



**NATIONAL
QUALITY FORUM**

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Renal, Spring 2020 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

Samuel Stolpe, PharmD, MPH

Janaki Panchal, MSPH

Teja Vemuganti, MPH

Yemsrach Kidane, MA, PMP

June 16 and 18, 2020

Welcome

Welcome

- The CenturyLink web platform will allow you to visually follow the presentation
- Please mute your lines when you are not speaking to minimize background noise.
- Please do not put the call on hold.
- You may submit questions to project staff via the CenturyLink web platform chat function.
- You may raise your hand using the CenturyLink web platform.

If you are experiencing technical issues, please contact the NQF project team at renal@qualityforum.org



Project Team



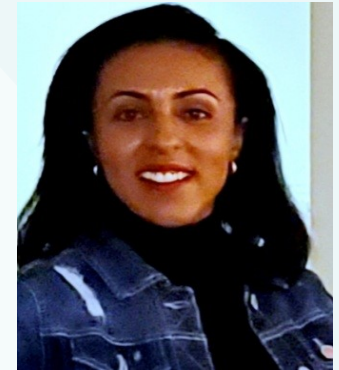
Samuel Stolpe,
PharmD, MPH
Senior Director



Janaki Panchal,
MSPH
Manager



Teja Vemuganti,
MPH
Analyst



Yemsrach Kidane,
PMP
Project Manager



Agenda

- Introductions and Disclosures of Interest
- Measures Under Review
- Overview of Evaluation Process and Voting Process
- Consideration of Candidate Measures
- NQF Member and Public Comment
- Related and Competing Measures
- Next Steps
- Adjourn

Introductions and Disclosures of Interest

Renal Spring 2020 Cycle Standing Committee

- Constance Anderson, BSN, MBA (Co-Chair)
- Lorien Dalrymple, MD, MPH (Co-Chair)
- Rajesh Davda, MD, MBA, CPE
- Elizabeth Evans, DNP
- Michael Fischer, MD, MSPH
- Renee Garrick, MD, FACP
- Stuart Greenstein, MD
- Mike Guffey
- Debra Hain, PhD, APRN, ANP-BC, GNP-BC, FAANP
- Lori Hartwell
- Frederick Kaskel, MD, PHD
- Michael Somers, MD
- John Wagner, MD, MBA
- Myra Kleinpeter, MD, MPH
- Alan Kliger, MD
- Mahesh Krishnan, MD, MPH, MBA, FASN
- Lisa Latts, MD, MSPH, MBA, FACP
- Karilynne Lenning, MHA, LBSW
- Franklin Maddux, MD, FACP
- Andrew Narva, MD, FACP, FASN
- Jessie Pavlinac, MS, RD, CSR, LD
- Mark Rutkowski, MD
- Bobbi Wager, MSN, RN
- Joshua Zaritsky, MD, PhD

Measures Under Review

Spring 2020 Cycle Measures

- **3 Maintenance Measures for Committee Review**
 - ▣ **0369 Standardized Mortality Ratio for Dialysis Facilities** (University of Michigan Kidney Epidemiology and Cost Center)
 - ▣ **2977 Hemodialysis Vascular Access: Standardized Fistula Rate** (University of Michigan Kidney Epidemiology and Cost Center)
 - ▣ **2978 Hemodialysis Vascular Access: Long-term Catheter Rate** (University of Michigan Kidney Epidemiology and Cost Center)

NQF Scientific Methods Panel Review

- The Scientific Methods Panel independently evaluated the Scientific Acceptability of these measures:
 - ▣ 0369 Standardized Mortality Ratio for Dialysis Facilities
 - ▣ 2977 Hemodialysis Vascular Access: Standardized Fistula Rate
 - ▣ 2978 Hemodialysis Vascular Access: Long-term Catheter Rate
- The Panel, consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.
- The Panel's comments and concerns are provided to developers to further clarify and update their measure submission form with the intent of strengthening their measures to be evaluated by the Standing Committee.
- Certain measures that do not pass reliability and/or validity are eligible to be pulled by a standing committee member for discussion and revote.

Overview of Evaluation Process



Roles of the Standing Committee ***During the Evaluation Meeting***

- Act as a proxy for the NQF multistakeholder membership
- Work with NQF staff to achieve the goals of the project
- Evaluate each measure against each criterion
 - ▣ Indicate the extent to which each criterion is met and rationale for the rating
- Make recommendations regarding endorsement to the NQF membership
- Oversee the portfolio of Renal measures



Ground Rules for Today's Meeting

During the discussions, Committee members should:

- Be prepared, having reviewed the measures beforehand
- Base evaluation and recommendations on the measure evaluation criteria and guidance
- Remain engaged in the discussion without distractions
- Attend the meeting at all times
- Keep comments concise and focused
- Allow others to contribute



Process for Measure Discussion and Voting

- Brief introduction by measure developer (3-5 minutes)
- Lead discussants will begin Committee discussion for each criterion by:
 - ▣ Briefly explaining information on the criterion provided by the developer
 - ▣ Providing a brief summary of the pre-meeting evaluation comments
 - ▣ Emphasizing areas of concern or differences of opinion
 - ▣ Noting, if needed, the preliminary rating by NQF staff
 - » This rating is intended to be used as a guide to facilitate the Committee's discussion and evaluation.
- Developers will be available to respond to questions at the discretion of the Committee
- Full Committee will discuss, then vote on the criterion, if needed, before moving on to the next criterion

Endorsement Criteria

- **Importance to Measure and Report (Evidence and Performance Gap):** Extent to which the measure focus is evidence-based and important to making significant gains in healthcare quality where there is variation in or overall less-than-optimal performance (**must-pass**)
- **Scientific Acceptability (Reliability and Validity):** Extent to which the measure produces consistent (reliable) and credible (valid) results about the quality of care when implemented (**must-pass**)
- **Feasibility:** Extent to which the specifications require data that are readily available or could be captured and implemented without undue burden
- **Usability and Use:** Extent to which the measure is being used for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare (**must-pass** for maintenance measures).
- **Comparison to related or competing measures:** If a measure meets the above criteria and there are endorsed or new related measures or competing measures, the measures are compared to address harmonization and/or selection of the best measure.



Voting on Endorsement Criteria

- Votes will be taken after the discussion of each criterion
- **Importance to Measure and Report**
 - ▣ Vote on Evidence (must pass)
 - ▣ Vote on Performance Gap (must pass)
 - ▣ Vote on Rationale - Composite measures only
- **Scientific Acceptability Of Measure Properties**
 - ▣ Vote on Reliability (must pass)
 - ▣ Vote on Validity (must pass)
 - ▣ Vote on Quality Construct - Composite measures only
- **Feasibility**
- **Usability and Use**
 - ▣ Use (must pass for maintenance measures)
 - ▣ Usability



Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **Overall Suitability for Endorsement**
- **Procedural Notes**
 - ▣ If a measure fails on one of the must-pass criteria, there is no further discussion or voting on the subsequent criteria for that measure; Committee discussion moves to the next measure.
 - ▣ If consensus is not reached, discussion continues with the next measure criterion.

Achieving Consensus

- Quorum: 66% of active committee members (e.g., 16 of 23 members)

Vote	Outcome
Greater than 60% yes	Pass/Recommended
40% - 60% yes	Consensus Not Reached (CNR)
<40% yes	Does Not Pass/Not Recommended

- “Yes” votes are the total of high and moderate votes
- CNR measures move forward to public and NQF-member comment and the Committee will revote during the post-comment web meeting

Committee Quorum and Voting

- Please let staff know if you need to miss part of the meeting.
- We must have quorum to vote. Discussion may occur without quorum.
- If we do not have quorum at any point during the meeting, live voting will stop, and staff will send a survey link to complete voting.
 - ▣ Committee member votes must be submitted within 48 hours of receiving the survey link from NQF staff.
- If a Committee member leaves the meeting and quorum is still present, the Committee will continue to vote on the measures. The Committee member who left the meeting will not have the opportunity to vote on the missed measures.



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Questions?

Voting Test

Consideration of Candidate Measures

0369 Standardized Mortality Ratio for Dialysis Facilities

- **Measure Steward:** University of Michigan Kidney Epidemiology and Cost Center/Centers for Medicare and Medicaid
 - ▣ Maintenance
- **Brief Description of Measure:**
 - ▣ Standardized mortality ratio is defined to be the ratio of the number of deaths that occur for Medicare ESRD dialysis patients treated at a particular facility to the number of deaths that would be expected given the characteristics of the dialysis facility's patients and the national norm for dialysis facilities. This measure is calculated as a ratio but can also be expressed as a rate.
 - ▣ When used for public reporting, the measure calculation will be restricted to facilities with greater than 3 expected deaths in the reporting year. This restriction is required to ensure patients cannot be identified due to small cell size.



2977 Hemodialysis Vascular Access, Standardized Fistula Rate

- **Measure Steward:** University of Michigan Kidney Epidemiology and Cost Center/Centers for Medicare and Medicaid
- Maintenance
- **Brief Description of Measure:**
 - ▣ Adjusted percentage of adult hemodialysis patient-months using an autogenous arteriovenous fistula (AVF) as the sole means of vascular access.



2978 Hemodialysis Vascular Access: Long-term Catheter Rate

- **Measure Steward:** University of Michigan Kidney Epidemiology and Cost Center/Centers for Medicare and Medicaid
 - ▣ Maintenance
- **Brief Description of Measure:**
 - ▣ Percentage of adult hemodialysis patient-months using a catheter continuously for three months or longer for vascular access.

NQF Member and Public Comment

Related and Competing Discussion

Related and Competing Measures

If a measure meets the four criteria and there are endorsed/new related measures (same measure focus or same target population) or competing measures (both the same measure focus and same target population), the measures are compared to address harmonization and/or selection of the best measure.

	Same concepts for measure focus-target process, condition, event, outcome	Different concepts for measure focus-target process, condition, event, outcome
Same target population	Competing measures-Select best measure from competing measures or justify endorsement of additional measure(s).	Related measures-Harmonize on target patient population or justify differences.
Different target patient population	Related measures-Combine into one measure with expanded target patient population or justify why different harmonized measures are needed.	Neither harmonization nor competing measure issue.



0369 Related Measures

- 1463 Standardized Hospitalization Ratio for Dialysis Facilities
- 2496 Standardized Readmission Ratio (SRR) for dialysis facilities



2977 Related Measures

- 2594 : Optimal End Stage Renal Disease (ESRD) Starts
- 0251: Vascular Access—Functional Arteriovenous Fistula (AVF) or AV Graft or Evaluation for Placement
- 0256: Hemodialysis Vascular Access-Minimizing use of catheters as Chronic Dialysis Access
- 0257: Hemodialysis Vascular Access-Maximizing Placement of Arterial Venous Fistula (AVF)
- 2978: Hemodialysis Vascular Access: Long-term Catheter Rate



2978 Related Measures

- 2594 : Optimal End Stage Renal Disease (ESRD) Starts
- 0251: Vascular Access—Functional Arteriovenous Fistula (AVF) or AV Graft or Evaluation for Placement
- 0256: Hemodialysis Vascular Access-Minimizing use of catheters as Chronic Dialysis Access
- 0257: Hemodialysis Vascular Access-Maximizing Placement of Arterial Venous Fistula (AVF)
- 2977: Hemodialysis Vascular Access, Standardized Fistula Rate

Next Steps

Activities and Timeline –Spring 2020 Cycle

*All times ET

Meeting	Date, Time
Rescheduled Fall 2019 Post-Comment Call	June 23, 12:00-2:00pm
Draft Report Comment Period	July 27 - August 25
Committee Post-Comment Web Meeting	September 22, 12:00-2:00pm
CSAC Review	TBD
Appeals Period (30 days)	TBD

Project Contact Info

- Email: renal@qualityforum.org
- NQF phone: 202-783-1300
- Project page: <http://www.qualityforum.org/renal>
- SharePoint site:
<http://share.qualityforum.org/Projects/renal/SitePages/Home.aspx>

Questions?

THANK YOU.

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