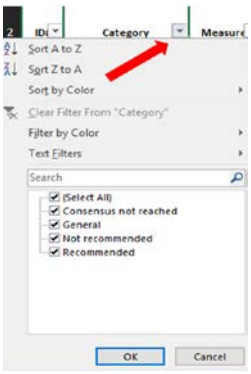
National Quality Forum - Comment Report for Renal Fall 2020 Project

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

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.

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



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

Commenting Period	ID#	Date Submitted	Category	Measure	Comment	Commenter	Council/ Public	Response	Theme
Post-evaluation	8593	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 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 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.	Submitted by Kidney Care Partners	QMRI		General
Post-evaluation	8594	3.25.21	Recommended	2701: Avoidance of Utilization of High Ultrafiltration Rate (>13 ml/kg/hour) (KCQA)	KCP believes fluid management is a critical area to address through performance measurement and supports the Standing Committee's recommendation for continued endorsement of this measure.	Submitted by Kidney Care Partners	QMRI		Importance
Post-evaluation	8595	3.25.21	Not Recommended	3567: Hemodialysis Vascular Access—Practitioner-Level Long-Term Catheter Rate (CMS)	Vascular access may be the most important performance metric for patients making decisions about dialysis facilities, and KCP has consistently supported the facility-level Long-Term Catheter Rate (LTCR) measure, NQF 2978. Nevertheless, we support the Standing Committee's recommendation against 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 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 the measure does not account for patients for whom a catheter is the only or most appropriate choice, such as patients with exhausted vascular access or 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 with the updated 2019 NKF KDOQI Clinical Practice Guidelines for Vascular Access, cited to support the measure, which instead emphasize a patient-focused approach to vascular access and list a number of circumstances where short- or long-term use of tunneled CVCs may be clinically appropriate.	Submitted by Kidney Care Partners	QMRI	The performance gap is an assessment to determine if there are opportunities for improvement in the measure outcome. While 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. We understand that there are certain clinical situations where the use of a LTC is an appropriate option and this measure serves 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 measures, however consensus was not reached within the TEP on how best to implement this exclusion. Specifically, there was not consensus as to who was the most appropriate provider to make this assessment (e.g. nephrologist, vascular surgeon, or interventional radiologist/nephrologist) or on what bases (ultrasound, venography, number of prior failed accesses). In addition we have evaluated historical vascular access data in CROWNWeb to determine if a patient's prior vascular access history could be used to identify multiple failed vascular accesses, and in turn whether this information could	Importance & Accountability
Post-evaluation	8639	04.14.21	Not Recommended	3567: Hemodialysis Vascular Access—Practitioner-Level Long-Term Catheter Rate (CMS)	The American Medical Association (AMA) supports the Standing Committee's recommendation to not continue endorsement of this measure. Specifically, we 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 appropriateness. Additional refinement or new measure development is needed to create a measure that adequately assesses whether appropriate treatment decisions were made based on patient choice and through shared decision-making.	Submitted by American Medical Association	HPR	We recognize the importance of patient choice when determining a vascular access plan, however at this time there are no standard criteria for how to validate an informed decision. A check-box attestation may not be sufficient for determining whether an informed and express choice was made by a patient, and this is especially true for vulnerable patients.	Measure specifications
Post-evaluation	8647	04.23.21	Not Recommended	3567: Hemodialysis Vascular Access—Practitioner-Level Long-Term Catheter Rate (CMS)	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 Gap requirement and the Standing Committee expressed 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 improvement". However, 25% of providers have catheter rates above 13%, indicating that there is in fact substantial opportunity for improvement among a sizable number of providers. Our understanding is that the performance gap represents the magnitude of variation in provider performance, and not whether the mean level of performance is clinically appropriate. 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. Given this discrepancy, it is not clear why the provider level metric failed after demonstrating a larger performance gap than the currently endorsed facility level metric. While we are not requesting reconsideration of this measure, we did want to draw attention to the discrepancy in the application of the performance gap criteria in hopes of improving the consistency of committee review.	Submitted by the University of Michigan Kidney Epidemiology and Cost Center	PRO		Opportunity for Improvement in the Performance Gap
Post-evaluation	8658	04.22.21	General	3567: Hemodialysis Vascular Access—Practitioner-Level Long-Term Catheter Rate (CMS)	Summary : Our nephrologist colleagues within the Johns Hopkins Health System had a number of comments about the measure. They believe that the 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 some concerns, though, with the measure as currently specified. They recommended the denominator exclusions be expanded to include AKI patients, live donor transplant recipients, patients who have exhausted AV access options, and those who cannot hemodynamically tolerate AV access. They also have the concern that this measure could have the unintended consequence of dialysis units preferentially accepting only patients with established AV access. It should be recognized that the numerator, as currently defined, potentially includes those patients who, due to limited insurance coverage options (e.g., Veterans, undocumented) may have restricted opportunities for AV access placement.	Submitted by Armstrong Institute for Patient Safety and Quality at Johns Hopkins University	Public	This measure excludes AKI patients from the denominator since those patients are not included in CROWNWeb which is the primary data source for identifying patients in the measure. Patients who receive a living-donor kidney transplant within 3 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 heart failure were also discussed, but a data source does not exist to capture these potential considerations. Given that the NQF endorsed facility level metric #2978: Hemodialysis Vascular Access: Long-term Catheter Rate is already in use by CMS, we do not believe that adding the current provider level quality measure would exacerbate any potential unintended consequences of preferentially accepting dialysis patients with established AV access. Since we rely on Physician Medicare claims to identify patient-provider months with a long-term catheter, patients with limited insurance coverage, such as undocumented patients, are not included in this measure.	Measure specifications, Exclusions & Unintended Consequences

End of Table