



Renal Standing Committee Web Meeting

The National Quality Forum (NQF) convened a public web meeting for the Renal Standing Committee on December 7, 2017.

Welcome, Introductions, and Review of Web Meeting Objectives

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

- Overview of NQF, the Consensus Development Process, and roles of the Standing Committee, co-chairs, NQF staff
- Overview of NQF's portfolio of renal measures
- Overview of NQF's measure evaluation criteria

Overview of NQF, the Consensus Development Process, and Roles of the Standing Committee, Co-Chairs, and NQF Staff

Poonam Bal, senior project manager, NQF, explained that NQF was established in 1999 and is a nonprofit, nonpartisan, membership-based organization that brings together public- and private-sector stakeholders to reach consensus on healthcare performance measurement. The goal is to make healthcare in the U.S. better, safer, and more affordable. She presented on revisions to the CDP that were initiated in the summer of 2017.

Major changes include the following:

- Introduction of an Intent to Submit form, where a measure developer indicates its desire to submit a measure for endorsement by providing preliminary information, including testing information
- Two measure submission cycles for every topic area, each calendar year
- Streamlined committee topic areas; 22 topical areas were consolidated to 15 new topical areas
- Formation of an independent Scientific Methods Panel, which is tasked with conducting scientific acceptability reviews of complex measures
- Formation of an expert reviewer pool, which serves as an adjunct to NQF standing committees to ensure broad representation and provide technical expertise when needed
- Revised technical report structure to make the report more concise
- Extended 16-week public and NQF member commenting period
- Expanded training and education opportunities for all stakeholders.

Ms. Bal then explained the roles that the Standing Committee, the Standing Committee co-chairs, the Methods Panel, the expert reviewers, and NQF staff play under the revised process.

One Committee member asked about the timeframes in which the Scientific Methods Panel operates. Staff clarified that the Scientific Methods Panel would review the scientific

acceptability information in advance of the full measure submission, and that information would be provided to the Standing Committee for its review. The Panel also meets throughout the year to assist NQF in working through key methodological issues.

Overview of NQF's Portfolio of Renal Measures

Ms. Bal quickly introduced the 23 endorsed measures within the area of renal disease and informed the Standing Committee that more information would be provided during the January 24, 2018 web meeting since no measures were under review during the Fall 2017 cycle.

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 < 10 g/dL
- 2706 Pediatric Peritoneal Dialysis Adequacy: Achievement of Target Kt/V

NQF Evaluation Criteria and Guidance

Mr. Lyzenga presented an overview and highlighted recent changes to NQF Evaluation Criteria and Guidance.

Major changes include the following:

- Strengthening the requirements for outcome measures
- Additional guidance for instrument-based measure guidance
- Additional guidance for threshold and timeframes
- Strengthening guidance for face validity
- Clarified wording around the exclusion criteria
- Use criterion is now must-pass for maintenance measures
- New information on best practices for ICD-10 (International Classification of Diseases) coding

Public Comment

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

Next Steps

The Standing Committee planned to convene on January 24, 2018 to discuss the Measure Applications Partnership and the Renal Measure Portfolio.