



September 7, 2018

To: Renal Standing Committee

From: NQF staff

Re: Post-comment web meeting to discuss public comments received and NQF member expression of support

Purpose of the Call

The Renal Standing Committee will meet via web meeting on September 7, 2018 from 12:00 pm to 2:00 pm ET. The purpose of this call is to:

- Review and discuss comments received during the post-evaluation public and member comment period;
- Provide input on proposed responses to the post-evaluation comments;
- Review and discuss NQF members' expressions of support of the measures under consideration; and
- Determine whether reconsideration of any measures or other courses of action are warranted.

Standing Committee Actions

1. Review this briefing memo and [draft report](#).
2. Review and consider the full text of all comments received and the proposed responses to the post-evaluation comments (see comment table).
3. Review the NQF members' expressions of support of the submitted measures.
4. Be prepared to provide feedback and input on proposed post-evaluation comment responses.

Conference Call Information

Please use the following information to access the conference call line and webinar:

Speaker dial-in #: 1-877-296-0829 (*NO CONFERENCE CODE REQUIRED*)

Web Link: <http://nqf.commpartners.com/se/Rd/Mt.aspx?377328>

Registration Link: <http://nqf.commpartners.com/se/Rd/Rg.aspx?377328>

Background

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.

This project sought to identify and endorse performance measures for accountability and quality improvement that address conditions, treatments, interventions, or procedures relating to kidney disease. On June 18 and 19, 2018, NQF convened a multistakeholder Standing Committee composed of 25 individuals to evaluate two new measures. The Committee did not recommend either measure.

Comments Received

NQF solicits comments on measures undergoing review in various ways and at various times throughout the evaluation process. First, NQF solicits comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). Second, NQF solicits member and public comments during a 16-week comment period via an online tool on the project webpage.

Pre-evaluation Comments

NQF solicits comments prior to the evaluation of the measures via an online tool on the project webpage. For this evaluation cycle, the pre-evaluation comment period was open from April 24 to June 6, 2018 for the measures under review. The majority of the comments received recommended that the measures not be endorsed. All of these pre-evaluation comments were provided to the Committee prior to the measure evaluation meeting.

Post-evaluation Comments

The draft report was posted on the project webpage for public and NQF member comment on July 24, 2018 for 30 calendar days. During this commenting period, NQF received eight comments from five member organizations:

Member Council	# of Member Organizations Who Commented
Consumer	1
Provider Organization	2
Purchaser	1
QMRI	1

We have included all comments that we received (both pre- and post-evaluation) in the comment table (excel spreadsheet) posted to the Committee SharePoint site. This comment table contains the commenter's name, comment, associated measure, topic (if applicable), and—for the post-evaluation comments—draft responses (including measure steward/developer responses) for the Committee's consideration. Please review this table before the meeting and consider the individual comments received and the proposed responses to each.

In order to facilitate discussion, the majority of the post-evaluation comments have been categorized into major topic areas or themes. Although all comments are subject to discussion, the intent is not to discuss each individual comment on the September 7, 2018 post-comment call. Instead, we will spend the majority of the time considering the theme discussed below, and the set of comments as a whole. Please note that the organization of the comments into a topic

area is not an attempt to limit Committee discussion. Additionally, please note that measure stewards/developers were asked to respond where appropriate. Where possible, NQF staff has proposed draft responses for the Committee to consider.

Comments and their Deposition

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

The majority of the commenters supported the Committee's decision to not endorse the two measures under review. However, one commenter, the Service Employees International Union (SEIU), requested that the Committee reconsider its decision based on the following:

- The measures focusing on the waitlisting process are appropriate for improving access to kidney transplantation, especially given that dialysis facilities exert substantial control over an important set of activities that are related to waitlisting, starting with proper education of dialysis patients about the option for transplant, to referral of appropriate patients to a transplant center for evaluation, assisting patients with completion of the transplant evaluation process, and optimizing the health and functional status of patients in order to increase the patient's candidacy for transplant waitlisting. The waitlisting measures have high public value as they will provide transparency on which dialysis facilities are doing a better job at successfully assisting appropriate patients to be placed on the transplant waitlist.
- Sufficient evidence and appropriate rationale was provided to meet the Evidence criterion for both of the renal measures. The evidence demonstrates that the earlier a renal patient has access to transplantation, especially after starting dialysis, the better their chance for long-term survival, and that there is a wide variation in transplant waitlisting rates among dialysis facilities. Clearly there is a need for these transplant waitlisting measures in order to improve facility performance and ensure that appropriate renal patients are supported in the process to be placed on the transplant waitlist.
- A referral-based measure would not be sufficient. Given their important role in the process leading to waitlisting, there is a need for a more comprehensive measure to ensure that dialysis facilities are doing more than simply referring patients, but actually taking active steps to ensure that patients complete the transplant evaluation process, and that the health and functional status of patients are sufficient to support their candidacy for the transplant waitlist.
- The variance in transplant waitlisting is extremely troubling and ought to be addressed as soon as possible, especially in order to limit healthcare disparities for people of color.

Action Item:

Consider comments and determine if the Committee would like to reconsider

Proposed Committee Response:

Pending Committee Discussion

NQF Member Expression of Support

Throughout the 16-week continuous public commenting period, NQF members had the opportunity to express their support ('support' or 'do not support') for each measure submitted

for endorsement consideration to inform the Committee's recommendations. Two NQF members provided their expressions of support: See Appendix A.

Appendix A: NQF Member Expression of Support Results

Two QF members provided their expressions of support. None of the two measures under consideration received support from NQF members. Results for each measure are provided below.

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

Member Council	Support	Do Not Support	Total
QMRI	0	1	1
All Councils	0	1	1

3403: Percentage of Prevalent Patients Waitlisted (PPPW) (CMS)

Member Council	Support	Do Not Support	Total
Consumer	0	1	1
QMRI	0	1	1
All Councils	0	2	2