausted VA access, options, and those who cannot hemodynamically liderate AV access. They do have	Armstrong Institute for Patient Safety		months of stating dulys would also be excluded from the searce, plaving of properties are of those with patients where dulys is initiated to be also that the sub-or- methoder 2013. ¹¹ The second statistical controls for this mean raises were also document, but a duly source down and but to capture three potential consideration. Green that the MQP endows of bacility level municipality is statistically in using VGA we on to table that back that are provide in dulys in Access: Long term. Catheter fails is allowed in using VGA we can be tablet that back that you provide in dulys in Access. Long term. Catheter fails is provide in dulys in Access. Long term. Catheter fails and using in using VGA we can be tablet that duly the company provide in dulys in Access. Long term. Catheter fails provide in the stabilities AV access.	