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Renal Committee

Reliability Testing Overview

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Measures Under Evaluation

Measures submitted in this cycle included the use of Inter-Unit Reliability (IUR) methods and Profile Inter-Unit Reliability (PIUR) methods. A summary of the results are as follows:

Measure	IUR result	PIUR result
NQF 0369: Standardized Mortality Ratio for Dialysis Facilities	0.50	0.77
NQF 2977: Hemodialysis Vascular Access: Standardized Fistula Rate	0.755	N/A
NQF 2978: Hemodialysis Vascular Access: Long-term Catheter Rate	0.76	N/A

Inter-unit Reliability (IUR)

- The IUR is the proportion of the total variation in measure scores that can be attributed to between provider variation (BPV).
 - ▣ The BPV can be attributed to unmeasured confounding factors or to quality of care or to a combination of both.
 - ▣ If the BPV can be mainly attributed to the quality of care, the IUR can be viewed a measure of reliability (Adams, 2009).
 - ▣ If the BPV is a result mainly of unmeasured confounders, the IUR is not directly interpretable as reliability. (Kalbfleisch et al., 2018)
 - ▣ The IUR is not very sensitive to outliers (extreme values of the measure).



Profile IUR (PIUR)

- Supplementary to IUR and more sensitive to extreme or outlying values.
- Assess a measure by its probability of identifying the same providers as extreme when data are replicated.
- The PIUR depends on
 - ▣ the method of flagging being used (e.g. empirical null, random effects, fixed effects, etc.)
 - ▣ the p-value chosen for flagging (e.g. 5%, 10%, etc)
- If the PIUR is relatively large and the IUR smaller, the measure may be most useful for identifying providers with more extreme outcomes.
- The PIUR is on the same scale as the IUR.



Discussion

- PIUR can be a useful addition to characterizations of reliability.
- Indicates usefulness of the measure for identifying providers that are relatively extreme (e.g. better or worse than expected).
- Measures with medium to large PIUR still provide a ranking of all facilities, but most attention should be paid to the tails.
- With any quality measure, ranking providers in the center of the measure distribution is almost always difficult due to unmeasured confounders.

Questions?