



Renal Standing Committee – Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the Renal Standing Committee for web meetings on June 18-19, 2018 to evaluate two measures.

Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the web meeting and reviewed the meeting objectives. Committee members each introduced themselves and disclosed any conflicts of interest.

Measure Evaluation

During the meeting, the Renal Standing Committee evaluated two measures for endorsement consideration. A summary of the Committee deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report on July 24, 2018 for public comment on the NQF website. The draft technical report will be posted for 30 calendar days.

Measure Evaluation Criteria Rating Key: H – High; M – Medium; L – Low; I – Insufficient

3402 Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients (SWR) (Centers for Medicare & Medicaid Services)

Measure Steward/Developer Representatives at the Meeting

- Jennifer Sardone
- Jesse Roach
- Casey Parrotte

Standing Committee Votes

- Evidence: H-1; M-8; L-2; I-9
- Performance Gap: H-13; M-5; L-2; I-1
- Reliability: H-1; M-10; L-6; I-1
 - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. However, the Renal Standing Committee elected to review and vote on the Reliability criterion.
- Validity: H-0; M-5; L-14; I-0
 - This measure is deemed as complex and was evaluated by the NQF Scientific Methods Panel. However, the Renal Standing Committee elected to review and vote on the Validity criterion.

Standing Committee Recommendation for Endorsement

The Standing Committee did not vote on the recommendation for endorsement because the measure did not pass the Validity criterion—a must-pass criterion. Several Committee members stated that the focus of the measure was not the specific focus of the evidence provided and that a strong relationship between the measure and the evidence was not established. Additionally,

the Committee expressed concerns about the lack of exclusions related to patient choice and individuals who would not meet transplant waitlist requirements.

3403 Percentage of Prevalent Patients Waitlisted (PPPW) (Centers for Medicare & Medicaid Services)

Measure Steward/Developer Representatives at the Meeting

- Jennifer Sardone
- Jesse Roach
- Casey Parrotte

Standing Committee Votes

- Evidence: H-1; M-4; L-2; I-11

Standing Committee Recommendation for Endorsement

The Standing Committee did not vote on the recommendation for endorsement because the measure did not pass the Importance criterion—a must-pass criterion. Several Committee members expressed that the evidence presented was not directly related to the measure focus.

NQF Prioritization Initiative

The goal of the NQF Prioritization Initiative is to identify and prioritize the best measures for accountability and improvement work. In order to do so, NQF has developed a standardized set of criteria to prioritize endorsed measures. The output of the process will be used to inform the identification and creation of a set of measures that matter and motivate improvement. In addition, through this exercise, NQF hopes to reduce burden by elucidating where there is redundancy in measurement.

NQF reminded the Committee that it had used the first version of the criteria to evaluate the portfolio in the summer of 2017. Since then, the criteria had been updated to the following:

- The four final criteria are each equally weighted in a measure's final prioritization score:
 - Outcome-focused (25%)
 - Outcome measures and measures with strong link to improved outcomes and costs
 - Improvable (25%)
 - Measures with demonstrated need for improvement and evidence-based strategies for doing so
 - Meaningful to patients and caregivers (25%)
 - Person-centered measures with meaningful and understandable results for patients and caregivers
 - Support systemic and integrated view of care (25%)
 - Measures that reflect care that spans settings, providers, and time to ensure that care is improving within and across systems of care

NQF stated that the next step in this process would be identifying ways to include an equity-focused criterion for future prioritization efforts.

After quickly reviewing the initial scoring results based on the ranking of measures in the Renal portfolio, Committee members were asked if the initial scoring results yielded the outcomes they might have expected. A Committee member mentioned that some of the lower ranking measures often contributed to higher ranking measures and should not be perceived as having a lower value. Another Committee member stated that the fourth criterion of “support systemic and integrated view of care” should not be weighed as equal to the other three criteria since renal measures are usually specific to dialysis facilities. Committee members were encouraged to send further feedback through an online survey.

Public Comment

No public or NQF member comments were provided during the measure evaluation meeting.

Next Steps

NQF will post the draft technical report on July 24, 2018 for public comment for 30 calendar days. The continuous public comment with member support will close on August 22, 2018. NQF will reconvene the Standing Committee for the post-comment web meeting on September 7, 2018.