



January 8, 2019

To: Renal Standing Committee
From: NQF staff
Re: Reconsideration of evidence for measures 3402 and 3403

Background

The NQF Renal Standing Committee decided not to recommend two measures for endorsement during the spring 2018 review cycle. The University of Michigan—Kidney Epidemiology and Cost Center (UM-KECC), the developer of the two measures, submitted a request for reconsideration to the CSAC chairs. The developer cited that:

- There is a flaw in the evidence algorithm for process measures that did not allow important measures with limited evidence to pass.
- There are concerns about the Renal Standing Committee's impartiality and the lack of broader representation from patients/patient advocates and the transplant provider community.

During the CSAC's October 23-24, 2018 in-person meeting, the CSAC reviewed UM-KECC's reconsideration request and determined that the Renal Standing Committee may not have appropriately applied the Clinical Evidence algorithm, and asked the Standing Committee to re-review Evidence in the Importance to Measure and Report criterion for the following measures:

- 3402 Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients (SWR) (CMS)
- 3403 Percentage of Prevalent Patients Waitlisted (PPPW) (CMS)

In response to the concern of a potential lack of proper expertise, the CSAC has asked NQF to create a temporary Technical Expert Panel with the following additional expertise for the re-evaluation of the measures:

- Dialysis patient who is waiting for a kidney transplant
- Disparities expert

The TEP met on January 8, 2019 to review the evidence for measures 3402 and 3403. The discussion has been summarized below.

Evaluation of the Evidence

While the CSAC agrees that the evidence provided for both 3402 and 3403 does not directly relate to the measure submitted, they have observed (as overseers of the full NQF portfolio) that measures with a similar evidence basis have passed evidence with an exception in other Standing Committees. In order to be consistent across NQF's projects, the CSAC asks the Renal Transplant Technical Expert Panel to reconsider just the evidence of these measures.

3402 Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients (SWR)

Summary Renal Standing Committee Fall 2018 Review

The Committee discussed whether the evidence presented by the developer directly related to the measure focus. Some Committee members suggested that there was evidence highlighting variability in waitlisting rates across dialysis facilities; however, the Committee generally believed that the evidence included in the submission largely related to the impact of transplantation on patient outcomes—not the impact of waitlisting on patient outcomes.

Summary of Renal Transplant TEP Review

1. *Is the provided body of evidence directly relevant to measured healthcare process?* The TEP agreed that the body of evidence provided for both measures was not directly relevant to the measured healthcare process.
2. *Are there or could there be performance measures of a related health outcome, OR evidence-based intermediate clinical outcome or process?* The TEP members stated that they preferred a waitlisting measure over a referral or transplant measure. They expressed that a referral measure would not be impactful enough and that providers need to be held responsible for their part in getting patients on the waitlist. Donnie Anderson, a kidney transplant recipient who is on the waitlist for a second transplant, stated that the waitlisting process can sometimes be confusing and providers should be motivated to help prospective kidney transplant candidates navigate the system.
3. *Is there evidence of a systematic assessment of expert opinion that the benefits of what is being measured outweigh potential harms?* While the TEP members could not cite evidence that the measure's potential benefits outweighed the potential harm, they did agree that this measure would be far more beneficial than harmful to eligible patients in need of a transplant.
4. *Do you agree that it is OK (or beneficial) to hold providers accountable for performance in the absence of empirical evidence of benefits to patients?* The TEP agreed that providers should be held accountable and that the measure might encourage providers to take a more active role in getting patients on waitlists.

Action Item

Consider evidence for 3402 using the NQF Evidence Algorithm and revote on the evidence subcriterion. If the measure passes on evidence, the discussion will end here since this measure failed on Validity during the spring 2018 review cycle.

3403 Percentage of Prevalent Patients Waitlisted (PPPW)

Committee members expressed concern that the evidence presented primarily related to the impact of transplantation on patient outcomes, rather than the impact of waitlisting on patient outcomes, and therefore, was not directly relevant to the measure focus.

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Action Item

Consider evidence for 3403 using the NQF Evidence Algorithm and revote on the evidence subcriterion. If the measure passes on evidence, the Standing Committee will continue to review the measure.