



Renal Spring 2022 Post-Comment Web Meeting

The National Quality Forum (NQF) held the Renal spring 2022 post-comment web meeting on Thursday, October 6, 2022, from 2:00 PM – 5:00 PM ET.

Welcome, Review of Meeting Objectives, and Attendance

Paula Farrell, NQF director, welcomed the Standing Committee and provided an overview of the meeting's objectives:

- Review and discuss comments received during the post-evaluation public and member comment period
- Provide input on proposed responses to the post-evaluation comments
- Review and discuss NQF members' expression(s) of support of the measures under consideration
- Determine whether reconsideration of any measures or other courses of action are warranted

Reconsideration Requests

Ms. Farrell explained that the developer requested a reconsideration of NQF #3694 *Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW)*. During the measure evaluation meeting, the Standing Committee did not pass the measure on validity due to concerns with the use of social determinants of health in the risk model and that a dialysis practitioner, the accountable entity, does not have control over activating patients on a transplant waitlist.

Six comments were received on this measure, including the reconsideration request. Five comments supported the Standing Committee's recommendation to not recommend the measure for endorsement. These commenters agreed with many of the concerns raised by the Standing Committee and cited concerns with the measure's attribution to the practitioner rather than the transplant facility, variation in transplant center waitlist criteria not being appropriately accounted for in the risk model, and the absence of reliability results stratified by provider size.

One comment included the reconsideration request submitted by the developer, on the basis that NQF's measure evaluation criteria were not applied appropriately. In the request, the developer explained that while identical evidence and validity testing were submitted for NQF #3694 and NQF #3695 *Percentage of Prevalent Patients Waitlisted (PPPW)*, the Standing Committee's voting on these criteria was inconsistent. For evidence, the Standing Committee voted "consensus not reached" on NQF #3694 but passed NQF #3695. For validity, the Standing Committee did not pass NQF #3694 but did pass NQF #3695. The developer noted inconsistencies in the Standing Committee's application of the criteria and voting on these two measures.

The Standing Committee discussed the reconsideration request submitted by the developer and explained that while NQF #3694 and NQF #3695 are similar measures, they do have differences, including different numerators, and the decision to not recommend NQF #3694 for endorsement was made on these subtleties. The Standing Committee stated that NQF #3694 is a measure that addresses

transplant waitlisting in active status. In addition, it explained that while a nephrologist has a role in optimizing and referring the patient for transplantation, they have nothing to do with the activation of the patient on the transplant waitlist. The Standing Committee explained that the evidence submitted for the measure was limited and did not suggest that nephrologists have a role in activating patients on a transplant waitlist. Additionally, the Standing Committee discussed that the validity testing data submitted, which was from before 2014, showed extreme variation in transplant center practice. The Standing Committee explained that since more recent data were not provided, the Standing Committee could not determine whether the variation improved. In addition, the Standing Committee stated that NQF #3695 is a broad measure and NQF #3694 is an active transplant waitlist measure that does not represent the quality of care provided by a nephrologist. Ultimately, the Standing Committee voted not to consider the reconsideration request (Total Votes—20; Yes—3; No—17).

Ms. Farrell explained that the developer also requested a reconsideration of NQF #3696 *Standardized Modality Switch Ratio for Incident Dialysis Patients (SMoSR)*, stating that the measure evaluation criteria were not applied appropriately and that the Standing Committee did not articulate its reason for overturning the Scientific Methods Panel's (SMP) decision to pass the measure on validity. During the measure evaluation meeting, the Standing Committee did not pass the measure on validity due to concerns with the measure exclusions and comorbidities included in the risk adjustment model.

Four comments were received on this measure, including two comments outlining the reconsideration request. The other two comments received supported the Standing Committee's recommendation to not endorse the measure. The comments cited the following concerns: (1) The measure could lead to practitioners being encouraged to initiate patients on in-center dialysis in order to gain credit for changing to home therapy later; (2) The credit for a switch was not longer than 30 days; and (3) The modality switch rates were being used as a proxy for education.

The Standing Committee discussed the reconsideration request submitted by the developer and stated that a clear rationale for overturning the SMP's vote on validity was provided during the measure evaluation meeting. In addition to the concerns about exclusions and risk adjustment, the Standing Committee noted during the measure evaluation meeting that the correlation between this measure and other measures should have been stronger. It further advised that while the measure is well intentioned, it could have a negative impact on patient choice. The developer clarified that while a patient's choice should be involved in the decision making, patient choice is not an issue in this measure. The developer specified that the measure evaluates a subset of incident patients who newly start dialysis in-center and switch to a home modality. The developer also explained that while patient education was thoroughly discussed during the measure evaluation meeting, this measure is not a measure of patient education, nor is it a proxy for education, noting that in addition to education, there are other ways for a facility to improve switch rates.

The Standing Committee voted not to reconsider the measure (Total votes—19; Yes—1; No—18), stating that there are many factors that determine whether a patient chooses and maintains home dialysis, which often do not have to do with the quality of care the facility provides, suggesting that this measure cannot validly assess a facility's quality of care.

Discussion of Post-Evaluation Comments

Ms. Farrell reviewed the measure-specific comments received for NQF #3695 *Percentage of Prevalent Patients Waitlisted (PPPW)*. Two comments were received, both of which disagreed with the Standing Committee's recommendation to endorse the measure. One commenter noted that they had several issues with the measure: (1) the attribution of the measure to individual clinicians/practitioner groups;

(2) the model does not validly account for variation in transplant center eligibility criteria; and (3) the developer did not provide stratification of reliability scores by provider size for the measures, making it impossible to discern how widely reliability varies across practice sizes. The second commenter noted concern for how the measure could have a negative impact on smaller transplant centers.

The developer responded to the comments, stating that being waitlisted for kidney transplantation is the culmination of a variety of preceding preparatory activities, including patient education on transplant options, patient referrals to a transplant center for evaluation, completion of the evaluation process, and optimization of a patient's health while on dialysis. The developer explained that most of these efforts are dependent on the dialysis practitioner groups. However, the developer stated that aspects that are not entirely dependent on dialysis practitioner groups can still be influenced by dialysis practitioner groups. The developer agreed that variation exists across transplant centers in eligibility criteria and that underlying patient comorbidities may affect their candidacy; however, the waitlisting measures adjust for a wide range of comorbidities and transplant center characteristics, such as random effect and center waitlist mortality.

The Standing Committee thanked the commenter and determined that these concerns were discussed during the measure evaluation meeting and that the measure still met all of NQF's criteria for endorsement.

NQF Member and Public Comment

Ms. Farrell opened the web meeting to allow for public comment. No public or NQF member comments were provided during this time.

Next Steps

Ms. Farrell reviewed the next steps. Ms. Farrell informed the Standing Committee that the Consensus Standards Approval Committee (CSAC) will consider the Standing Committee's recommendations during its meetings on December 9 and December 12, 2022. Following the CSAC meeting, the 30-day Appeals period will be held from December 14, 2022, to January 13, 2023.