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Renal Spring 2020 Measure Review Cycle

Post-Comment Standing Committee Meeting Sam Stolpe, PharmD, MPH Janaki Panchal, MSPH Teja Vemuganti, MPH Yemsrach Kidane, MA, PMP

September 22, 2020

Welcome



Welcome

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Project Team









Samuel Stolpe, PharmD, MPH Senior Director Janaki Panchal, MSPH Manager Teja Vemuganti, MPH Analyst

Yemsrach Kidane, MA, PMP Project Manager



Agenda

- Attendance
- Review and Discuss Public Comments
- NQF Member and Public Comment
- Next Steps
- Adjourn

Attendance



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 Fisher, 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

Discussion and Re-vote on Consensus Not Reached (CNR) Measures



2977 Hemodialysis Vascular Access: Standardized Fistula Rate

- Measure Steward: University of Michigan Kidney Epidemiology and Cost Center
 - 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.

Criteria where consensus was not reached: Evidence

- The Committee expressed concern that updated guidelines from the National Kidney Foundation's (NKF) Kidney Disease Outcomes Quality Initiative (KDOQI) downgraded the evidence to support the measure to expert opinion.
- Some members concerned the measure may effectively be "topped out" at 64%
- Commenters encouraged NQF to consider the "Insufficient Evidence with 9 Exception" pathway towards endorsement

Review and Discuss Public Comments



0369 Standardized Mortality Ratio for Dialysis Facilities

- Measure Steward: University of Michigan Kidney Epidemiology and Cost Center
 - Maintenance

Brief Description of Measure:

 Standardized mortality ratio for dialysis facility patients. This measure is calculated as a ratio but can also be expressed as a rate.

Criteria where consensus was not reached: None



2977 Hemodialysis Vascular Access: Standardized Fistula Rate

- Measure Steward: University of Michigan Kidney Epidemiology and Cost Center
 - 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.

Criteria where consensus was not reached: Evidence

 The Committee expressed concern that the developer provided evidence based on updated guidelines from the National Kidney Foundation's (NKF) Kidney Disease Outcomes Quality Initiative (KDOQI), which included a downgrading of the evidence to support the measure to expert opinion.



2978 Hemodialysis Vascular Access: Long-term Catheter Rate

- Measure Steward: University of Michigan Kidney Epidemiology and Cost Center
 - Maintenance

Brief Description of Measure:

 Percentage of adult hemodialysis patient-months using a catheter continuously for three months or longer for vascular access.

Criteria where consensus was not reached: None



Comments Received

Concerns discussed by the Committee:

- KDOQI update resulted in downgraded evidence ranked as high to expert opinion.
 - » This affected the review of the vascular access measures
 - » The Committee concluded that the evidence to support the use of fistulas was not as strong as the evidence against the use of catheters for vascular access.
- The Committee noted that the preferred route of vascular access is via an AVF
 - » Patient preference will be a confounding factor in any measure of vascular access.
 - » There are instances when AVF may not be the preferred access route for certain patients, even in the face of known risks.

Summary of Comments Received: Nine comments received

- Commenters expressed several concerns related to the denominator used, stating that certain populations such as patients not eligible for arteriovenous fistula (AVF), persons on hospice, and pediatric populations be excluded.
- Commenters called for more measures applicable to pediatric patients.
- Commenters recommended refining measures to address non-infectious complications.

NQF Member and Public Comment

Next Steps



Activities and Timeline – Spring 2020 Cycle *All times ET

Meeting	Date, Time
CSAC Review	November 17-18, 2020
Appeals Period (30 days)	November 23-December 22, 2020



Project Contact Info

- Email: <u>renal@qualityforum.org</u>
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- Project page: <u>http://www.qualityforum.org/renal</u>
- SharePoint site: <u>http://share.qualityforum.org/Projects/renal/SitePages/Home.aspx</u>

THANK YOU.

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