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Renal, Spring 2022 Measure Review Cycle

Measure Evaluation Standing Committee Meeting

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Welcome

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Housekeeping Reminders

- This is a Webex meeting with audio and video capabilities
- Please mute your computer when not speaking
- The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
- We encourage you to keep the video on throughout the event
- We encourage you to use the following features
  - Chat box: to message NQF staff or the group
  - Raise hand: to be called upon to speak
- We will conduct a Standing Committee roll call once the meeting begins

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

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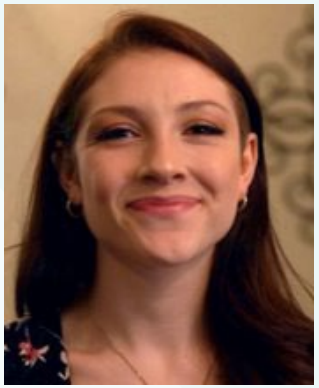
Project Team — Renal Committee

Paula Farrell, MSHQS, Director

Oroma Igwe, MPH, Manager

Gabrielle Kyle-Lion, MPH, Analyst



Matilda Epstein, MPH, Associate

Erica Brown, MHA, PMP, Project Manager

Poonam Bal, MHSA, Senior Director

Peter Amico, PhD, Consultant

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Agenda

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

Introductions and Disclosures of Interest

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Renal Spring 2022 Cycle Standing Committee

- Lorien Dalrymple, MD, MPH (Co-Chair)
- Renee Garrick, MD (Co-Chair)
- Stuart Mark Greenstein, MD
- Frederick Jeffery Kaskel, MD, PhD
- Myra A. Kleinpeter, MD, PhD
- Alan Stewart Kliger, MD
- Mahesh Krishnan, MD, MPH, MBA, FASN
- Karilynne Anne Lenning, MHA, LBSW
- Jessie M. Pavlinac, MS
- Jeffery Silberzweig
- Michael Somers, MD
- Jennifer Vavrinchik
- John Wagner, MD, MBA
- James Michael Guffey
- Dr. Andrew I-Wei Chin
- Dr. Annabelle Chua
- Rajesh Davda, MD
- Gail D Dewald, BS, RN, CNN
- Gail S. Wick, BS, RN CNN
- Lori Hartwell
- Precious McCowan
- Cher Thomas
- Roberta Louise Wager, MSN, RN
- Andrew Narva

Overview of Evaluation Process and Voting Process

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Roles of the Standing Committee During the Evaluation Meeting

- Act as a proxy for the NQF multistakeholder membership
- Evaluate each measure against each criterion
  - Indicate the extent to which each criterion is met and rationale for the rating
- Respond to comments submitted during the public commenting period
- Make recommendations regarding endorsement to the NQF membership
- Oversee the portfolio of Renal measures

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Meeting Ground Rules

- Be prepared, having reviewed the measures beforehand
- Respect all voices
- Remain engaged and actively participate
- Base your evaluation and recommendations on the measure evaluation criteria and guidance
- Keep your comments concise and focused
- Be respectful and allow others to contribute
- Share your experiences
- Learn from others

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Process for Measure Discussion and Voting

- Brief introduction by measure developer (3-5 minutes)
- Lead discussants will begin the Standing 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; and
  - Noting, if needed, the preliminary rating by NQF staff.
    - This rating is intended to be used as a guide to facilitate the Standing Committee's discussion and evaluation.
- Developers will be available to respond to questions at the discretion of the Standing Committee.
- The full Standing Committee will discuss, then vote on the criterion, if needed, before moving on to the next criterion.

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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.

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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 (must pass)
- **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
- **Overall Suitability for Endorsement**

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Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **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 but a vote on overall suitability will not be taken.

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Achieving Consensus

- Quorum: 66% of active committee members (16 of 24 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 based on the number of active and voting-eligible Standing Committee members who participate in the voting activity.
- CNR measures move forward to public and NQF member comment and the Committee will revote during the post-comment web meeting.
- Measures which are not recommended will also move on to public and NQF-member comment, but the Committee will not revote on the measures during the post-comment meeting unless the Committee decides to reconsider them based on submitted comments or a formal reconsideration request from the developer.

***The quorum denominator will change if any Standing Committee members are recused from discussion for a measure.**

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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 unless 50% attendance is not reached.
- 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 measures that were evaluated by the Committee during their absence.

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Evaluation Process Questions?

Voting Test

Measures Under Review

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Spring 2022 Cycle Measures

- **1 Maintenance Measure for Standing Committee Review**
  - **#2594** Optimal End Stage Renal Disease (ESRD) Starts (The Permanente Foundation/Kaiser Permanente Southern California)
- **5 New Measures for Standing Committee Review**
  - **#3659** Standardized Fistula Rate for Incident Patients (Centers for Medicare & Medicaid Services [CMS]/University of Michigan Kidney and Epidemiology Cost Center [UM-KECC])
  - **#3696** Standardized Modality Switch Ratio for Incident Dialysis Patients (SMoSR) (CMS/UM-KECC)
  - **#3689** First Year Standardized Waitlist Ratio (FYSWR) (CMS/UM-KECC)
  - **#3694** Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW) (CMS/UM-KECC)
  - **#3695** Percentage of Prevalent Patients Waitlisted (PPPW) (CMS/UM-KECC)

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NQF Scientific Methods Panel (SMP)

- The Scientific Methods Panel (SMP), consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.
- The SMP'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 on reliability and/or validity are eligible to be pulled by a Standing Committee member for discussion and a revote.

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NQF Scientific Methods Panel Review

- The SMP independently evaluated the scientific acceptability of these measures:
  - #3659 Standardized Fistula Rate for Incident Patients
  - #3689 First Year Standardized Waitlist Ratio (FYSWR)
  - #3694 Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW)
  - #3695 Percentage of Prevalent Patients Waitlisted (PPPW)
  - #3696 Standardized Modality Switch Ratio for Incident Dialysis Patients (SMoSR)
  - #1460 Bloodstream Infection in Hemodialysis Outpatients
  - #3679 Home Dialysis Rate
  - #3697 Home Dialysis Retention
- 3 of 8 measures did not pass the SMP's review
  - #1460 Bloodstream Infection in Hemodialysis Outpatients, did not pass reliability or validity
  - #3679 Home Dialysis Rate, did not pass reliability and was consensus not reached on validity
  - #3697 Home Dialysis Retention, did not pass reliability or validity
- 2 of 8 measures were consensus not reached on validity by the SMP
  - #3694 Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW)
  - #3695 Percentage of Prevalent Patients Waitlisted (PPPW)
- Scientific acceptability is a must-pass criterion. The SMP felt that measure #1460, #3679, and #3697 needed to be revised to be methodologically sound for validity/reliability and are therefore not eligible for a revote.

Consideration of Candidate Measures

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#3659 Standardized Fistula Rate for Incident Patients

- **Measure Steward/Developer:** CMS/UM-KECC
  - New measure
- **Brief Description of Measure:**
  - Adjusted percentage of adult incident hemodialysis patient-months using an autogenous arteriovenous fistula (AVF) as the sole means of vascular access. The Standardized Fistula Rate (SFR) for Incident Patients is based on the prior SFR (NQF #2977) that included both incident and prevalent patients. This measure was initially endorsed in 2016, but as part of measure maintenance review by the NQF Standing Committee in 2020, concerns were raised about the strength of evidence supporting the prior measure. Namely, recent updates to the KDOQI guidelines downgraded the evidence supporting fistula as the preferred access type and instead focus on catheter avoidance and developing an individualized ESKD Lifeplan. However, the guidelines do suggest that under favorable circumstances an AV fistula is preferred to an AV graft in incident patients due to fewer long-term vascular access events. Given that over 80% of incident dialysis patients begin treatment with a tunneled catheter, and that 12 months after dialysis initiation AV fistula rates exceed 60%, the incident SFR was developed to focus on the subset of dialysis patients that the evidence suggests may benefit the most during a time of intense vascular access creation. Specifically, blood stream infection rates are the lowest in incident patients with AV fistula compared to long-term catheters. Therefore, the goal of this new measure is to evaluate facility performance in increasing fistula use in the incident population in order to reduce the heightened risks patients face due to bacteremia and infection related hospitalizations.

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#3696 Standardized Modality Switch Ratio for Incident Dialysis Patients (SMoSR)

- **Measure Steward/Developer:** CMS/UM-KECC
  - New measure
- **Brief Description of Measure:**
  - The standardized modality switch ratio (SMoSR) is defined to be the ratio of the number of observed modality switches (from in-center to home dialysis—peritoneal or home hemodialysis) that occur for adult incident ESRD dialysis patients treated at a particular facility, to the number of modality switches (from in-center to home dialysis—peritoneal or home hemodialysis) that would be expected given the characteristics of the dialysis facility's patients and the national norm for dialysis facilities. The measure includes only the first durable switch that is defined as lasting 30 continuous days or longer. The SMoSR estimates the relative switch rate (from in-center to home dialysis) for a facility, as compared to the national switch rate. Qualitatively, the degree to which the facility's SMoSR varies from 1.00 is the degree to which it exceeds (> 1.00) or is below (< 1.00) the national modality switch rates for patients with the same characteristics as those in the facility. Ratios greater than 1.00 indicate better than expected performance while ratios <1.00 indicate worse than expected performance. When used for public reporting, the measure calculation will be restricted to facilities with at least one expected modality switch in the reporting year. This restriction is required to ensure patients cannot be identified due to small cell size.

Lunch Break - 30 Minutes

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#3689 First Year Standardized Waitlist Ratio (FYSWR)

- **Measure Steward/Developer:** CMS/UM-KECC
  - New measure
- **Brief Description of Measure:**
  - The FYSWR measure tracks the number of incident patients in a practitioner (inclusive of physicians and advanced practice providers) group who are under the age of 75 and were listed on the kidney or kidney-pancreas transplant waitlist or received a living donor transplant within the first year of initiating dialysis. For each practitioner group, the First Year Standardized Waitlist Ratio (FYSWR) is calculated to compare the observed number of waitlist events in a practitioner group to its expected number of waitlist events. The FYSWR uses the expected waitlist events calculated from a Cox model, adjusted for age and patient comorbidities at incidence of dialysis. For this measure, patients are assigned to the practitioner group based on the National Provider Identifier (NPI)/Unique Physician Identifier Number (UPIN) information entered on the CMS Medical Evidence 2728 form.

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#3694 Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW)

- **Measure Steward/Developer:** CMS/UM-KECC
  - New measure
- **Brief Description of Measure:**
  - This measure tracks the percentage of patients in each dialysis practitioner group practice who were on the kidney or kidney-pancreas transplant waitlist in active status. Results are averaged across patients prevalent on the last day of each month during the reporting year. The proposed measure is a directly standardized percentage, which is adjusted for covariates (e.g., age and risk factors).

Break – 15 Minutes

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#3695 Percentage of Prevalent Patients Waitlisted (PPPW)

- **Measure Steward/Developer:** CMS/UM-KECC
  - New measure
- **Brief Description of Measure:**
  - This measure tracks the percentage of patients in each dialysis practitioner group practice who were on the kidney or kidney-pancreas transplant waitlist. Results are averaged across patients prevalent on the last day of each month during the reporting year. The proposed measure is a directly standardized percentage, which is adjusted for covariates (e.g. age and risk factors).

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#2594 Optimal End Stage Renal Disease (ESRD) Starts

- **Measure Steward/Developer:** The Permanente Federation/Kaiser Permanente Southern California
  - Maintenance
- **Brief Description of Measure:**
  - Optimal End Stage Renal Disease (ESRD) Starts is the percentage of new adult ESRD patients during the measurement period who experience a planned start of renal replacement therapy by receiving a preemptive kidney transplant, by initiating home dialysis (peritoneal dialysis or home hemodialysis), or by initiating outpatient in-center hemodialysis via arteriovenous fistula or arteriovenous graft.

Related and Competing Discussion

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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.

Target Population	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.

The National Quality Forum. Measure Evaluation Criteria and Guidance for Evaluating Measure for Endorsement. September 2019; 32-33.

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Related and Competing Measures (continued)

- Related and competing measures will be grouped and discussed after recommendations for all related and competing measures are determined. Only measures recommended for endorsement will be discussed.
- Committee can discuss harmonization and make recommendations. Developers of each related and competing measure will be encouraged to attend any discussion.

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Related Measures

- #2594 and #3659 have been identified as related measures
- No related or competing measures were identified for the other measures currently under review.

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#2594/#3659 Related Measure Discussion

- Are the measure specifications for the related measure harmonized to the extent possible?
- Are there differences that could impact interpretability and add data collection burden?
- Are the differences justified?

NQF Member and Public Comment

Next Steps

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Measure Evaluation Process
After the Measure Evaluation Meeting

- Staff will prepare a draft report detailing the Committee's discussion and recommendations
  - This report will be released for a 30-day public and member comment period
- Staff compiles all comments received into a comment table which is shared with developers and Committee members
- Post-comment call: The Committee will reconvene for a post-comment call to discuss comments submitted
- Staff will incorporate comments and responses to comments into the draft report in preparation for the Consensus Standards Approval Committee (CSAC) meeting
- CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision

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Activities and Timeline – Spring 2022 Cycle
*All times ET

Meeting	Date, Time*
Measure Evaluation Follow-up Web Meeting	June 30, 2022, 2-5 PM
Draft Report Comment Period	August 4, 2022 - September 2, 2022
Committee Post-Comment Web Meeting	TBD
CSAC Review	TBD
Appeals Period (30 days)	TBD

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Project Contact Info

- Email: renal@qualityforum.org
- NQF phone: 202-783-1300
- Project page: https://www.qualityforum.org/Renal.aspx
- SharePoint site: https://share.qualityforum.org/portfolio/Renal/SitePages/Home.aspx

Questions?

THANK YOU.

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http://www.qualityforum.org