NATIONAL QUALITY FORUM

Meeting Summary

Renal Standing Committee Web Meeting

The National Quality Forum (NQF) convened a public web meeting for the Renal Standing Committee on January 24, 2018.

Welcome, Introductions, and Review of Web Meeting Objectives

Andrew Lyzenga, NQF senior director, began by welcoming participants to the web meeting. Mr. Lyzenga provided opening remarks and reviewed the following meeting objectives:

- Overview of the Measure Applications Partnership
- Overview and discussion of NQF's portfolio of Renal measures
- Scientific Methods Panel update
- Review of project activities and timelines

Overview of the Measure Applications Partnership

Poonam Bal, NQF senior project manager, provided an overview of the Measure Applications Partnership (MAP). She first explained how MAP and the Consensus Development Process (CDP) are integrated. A Committee member requested more information about how these two groups differ and why there was a need for multiple groups to review often the same measures. Ms. Bal explained that the two groups have very different purposes. CDP evaluations review measures based on their scientific merit, regardless of their current or intended use, while MAP reviews measures based on their suitability for specific reporting or accountability programs. Additionally, the two groups are structured very differently. MAP projects have a majority of organizational representatives, while CDP projects only have individual seats who are generally subject matter experts and do not represent any organization or group. Finally, not all programs require measures be endorsed before being included, so not all measures have to go through both processes.

Ms. Bal continued by explaining the history of MAP, pre-rulemaking, and the role it plays in rulemaking. She concluded the section by explaining the End-Stage Renal Disease Quality Incentive Program (ESRD QIP) since most measures reviewed by the Renal Standing Committee are considered for this program.

Overview of the NQF Renal Portfolio

Mr. Lyzenga provided an overview of the Renal portfolio. He explained that there are currently 23 measures divided into six categories: Hemodialysis, Peritoneal Dialysis, Hemodialysis Vascular Access, Pediatric Dialysis, Patient Safety, and Other. For each measure in the portfolio, Mr. Lyzenga presented information on the measure title, developer, type, data source, level of analysis, endorsement history, MAP history, current endorsement status, and status in any federal programs.

Measures in the Renal portfolio include:

- 0249 Hemodialysis Adequacy Clinical Performance Measure III: Hemodialysis Adequacy—HD Adequacy—Minimum Delivered Hemodialysis Dose (CMS)
- 0318 Delivered Dose of Peritoneal Dialysis Above Minimum
- 0321 Adult Kidney Disease: Peritoneal Dialysis Adequacy: Solute
- 0323 Adult Kidney Disease: Hemodialysis Adequacy: Solute (AMA-PCPI)
- 2704 Minimum Delivered Peritoneal Dialysis Dose
- 1460 Bloodstream Infection in Hemodialysis Outpatients
- 0251 Vascular Access—Functional Arteriovenous Fistula (AVF) or AV Graft or Evaluation for Placement (CMS)
- 0256 Hemodialysis Vascular Access- Minimizing Use of Catheters as Chronic Dialysis Access (CMS)
- 0257 Hemodialysis Vascular Access- Maximizing Placement of Arterial Venous Fistula (AVF) (CMS)
- 2977 Hemodialysis Vascular Access: Standardized Fistula Rate
- 2978 Hemodialysis Vascular Access: Long-Term Catheter Rate
- 1463 Standardized Hospitalization Ratio for Dialysis Facilities
- 0369 Standardized Mortality Ratio for Dialysis Facilities
- 1454 Proportion of Patients with Hypercalcemia
- 1662 Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy
- 2701 Avoidance of Utilization of High Ultrafiltration Rate (>/= 13 ml/kg/hour)
- 2594 Optimal End Stage Renal Disease (ESRD) Starts
- 2979 Standardized Transfusion Ratio for Dialysis Facilities
- 1423 Minimum spKt/V for Pediatric Hemodialysis Patients (CMS)
- 1424 Monthly Hemoglobin Measurement for Pediatric Patients
- 1425 Measurement of nPCR for Pediatric Hemodialysis Patients
- 1667 Pediatric Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level <10g/dL
- 2706 Pediatric Peritoneal Dialysis Adequacy: Achievement of Target Kt/V

During his presentation, Mr. Lyzenga explained that several measures that once were in a federal program have since been removed or replaced by similar measures. The Committee expressed interest in learning about the logic behind these decisions. Joel Andress, a steward of these measures, was on the call and volunteered to explain some of the logic behind the decisions. He explained that measures were often removed or replaced based on feedback from the general community about how measures were doing. Sometimes, it seemed more logical to combine measures, and sometimes measures were no longer appropriate. Based on his response, Committee members expressed concern that CMS decided to change the specifications of endorsed measures, and subsequently use them without any formal communication to the Standing Committee that recommended their endorsement. The Committee believes it would be useful to review any changes in the specifications. Mr. Andress explained that it was not always possible to do so and that any changes to specifications were always provided on the CMS website.

After the discussion, Mr. Lyzenga asked the Committee if they agreed with the categorization and organization of the portfolio. Committee members suggested changing the category "Other" to "Chronic Kidney Disease" and transferring measures to that category.

Update on Scientific Methods Panel and Measure Types

Ms. Bal started the update by reminding the Committee of the Methods Panel's purpose, process, and timing. As part of this update, she presented the official definition for different measure types. She explained that 8 out of 28 measures submitted to all endorsement projects were reviewed by the Methods Panel in the current cycle, and that all measures that submitted an intent to submit for the next cycle of the Renal project are expected to go to the Methods Panel. The Committee was reminded that the Methods Panel review would be shared with the Committee just like staff reviews are. Similar to staff reviews, the Methods Panel's recommendation will not be final; Standing Committee members may raise concerns with the measure and overturn the Scientific Methods Panel's rating. However, if the Methods Panel rates the measure as low or insufficient, the measure will not be shared with the Committee. The measure will instead be sent back to the developer with feedback on how to improve their submission and hopefully submit in a future cycle. The Committee asked how detailed the summary of Methods Panel reviews would be. Ms. Bal explained that it depended on the measure and the Methods Panel's finding. If the Methods Panel reviewers feel that a measure has not adequately met NQF criteria, they will be more likely to provide a detailed rationale for their decision than if all criteria were met.

Public Comment

Ms. Bal opened the web meeting to allow for public comment. No public comments were offered.

Next Steps

Ms. Bal explained that since all topic areas were covered in this meeting, there was no need for the February 5 follow-up call, and the work for the Fall 2017 cycle was complete. She explained that the official measure submission date for the spring cycle was April 2 and that four measures were expected to be reviewed in that cycle. She provided some important dates and concluded the call.