KIDNEY CARE QUALITY ALLIANCE

KCQA-Phase 2 Webinar/Conference Call

May 6, 2014
2-3 pm Eastern Time

Contact Hillary Jett at Schmidt Public Affairs to register:
Hjett[at]schmidtpa.com or 703.548.0019

AGENDA

2:00 pm Roll call, Welcome and Opening Remarks, Review of Agenda
Ed Jones, MD – KCQA Co-Chair
Allen Nissenson, MD – KCQA Co-Chair

2:05 pm Background, Overview of KCQA-Phase 2 Tasks, Today's Work

- Discussion and approval: KCQA-Phase 2 guiding principles and processes (Attachment A)
- Overview and discussion: Environmental scan of ESRD measures (Attachment B)
- Overview and discussion: Modified Delphi process for measurement area prioritization (Attachment C)

2:55 pm Next Steps and Public Comment

3:00 pm Adjourn

KIDNEY CARE QUALITY ALLIANCE GUIDING PRINCIPLES—PHASE 2

KCQA has adopted the following principles to guide its work:

- KCQA processes—the Steering Committee, Data/Feasibility Workgroup, and full KCQA—will be transparent.
- The KCQA Steering Committee, Data/Feasibility Workgroup, and full KCQA will will maintain clear minutes of their meetings and make them available on the KCQA section of KCP's web site.
- Quality measures will address independent dialysis facility (facility)- and hospital-based provider (provider)-level accountability.
- Quality measures may include both process- and outcome-based measures.
- Quality measures shall:
    - be patient-centered.
    - reflect patient values and needs.
    - allow for appropriate variations in individual patient care regimens.
    - be equitable and ensure that sicker patients continue to receive high quality care.
    - be consistent with the patient-physician relationship, as well as the relationship between patients, providers, facilities, and other health care professionals.
    - reflect an array of aspects of care.
    - encourage improved quality and effective practices.
    - focus on improving the safety, effectiveness, and efficiency of care.
    - be public to ensure integrity and allow for understanding of reported data by patients and their families.
    - produce consistent and credible results.
    - be reliable, valid, precise, based on sound scientific evidence, and predictive of overall quality performance.
    - be standardized, transparent, explicit, and measurable.
    - be based on standardized definitions, technical specifications, and methodologies.
    - allow for mastering benchmarks and demonstrating improvement.
    - facilitate meaningful comparisons at the facility-level and be risk adjusted or risk stratified when appropriate.
    - be based on KCQA's prioritization of the Blueprint's domains/subdomains.
    - build upon existing dialysis-related reporting requirements and use measures that are available and accessible without imposing undue burden on providers and caregivers.
    - be based on a strong consensus.

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KIDNEY CARE QUALITY ALLIANCE PROCESS – PHASE 2

Membership

Membership in the Kidney Care Quality Alliance (KCQA) is open to organizations in the health care community, including patient organizations, consumers, providers, health care professionals, and manufacturers. The 2014 dues schedule for organizations who are not members of Kidney Care Partners is provided as Attachment 1.

The Alliance Convener/Administrator

KCP professional staff will serve as the convener and administrative arm of the Alliance and the Alliance Steering Committee. Responsibilities will include facilitating meetings to ensure the smooth operation of the Alliance.

The KCQA Steering Committee Co-Chairs and the KCQA Steering Committee will work with Administrator/staff to ensure a fair, balanced, and transparent process both in fact and appearance.

If any sub-group created by the Steering Committee, such as a Task Group or Work Group, is unable to comply with the charge or timeline established for it by the Steering Committee, the Administrator/staff must notify the Steering Committee. The Steering Committee must then re-evaluate the composition of the sub-group (e.g., Task Group or Work Group) and may establish a new sub-group that will reach closure consistent with the requirements set forth by the Steering Committee.

Distribution of Information THIS SECTION APPROVED BY KCQA MEMBERS 4/23/14

KCQA will operate in a manner that promotes transparency.

Lists of KCQA members, Ad Hoc Work Groups, and final documents (including approved recommendations, Guiding Principles, and minutes of KCQA Steering Committee and full KCQA meetings/conference calls), as well as other relevant materials will be posted on the KCQA section of the KCP website www.kidneycarepartners.org as they become available.

KCQA meetings/conference calls will be open to members of the public and time will be provided on the agenda for public comment.

Draft specifications will be posted for public comment.

Approval Process

All KCQA members in good standing will have the opportunity to vote on any consensus proposal.

Upon receipt of recommendations, KCQA members will meet to review the recommendations and to discuss them.

All KCQA members will have opportunities to comment on the recommendations in writing.

If there are comments, the KCQA Co-Chairs and Steering Committee will meet to discuss how to address the comments, which may include creating a special task group to evaluate comments and consulting kidney care experts in the creation of a final recommendation.

Once it has reviewed the comments, the Steering Committee will make recommendations that will be forwarded to all KCQA members.

Upon receipt of final recommendations, ballots will be distributed to the KCQA member's designated Lead Representative.

Ballots will specify the components of the document or other product for which vote(s) are being sought and also will provide an option to abstain. Ballots shall also identify the specific deadline and manner in which they should be returned to the Administrator/staff.

Prior to the close of the voting period, the Alliance will contact non-respondents at least once.

The minimum period for voting shall be five (5) calendar days.

Only ballots cast in the affirmative or negative shall be tallied to determine the outcome of a vote within the Alliance.

The affirmative or negative action receiving the highest number of votes shall prevail. For purposes of balloting on recommendations, a quorum of fifty percent is not required. For purposes of final adoption of recommendations, a healthy majority of those voting is required for approval.

Suggested modifications to the recommendations that are proposed during the voting process must be sent in writing to the KCQA Administrator/staff.

All comments must be received within 48 hours of distribution of the ballot. The Administrator/staff will provide the comments to the KCQA members' designated Lead Representative prior to the close of the voting period; comments received after the designated 48 hours period will be shared as soon as possible, but might not be available until after the voting deadline.

If a KCQA member wishes to change his or her vote based on comments received within the voting period, it may direct a written request to the KCQA Administrator/staff. The requested change must be forwarded by the Lead Representative and must be filed prior to the voting deadline.

In the event a change of vote is requested within the voting period, the record shall duly note both the original and the change. The changed vote shall be incorporated into the final tally.

Requests to change a vote after the voting deadline shall be limited only to the specific ballot option(s) — i.e., no additional comments shall be considered.

Post-deadline changes will be duly noted in the record of the vote, but will not be used for purposes of reporting the final decision to the KCQA.

Notice of all KCQA decisions for consensus products, including the aggregate vote count but not the individual member votes, will be made available to the public on the KCQA section of the website and by other vehicles (*e.g.*, press releases and other public announcements), as appropriate, within 30 days of KCQA action.

Appeals

Anyone may register a request for reconsideration of an endorsed voluntary consensus recommendation by notifying the Administrator/staff in writing within 15 days of public notification that the KCQA has approved the recommendations.

For an appeal to be considered, the notification letter to the KCQA must include information clearly demonstrating that the appellant has interests that are directly and materially affected by the Alliance-endorsed recommendations, and that the KCQA decision has had (or will have) an adverse effect on those interests.

The Administrator/staff will review appeals. The Alliance Administrator shall notify the Alliance Co-Chairs and Steering Committee as soon as practicable and act on them in a timely manner. They may consult with the KCQA Co-Chairs, Steering Committee, and KCQA members, as appropriate, before presenting a recommendation.

If the KCQA Steering Committee agrees to consider the appeal, it will follow the same process used to consider the original proposal(s), as outlined above.

KIDNEY CARE QUALITY ALLIANCE

ENVIRONMENTAL SCAN, ESRD CARE PERFORMANCE MEASURES (as of April 23, 2014)

BACKGROUND

KCQA's initial task is to prioritize the (sub)domains of the Blueprint to identify the priority area for measure development. Once consensus on the measurement area is reached, KCQA will identify candidate measure concepts appropriate to that area and then winnow those concepts down to the 1-2 related measures to be fully specified and tested—with the goal of submitting the results to NQF for endorsement consideration

To undertake the prioritization of measurement areas, KCQA is undertaking a modified Delphi process. A set of background materials accompanies the ranking tool in order to provide a common starting point for participants to consider before the ranking/survey exercise. A key background piece is the environmental scan, or catalogue, of ESRD performance measures so that participants can see what (sub)domains have measures available, from what developer, and whether they are NQF-endorsed, not endorsed, or have never been evaluated by NQF.

Three overall lines of inquiry were pursued to compile the environmental scan:

- known measure sources, such as the QIP or NQF;
- searches of published and grey literature; and
- queries to KCQA member dialysis organizations for measures they are using for internal quality improvement (IQI) purposes, excluding QIP measures; with the agreement of the KCQA Co-Chairs, measures for the infrastructure domain were not sought.

Known Measure Sources

We consulted the following sources to compile the environmental scan: the QIP; 2007, 2010, and 2012 NQF projects (both measures endorsed and measure considered, but not advanced); NQF Measures Application Partnership (both measures recommended and not recommended); AHRQ National Quality Measures Clearinghouse; CMS/Arbor development; DOPPS; the CMS Demo; and the proposed ESCO measures. The accompanying Excel spreadsheet identifies the 171 measures identified from these sources.

The sheet is a master list largely organized by source; the second sorts the measures by Blueprint (sub)domain. Only the measure title and measure description are provided, not the detailed measure specifications. When KCQA moves into the concept identification and measure specification phases, numerator/denominator/exclusions will be identified, as necessary, for the measures of interest.

Please note that we recognize some duplication of measures may exist within the table. Where readily discerned, we eliminated duplicates—e.g., an NQF-endorsed measure that is also used in the QIP is listed only once. In contrast, a "phosphorus > X" measure from an NQF project and a "phosphorus > X" measure from DOPPS are listed separately because at this time we do

not have access to DOPPS' detailed specifications to conduct a line-by-line evaluation. Such an examination would be undertaken, if necessary, in KCQA's measure concept/measure specification tasks.

Published/Grey Literature

As noted, we performed searches of the literature to find measures that may not be captured by the above known sources, as well as searches of the grey literature. These searches did not yield measures that were not otherwise identified from above.

KCQA Member Dialysis Organizations

As of April 23rd, 180 IQI measures from six organizations have been identified. At this time, we present only summary information about these measures and not measure titles or descriptions. The primary utility at this time of the environmental scan for IQI measures was to identify (sub)domains where additional measures are present and might prove useful if that (sub)domain is of high priority—i.e., as it becomes necessary to be more detailed and exhaustive for the purpose of identifying measure concepts, additional specifics will be provided.

SUMMARY ANALYSIS

We have analyzed the raw environmental scan and organized the information in a few summary tables to provide KCQA participants a more digestible picture of the landscape of ESRD performance measures. We emphasize that while quantity of measures per domain provides some context, conclusions should not be drawn strictly by that criterion, since only 1 very good, evidence-based measure could provide appropriate and valuable information in an area, whereas a different area may require 3, 4, or even 5 measures.

The environmental scan is intended to provide information to KCQA members who are participating in the process to prioritize measurement areas. The summary tables indicate if there have been existing measures in a particular domain or subdomain that have ever been developed, submitted to NQF, and/or used by CMS or DOPPS. The tables provide a snapshot of what developers have focused on to date. (Note, the spreadsheet of specific measures becomes more central to the process once KCQA has identified the measurement area for which measure concepts, and then 1-2 related measures, will be developed. It is provided at this time for those who may have an interest in seeing it now.)

Table 1. Number of Measures Used in QIP by (Sub)domain

(Sub)domain	Number
Adequacy	3
Anemia	2
Bone mineral metabolism	2
Healthcare-associated infections	1
Patient experience with care	1
Vascular access	2

Table 2. Number of Measures by Blueprint (Sub)domain

(Sub)domain	# From Known Sources	# From IQI (n=6)
CARE COORDINATION		
Care transitions		7
Integrated care	1	4
Medication management	2	7
Rehospitalization	2	12
DISEASE MANAGEMENT		
Adequacy	23	11
Anemia	32	26
Bone Mineral Metabolism	31	20
Comorbidities Management (e.g., diabetes, PVD, CVD)	19	4
Renal Replacement Modality Selection		6
Fluid Management	7	8
Immunization	10	8
Nutrition		3
Vascular Access	9	21
INFRASTRUCTURE		
Care Models		137
Health Information Exchange/Data Coordination		
New Technology: Health Information Technology		
New Technology: Device/Machine		
New Technology: Pharmaceuticals		
Telehealth/Medicine		
Workforce	1	5
PALLIATIVE AND END-OF-LIFE CARE	2	1
PATIENT ENGAGEMENT AND EDUCATION		
Adherence to Dialysis Rx, Medications, Diet, etc.		2
CKD Stage 4 Pre-Dialysis Education		3
Dialysis Patient Education	3	1
Frequency and Duration of Dialysis	3	
Modality Options Selection		1
Nutrition	4	
PATIENT SATISFACTION AND EXPERIENCE WITH CARE	2	2
QUALITY OF LIFE		
Depression	1	
Functional Status	2	2
Rehabilitation and Employment		1
Transplantation Referral and Access	1	2
SAFETY		
Adverse Events	2	2
Healthcare-associated Infections	10	11
MORTALITY (Blueprint goal, not [sub]domain	1	
HOSPITALIZATION (Blueprint goal, not [sub]domain	2	10
OTHER (CMS Co-morbidities data)	1	

Table 3. Domains Represented Only by IQI Measures

(Sub)domain
Adherence to dialysis Rx, medications, diet, etc.
Care transitions
CKD Stage 4 pre-dialysis education
Modality options selection
Rehabilitation and employment
Renal replacement modality selection

Table 4. Domains Represented by DOPPS

(Sub)domain	Number
Adequacy	4
Anemia	10
Bone mineral metabolism	16
Comorbidities management	3
Frequency and duration of dialysis	3
Nutrition	3
Vascular access	1

Table 5. Number of Measures, by (Sub)domain, Considered by NQF

(Sub)domain	# Currently Endorsed	# Never Considered or No Longer Endorsed
Adequacy	5	6
Anemia	4	11
Bone mineral metabolism	2	7
Comorbidities management	1	4
Fluid management	1	4
Frequency and Duration of Dialysis		1
Healthcare-associated infections	1	9
Hospitalization	1	1
Immunization	2	
Mortality	1	
Nutrition	1	
Patient education and engagement		2
Patient experience with care	1	
Quality of life: functional assessment	1	
Vascular access	3	2

SOURCE	STEWARD	TITLE	DESCRIPTION	AREA	NOTES
NQF 0226	KCQA	Influenza Vaccination in the ESRD Population—Facilities	Percentage of end stage renal disease (ESRD) patients aged 6 months and older receiving hemodialysis or peritoneal dialysis during the time from October 1 (or when the influenza vaccine became available) to March 31 who either received, were offered and declined, or were determined to have a medical contraindication to the influenza vaccine.	Immunization	2007 NQF project; 2012 project
NQF 1460	CDC	National Healthcare Safety Network (NHSN) Bloodstream Infection Measure	Number of hemodialysis outpatients with positive blood cultures per 100 hemodialysis patient-months.	Healthcare-associated infections	2012 NQF project
NQF 0227*	RPA/PCPI	Influenza Immunization	Percentage of patients aged 18 years and older with a diagnosis of ESRD and receiving dialysis who received the influenza immunization during the flu season (September through February).	Immunization	2007 NQF project
NQF 0249	CMS	Hemodialysis Adequacy CPM III: Minimum Delivered HD Dose	Percentage of all adult (≥18 years old) patients in the sample for analysis who have been on hemodialysis for six months or more and dialyzing thrice weekly whose delivered dose of hemodialysis (calculated from the last measurements of the month using the UKM or Daugirdas II formula) was a spKt/V ≥1.2 during the study period.	Adequacy	2007 NQF project
NQF 0251*	KCQA	Vascular Access: Functional AV Fistula Access or Seen By Vascular Surgeon for Placement	Percentage of all ESRD patients aged 18 years and older receiving hemodialysis KCQA during the 12 month reporting year who have a functional autogenous AV fistula (defined as two needles used) or do not have such a fistula but have been seen by a vascular surgeon for evaluation for permanent access at least once during the reporting year.	Vascular access	2007 NQF project; combined with NQF 0262 in 2012 project
NQF 0255	CMS	Measurement of Serum Phosphorus Concentration	Percentage of all adult (≥18 years of age) peritoneal dialysis and hemodialysis patients included in the sample for analysis with serum phosphorus measured at least once within month.	Bone mineral metabolism	2007 NQF project
NQF 0256	CMS	Hemodialysis Vascular Access—Minimizing Use of Catheters as Chronic Dialysis Access	Percentage of patients on maintenance hemodialysis during the last HD treatment of study period with a chronic catheter continuously for 90 days or longer prior to the last hemodialysis session.	Vascular access	2007 NQF project
NQF 0257	CMS	Hemodialysis Vascular Access—Maximizing Placement of Arterial Venous Fistula (AVF)	Percentage of patients on maintenance hemodialysis during the last HD treatment of month using an autogenous AV fistula with two needles.	Vascular access	2007 NQF project
NQF 0258	AHRQ	The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) In-Center Hemodialysis Survey	57-question survey that assesses patients' experience with In-Center Hemodialysis on three domains (Nephrologists'Communication and Caring, Quality of Dialysis Center Care and Operations, and Providing Information to Patients) and provides an overall rating.	Patient experience with care	2007 NQF project

NQF 0260	RAND	Assessment of Health-Related Quality of Life (Physical & Mental Functioning)	Percentage of dialysis patients who receive a quality of life assessment using the KDQOL-36 (36-question survey that assesses patients' functioning and well-being) at least once per year.	QOL: Functional status	2007 NQF project
NQF 0318	CMS	Peritoneal Dialysis Adequacy—Delivered Dose Of Peritoneal Dialysis Above Minimum	Percentage of all adult (≥18 years old) peritoneal dialysis patients whose delivered peritoneal dialysis dose was a weekly Kt/Vurea of at least 1.7 (dialytic + residual) during the four month study period.	Adequacy	2007 NQF project
NQF 0369	CMS	Dialysis Facility Risk-Adjusted Standardized Mortality Ratio	Risk-adjusted standardized mortality ratio for dialysis facility patients.	Mortality	2007 NQF project; ESCO measure
NQF 1418**	CMS	Frequency of Adequacy Measurement For Pediatric Hemodialysis Patients	Percentage of all pediatric (less than18 years) patients receiving in-center hemodialysis or home (irrespective of frequency of dialysis) with documented monthly adequacy measurements (spKt/V) or its components in the calendar month.	Adequacy	2012 NQF project
NQF 1421**	CMS	Method of Adequacy Measurement For Pediatric Hemodialysis Patient	Percentage of pediatric (less than18 years old) in-center hemodialysis patients (irrespective of frequency of dialysis) for whom delivered HD dose was measured by spKt/V as calculated using UKM or Daugirdas II during the reporting period.	Adequacy	2012 NQF project
NQF 1423**	CMS	Minimum spKt/V for Pediatric Hemodialysis Patients	Percentage of all pediatric (less than18 years old) in-center HD patients who have been on hemodialysis for 90 days or more and dialyzing 3 or 4 times weekly whose delivered dose of hemodialysis (calculated from the last measurements of the month using the UKM or Daugirdas II formula) was a spKt/Vgreater than or equal to1.2.	Adequacy	2012 NQF project
NQF 1424**	CMS	Monthly Hemoglobin Measurement For Pediatric Patients	Percentage of all pediatric (less than18 years) in-center hemodialysis, home hemodialysis, and peritoneal dialysis patients who have monthly measures for hemoglobin.	Anemia	2012 NQF project
NQF 1425**	CMS	Measurement of nPCR for Pediatric Hemodialysis Patients	Percentage of pediatric (less than18 years old) in-center hemodialysis patients (irrespective of frequency of dialysis) with documented monthly nPCR measurements.	Nutrition	2012 NQF project
NQF 1433**	CMS	Use of Iron Therapy for Pediatric Patients	Percentage of all pediatric (<18 years old) HD and PD patients with Hgb <11.0g/dL and in whom simultaneous values of serum ferritin concentration was <100ng/ml and transferrin saturation (TSAT) <20% who received IV iron or were prescribed oral iron within the following three months.	Anemia	2010 NQF project; retired in 2013 secondary to lack of testing data from delay in implementation of CROWNWeb.

NQF 1438	CMS	Periodic Assessment of Post-Dialysis Weight by Nephrologists	Proportion of patients who have documentation of receiving a new post-dialysis weight prescription from a nephrologist in the reporting month.	Fluid Management	2010 NQF project; retired in 2013 secondary to lack of testing data from delay in implementation of CROWNWeb.
NQF 1454	CMS	Proportion of Patients With Hypercalcemia	Proportion of patients with 3-month rolling average of total uncorrected serum calcium greater than 10.2 mg/dL.	Bone mineral metabolism	2012 NQF project
NQF 1463	CMS	Standardized Hospitalization Ratio For Admissions	Risk-adjusted standardized hospitalization ratio for admissions for dialysis facility patients.	Hospitalization	2012 NQF project; proposed ESCO
NQF 1666*	AMA-PCPI	Adult Kidney Disease: ESRD Patients on ESA with Hemoglobin Level >12g/dL	Percentage of calendar months within a 12-month period during which a hemoglobin level is measured for patients aged 18 years and older with a diagnosis of advanced chronic kidney disease (CKD) (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]) or End Stage Renal Disease (ESRD) (who are on hemodialysis or peritoneal dialysis) who are also receiving erythropoiesis-stimulating agent (ESA) therapy have a hemoglobin level >12.0 g/dL.	Anemia	2012 NQF project
NQF 1667*	AMA-PCPI	Pediatric Kidney Disease: ESRD Patients Receiving Dialysis with Hemoglobin Level <10g/dL	Percentage of calendar months within a 12-month period during which patients aged 17 years and younger with a diagnosis of End Stage Renal Disease (ESRD) receiving hemodialysis or peritoneal dialysis have a hemoglobin level <10g/dL.	Anemia	2012 NQF project
NQF 1668*	AMA-PCPI	Adult Kidney Disease: Laboratory Testing—Lipid Profile	Percentage of patients aged 18 years and older with a diagnosis of chronic kidney disease (CKD) (stage 3, 4, or 5, not receiving Renal Replacement Therapy [RRT]) who had a fasting lipid profile performed at least once within a 12-month period.	Comorbidities management	2012 NQF project
NQF 0247	CMS	Monthly Measurement of Delivered Dose	Percentage of all adult (≥18 years old) HD patients in the sample for analysis with documented monthly adequacy measurements (spKt/V) or its components in the calendar month.	Adequacy	Endorsed 2007; endorsement removed 2012.
NQF 0248	CMS	Method of Measurement of Delivered HD Dose	Percentage of all adult (≥18 years old) HD patients in the sample for analysis for whom delivered HD dose was calculated using UKM or Daugirdas II during the study period and for whom the frequency of HD per week is specified.	Adequacy	Endorsed 2007; endorsement removed 2012.
NQF 0250	CMS	Minimum Delivered HD Dose for Patients Undergoing Dialytic Treatment for ≥90 Days	Percentage of all adult (≥18 years old) patients in the sample for analysis who have been on HD for 90 days or more and dialyzing thrice weekly and whose RRF (if measured in the last 3 months) is <2mL/min/1.73m^2 whose delivered dose of HD (calculated from the last measurements of the month using the UKM or Daugirdas II formula) was a spKt/V ≥1.2 during the reporting period.	Adequacy	Endorsed 2007; endorsement removed 2012. Dialysis Facility Compare measure.

NQF 0252	CMS	Assessment of Iron Stores	Percentage of all adult (>=18 years old) hemodialysis or peritoneal dialysis patients prescribed an ESA at any time during the study period or who have a Hb <11.0 g/dL in at least one month of the study period for whom serum ferritin concentration AND either percent transferrin saturation or reticulocyte Hb content (CHr) are measured at least once in a three-month period for in-center hemodialysis patients, peritoneal dialysis patients, and home hemodialysis patients.	Anemia	Endorsed 2007; endorsement removed 2012.
NQF 0253	CMS	PD Adequacy: Measurement of Total Solute Clearance at Regular Intervals	Percentage of all adult (≥18 years old) PD patients with total solute clearance for urea (endogenous residual urea clearance and dialytic) measured at least once in a four-month time period.	Adequacy	Endorsed 2007; endorsement removed 2012.
NQF 0254	CMS	PD Adequacy: Calculate Weekly KT/Vurea in the Standard Way	Adult (≥18 years old) PD patients with weekly Kt/Vurea (endogenous residual renal urea clearance and dialytic) calculated in a standard way.	Adequacy	Endorsed 2007; endorsement removed 2012.
NQF 0259*	SVS	Decision-making by Surgeon to Maximize Placement of Autogenous AVF	Percentage of patients with advanced CKD (stage 4 or 5) or ESRD undergoing open surgical implantation of permanent HD access who receive an autogenous AVF.	Vascular access	Endorsed 2007; endorsement removed 2012.
NQF 0262*	KCQA	Catheter Vascular Access and Evaluation by Vascular Surgeon for Permanent Access	Percentage or ESRD patients aged 18 years and older with a catheter after 90 days on dialysis who are seen/ evaluated for permanent vascular access at least once during the 12-month reporting period.	Vascular access	ESRD 2007; integrated into NQF 0251 at the request of the Renal Endorsement Maintenance SC in 2012.
NQF 0261	CMS	Measurement of Serum Calcium Concentration	Percentage of all adult PD and HD patients included in the sample for analysis with serum calcium measured at least once within month.	Bone mineral metabolism	Endorsed 2007; endorsement removed 2012 (CMS withdrew the measure during maintenance).
NQF 0320*	KCQA	Patient Education Awareness	Percentage of a physician's ESRD patients aged 18 years and older with medical record documentation of a discussion of renal replacement therapy modalities (including HD, PD, home HD, transplants and identification of potential living donors, and no/cessation of renal replacement therapy) at least once during the 12-month reporting period.	Dialysis patient education	Endorsed 2007; endorsement removed 2012.
NQF 0324	KCQA	Patient Education Awareness	Percentage of a facility's ESRD patients aged 18 years and older with medical record documentation of a discussion of renal replacement therapy modalities (including HD, PD, home HD, transplants and identification of potential living donors, and no/cessation of renal replacement therapy) at least once during the 12-month reporting period.	Dialysis patient education	Endorsed 2007; endorsement removed 2012.

NQF 0370	CMS	Monitoring Hgb Levels Below Target Minimum	Adult (≥18 years old) HD or PD patients with ESRD ≥3 months and who had Hgb values reported for at least 2 or the 3 study months who have a mean Hgb <10.0g/dL for a 3-month study period, irrespective of ESA use.	Anemia	Time-limited endorsement in 2007; measure retired/withdrawn from Renal Endorsement Maintenance 2012 project due to FDA ESA label changes
NQF 0570*	IMS Health	CKD: Monitoring Phosphorus	To ensure that members with CKD who are not on dialysis are monitored for blood phosphorus levels at least once annually.	Bone mineral metabolism	NQF 2012 project; not endorsed.
NQF 0571*	IMS Health	CKD: Monitoring Parathyroid Hormone (PTH)	To ensure that members with CKD who are not on dialysis are monitored for PTH levels at least once annually.	Bone mineral metabolism	NQF 2012 project; not endorsed.
NQF 0574*	IMS Health	CKD: Monitoring Calcium	To ensure that members with CKD who are not on dialysis are monitored for blood calcium levels at least once annually.	Bone mineral metabolism	NQF 2012 project; not endorsed.
NQF 0626*	Active Health Mgmt	CKD – Lipid Profile Monitoring	Percentage of patients with CKD that have been screened for dyslipidemia with a lipid profile.	Comorbidities management	NQF 2012 project; not endorsed.
NQF 0627*	Active Health Mgmt	CKD with LDL ≥130 and Use of Lipid-Lowering Agent	Percentage of patients with CKD (stage 5) and an LDL >130mg/dL that have a current refill for a lipid-lowering agent.	Comorbidities management	NQF 2012 project; not endorsed.
NQF 1426	CMS	Assessment of Iron Stores	Percentage of all adult (≥18 years old) dialysis patients for whom serum ferritin and TSAT are measured within 30 days at least once during the three-month study period.	Anemia	NQF 2012 project; not endorsed.
NQF 1427	Genzyme	Adult Dialysis Patients - Serum Phosphorus Greater Than 6mg/dL	Proportion of patients with 3-month rolling average of serum phosphorus greater than 6mg/dL.	Bone mineral metabolism	NQF 2012 project; not endorsed.
NQF 1428	CMS	Use of Iron Therapy When Indicated	Percentage of all adult (≥18 years old) dialysis patients with a serum ferritin <100ng/mL and a TSAT <50% at least once within 30 days who received IV iron in the following three months.	Anemia	NQF 2012 project; not endorsed.
NQF 1429	CMS	Avoidance of Iron Therapy in Iron Overload	Percentage of all adult (≥18 years old) dialysis patients with a serum ferritin ≥1200ng/mL or a TSAT ≥50% on at least one measurement during the three-month study period who did not receive IV iron in the following three months.	Anemia	NQF 2012 project; not endorsed.

NQF 1430	CMS	Lower Limit of Hgb for Pediatric Patients	Percentage of pediatric (<18 years old) HD and PD patients, with ESRD ≥3 months, who have a mean Hgb <10g/dL for a 3 month reporting period, irrespective of ESA use.	Anemia	NQF 2010 project; retired in 2011 due to FDA ESA label changes.
NQF 1431	CMS	Measurement of Iron Stores for Pediatric Patients	Percentage of all pediatric (<18 years old) HD and PD patients prescribed an ESA at any time during the study period or who have a Hgb <11.0g/dL in at least one month of the study period for whom serum ferritin concentration and percent transferrin saturation (TSAT) are measured at least once in a three-month period.	Anemia	NQF 2010 project; not endorsed.
NQF 1432	CMS	Dietary Sodium Reduction Advice	The proportion of patients who received formal advice on dietary sodium restriction by the renal dietician within the past 90 days.	Fluid Management	NQF 2010 project; not endorsed.
NQF 1434	CMS	Sodium Profiling Practice for HD	The proportion of HD patients who were not prescribed sodium profiling in the reporting month.	Fluid Management	NQF 2010 project; not endorsed.
NQF 1435	CMS	Restriction of Dialysate Sodium	The proportion of HD patients who were prescribed a dialysate sodium concentration less than or equal to 138 mEq/L in the reporting month.	Fluid Management	NQF 2010 project; not endorsed.
NQF 1437	CMS	Utilization of Dialysis Duration of 4 Hours or Longer for Patients New to Dialysis	The proportion of patients new to HD (within the first 90 days since initiation of HD) whose delivered dialysis session length was at least 240 minutes.	Adequacy	NQF 2010 project; not endorsed.
NQF 1439	CMS	Utilization of High Ultrafiltration Rate for Fluid Removal	The proportion of patients who were not prescribed an ultrafiltration (UF) rate greater than or equal to 15mg/kg/hr in the reporting month.	Fluid Management	NQF 2010 project; not endorsed.
NQF 1449	CMS	Unavailable Blood Culture Results	Six-month rolling average prevalence of “unavailable” blood culture results for adult chronic HD patients with new IV antibiotic prescription.	Healthcare-associated infections	NQF 2010 project; not endorsed.
NQF 1450	CMS	Unavailable Clinical Confirmation	Six-month rolling average prevalence of “unavailable” information regarding clinical confirmation of infection among adult chronic HD patients with new IV antibiotic prescription.	Healthcare-associated infections	NQF 2010 project; not endorsed/withdrawn when 1449 not supported
NQF 1453	CMS	Clinically Confirmed Infection Rate	Six-month rolling average rate of clinically confirmed infection with IV antibiotic therapy among adult chronic HD patients.	Healthcare-associated infections	NQF 2010 project; not endorsed.
NQF 1455	CMS	Access-Related Bacteremia Rate	Six-month rolling average prevalence of HD access-related infection among adult chronic HD patients with a clinically confirmed infection and prescribed IV antibiotics.	Healthcare-associated infections	NQF 2010 project; not endorsed.

NQF 1456	CMS	Bacteremia Rate	Six-month rolling average rate of bacteremia with IV antibiotic therapy, among adult chronic HD patients.	Healthcare-associated infections	NQF 2010 project; not endorsed.
NQF 1457	CMS	Access-Related Bacteremia Rate	Six-month rolling average rate of HD vascular access-related bacteremia among adult chronic HD patients.	Healthcare-associated infections	NQF 2010 project; not endorsed.
NQF 1461	CMS	Lower Limit for Serum Phosphorus	Proportion of patients with 3-month rolling average of serum phosphorus less than 2.5mg/dL.	Bone mineral metabolism	NQF 2010 project; not endorsed.
NQF 1464	CMS	Standardized Hospitalization Ratio for Days	Risk-adjusted standardized hospitalization ratio for days for dialysis facility patients. The measure is designed to reflect the number of hospitalization 'days' for the patients at a facility, relative to the number of hospitalization days that would be expected based on overall national rates and the characteristics of the patients at that facility.	Hospitalization	NQF 2010 project; not endorsed.
NQF 1469	CMS	Clinically Confirmed Access-Related Infection Rate	Six-month rolling average rate of clinically confirmed infection with IV antibiotic therapy among adult chronic HD patients.	Healthcare-associated infections	NQF 2010 project; not endorsed.
NQF 1477	CDC	NHSN IV Antibiotic Start Measure	Monthly rate of outpatient IV antibiotic starts (initiation of a new antibiotic not in use in previous 21 days) per 100 patient-months within outpatient dialysis unit. The 21-day rule is used to exclude counting antibiotics that are given for the same infection more than once.	Healthcare-associated infections	NQF 2010 project; not endorsed.
NQF 1478	CDC	NHSN Vascular Access-Related Bloodstream Infection Measure	Number of HD outpatients with positive blood cultures and in whom the suspected source was reported as either the vascular access or unknown per 100 HD patient-months.	Healthcare-associated infections	NQF 2010 project; not endorsed.
NQF 1633*	AMA-PCPI	Blood Pressure Management	Percentage of visits for those patients aged 18 years and older with a diagnosis of CKD (stage 3, 4, or 5, not receiving RRT) and proteinuria with a blood pressure <130/80mmHg OR >130/80mmHg with a documented plan of care.	Comorbidities management	NQF 2012 project; not endorsed.
NQF 1658	Amgen	ESRD Patients with PTH <130pg/mL and Continued Treatment with a Calcimimetic or Vitamin D Analog	Percentage of ESRD patients aged 18 years and older with serum intact PTH levels <130pg/mL who continue to be treated with a calcimimetic agent or vitamin D analog during the 3-month reporting period.	Bone mineral metabolism	NQF 2012 project; not endorsed.
NQF 1665	Amgen	ESRD Patients with PTH >400pg/mL and Not Treated with a Calcimimetic or Vitamin D Analog	Percentage of ESRD patients aged 18 years and older with serum intact PTH levels >400pg/mL who are NOT treated with a calcimimetic agent or vitamin D analog to lower the PTH during the 3-month reporting period.	Bone mineral metabolism	NQF 2012 project; not endorsed.
NQF 1662*	AMA-PCPI	ACE Inhibitor or ACE Receptor Blocker (ARB)	Percentage of patients aged 18 years and older with a diagnosis of CKD (not receiving RRT) and proteinuria who were prescribed ACE inhibitor or ARB therapy within a 12-month period.	Comorbidities management	NQF 2012 project; not endorsed.
Not Available*	AMA-PCPI	ESRD Patients Receiving Dialysis: Hgb Level <10g/dL	Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of ESRD who are receiving HD or PD have a Hgb level <10g/dL.	Anemia	NQF 2012 project; not endorsed.

Not Available	CMS	Hgb Control for ESA Therapy	Adult HD and PD patients with ESRD ≥3months who have received ESA therapy at any time during a 3-month reporting period AND have achieved a mean Hgb of 10.0-12.0g.dL for the 3-month reporting period.	Anemia	NQF 2007 project; not endorsed and measure was retired in 2011 due to FDA ESA label changes.
Not Available	CMS	HCT Control for ESA Therapy	Adult HD and PD patients with ESRD ≥3months who have received ESA therapy at any time during a 3-month reporting period AND have achieved a mean HCT of 30-36% for the 3-month reporting period.	Anemia	NQF 2007 project; not endorsed.
Not Available	CMS	Monitoring HCT Levels Below Target Minimum	Adult HD and PD patients with ESRD ≥3months who have a mean HCT <30% for a 3-month reporting period, irrespective of ESA use.	Anemia	NQF 2007 project; not endorsed.
Not Available	CMS	HD Patients with URR ≥65%	Number of eligible Medicare HD patients at the facility during the calendar year with a median URR value ≥65%.	Adequacy	NQF 2007 project; not endorsed. Dialysis Facility Compare measure.
Not Applicable*	RPA-PCPI	Pediatric ESRD Patients with Documentation of Advance Care Planning	Percentage of patients aged 17 years and younger with a diagnosis of ESRD on hemodialysis or peritoneal dialysis for whom there is documentation of a discussion regarding advance care planning.	Palliative & end-of-life care	NQMC; stated current use is for IQI and professional certification.
Not Applicable*	RPA-PCPI	Pediatric HD Patients with Nephrologist Assessment of Dialysis Adequacy	Percentage of calendar months within a 12-month period during which patients aged 17 years and younger with a diagnosis of ESRD undergoing maintenance hemodialysis in an outpatient dialysis facility have an assessment of the adequacy of volume management from a nephrologist.	Adequacy	NQMC; stated current use on NQMC website is for IQI, professional certification, P4R, and public reporting.
MUC XDGBA	CMS	ESRD Vaccination – Lifetime Pneumococcal Vaccination	Percentage of ESRD patients ≥2 years of age at the start of the reporting period and on chronic dialysis ≥30 days in a facility at any point during the 12-month reporting period who either have ever received a pneumococcal vaccination (PPSV23 or PCV13), were offered and declined the vaccination, or were determined to have a medical contraindication.	Immunization	MAP 2014, not supported
MUC XDEFL	CMS	ESRD Vaccination - Pneumococcal Vaccination (PPSV23)	DRAFT: Percentage of ESRD patients ≥2 years of age at the start of the reporting period and on chronic dialysis ≥30 days in a facility at any point during the 12-month reporting period who either had an up-to-date PPSV23 vaccine status or received PPSV23 vaccination during the reporting period, were offered but declined the vaccination, or were determined to have a medical contraindication.	Immunization	MAP 2014, not supported

MUC XDEGA	CMS	ESRD Vaccination - Timely Influenza Vaccination	Draft: Percentage of ESRD patients ≥6 months of age on October 1 and on chronic dialysis ≥30 days in a facility at any point between October 1 and December 31 who either received an influenza vaccination, were offered but declined the vaccination, or were determined to have a medical contraindication.	Immunization	MAP 2014, not supported
MUC XDEFM	CMS	Full-Season Influenza Vaccination (ESRD Patients)	DRAFT: Percentage of ESRD patients ≥ 6 months of age on October 1 and on chronic dialysis ≥ 30 days in a facility at any point between October 1 and March 31 who either received an influenza vaccination, were offered but declined the vaccination, or were determined to have a medical contraindication.	Immunization	MAP 2014, conditionally supported pending submission for endorsement and demonstration of advantage over NQF #0226.
MUC XDGAF	CMS	Hepatitis B Vaccine Coverage in Hemodialysis Patients (in development)	DRAFT: Percentage of hemodialysis patients who have ever received three or more doses of hepatitis B vaccine.	Immunization	MAP 2014, supported
MUC XDEGC	CMS	Measurement of Plasma PTH Concentration	DRAFT: Percentage of all peritoneal dialysis and hemodialysis patients included in the sample for analysis with plasma PTH measured, together with documentation of the specific PTH assay utilized at least once within a 3 month period.	Bone mineral metabolism	MAP 2014, conditionally supported pending submission for endorsement.
MUC XCBMM	CMS	Pediatric Peritoneal Dialysis Adequacy: Achievement of Target Kt/V	The percent of pediatric peritoneal dialysis patient-months with Kt/V ≥1.8 (dialytic + residual) during the 6-month reporting period. • If RRF is to be incorporated in the Kt/V calculation, this will be calculated using the mean of urea and creatinine clearances derived from 24-hour urine collection. • Total body water (V) should be estimated by one of the following pediatric specific V approximation methods: o Prediction equation based upon heavy water dilution Males: TBW=0.10 (ht x wt) 0.68 – 0.37 (wt) Females: TBW=0.14 (ht x wt) 0.64 – 0.35 (wt) o Simplified V estimating equations: Males: TBW=20.88 x BSA – 4.29 Females: TBW=16.92 x BSA – 1.81. Sex specific normograms from the KDOQI PD guidelines for the pediatric population update from 2006.	Adequacy	MAP 2014, conditionally supported pending submission for endorsement.
MUC XDGAM**	CMS	Pediatric Peritoneal Dialysis Adequacy: Frequency of Measurement of Kt/V	Percent of pediatric peritoneal dialysis patient-months with Kt/V measured at least once in a six-month period.	Adequacy	MAP 2014, conditionally supported pending submission for endorsement.

MUC XDEGB	CMS	Percentage of Dialysis Patients with Dietary Counseling	Percentage of all hemodialysis and peritoneal dialysis patients included in the sample for analysis with dietary counseling of the patient and/or caregiver on appropriate phosphorus sources and content as part of an overall healthy nutrition plan at least once within six months.	Dialysis patient education	MAP 2014, conditionally supported pending submission for endorsement.
MUC XDEFH**	CMS	Pneumococcal Vaccination Measure (PCV13)	Draft: Percentage of ESRD patients ≥ 5 years of age at the start of the reporting period and on chronic dialysis ≥ 30 days in a facility at any point during the 12-month reporting period who have ever received a PCV13 pneumococcal vaccination, were offered but declined the vaccination, or were determined to have a medical contraindication.	Immunization	MAP 2014, not supported
MUC XDEFF	CMS	Standardized Kt/V Reporting Measure	Percent of adult HD patients in a facility with all necessary data elements reported to calculate the weekly Standard Kt/V, on a monthly basis.	Adequacy	MAP 2014, conditionally supported pending submission for endorsement.
MUC XDEFE	CMS	Surface Area Normalized Kt/V	Percent of adult HD patients in a facility with all necessary data elements reported to calculate the weekly SAN Kt/V, on a monthly basis.	Adequacy	MAP 2014, conditionally supported pending submission for endorsement.
MUC XAHMH	CMS	Ultrafiltration Rate (UFR)	Percent of patients with a UFR greater than 10 ml/kg/hr.	Fluid Management	MAP 2014, conditionally supported pending submission for endorsement.
Not Assigned	CMS	Comorbidity Reporting Measure	Annual reporting in CROWNWeb of patients who have one or more of any of the 24 qualifying comorbidities, or “none of the above.”	None	MAP 2014, not supported
NQF 2496	CMS	Standardized Readmission Ratio for Dialysis Facilities	Ratio of the number of index hospital discharges that resulted in a readmission within 30 days of discharge for Medicare-covered dialysis patients treated at a particular dialysis facility to the number of readmissions that would be expected given the discharging hospitals and the characteristics of the patients.	Rehospitalization	MAP 2013, not endorsed but under review in current NQF project
MUC 2522*	RPA/PCPI	Adult Kidney Disease: Catheter Use for >90 Days	Percentage of patients aged 18 years and older with a diagnosis of ESRD receiving maintenance HD for $\underline{>}$ 90 days whose mode of vascular access is a catheter.	Vascular access	MAP 2013, not endorsed.
MUC 2523*	RPA/PCPI	Adult Kidney Disease: ACEI or ARB Therapy	Percentage of patients aged 18 years and older with a diagnosis of CKD (Stages 1-5, not receiving RRT) and proteinuria who were prescribed ACEI or ARB therapy within a 12-month period.	Comorbidities management	MAP 2013, not endorsed.

MUC 2524*	RPA/PCPI	Adult Kidney Disease: AVF Rate	Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of ESRD and receiving maintenance HD are using an autogenous AVF with two needles.	Vascular access	MAP 2013, not endorsed.
MUC 2525*	RPA/PCPI	Adult Kidney Disease: Catheter Use at Initiation of HD	Percentage of patients aged 18 years and older with a diagnosis of ESRD who initiate maintenance HD during the measurement period, whose mode of vascular access is via a catheter at the time maintenance HD is initiated.	Vascular access	MAP 2013, not endorsed.
MUC 2526*	RPA/PCPI	Adult Kidney Disease: ESRD Patients Receiving Dialysis with Hgb Level <10g/dL	Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of ESRD are receiving HD or PD have a Hgb level <10g/dL.	Anemia	MAP 2013, not endorsed.
MUC 2527*	RPA/PCPI	Adult Kidney Disease: Referral to Nephrologist	Percentage of patients aged 18 years and older with a diagnosis of CKD (not receiving RRT) with an eGFR < 30 and proteinuria who are referred to a nephrologist and have documentation that an appointment was made for a nephrology consultation within a 12-month period.	Care coordination/integrated care	MAP 2013, not endorsed.
MUC 2528*	RPA/PCPI	Adult Kidney Disease: Transplant Referral	Percentage of patients aged 18 years and older with a diagnosis of ESRD on HD or PD for 90 days or longer who are referred to a transplant center for kidney transplant education within a 12-month period.	QOL: Transplant referral and access	MAP 2103, not endorsed.
MUC 2530*	RPA/PCPI	Adult Kidney Disease: Adequacy of Volume Management	Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of ESRD undergoing maintenance HD in an outpatient dialysis facility have an assessment of the adequacy of volume management from a nephrologist.	Fluid Management	MAP 2013, not endorsed.
MUC 2769	CMS	Risk-Adjusted Facility Level Transfusion Rate "STrR"	Risk-adjusted facility level transfusion rate "STrR" for dialysis patients. It is a ratio of observed number of red blood cell transfusion evens for each facility over the measurement period to expected number based on national experience and adjusted for patient mix.	Adverse events	MAP 2013, not endorsed; ESCO proposed measure
MUC 2771	CMS	Achieved Hgb Level to Avoid Adverse Outcomes	Percentage of adult (≥18 years old) HD and PD patients whose ESA dose is unchanged or increased when the Hgb value reaches or exceeds 11.0 g/dL.	Anemia	MAP 2013, not endorsed.
MUC 2772	CMS	Anemia Management Process Measure	Percent of adult (≥18 years old) HD and PD patient months at a facility during the year for which a patient had a low achieved hemoglobin (<10 g/dL or missing), a low ESA dose (<75 units/kg/session of epoetin alpha, <0.25mcg/kg/session of darbepoetin alpha, or missing), and was followed in the subsequent month by a red blood cell (RBC) transfusion.	Anemia	MAP 2013, not endorsed.
MUC 2774	CMS	Blood Transfusion Appropriateness	Percentage of eligible patients for whom the facility has evaluated risks, benefits, and alternative treatment options for anemia and the patient participated in a decision regarding anemia treatment strategy.	Adverse events	MAP 2013, not endorsed.
MUC 2775	CMS	Phosphorus Concentration	This measure reports the percentage of adult hemodialysis and peritoneal dialysis patient-months in the following ranges of serum phosphorus: <3.5 mg/dL; 3.5-4.5 mg/dL; 4.6-5.5 mg/dL； 5.6-7.0 mg/dL； >7.0 mg/dL. (Normal range for serum phosphorus is 2.5 – 4.1 mg/dL).	Bone mineral metabolism	MAP 2013, not endorsed.

NQF 0321*	AMA-PCPI	Adult Kidney Disease: Peritoneal Dialysis Adequacy: Solute	Percentage of patients aged 18 years and older with a diagnosis of ESRD receiving peritoneal dialysis who have a total Kt/V≥1.7 per week measured once every four months	Adequacy	2012 NQF project; not endorsed; 2012 MAP
NQF 0323*	AMA-PCPI	Adult Kidney Disease: Hemodialysis Adequacy: Solute	Percentage of patient calendar months within 12-month reporting period during which patients aged 18 years and older with a diagnosis of ESRD receiving hemodialysis for three times a week >= 90 days have a Kt/V≥1.2	Adequacy	2012 NQF project; not endorsed; 2012 MAP
Not Available	CMS	Anemia Management Reporting Measure	Number of months for which facility reports ESA dosage (as applicable) and Hgb/HCT for each Medicare patient.	Anemia	Not submitted, so not endorsed.
Not Assigned	CMS	Patients on ESA with Hgb Level >12.0g/dL	Percentage of hemodialysis and peritoneal dialysis patients, with ESRD ≥3 months, who have a mean hemoglobin >12 g/dL for a 12-month reporting period, treated with ESA.	Anemia	NQMC, stated current use is external oversight/Medicare. IQI, public reporting. Dialysis Facility Compare measure
MUC 2247	CMS	Patient Informed Consent for Anemia Treatment	Percentage of the facility's patients who were provided information regarding risks, potential benefits, and alternative treatment options for anemia and consented to the anemia treatment provided by the facility.	Anemia	Not submitted, so not endorsed.
Not Assigned (measure based on NQF 1433)	CMS	Pediatric Iron Therapy Reporting	Number of quarters for which facility reports for each pediatric patient: 1) admit/discharge dates; 2) Hgb levels; 3) Serum ferritin levels; 4) TSAT percentages; 5) lab measurement dates; 6) IV/oral iron (if prescribed); and 7) dates when oral or IV iron were prescribed (if applicable).	Anemia	Not submitted, so not endorsed, but based on NQF 1433
Not Assigned (measure based on NQF 0255)	CMS	Mineral Metabolism Reporting	Number of months for which facility reports serum phosphorus values for each Medicare patient.	Bone mineral metabolism	Not submitted, so not endorsed, but based on NQF 0255
Not Assigned	CMS	CAHPS In-Center Hemodialysis Survey Reporting	Number of facilities, using a third party CMS-approved vendor, that submit ICH CAHPS survey results to CMS.	Patient experience with care	Not submitted, so not endorsed as purely structural reporting measure
Not Applicable	Not Applicable	Anemia Management: ESA Use	ESA use in last month and last 3 months; route of administration; weekly IV ESA dose prescribed and received (30- and 90-day averages).	Anemia	DOPPS

Not Applicable	Not Applicable	Dialysis Adequacy		Adequacy	DOPPS
Not Applicable	Not Applicable	Anemia Management: Hgb Level	Hgb levels in all patients and in ESA-treated patients.	Anemia	DOPPS
Not Applicable	Not Applicable	Anemia Management: Hgb Level 3-Month Average	3-month average hgb level in all patients and in ESA-treated patients.	Anemia	DOPPS
Not Applicable	Not Applicable	Anemia Management: Transferrin Saturation	Transferrin saturation level in all patients.	Anemia	DOPPS
Not Applicable	Not Applicable	Anemia Management: Transferrin Saturation 3-Month Average	3-month average transferrin saturation level in all patients.	Anemia	DOPPS
Not Applicable	Not Applicable	Anemia Management: Serum Ferritin	Most recent serum ferritin level in all patients.	Anemia	DOPPS
Not Applicable	Not Applicable	Anemia Management: Serum Ferritin 3-Month Average	3-month average serum ferritin level in all patients.	Anemia	DOPPS
Not Applicable	Not Applicable	Anemia Management: Ferritin Measurement	Ferritin measurement in last 1 and 3 months in all patients.	Anemia	DOPPS
Not Applicable	Not Applicable	Anemia Management: IV Iron Use	IV iron use in last 1 and 3 months.	Anemia	DOPPS
Not Applicable	Not Applicable	Anemia Management: Monthly IV Iron Dose	Monthly IV iron dose prescribed and received (30- and 90-day averages).	Anemia	DOPPS
Not Applicable	Not Applicable	Dialysis Session Length	Average dialysis session length by type of facility (rural/non-rural), DO size, and patient race.	Adequacy	DOPPS
Not Applicable	Not Applicable	Percent Interdialytic Weight Loss	Average percent interdialytic weight loss by type of facility (rural/non-rural), DO size, and patient race.	Frequency and duration of dialysis	DOPPS
Not Applicable	Not Applicable	Prescribed Blood Flow Rate	Average prescribed blood flow rate (mL/min) by type of facility (rural/non-rural), DO size, and patient race.	Frequency and duration of dialysis	DOPPS
Not Applicable	Not Applicable	Prescribed Dialysis Sessions Per Week	Average prescribed dialysis sessions per week by type of facility (rural/non-rural), DO size, and patient race.	Frequency and duration of dialysis	DOPPS
Not Applicable	Not Applicable	Single-Pool Kt/V	Average single-pool Kt/V by type of facility (rural/non-rural), DO size, and patient race.	Adequacy	DOPPS
Not Applicable	Not Applicable	URR $\geq$65%	Average achievement of URR $\geq$65% by type of facility (rural/non-rural), DO size, and patient race.	Adequacy	DOPPS

Not Applicable	Not Applicable	Mineral and Bone Disorder: Serum Calcium, Most Recent	Most recent total and albumin-corrected serum calcium levels by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Mineral and Bone Disorder: Serum Calcium, 3-Month Average	3-month average total and albumin-corrected serum calcium levels by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Mineral and Bone Disorder: Serum Phosphorus, Most Recent	Most recent serum phosphorus levels by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Mineral and Bone Disorder: Serum Phosphorus, 3-Month Average	3-month average serum phosphorus levels by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Mineral and Bone Disorder: PTH Measurement	Measurement of PTH by type of facility (rural/non-rural), DO size, and patient race in last 1 and 3 months.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Mineral and Bone Disorder: Serum PTH, Most Recent	Most recent serum PTH level by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Mineral and Bone Disorder: Serum PTH, 3-Month Average	3-month average serum PTH level by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Mineral and Bone Disorder: Phosphate Binder Use	Phosphate binder use in last 1- and 3-months by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Mineral and Bone Disorder: Cinacalcet Use	Cinacalcet use in last 1- and 3-months by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Mineral and Bone Disorder: Cinacalcet Use with Vitamin D	Cinacalcet + vitamin D use in last 1- and 3-months by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Mineral and Bone Disorder: Vitamin D Analog Use	Vitamin D analog use in last 1- and 3-months by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Mineral and Bone Disorder: Vitamin D Analog Route of Administration	Route of vitamin D analog administration by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS

Not Applicable	Not Applicable	Mineral and Bone Disorder: IV Vitamin D Analog Use	IV vitamin D analog use in last 1- and 3-months by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Mineral and Bone Disorder: Vitamin D Analog Use with Cinacalcet	IV vitamin D analog + cinacalcet use in last 1- and 3-months by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Weekly IV Vitamin D Analog Dose Received	Weekly average IV vitamin D analog dose received by DO size (30- and 90-day averages).	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Mineral and Bone Disorder: Oral Vitamin D Use	Oral vitamin D analog use in last 3-months by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Comorbidities: Diabetes as Cause of ESRD	National percentage of patients with diabetes as cause of ESRD.	Comorbidities management	DOPPS
Not Applicable	Not Applicable	Comorbidities: Diabetes at DOPPS Study Entry	National percentage of patients with diabetes at entry into DOPPS study.	Comorbidities management	DOPPS
Not Applicable	Not Applicable	Comorbidities: Blood Pressure	National average pre-dialysis systolic blood pressure by category (<120, 120-139, 140-159, 160-179, ≥180).	Comorbidities management	DOPPS
Not Applicable	Not Applicable	Nutrition: Serum Albumin	Most recent and 3-month average serum albumin level by type of facility (rural/non-rural), DO size, and patient race.	Nutrition	DOPPS
Not Applicable	Not Applicable	Nutrition: Serum Creatinine	Most recent and 3-month average serum creatinine level by type of facility (rural/non-rural), DO size, and patient race.	Nutrition	DOPPS
Not Applicable	Not Applicable	Nutrition: Normalized PCR	Normalized PCR by type of facility (rural/non-rural), DO size, and patient race.	Nutrition	DOPPS
Not Applicable	Not Applicable	Vascular Access: Type of Access in Use	National percent AVFs, AV grafts, and CVCs in use.	Vascular access	DOPPS
Not Assigned	CMS	ESRD Vaccination: Influenza Vaccination of Dialysis Facility Healthcare Personnel	Percentage of healthcare personnel who are working in the dialysis facility for ≥30 working days between October 1 and March 31 who either received an influenza vaccination, were offered and declined the vaccination, or were determined to have a medical contraindication.	Workforce	MAP, measure ultimately not submitted and CDC measure instead proposed (NQF # 0431) and supported by the MAP.

Not Assigned	CMS	Mean Calcium Levels	Percentage of patients with mean calcium levels <8.4mg/dL, 8.4-9.5mg.dL, 8.4-10.2mg/dL, and ≥10.2mg/dL.	Bone mineral metabolism	CMS Demo; not submitted, so not endorsed; CPM developed in 2006 and piloted
Not Assigned	CMS	Mean Phosphorus Level	Percentage of patients with mean phosphorus levels <3.5mg/dL, 3.5-5.5mg.dL, and ≥5.5mg/dL.	Bone mineral metabolism	CMS Demo; not submitted, so not endorsed; CPM developed in 2006 and piloted
NQF 0028*	AMA-PCPI	Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Comorbidities management	ESCO, proposed and not listed elsewhere
NQF 0041*	AMA-PCPI	Influenza Immunization	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.	Immunization	ESCO, proposed and not listed elsewhere
NQF 0043	NCQA	Pneumonia Vaccination for Older Adults	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	Immunization	ESCO, proposed and not listed elsewhere
NQF 0055*	NCQA	Diabetes Care: Eye Exam	Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period.	Comorbidities management	ESCO, proposed and not listed elsewhere
NQF 0056*	NCQA	Diabetes Care: Foot Exame	Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period.	Comorbidities management	ESCO, proposed and not listed elsewhere
NQF 0059*	NCQA	Diabetes Care: HbA1c Poor Control	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c >9.0% during the measurement period.	Comorbidities management	ESCO, proposed and not listed elsewhere
NQF 0068*	NCQA	Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic	Percentage of patients 18 years of age and older who were discharged alive for AMI, CABG or PCI in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period.	Comorbidities management	ESCO, proposed and not listed elsewhere

NQF 0070*	ACC	CAD: Beta-Blocker Therapy—Prior MI or LVD	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease (CAD) seen within a 12 month period who also have a prior myocardial infarction (MI) or a current or prior LVEF <40% who were prescribed beta-blocker therapy.	Comorbidities management	ESCO, proposed and not listed elsewhere
NQF 0081*	ACC	Heart Failure: ACE-I or ARB Therapy for LVSD	Percentage of patients aged 18 years and older with a diagnosis of HF with a current or prior LVEF <40% who were prescribed ACE-I or ARB therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge.	Comorbidities management	ESCO, proposed and not listed elsewhere
NQF 0083*	AMA-PCPI	Heart Failure: Beta-Blocker Therapy for LVSD	Percentage of patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF <40% who were prescribed beta-blocker therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge.	Comorbidities management	ESCO, proposed and not listed elsewhere
NQF 0089*	AMA-PCPI	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.	Comorbidities management	ESCO, proposed and not listed elsewhere
NQF 0097*	NCQA	Medication Reconciliation	Percentage of patients aged 18 years and older discharged from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) and seen within 30 days of discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist who had reconciliation of the discharge medications with the current medication list in the outpatient medical record documented. This measure is reported as two rates stratified by age group: 18-64 and 65+.	Medication management	ESCO, proposed and not listed elsewhere
NQF 0285^	AHRQ	Rate of Lower Extremity Amputation Among Patients with Diabetes (PQI 16)	The number of discharges for lower-extremity amputation among patients with diabetes per 100,000 population age 18 years and older in a Metro Area or county in a one year time period.	Comorbidities management	ESCO, proposed and not listed elsewhere
NQF 0326*	NCQA	Advance Care Plan	Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	Palliative & end-of-life care	ESCO, proposed and not listed elsewhere
NQF 0418*	CMS	Screening for Clinical Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND if positive, follow-up plan documented on the date of the positive screen.	Depression	ESCO, proposed and not listed elsewhere
NQF 0419*	CMS	Documentation of Current Medications in the Medical Record	Percentage of specified visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list must include ALL prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Medication management	ESCO, proposed and not listed elsewhere

NQF 1789^^	CMS	Hospital-Wide All-Cause Unplanned Readmission Measure	This measure estimates the hospital-level, risk-standardized rate of unplanned, all-cause readmission after admission for any eligible condition within 30 days of hospital discharge (RSRR) for patients aged 18 and older. The measure reports a single summary RSRR, derived from the volume-weighted results of five different models, one for each of the following specialty cohorts (groups of discharge condition categories or procedure categories): surgery/gynecology, general medicine, cardiorespiratory, cardiovascular, and neurology, each of which will be described in greater detail below. The measure also indicates the hospital standardized risk ratios (SRR) for each of these five specialty cohorts. We developed the measure for patients 65 years and older using Medicare fee-for-service (FFS) claims and subsequently tested and specified the measure for patients aged 18 years and older using all-payer data. We used the California Patient Discharge Data (CPDD), a large database of patient hospital admissions, for our all-payer data.	Rehospitalization	ESCO, proposed and not listed elsewhere
TBD^^^	CMS	Functional Status Assessment for Complex Chronic Conditions	Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up patient-reported functional status assessments.	QOL: Functional status	ESCO, proposed and not listed elsewhere

	NQF-endorsed
*	Clinician- or group-level
**	Pediatric
^	Clinician/group-, plan, and/or population
^^	Facility (hospital)-level
^^^	Level of analysis not specified

SOURCE	STEWARD	TITLE	DESCRIPTION	AREA	NOTES
NQF 0249	CMS	Hemodialysis Adequacy CPM III: Minimum Delivered HD Dose	Percentage of all adult (≥18 years old) patients in the sample for analysis who have been on hemodialysis for six months or more and dialyzing thrice weekly whose delivered dose of hemodialysis (calculated from the last measurements of the month using the UKM or Daugirdas II formula) was a spKt/V ≥1.2 during the study period.	Adequacy	2007 NQF project
NQF 0318	CMS	Peritoneal Dialysis Adequacy—Delivered Dose Of Peritoneal Dialysis Above Minimum	Percentage of all adult (≥18 years old) peritoneal dialysis patients whose delivered peritoneal dialysis dose was a weekly Kt/Vurea of at least 1.7 (dialytic + residual) during the four month study period.	Adequacy	2007 NQF project
NQF 1418**	CMS	Frequency of Adequacy Measurement For Pediatric Hemodialysis Patients	Percentage of all pediatric (less than18 years) patients receiving in-center hemodialysis or home (irrespective of frequency of dialysis) with documented monthly adequacy measurements (spKt/V) or its components in the calendar month.	Adequacy	2012 NQF project
NQF 1421**	CMS	Method of Adequacy Measurement For Pediatric Hemodialysis Patient	Percentage of pediatric (less than18 years old) in-center hemodialysis patients (irrespective of frequency of dialysis) for whom delivered HD dose was measured by spKt/V as calculated using UKM or Daugirdas II during the reporting period.	Adequacy	2012 NQF project
NQF 1423**	CMS	Minimum spKt/V for Pediatric Hemodialysis Patients	Percentage of all pediatric (less than18 years old) in-center HD patients who have been on hemodialysis for 90 days or more and dialyzing 3 or 4 times weekly whose delivered dose of hemodialysis (calculated from the last measurements of the month using the UKM or Daugirdas II formula) was a spKt/Vgreater than or equal to1.2.	Adequacy	2012 NQF project
NQF 0247	CMS	Monthly Measurement of Delivered Dose	Percentage of all adult (≥18 years old) HD patients in the sample for analysis with documented monthly adequacy measurements (spKt/V) or its components in the calendar month.	Adequacy	Endorsed 2007; endorsement removed 2012.
NQF 0248	CMS	Method of Measurement of Delivered HD Dose	Percentage of all adult (≥18 years old) HD patients in the sample for analysis for whom delivered HD dose was calculated using UKM or Daugirdas II during the study period and for whom the frequency of HD per week is specified.	Adequacy	Endorsed 2007; endorsement removed 2012.
NQF 0250	CMS	Minimum Delivered HD Dose for Patients Undergoing Dialytic Treatment for ≥90 Days	Percentage of all adult (≥18 years old) patients in the sample for analysis who have been on HD for 90 days or more and dialyzing thrice weekly and whose RRF (if measured in the last 3 months) is <2mL/min/1.73m^2 whose delivered dose of HD (calculated from the last measurements of the month using the UKM or Daugirdas II formula) was a spKt/V ≥1.2 during the reporting period.	Adequacy	Endorsed 2007; endorsement removed 2012. Dialysis Facility Compare measure.
NQF 0253	CMS	PD Adequacy: Measurement of Total Solute Clearance at Regular Intervals	Percentage of all adult (≥18 years old) PD patients with total solute clearance for urea (endogenous residual urea clearance and dialytic) measured at least once in a four-month time period.	Adequacy	Endorsed 2007; endorsement removed 2012.

NQF 0254	CMS	PD Adequacy: Calculate Weekly KT/Vurea in the Standard Way	Adult (≥18 years old) PD patients with weekly Kt/Vurea (endogenous residual renal urea clearance and dialytic) calculated in a standard way.	Adequacy	Endorsed 2007; endorsement removed 2012.
NQF 1437	CMS	Utilization of Dialysis Duration of 4 Hours or Longer for Patients New to Dialysis	The proportion of patients new to HD (within the first 90 days since initiation of HD) whose delivered dialysis session length was at least 240 minutes.	Adequacy	NQF 2010 project; not endorsed.
Not Available	CMS	HD Patients with URR ≥65%	Number of eligible Medicare HD patients at the facility during the calendar year with a median URR value ≥65%.	Adequacy	NQF 2007 project; not endorsed. Dialysis Facility Compare measure.
Not Applicable*	RPA-PCPI	Pediatric HD Patients with Nephrologist Assessment of Dialysis Adequacy	Percentage of calendar months within a 12-month period during which patients aged 17 years and younger with a diagnosis of ESRD undergoing maintenance hemodialysis in an outpatient dialysis facility have an assessment of the adequacy of volume management from a nephrologist.	Adequacy	NQMC; stated current use on NQMC website is for IQI, professional certification, P4R, and public reporting.
MUC XCBMM	CMS	Pediatric Peritoneal Dialysis Adequacy: Achievement of Target Kt/V	The percent of pediatric peritoneal dialysis patient-months with Kt/V ≥1.8 (dialytic + residual) during the 6-month reporting period. • If RRF is to be incorporated in the Kt/V calculation, this will be calculated using the mean of urea and creatinine clearances derived from 24-hour urine collection. • Total body water (V) should be estimated by one of the following pediatric specific V approximation methods: o Prediction equation based upon heavy water dilution Males: TBW=0.10 (ht x wt) 0.68 – 0.37 (wt) Females: TBW=0.14 (ht x wt) 0.64 – 0.35 (wt) o Simplified V estimating equations: Males: TBW=20.88 x BSA – 4.29 Females: TBW=16.92 x BSA – 1.81. Sex specific normograms from the KDOQI PD guidelines for the pediatric population update from 2006.	Adequacy	MAP 2014, conditionally supported pending submission for endorsement.
MUC XDGAM**	CMS	Pediatric Peritoneal Dialysis Adequacy: Frequency of Measurement of Kt/V	Percent of pediatric peritoneal dialysis patient-months with Kt/V measured at least once in a six-month period.	Adequacy	MAP 2014, conditionally supported pending submission for endorsement.

MUC XDEFF	CMS	Standardized Kt/V Reporting Measure	Percent of adult HD patients in a facility with all necessary data elements reported to calculate the weekly Standard Kt/V, on a monthly basis.	Adequacy	MAP 2014, conditionally supported pending submission for endorsement.
MUC XDEFE	CMS	Surface Area Normalized Kt/V	Percent of adult HD patients in a facility with all necessary data elements reported to calculate the weekly SAN Kt/V, on a monthly basis.	Adequacy	MAP 2014, conditionally supported pending submission for endorsement.
NQF 0321*	AMA-PCPI	Adult Kidney Disease: Peritoneal Dialysis Adequacy: Solute	Percentage of patients aged 18 years and older with a diagnosis of ESRD receiving peritoneal dialysis who have a total Kt/V≥1.7 per week measured once every four months	Adequacy	2012 NQF project; not endorsed; 2012 MAP
NQF 0323*	AMA-PCPI	Adult Kidney Disease: Hemodialysis Adequacy: Solute	Percentage of patient calendar months within 12-month reporting period during which patients aged 18 years and older with a diagnosis of ESRD receiving hemodialysis for three times a week >= 90 days have a Kt/V≥1.2	Adequacy	2012 NQF project; not endorsed; 2012 MAP
Not Applicable	Not Applicable	Dialysis Adequacy		Adequacy	DOPPS
Not Applicable	Not Applicable	Dialysis Session Length	Average dialysis session length by type of facility (rural/non-rural), DO size, and patient race.	Adequacy	DOPPS
Not Applicable	Not Applicable	Single-Pool Kt/V	Average single-pool Kt/V by type of facility (rural/non-rural), DO size, and patient race.	Adequacy	DOPPS
Not Applicable	Not Applicable	URR ≥65%	Average achievement of URR ≥65% by type of facility (rural/non-rural), DO size, and patient race.	Adequacy	DOPPS
MUC 2769	CMS	Risk-Adjusted Facility Level Transfusion Rate "STrR"	Risk-adjusted facility level transfusion rate "STrR" for dialysis patients. It is a ratio of observed number of red blood cell transfusion evens for each facility over the measurement period to expected number based on national experience and adjusted for patient mix.	Adverse events	MAP 2013, not endorsed; ESCO proposed measure
MUC 2774	CMS	Blood Transfusion Appropriateness	Percentage of eligible patients for whom the facility has evaluated risks, benefits, and alternative treatment options for anemia and the patient participated in a decision regarding anemia treatment strategy.	Adverse events	MAP 2013, not endorsed.
NQF 1424**	CMS	Monthly Hemoglobin Measurement For Pediatric Patients	Percentage of all pediatric (less than18 years) in-center hemodialysis, home hemodialysis, and peritoneal dialysis patients who have monthly measures for hemoglobin.	Anemia	2012 NQF project

NQF 1433**	CMS	Use of Iron Therapy for Pediatric Patients	Percentage of all pediatric (<18 years old) HD and PD patients with Hgb <11.0g/dL and in whom simultaneous values of serum ferritin concentration was <100ng/ml and transferrin saturation (TSAT) <20% who received IV iron or were prescribed oral iron within the following three months.	Anemia	2010 NQF project; retired in 2013 secondary to lack of testing data from delay in implementation of CROWNWeb.
NQF 1666*	AMA-PCPI	Adult Kidney Disease: ESRD Patients on ESA with Hemoglobin Level >12g/dL	Percentage of calendar months within a 12-month period during which a hemoglobin level is measured for patients aged 18 years and older with a diagnosis of advanced chronic kidney disease (CKD) (stage 4 or 5, not receiving Renal Replacement Therapy [RRT]) or End Stage Renal Disease (ESRD) (who are on hemodialysis or peritoneal dialysis) who are also receiving erythropoiesis-stimulating agent (ESA) therapy have a hemoglobin level >12.0 g/dL.	Anemia	2012 NQF project
NQF 1667*	AMA-PCPI	Pediatric Kidney Disease: ESRD Patients Receiving Dialysis with Hemoglobin Level <10g/dL	Percentage of calendar months within a 12-month period during which patients aged 17 years and younger with a diagnosis of End Stage Renal Disease (ESRD) receiving hemodialysis or peritoneal dialysis have a hemoglobin level <10g/dL.	Anemia	2012 NQF project
NQF 0252	CMS	Assessment of Iron Stores	Percentage of all adult (>=18 years old) hemodialysis or peritoneal dialysis patients prescribed an ESA at any time during the study period or who have a Hb <11.0 g/dL in at least one month of the study period for whom serum ferritin concentration AND either percent transferrin saturation or reticulocyte Hb content (CHr) are measured at least once in a three-month period for in-center hemodialysis patients, peritoneal dialysis patients, and home hemodialysis patients.	Anemia	Endorsed 2007; endorsement removed 2012.
NQF 0370	CMS	Monitoring Hgb Levels Below Target Minimum	Adult (≥18 years old) HD or PD patients with ESRD ≥3 months and who had Hgb values reported for at least 2 or the 3 study months who have a mean Hgb <10.0g/dL for a 3-month study period, irrespective of ESA use.	Anemia	Time-limited endorsement in 2007; measure retired/withdrawn from Renal Endorsement Maintenance 2012 project due to FDA ESA label changes
NQF 1426	CMS	Assessment of Iron Stores	Percentage of all adult (≥18 years old) dialysis patients for whom serum ferritin and TSAT are measured within 30 days at least once during the three-month study period.	Anemia	NQF 2012 project; not endorsed.
NQF 1428	CMS	Use of Iron Therapy When Indicated	Percentage of all adult (≥18 years old) dialysis patients with a serum ferritin <100ng/mL and a TSAT <50% at least once within 30 days who received IV iron in the following three months.	Anemia	NQF 2012 project; not endorsed.

NQF 1429	CMS	Avoidance of Iron Therapy in Iron Overload	Percentage of all adult (≥18 years old) dialysis patients with a serum ferritin ≥1200ng/mL or a TSAT ≥50% on at least one measurement during the three-month study period who did not receive IV iron in the following three months.	Anemia	NQF 2012 project; not endorsed.
NQF 1430	CMS	Lower Limit of Hgb for Pediatric Patients	Percentage of pediatric (<18 years old) HD and PD patients, with ESRD ≥3 months, who have a mean Hgb <10g/dL for a 3 month reporting period, irrespective of ESA use.	Anemia	NQF 2010 project; retired in 2011 due to FDA ESA label changes.
NQF 1431	CMS	Measurement of Iron Stores for Pediatric Patients	Percentage of all pediatric (<18 years old) HD and PD patients prescribed an ESA at any time during the study period or who have a Hgb <11.0g/dL in at least one month of the study period for whom serum ferritin concentration and percent transferrin saturation (TSAT) are measured at least once in a three-month period.	Anemia	NQF 2010 project; not endorsed.
Not Available*	AMA-PCPI	ESRD Patients Receiving Dialysis: Hgb Level <10g/dL	Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of ESRD who are receiving HD or PD have a Hgb level <10g/dL.	Anemia	NQF 2012 project; not endorsed.
Not Available	CMS	Hgb Control for ESA Therapy	Adult HD and PD patients with ESRD ≥3months who have received ESA therapy at any time during a 3-month reporting period AND have achieved a mean Hgb of 10.0-12.0g.dL for the 3-month reporting period.	Anemia	NQF 2007 project; not endorsed and measure was retired in 2011 due to FDA ESA label changes.
Not Available	CMS	HCT Control for ESA Therapy	Adult HD and PD patients with ESRD ≥3months who have received ESA therapy at any time during a 3-month reporting period AND have achieved a mean HCT of 30-36% for the 3-month reporting period.	Anemia	NQF 2007 project; not endorsed.
Not Available	CMS	Monitoring HCT Levels Below Target Minimum	Adult HD and PD patients with ESRD ≥3months who have a mean HCT <30% for a 3-month reporting period, irrespective of ESA use.	Anemia	NQF 2007 project; not endorsed.
MUC 2526*	RPA/PCPI	Adult Kidney Disease: ESRD Patients Receiving Dialysis with Hgb Level <10g/dL	Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of ESRD are receiving HD or PD have a Hgb level <10g/dL.	Anemia	MAP 2013, not endorsed.
MUC 2771	CMS	Achieved Hgb Level to Avoid Adverse Outcomes	Percentage of adult (≥18 years old) HD and PD patients whose ESA dose is unchanged or increased when the Hgb value reaches or exceeds 11.0 g/dL.	Anemia	MAP 2013, not endorsed.
MUC 2772	CMS	Anemia Management Process Measure	Percent of adult (≥18 years old) HD and PD patient months at a facility during the year for which a patient had a low achieved hemoglobin (<10 g/dL or missing), a low ESA dose (<75 units/kg/session of epoetin alpha, <0.25mcg/kg/session of darbepoetin alpha, or missing), and was followed in the subsequent month by a red blood cell (RBC) transfusion.	Anemia	MAP 2013, not endorsed.

Not Available	CMS	Anemia Management Reporting Measure	Number of months for which facility reports ESA dosage (as applicable) and Hgb/HCT for each Medicare patient.	Anemia	Not submitted, so not endorsed.
Not Assigned	CMS	Patients on ESA with Hgb Level >12.0g/dL	Percentage of hemodialysis and peritoneal dialysis patients, with ESRD ≥3 months, who have a mean hemoglobin >12 g/dL for a 12-month reporting period, treated with ESA.	Anemia	NQMC, stated current use is external oversight/Medicare. IQI, public reporting. Dialysis Facility Compare measure
MUC 2247	CMS	Patient Informed Consent for Anemia Treatment	Percentage of the facility's patients who were provided information regarding risks, potential benefits, and alternative treatment options for anemia and consented to the anemia treatment provided by the facility.	Anemia	Not submitted, so not endorsed.
Not Assigned (measure based on NQF 1433)	CMS	Pediatric Iron Therapy Reporting	Number of quarters for which facility reports for each pediatric patient: 1) admit/discharge dates; 2) Hgb levels; 3) Serum ferritin levels; 4) TSAT percentages; 5) lab measurement dates; 6) IV/oral iron (if prescribed); and 7) dates when oral or IV iron were prescribed (if applicable).	Anemia	Not submitted, so not endorsed, but based on NQF 1433
Not Applicable	Not Applicable	Anemia Management: ESA Use	ESA use in last month and last 3 months; route of administration; weekly IV ESA dose prescribed and received (30- and 90-day averages).	Anemia	DOPPS
Not Applicable	Not Applicable	Anemia Management: Hgb Level	Hgb levels in all patients and in ESA-treated patients.	Anemia	DOPPS
Not Applicable	Not Applicable	Anemia Management: Hgb Level 3-Month Average	3-month average hgb level in all patients and in ESA-treated patients.	Anemia	DOPPS
Not Applicable	Not Applicable	Anemia Management: Transferrin Saturation	Transferrin saturation level in all patients.	Anemia	DOPPS
Not Applicable	Not Applicable	Anemia Management: Transferrin Saturation 3-Month Average	3-month average transferrin saturation level in all patients.	Anemia	DOPPS
Not Applicable	Not Applicable	Anemia Management: Serum Ferritin	Most recent serum ferritin level in all patients.	Anemia	DOPPS
Not Applicable	Not Applicable	Anemia Management: Serum Ferritin 3-Month Average	3-month average serum ferritin level in all patients.	Anemia	DOPPS
Not Applicable	Not Applicable	Anemia Management: Ferritin Measurement	Ferritin measurement in last 1 and 3 months in all patients.	Anemia	DOPPS
Not Applicable	Not Applicable	Anemia Management: IV Iron Use	IV iron use in last 1 and 3 months.	Anemia	DOPPS

Not Applicable	Not Applicable	Anemia Management: Monthly IV Iron Dose	Monthly IV iron dose prescribed and received (30- and 90-day averages).	Anemia	DOPPS
NQF 0255	CMS	Measurement of Serum Phosphorus Concentration	Percentage of all adult (≥18 years of age) peritoneal dialysis and hemodialysis patients included in the sample for analysis with serum phosphorus measured at least once within month.	Bone mineral metabolism	2007 NQF project
NQF 1454	CMS	Proportion of Patients With Hypercalcemia	Proportion of patients with 3-month rolling average of total uncorrected serum calcium greater than 10.2 mg/dL.	Bone mineral metabolism	2012 NQF project
NQF 0261	CMS	Measurement of Serum Calcium Concentration	Percentage of all adult PD and HD patients included in the sample for analysis with serum calcium measured at least once within month.	Bone mineral metabolism	Endorsed 2007; endorsement removed 2012 (CMS withdrew the measure during maintenance).
NQF 0570*	IMS Health	CKD: Monitoring Phosphorus	To ensure that members with CKD who are not on dialysis are monitored for blood phosphorus levels at least once annually.	Bone mineral metabolism	NQF 2012 project; not endorsed.
NQF 0571*	IMS Health	CKD: Monitoring Parathyroid Hormone (PTH)	To ensure that members with CKD who are not on dialysis are monitored for PTH levels at least once annually.	Bone mineral metabolism	NQF 2012 project; not endorsed.
NQF 0574*	IMS Health	CKD: Monitoring Calcium	To ensure that members with CKD who are not on dialysis are monitored for blood calcium levels at least once annually.	Bone mineral metabolism	NQF 2012 project; not endorsed.
NQF 1427	Genzyme	Adult Dialysis Patients - Serum Phosphorus Greater Than 6mg/dL	Proportion of patients with 3-month rolling average of serum phosphorus greater than 6mg/dL.	Bone mineral metabolism	NQF 2012 project; not endorsed.
NQF 1461	CMS	Lower Limit for Serum Phosphorus	Proportion of patients with 3-month rolling average of serum phosphorus less than 2.5mg/dL.	Bone mineral metabolism	NQF 2010 project; not endorsed.
NQF 1658	Amgen	ESRD Patients with PTH <130pg/mL and Continued Treatment with a Calcimimetic or Vitamin D Analog	Percentage of ESRD patients aged 18 years and older with serum intact PTH levels <130pg/mL who continue to be treated with a calcimimetic agent or vitamin D analog during the 3-month reporting period.	Bone mineral metabolism	NQF 2012 project; not endorsed.
NQF 1665	Amgen	ESRD Patients with PTH >400pg/mL and Not	Percentage of ESRD patients aged 18 years and older with serum intact PTH levels >400pg/mL who are NOT treated with a calcimimetic agent or vitamin D analog to lower the PTH during the 3-month reporting period	Bone mineral metabolism	NQF 2012 project; not endorsed

MUC XDEGC	CMS	Measurement of Plasma PTH Concentration	DRAFT: Percentage of all peritoneal dialysis and hemodialysis patients included in the sample for analysis with plasma PTH measured, together with documentation of the specific PTH assay utilized at least once within a 3 month period.	Bone mineral metabolism	MAP 2014, conditionally supported pending submission for endorsement.
MUC 2775	CMS	Phosphorus Concentration	This measure reports the percentage of adult hemodialysis and peritoneal dialysis patient-months in the following ranges of serum phosphorus: <3.5 mg/dL; 3.5-4.5 mg/dL; 4.6-5.5 mg/dL； 5.6-7.0 mg/dL； >7.0 mg/dL. (Normal range for serum phosphorus is 2.5 – 4.1 mg/dL).	Bone mineral metabolism	MAP 2013, not endorsed.
Not Assigned (measure based on NQF 0255)	CMS	Mineral Metabolism Reporting	Number of months for which facility reports serum phosphorus values for each Medicare patient.	Bone mineral metabolism	Not submitted, so not endorsed, but based on NQF 0255
Not Applicable	Not Applicable	Mineral and Bone Disorder: Serum Calcium, Most Recent	Most recent total and albumin-corrected serum calcium levels by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Mineral and Bone Disorder: Serum Calcium, 3-Month Average	3-month average total and albumin-corrected serum calcium levels by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Mineral and Bone Disorder: Serum Phosphorus, Most Recent	Most recent serum phosphorus levels by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Mineral and Bone Disorder: Serum Phosphorus, 3-Month Average	3-month average serum phosphorus levels by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Mineral and Bone Disorder: PTH Measurement	Measurement of PTH by type of facility (rural/non-rural), DO size, and patient race in last 1 and 3 months.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Mineral and Bone Disorder: Serum PTH, Most Recent	Most recent serum PTH level by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Mineral and Bone Disorder: Serum PTH, 3-Month Average	3-month average serum PTH level by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS

Not Applicable	Not Applicable	Mineral and Bone Disorder: Phosphate Binder Use	Phosphate binder use in last 1- and 3-months by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Mineral and Bone Disorder: Cinacalcet Use	Cinacalcet use in last 1- and 3-months by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Mineral and Bone Disorder: Cinacalcet Use with Vitamin D	Cinacalcet + vitamin D use in last 1- and 3-months by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Mineral and Bone Disorder: Vitamin D Analog Use	Vitamin D analog use in last 1- and 3-months by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Mineral and Bone Disorder: Vitamin D Analog Route of Administration	Route of vitamin D analog administration by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Mineral and Bone Disorder: IV Vitamin D Analog Use	IV vitamin D analog use in last 1- and 3-months by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Mineral and Bone Disorder: Vitamin D Analog Use with Cinacalcet	IV vitamin D analog + cinacalcet use in last 1- and 3-months by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Weekly IV Vitamin D Analog Dose Received	Weekly average IV vitamin D analog dose received by DO size (30- and 90-day averages).	Bone mineral metabolism	DOPPS
Not Applicable	Not Applicable	Mineral and Bone Disorder: Oral Vitamin D Use	Oral vitamin D analog use in last 3-months by type of facility (rural/non-rural), DO size, and patient race.	Bone mineral metabolism	DOPPS
Not Assigned	CMS	Mean Calcium Levels	Percentage of patients with mean calcium levels <8.4mg/dL, 8.4-9.5mg.dL, 8.4-10.2mg/dL, and ≥10.2mg/dL.	Bone mineral metabolism	CMS Demo; not submitted, so not endorsed; CPM developed in 2006 and piloted

Not Assigned	CMS	Mean Phosphorus Level	Percentage of patients with mean phosphorus levels <3.5mg/dL, 3.5-5.5mg.dL, and ≥5.5mg/dL.	Bone mineral metabolism	CMS Demo; not submitted, so not endorsed; CPM developed in 2006 and piloted
MUC 2527*	RPA/PCPI	Adult Kidney Disease: Referral to Nephrologist	Percentage of patients aged 18 years and older with a diagnosis of CKD (not receiving RRT) with an eGFR < 30 and proteinuria who are referred to a nephrologist and have documentation that an appointment was made for a nephrology consultation within a 12-month period.	Care coordination/integrated care	MAP 2013, not endorsed.
NQF 1668*	AMA-PCPI	Adult Kidney Disease: Laboratory Testing—Lipid Profile	Percentage of patients aged 18 years and older with a diagnosis of chronic kidney disease (CKD) (stage 3, 4, or 5, not receiving Renal Replacement Therapy [RRT]) who had a fasting lipid profile performed at least once within a 12-month period.	Comorbidities management	2012 NQF project
NQF 0626*	Active Health Mgmt	CKD – Lipid Profile Monitoring	Percentage of patients with CKD that have been screened for dyslipidemia with a lipid profile.	Comorbidities management	NQF 2012 project; not endorsed.
NQF 0627*	Active Health Mgmt	CKD with LDL ≥130 and Use of Lipid-Lowering Agent	Percentage of patients with CKD (stage 5) and an LDL >130mg/dL that have a current refill for a lipid-lowering agent.	Comorbidities management	NQF 2012 project; not endorsed.
NQF 1633*	AMA-PCPI	Blood Pressure Management	Percentage of visits for those patients aged 18 years and older with a diagnosis of CKD (stage 3, 4, or 5, not receiving RRT) and proteinuria with a blood pressure <130/80mmHg OR >130/80mmHg with a documented plan of care.	Comorbidities management	NQF 2012 project; not endorsed.
NQF 1662*	AMA-PCPI	ACE Inhibitor or ACE Receptor Blocker (ARB) Therapy	Percentage of patients aged 18 years and older with a diagnosis of CKD (not receiving RRT) and proteinuria who were prescribed ACE inhibitor or ARB therapy within a 12-month period.	Comorbidities management	NQF 2012 project; not endorsed.
MUC 2523*	RPA/PCPI	Adult Kidney Disease: ACEI or ARB Therapy	Percentage of patients aged 18 years and older with a diagnosis of CKD (Stages 1-5, not receiving RRT) and proteinuria who were prescribed ACEI or ARB therapy within a 12-month period.	Comorbidities management	MAP 2013, not endorsed.
Not Applicable	Not Applicable	Comorbidities: Diabetes as Cause of ESRD	National percentage of patients with diabetes as cause of ESRD.	Comorbidities management	DOPPS
Not Applicable	Not Applicable	Comorbidities: Diabetes at DOPPS Study Entry	National percentage of patients with diabetes at entry into DOPPS study.	Comorbidities management	DOPPS
Not Applicable	Not Applicable	Comorbidities: Blood Pressure	National average pre-dialysis systolic blood pressure by category (<120, 120-139, 140-159, 160-179, ≥180).	Comorbidities management	DOPPS
NQF 0028*	AMA-PCPI	Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Comorbidities management	ESCO, proposed and not listed elsewhere

NQF 0055*	NCQA	Diabetes Care: Eye Exam	Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period.	Comorbidities management	ESCO, proposed and not listed elsewhere
NQF 0056*	NCQA	Diabetes Care: Foot Exame	Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period.	Comorbidities management	ESCO, proposed and not listed elsewhere
NQF 0059*	NCQA	Diabetes Care: HbA1c Poor Control	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c >9.0% during the measurement period.	Comorbidities management	ESCO, proposed and not listed elsewhere
NQF 0068*	NCQA	Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic	Percentage of patients 18 years of age and older who were discharged alive for AMI, CABG or PCI in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period.	Comorbidities management	ESCO, proposed and not listed elsewhere
NQF 0070*	ACC	CAD: Beta-Blocker Therapy—Prior MI or LVD	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease (CAD) seen within a 12 month period who also have a prior myocardial infarction (MI) or a current or prior LVEF <40% who were prescribed beta-blocker therapy.	Comorbidities management	ESCO, proposed and not listed elsewhere
NQF 0081*	ACC	Heart Failure: ACE-I or ARB Therapy for LVSD	Percentage of patients aged 18 years and older with a diagnosis of HF with a current or prior LVEF <40% who were prescribed ACE-I or ARB therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge.	Comorbidities management	ESCO, proposed and not listed elsewhere
NQF 0083*	AMA-PCPI	Heart Failure: Beta-Blocker Therapy for LVSD	Percentage of patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF <40% who were prescribed beta-blocker therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge.	Comorbidities management	ESCO, proposed and not listed elsewhere
NQF 0089*	AMA-PCPI	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.	Comorbidities management	ESCO, proposed and not listed elsewhere
NQF 0285^	AHRQ	Rate of Lower Extremity Amputation Among Patients with Diabetes (PQI 16)	The number of discharges for lower-extremity amputation among patients with diabetes per 100,000 population age 18 years and older in a Metro Area or county in a one year time period.	Comorbidities management	ESCO, proposed and not listed elsewhere
NQF 0418*	CMS	Screening for Clinical Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND if positive, follow-up plan documented on the date of the positive screen.	Depression	ESCO, proposed and not listed elsewhere

NQF 0320*	KCQA	Patient Education Awareness	Percentage of a physician's ESRD patients aged 18 years and older with medical record documentation of a discussion of renal replacement therapy modalities (including HD, PD, home HD, transplants and identification of potential living donors, and no/cessation of renal replacement therapy) at least once during the 12-month reporting period.	Dialysis patient education	Endorsed 2007; endorsement removed 2012.
NQF 0324	KCQA	Patient Education Awareness	Percentage of a facility's ESRD patients aged 18 years and older with medical record documentation of a discussion of renal replacement therapy modalities (including HD, PD, home HD, transplants and identification of potential living donors, and no/cessation of renal replacement therapy) at least once during the 12-month reporting period.	Dialysis patient education	Endorsed 2007; endorsement removed 2012.
MUC XDEGB	CMS	Percentage of Dialysis Patients with Dietary Counseling	Percentage of all hemodialysis and peritoneal dialysis patients included in the sample for analysis with dietary counseling of the patient and/or caregiver on appropriate phosphorus sources and content as part of an overall healthy nutrition plan at least once within six months.	Dialysis patient education	MAP 2014, conditionally supported pending submission for endorsement.
NQF 1438	CMS	Periodic Assessment of Post-Dialysis Weight by Nephrologists	Proportion of patients who have documentation of receiving a new post-dialysis weight prescription from a nephrologist in the reporting month.	Fluid Management	2010 NQF project; retired in 2013 secondary to lack of testing data from delay in implementation of CROWNWeb.
NQF 1432	CMS	Dietary Sodium Reduction Advice	The proportion of patients who received formal advice on dietary sodium restriction by the renal dietician within the past 90 days.	Fluid Management	NQF 2010 project; not endorsed.
NQF 1434	CMS	Sodium Profiling Practice for HD	The proportion of HD patients who were not prescribed sodium profiling in the reporting month.	Fluid Management	NQF 2010 project; not endorsed.
NQF 1435	CMS	Restriction of Dialysate Sodium	The proportion of HD patients who were prescribed a dialysate sodium concentration less than or equal to 138 mEq/L in the reporting month.	Fluid Management	NQF 2010 project; not endorsed.
NQF 1439	CMS	Utilization of High Ultrafiltration Rate for Fluid Removal	The proportion of patients who were not prescribed an ultrafiltration (UF) rate greater than or equal to 15mg/kg/hr in the reporting month.	Fluid Management	NQF 2010 project; not endorsed.
MUC XAHMH	CMS	Ultrafiltration Rate (UFR)	Percent of patients with a UFR greater than 10 ml/kg/hr.	Fluid Management	MAP 2014, conditionally supported pending submission for endorsement.

MUC 2530*	RPA/PCPI	Adult Kidney Disease: Adequacy of Volume Management	Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of ESRD undergoing maintenance HD in an outpatient dialysis facility have an assessment of the adequacy of volume management from a nephrologist.	Fluid Management	MAP 2013, not endorsed.
Not Applicable	Not Applicable	Percent Interdialytic Weight Loss	Average percent interdialytic weight loss by type of facility (rural/non-rural), DO size, and patient race.	Frequency and duration of dialysis	DOPPS
Not Applicable	Not Applicable	Prescribed Blood Flow Rate	Average prescribed blood flow rate (mL/min) by type of facility (rural/non-rural), DO size, and patient race.	Frequency and duration of dialysis	DOPPS
Not Applicable	Not Applicable	Prescribed Dialysis Sessions Per Week	Average prescribed dialysis sessions per week by type of facility (rural/non-rural), DO size, and patient race.	Frequency and duration of dialysis	DOPPS
NQF 1460	CDC	National Healthcare Safety Network (NHSN) Bloodstream Infection Measure	Number of hemodialysis outpatients with positive blood cultures per 100 hemodialysis patient-months.	Healthcare-associated infections	2012 NQF project
NQF 1449	CMS	Unavailable Blood Culture Results	Six-month rolling average prevalence of “unavailable” blood culture results for adult chronic HD patients with new IV antibiotic prescription.	Healthcare-associated infections	NQF 2010 project; not endorsed.
NQF 1450	CMS	Unavailable Clinical Confirmation	Six-month rolling average prevalence of “unavailable” information regarding clinical confirmation of infection among adult chronic HD patients with new IV antibiotic prescription.	Healthcare-associated infections	NQF 2010 project; not endorsed/withdrawn when 1449 not supported
NQF 1453	CMS	Clinically Confirmed Infection Rate	Six-month rolling average rate of clinically confirmed infection with IV antibiotic therapy among adult chronic HD patients.	Healthcare-associated infections	NQF 2010 project; not endorsed.
NQF 1455	CMS	Access-Related Bacteremia Rate	Six-month rolling average prevalence of HD access-related infection among adult chronic HD patients with a clinically confirmed infection and prescribed IV antibiotics.	Healthcare-associated infections	NQF 2010 project; not endorsed.
NQF 1456	CMS	Bacteremia Rate	Six-month rolling average rate of bacteremia with IV antibiotic therapy, among adult chronic HD patients.	Healthcare-associated infections	NQF 2010 project; not endorsed.
NQF 1457	CMS	Access-Related Bacteremia Rate	Six-month rolling average rate of HD vascular access-related bacteremia among adult chronic HD patients.	Healthcare-associated infections	NQF 2010 project; not endorsed.
NQF 1469	CMS	Clinically Confirmed Access-Related Infection Rate	Six-month rolling average rate of clinically confirmed infection with IV antibiotic therapy among adult chronic HD patients.	Healthcare-associated infections	NQF 2010 project; not endorsed.

NQF 1477	CDC	NHSN IV Antibiotic Start Measure	Monthly rate of outpatient IV antibiotic starts (initiation of a new antibiotic not in use in previous 21 days) per 100 patient-months within outpatient dialysis unit. The 21-day rule is used to exclude counting antibiotics that are given for the same infection more than once.	Healthcare-associated infections	NQF 2010 project; not endorsed.
NQF 1478	CDC	NHSN Vascular Access-Related Bloodstream Infection Measure	Number of HD outpatients with positive blood cultures and in whom the suspected source was reported as either the vascular access or unknown per 100 HD patient-months.	Healthcare-associated infections	NQF 2010 project; not endorsed.
NQF 1463	CMS	Standardized Hospitalization Ratio For Admissions	Risk-adjusted standardized hospitalization ratio for admissions for dialysis facility patients.	Hospitalization	2012 NQF project; proposed ESCO
NQF 1464	CMS	Standardized Hospitalization Ratio for Days	Risk-adjusted standardized hospitalization ratio for days for dialysis facility patients. The measure is designed to reflect the number of hospitalization 'days' for the patients at a facility, relative to the number of hospitalization days that would be expected based on overall national rates and the characteristics of the patients at that facility.	Hospitalization	NQF 2010 project; not endorsed.
NQF 0226	KCQA	Influenza Vaccination in the ESRD Population—Facilities	Percentage of end stage renal disease (ESRD) patients aged 6 months and older receiving hemodialysis or peritoneal dialysis during the time from October 1 (or when the influenza vaccine became available) to March 31 who either received, were offered and declined, or were determined to have a medical contraindication to the influenza vaccine.	Immunization	2007 NQF project; 2012 project
NQF 0227*	RPA/PCPI	Influenza Immunization	Percentage of patients aged 18 years and older with a diagnosis of ESRD and receiving dialysis who received the influenza immunization during the flu season (September through February).	Immunization	2007 NQF project
MUC XDGBA	CMS	ESRD Vaccination – Lifetime Pneumococcal Vaccination	Percentage of ESRD patients ≥2 years of age at the start of the reporting period and on chronic dialysis ≥30 days in a facility at any point during the 12-month reporting period who either have ever received a pneumococcal vaccination (PPSV23 or PCV13), were offered and declined the vaccination, or were determined to have a medical contraindication.	Immunization	MAP 2014, not supported
MUC XDEFL	CMS	ESRD Vaccination - Pneumococcal Vaccination (PPSV23)	DRAFT: Percentage of ESRD patients ≥2 years of age at the start of the reporting period and on chronic dialysis ≥30 days in a facility at any point during the 12-month reporting period who either had an up-to-date PPSV23 vaccine status or received PPSV23 vaccination during the reporting period, were offered but declined the vaccination, or were determined to have a medical contraindication.	Immunization	MAP 2014, not supported
MUC XDEGA	CMS	ESRD Vaccination - Timely Influenza Vaccination	Draft: Percentage of ESRD patients ≥6 months of age on October 1 and on chronic dialysis ≥30 days in a facility at any point between October 1 and December 31 who either received an influenza vaccination, were offered but declined the vaccination, or were determined to have a medical contraindication.	Immunization	MAP 2014, not supported

MUC XDEFM	CMS	Full-Season Influenza Vaccination (ESRD Patients)	DRAFT: Percentage of ESRD patients ≥ 6 months of age on October 1 and on chronic dialysis ≥ 30 days in a facility at any point between October 1 and March 31 who either received an influenza vaccination, were offered but declined the vaccination, or were determined to have a medical contraindication.	Immunization	MAP 2014, conditionally supported pending submission for endorsement and demonstration of advantage over NQF #0226.
MUC XDGAF	CMS	Hepatitis B Vaccine Coverage in Hemodialysis Patients (in development)	DRAFT: Percentage of hemodialysis patients who have ever received three or more doses of hepatitis B vaccine.	Immunization	MAP 2014, supported
MUC XDEFH**	CMS	Pneumococcal Vaccination Measure (PCV13)	Draft: Percentage of ESRD patients ≥ 5 years of age at the start of the reporting period and on chronic dialysis ≥ 30 days in a facility at any point during the 12-month reporting period who have ever received a PCV13 pneumococcal vaccination, were offered but declined the vaccination, or were determined to have a medical contraindication.	Immunization	MAP 2014, not supported
NQF 0041*	AMA-PCPI	Influenza Immunization	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.	Immunization	ESCO, proposed and not listed elsewhere
NQF 0043	NCQA	Pneumonia Vaccination for Older Adults	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	Immunization	ESCO, proposed and not listed elsewhere
NQF 0097*	NCQA	Medication Reconciliation	Percentage of patients aged 18 years and older discharged from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) and seen within 30 days of discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist who had reconciliation of the discharge medications with the current medication list in the outpatient medical record documented. This measure is reported as two rates stratified by age group: 18-64 and 65+.	Medication management	ESCO, proposed and not listed elsewhere
NQF 0419*	CMS	Documentation of Current Medications in the Medical Record	Percentage of specified visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list must include ALL prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Medication management	ESCO, proposed and not listed elsewhere
NQF 0369	CMS	Dialysis Facility Risk-Adjusted Standardized Mortality Ratio	Risk-adjusted standardized mortality ratio for dialysis facility patients.	Mortality	2007 NQF project; ESCO measure
Not Assigned	CMS	Comorbidity Reporting Measure	Annual reporting in CROWNWeb of patients who have one or more of any of the 24 qualifying comorbidities, or "none of the above."	None	MAP 2014, not supported

NQF 1425**	CMS	Measurement of nPCR for Pediatric Hemodialysis Patients	Percentage of pediatric (less than18 years old) in-center hemodialysis patients (irrespective of frequency of dialysis) with documented monthly nPCR measurements.	Nutrition	2012 NQF project
Not Applicable	Not Applicable	Nutrition: Serum Albumin	Most recent and 3-month average serum albumin level by type of facility (rural/non-rural), DO size, and patient race.	Nutrition	DOPPS
Not Applicable	Not Applicable	Nutrition: Serum Creatinine	Most recent and 3-month average serum creatinine level by type of facility (rural/non-rural), DO size, and patient race.	Nutrition	DOPPS
Not Applicable	Not Applicable	Nutrition: Normalized PCR	Normalized PCR by type of facility (rural/non-rural), DO size, and patient race.	Nutrition	DOPPS
Not Applicable*	RPA-PCPI	Pediatric ESRD Patients with Documentation of Advance Care Planning	Percentage of patients aged 17 years and younger with a diagnosis of ESRD on hemodialysis or peritoneal dialysis for whom there is documentation of a discussion regarding advance care planning.	Palliative & end-of-life care	NQMC; stated current use is for IQI and professional certification.
NQF 0326*	NCQA	Advance Care Plan	Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	Palliative & end-of-life care	ESCO, proposed and not listed elsewhere
NQF 0258	AHRQ	The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) In-Center Hemodialysis Survey	57-question survey that assesses patients' experience with In-Center Hemodialysis on three domains (Nephrologists'Communication and Caring, Quality of Dialysis Center Care and Operations, and Providing Information to Patients) and provides an overall rating.	Patient experience with care	2007 NQF project
Not Assigned	CMS	CAHPS In-Center Hemodialysis Survey Reporting	Number of facilities, using a third party CMS-approved vendor, that submit ICH CAHPS survey results to CMS.	Patient experience with care	Not submitted, so not endorsed as purely structural reporting measure
NQF 0260	RAND	Assessment of Health-Related Quality of Life (Physical & Mental Functioning)	Percentage of dialysis patients who receive a quality of life assessment using the KDQOL-36 (36-question survey that assesses patients' functioning and well-being) at least once per year.	QOL: functional status	2007 NQF project
TBD^^^	CMS	Functional Status Assessment for Complex Chronic Conditions	Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up patient-reported functional status assessments.	QOL: functional status	MAP 2103, not endorsed; proposed ESCO
MUC 2528*	RPA/PCPI	Adult Kidney Disease: Transplant Referral	Percentage of patients aged 18 years and older with a diagnosis of ESRD on HD or PD for 90 days or longer who are referred to a transplant center for kidney transplant education within a 12-month period.	QOL: transplant referral	MAP 2103, not endorsed.

NQF 2496	CMS	Standardized Readmission Ratio for Dialysis Facilities	Ratio of the number of index hospital discharges that resulted in a readmission within 30 days of discharge for Medicare-covered dialysis patients treated at a particular dialysis facility to the number of readmissions that would be expected given the discharging hospitals and the characteristics of the patients.	Rehospitalization	MAP 2013, not endorsed but under review in current NQF project
NQF 1789^^	CMS	Hospital-Wide All-Cause Unplanned Readmission Measure	This measure estimates the hospital-level, risk-standardized rate of unplanned, all-cause readmission after admission for any eligible condition within 30 days of hospital discharge (RSRR) for patients aged 18 and older. The measure reports a single summary RSRR, derived from the volume-weighted results of five different models, one for each of the following specialty cohorts (groups of discharge condition categories or procedure categories): surgery/gynecology, general medicine, cardiorespiratory, cardiovascular, and neurology, each of which will be described in greater detail below. The measure also indicates the hospital standardized risk ratios (SRR) for each of these five specialty cohorts. We developed the measure for patients 65 years and older using Medicare fee-for-service (FFS) claims and subsequently tested and specified the measure for patients aged 18 years and older using all-payer data. We used the California Patient Discharge Data (CPDD), a large database of patient hospital admissions, for our all-payer data.	Rehospitalization	ESCO, proposed and not listed elsewhere
NQF 0251*	KCQA	Vascular Access: Functional AV Fistula Access or Seen By Vascular Surgeon for Placement	Percentage of all ESRD patients aged 18 years and older receiving hemodialysis KCQA during the 12 month reporting year who have a functional autogenous AV fistula (defined as two needles used) or do not have such a fistula but have been seen by a vascular surgeon for evaluation for permanent access at least once during the reporting year.	Vascular access	2007 NQF project; combined with NQF 0262 in 2012 project
NQF 0256	CMS	Hemodialysis Vascular Access—Minimizing Use of Catheters as Chronic Dialysis Access	Percentage of patients on maintenance hemodialysis during the last HD treatment of study period with a chronic catheter continuously for 90 days or longer prior to the last hemodialysis session.	Vascular access	2007 NQF project
NQF 0257	CMS	Hemodialysis Vascular Access—Maximizing Placement of Arterial Venous Fistula (AVF)	Percentage of patients on maintenance hemodialysis during the last HD treatment of month using an autogenous AV fistula with two needles.	Vascular access	2007 NQF project
NQF 0259*	SVS	Decision-making by Surgeon to Maximize Placement of Autogenous AVF	Percentage of patients with advanced CKD (stage 4 or 5) or ESRD undergoing open surgical implantation of permanent HD access who receive an autogenous AVF.	Vascular access	Endorsed 2007; endorsement removed 2012.

NQF 0262*	KCQA	Catheter Vascular Access and Evaluation by Vascular Surgeon for Permanent Access	Percentage or ESRD patients aged 18 years and older with a catheter after 90 days on dialysis who are seen/ evaluated for permanent vascular access at least once during the 12-month reporting period.	Vascular access	ESRD 2007; integrated into NQF 0251 at the request of the Renal Endorsement Maintenance SC in 2012.
MUC 2522*	RPA/PCPI	Adult Kidney Disease: Catheter Use for >90 Days	Percentage of patients aged 18 years and older with a diagnosis of ESRD receiving maintenance HD for $\geq$ 90 days whose mode of vascular access is a catheter.	Vascular access	MAP 2013, not endorsed.
MUC 2524*	RPA/PCPI	Adult Kidney Disease: AVF Rate	Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of ESRD and receiving maintenance HD are using an autogenous AVF with two needles.	Vascular access	MAP 2013, not endorsed.
MUC 2525*	RPA/PCPI	Adult Kidney Disease: Catheter Use at Initiation of HD	Percentage of patients aged 18 years and older with a diagnosis of ESRD who initiate maintenance HD during the measurement period, whose mode of vascular access is via a catheter at the time maintenance HD is initiated.	Vascular access	MAP 2013, not endorsed.
Not Applicable	Not Applicable	Vascular Access: Type of Access in Use	National percent AVFs, AV grafts, and CVCs in use.	Vascular access	DOPPS
Not Assigned	CMS	ESRD Vaccination: Influenza Vaccination of Dialysis Facility Healthcare Personnel	Percentage of healthcare personnel who are working in the dialysis facility for ≥30 working days between October 1 and March 31 who either received an influenza vaccination, were offered and declined the vaccination, or were determined to have a medical contraindication.	Workforce	MAP, measure ultimately not submitted and CDC measure instead proposed (NQF # 0431) and supported by the MAP.

KIDNEY CARE QUALITY ALLIANCE

KCQA MODIFIED DELPHI OVERVIEW

In January 2014, Kidney Care Partners (KCP) approved reconvening the Kidney Care Quality Alliance (KCQA) to develop 1-2 related measures in one measurement area, with the goal of submitting the measures to the National Quality Forum for endorsement consideration. The first major task of the initiative is to prioritize measurement areas from among the quality (sub)domains identified in KCP's recently released *A Strategic Blueprint for Advancing Kidney Care Quality* document. Prioritization will be conducted via a modified Delphi approach, described in detail in the following sections.

THE DELPHI TECHNIQUE

KCQA's formal measurement area prioritization will use a modified Delphi process. The Delphi method is a structured, systematic communication technique that relies on a panel of individuals who answer questionnaires in two or more rounds. After each round, an anonymized summary of the responses is provided from the previous round, as well as the reasons provided for those judgments. Participants are encouraged to revise their earlier answers in light of this information. The expectation is a decrease in the range of the answers and a convergence towards consensus. The process concludes after a pre-defined stop criterion (e.g., number of rounds, achievement of consensus) and the mean or median scores of the final round determine the results. The following characteristics of the Delphi method help participants focus on the issues at hand and separate Delphi from other methodologies, wherein group dynamics can affect outcomes:

- **Anonymity of Participants.** Participants' input is kept anonymous—even after results are finalized—so as to prevent the authority or personality of some participants from dominating others in the process, minimize the "bandwagon effect", allow free expression of opinions, encourage open critique, and facilitate admission of errors when revising earlier judgments.
- **Structuring of Information Flow.** The initial contributions from the participants are collected in the form of answers to questionnaires and their comments to these answers. The facilitator/staff processes the information. This avoids the effects of face-to-face discussion problems of group dynamics.
- **Regular Feedback.** Participants have the opportunity to revise their positions based on the responses of others and on the collective progress/consensus of the group.

MODIFIED DELPHI PROCESS

KCQA will use a modified Delphi process to structure initial input in an anonymous fashion, followed by collective, group (and hence non-anonymous) discussion. The following background information is provided to inform your rankings, and we strongly encourage you to review the material before completing the survey:

- **Environmental scan.** A white paper (Attachment B of this package) analyzing an environmental scan of the universe of publicly accessible ESRD measures, as well as measures used by KCQA member dialysis organizations for internal quality improvement.
- **KCP's** ***A Strategic Blueprint for Advancing Kidney Care Quality***, including the complete list of domains and subdomains identified by KCP that comprise those

aspects of kidney care that can be addressed to improve survival, reduce hospitalizations, and improve health-related quality of life, and improve patient experience with care.

- **Legislative language.** To inform your perspectives on external impact, in particular, we provide legislative language from: 1) MIPPA, as it relates to the QIP measures; 2) PAM, as it relates to measures for conditions treated with oral-only drugs; and 3) a draft bill for a permanent SGR fix that indicates directionality and preference for measures, generally.
- **"Guiding Principles and Checklist for Population-Based Quality Metrics"** by Krishnan, Brunelli, Maddux, et al. This article, published in February in the *Clinical Journal of the American Society of Nephrology*, provides a checklist of special considerations for clinical performance measure development according to NQF's measure evaluation criteria. It is attached here pursuant to copyright permission and should not be further disseminated.[1] Not provided in public file due to copyright restrictions.

To reach consensus on the prioritization of measurement areas, KCQA members will undertake the following steps:

- **Prioritization Round 1.** In Round 1, an online instrument will list the (sub)domains identified in the Blueprint and define five prioritization criteria against which KCQA Lead Representatives will rate the (sub)domains. You also are encouraged to provide brief comments as to why you rated particular elements as you did. Participants' responses will be anonymized to all but consultant staff and the Co-Chairs. The consultants will score the surveys and compile all comments and report the results to KCQA members, as well as use this information to create the second survey in consultation with the Co-Chairs and KCQA Steering Committee.
- **Prioritization Round 2.** The second online survey will again ask you to rate (sub)domains against the same prioritization criteria, however the list of (sub)domains is likely to be truncated after consultation with the KCQA Co-Chairs and Steering Committee. As noted, all Round 1 comments will be included and you will be asked to take these comments into consideration when rating the (sub)domains in this round. You also will be asked to clarify or add to your prior ideas, comment on others' input, and suggest new ideas where appropriate. Again, responses will be anonymized to all but consultant staff and Co-Chairs. Consultants again will compile all ratings and comments, including all additions, revisions, and clarifications.
- **KCQA Progress Update.** Following the conclusion of Round 2, KCQA will convene via Webinar to review the output gathered and to discuss the results. Lead Representatives and all other KCQA interested parties will participate.
- **Prioritization Round 3.** The third online data instrument will reflect the information provided by respondents in Round 2, as well as the feedback provided by the webinar.

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[1] Used with permission of *The Clinical Journal of the American Society of Nephrology*, from Guiding Principles and Checklist for Population-Based Quality Metrics, Krishnan M et al, *Clin J Am Soc Nephrol*. 2014 Feb 20 as doi: 10.2215/CJN.11061013. Permission conveyed through Copyright Clearance Center, Inc.

Additionally, the third survey may specifically ask you to rank the (sub)domains in order of perceived importance. We anticipate this will be the final round of the modified Delphi process unless the KCQA Co-Chairs and Steering Committee determine that additional rounds are needed.

- **Compilation of Results.** At the completion of Round 3, the consultant staff will summarize and report the results of the ranking process to KCQA members. Voting results will be made public (via the KCP web site), but not the actual votes of individual organizations.

MODIFIED DELPHI ROUND ONE SURVEY INSTRUMENT

Included with this information package is a mock PDF version of the *Modified Delphi Round 1 Survey Instrument*, including a screen capture of one of the subdomains for illustrative purposes. Each page will be one of the subdomains. In the case of, for example, Palliative and End-of-Life Care, which has no subdomains, you are asked to apply the criteria to the domain. The prioritization criteria and weighting are described in detail in the following sections, as well as reiterated on the instrument. Directions on how to complete the instrument are incorporated directly on the survey instrument.

Prioritization Criteria

The five prioritization criteria were selected based on a review and synthesis of prioritization factors employed from multiple sources, including by KCP for its voluntary national quality goals initiative, PEAK, as well as NQF's measure evaluation criteria.

- ***Clinical Impact:*** The proposed measurement (sub)domain is viewed as important by patients, health care professionals, and health care providers, and measures developed in this area are likely to improve survival, reduce hospitalizations, and/or improve patients' health-related quality of life and experience with care.
- ***External Impact:*** The proposed measurement area is viewed as important by stakeholders such as CMS and Congress and is thus important for public reporting and payment.
- ***Collaboration/Engagement:*** Measures developed in the proposed measurement area will promote progression towards care coordination and more holistic care delivery; provide increased opportunity for partnership between patients, health care professionals, dialysis facilities, hospitals, other care providers, and CMS; and/or have the potential to address resource utilization.
- ***Feasibility:*** The necessary data for measures developed in the proposed measurement area are readily available, can be captured without undue burden to patients or health care providers, and could be effectively implemented for use in quality improvement and incentive programs.
- ***Usability/Actionability:*** Measures developed in the proposed measurement area would provide comprehensible and meaningful information to patients, health care professionals, health care providers, and policymakers that could be effectively used in decisionmaking.

Proposed Prioritization Criteria Weights

The five prioritization criteria will be weighted in the following manner:

- ***Clinical Impact:*** 50%

- ***External Impact:*** 5%
- ***Collaboration/Engagement:*** 5%
- ***Feasibility:*** 20%
- ***Usability/Actionability:*** 20%

Educational/Q&A Sessions
Four educational sessions on modified Delphi/surveymonkey will be held, as follows:

- May 7, 5:30-6:00 pm ET
- May 8, 8:30-9:00 am ET
- May 9, 4:30-5:00 pm ET
- May 12, 12:00-12:30 pm ET

While intended primarily for Lead Representatives, other organizational representatives are welcome to attend.

MODIFIED DELPHI ROUND 1 SAMPLE WORKSHEET (*not for submission*)

Note: This worksheet contains the "data fields" you will find in the electronic survey instrument, but for space efficiency the layout is not exactly the same. At the end of this document, you will see a screen capture of one of the subdomains as it appears in surveymonkey; only KCQA Lead Representatives will be provided the actual link to the electronic form. After the instructions, the initial page requests your name and other contact information for verification. Each of the 31 subdomains/domains follows, one per page. A 2-question sample may be accessed at:
See screen capture; link not provided in public file.

PRIORITIZATION CRITERIA DEFINITIONS AND FINAL WEIGHTS

- *Clinical Impact*: The proposed measurement (sub)domain is viewed as important by patients, health care professionals, and health care providers, and measures developed in this area are likely to improve survival, reduce hospitalizations, and/or improve patients' health-related quality of life and experience with care. (50%)
- *External Impact*: The proposed measurement area is viewed as important by stakeholders such as CMS and Congress and is thus important for public reporting and payment. (5%)
- *Collaboration/Engagement*: Measures developed in the proposed measurement area will promote progression towards care coordination and more holistic care delivery; provide increased opportunity for partnership between patients, health care professionals, dialysis facilities, hospitals, other care providers, and CMS; and/or have the potential to address resource utilization. (5%)
- *Feasibility*: The necessary data for measures developed in the proposed measurement area are readily available, can be captured without undue burden to patients or health care providers, and could be effectively implemented for use in quality improvement and incentive programs. (20%)
- *Usability/Actionability*: Measures developed in the proposed measurement area would provide comprehensible and meaningful information to patients, health care professionals, health care providers, and policymakers that could be effectively used in decisionmaking. (20%)

	CLINICAL IMPACT	EXTERNAL IMPACT	COLLABORATION/ ENGAGEMENT	FEASIBILITY	USABILITY/ ACTIONABILITY	YOUR COMMENTS
CARE COORDINATION						
Care Transitions	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	
Integrated Care	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	

Med Management	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	
Rehospitalization	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	
DISEASE MANAGEMENT						
Adequacy	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	
Anemia	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	
Bone Mineral	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	
Comorbidities	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	
Modality Selection	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	
Fluid Management	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	

Immunization	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	
Nutrition	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	
Vascular Access	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	
INFRASTRUCTURE						
Care Models	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	
Health Information Exchange/Data Coordination	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	
Telehealth/ Medicine	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	
Workforce	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	
PALLIATIVE/ END-OF-LIFE	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	

PATIENT ENGAGEMENT AND EDUCATION						
Adherence to Dialysis Rx, Meds, Diet, etc.	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	
CKD Stage 4 Pre-Dialysis Education	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	
Dialysis Patient Education	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	
Frequency and Duration of Dialysis	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	
Modality Options Selection	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	
Nutrition	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	
PATIENT SATISFACTION / EXPERIENCE WITH CARE	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	

QUALITY-OF-LIFE						
Depression	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	
Functional Status	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	
Rehab & Employment	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	
Transplantation Referral Access	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	
SAFETY						
Adverse Events	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	
HAIs	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	Very High _____ High _____ Neutral _____ Low _____ Very Low _____	

KCQA-2 Modified Delphi (Sub)Domain Prioritization Survey, Round 1 Exit this survey

Care Coordination: Subdomain CARE TRANSITIONS

1a. Please rate the following for measure development addressing *Care Transitions*.

	Very High	High	Neutral	Low	Very Low
Clinical Impact	○	○	○	○	○
External Impact	○	○	○	○	○
Collaboration/Engagement	○	○	○	○	○
Feasibility	○	○	○	○	○
Usability/Actionability	○	○	○	○	○

Your Comments:

LEGISLATIVE LANGUAGE RELATED TO QUALITY MEASURES

Legislative language related to performance measures has been inserted in multiple vehicles. Three sections are provided as background for the modified Delphi process. Two are specific to ESRD (from MIPPA and PAMA). The third section comes from the House-passed permanent SGR fix that passed on March 14, 2014. Although targeted to the physician payment/reporting system, it specifically refers to measure development and so is included here as a recent directional indication of Congressional interest in measure development.

Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)—(PL 110-275)

"(h) QUALITY INCENTIVES IN THE END-STAGE RENAL DISEASE PROGRAM.—

...

"(2) MEASURES.—
"(A) IN GENERAL.—The measures specified under this paragraph with respect to the year involved shall include—
"(i) measures on anemia management that reflect the labeling approved by the Food and Drug Administration for such management and measures on dialysis adequacy;
"(ii) to the extent feasible, such measure (or measures) of patient satisfaction as the Secretary shall specify; and
"(iii) such other measures as the Secretary specifies, including, to the extent feasible, measures on—
"(I) iron management;
"(II) bone mineral metabolism; and
"(III) vascular access, including for maximizing the placement of arterial venous fistula.
"(B) USE OF ENDORSED MEASURES.—
"(i) IN GENERAL.—Subject to clause (ii), any measure specified by the Secretary under subparagraph (A)(iii) must have been endorsed by the entity with a contract under section 1890(a).
"(ii) EXCEPTION.—In the case of a specified area or medical topic determined appropriate by the Secretary for which a feasible and practical measure has not been endorsed by the entity with a contract under section 1890(a), the Secretary may specify a measure that is not so endorsed as long as due consideration is given to measures that have been endorsed or adopted by a consensus organization identified by the Secretary.
"(C) UPDATING MEASURES.—The Secretary shall establish a process for updating the measures specified under subparagraph (A) in consultation with interested parties.
"(D) CONSIDERATION.—In specifying measures under subparagraph (A), the Secretary shall consider the availability of measures that address the unique treatment needs of children and young adults with kidney failure.

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Protecting Access to Medicare Act of 2014 (PAMA)—(PL 113-93)

(d) QUALITY MEASURES RELATED TO CONDITIONS TREATED BY ORAL-ONLY DRUGS UNDER THE ESRD QUALITY INCENTIVE PROGRAM.—Section 1881(h)(2) of the Social Security Act (42 U.S.C. 1395rr(h)(2)) is amended—

(1) in subparagraph (A)—

(A) in clause (ii), by striking ''and'' at the end;

(B) by redesignating clause (iii) as clause (iv); and

(C) by inserting after clause (ii) the following new clause:

''(iii) for 2016 and subsequent years, measures described in subparagraph (E)(i); and'';

(2) in subparagraph (B)(i), by striking ''(A)(iii)'' and inserting ''(A)(iv)''; and

(3) by adding at the end the following new subparagraph:

''(E) MEASURES SPECIFIC TO THE CONDITIONS TREATED WITH ORAL-ONLY DRUGS.—

''(i) IN GENERAL.—The measures described in this subparagraph are measures specified by the Secretary that are specific to the conditions treated with oral-only drugs. To the extent feasible, such measures shall be outcomes-based measures.

''(ii) CONSULTATION.—In specifying the measures under clause (i), the Secretary shall consult with interested stakeholders.

''(iii) USE OF ENDORSED MEASURES.—

''(I) IN GENERAL.—Subject to subclause (I), any measures specified under clause (i) must have been endorsed by the entity with a contract under section 1890(a).

''(II) EXCEPTION.—If the entity with a contract under section 1890(a) has not endorsed a measure for a specified area or topic related to measures described in clause (i) that the Secretary determines appropriate, the Secretary may specify a measure that is endorsed or adopted by a consensus organization recognized by the Secretary that has expertise in clinical guidelines for kidney disease.''.

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HR 4015 (Permanent SGR fix), passed House (only) on March 14, 2014

SEC. 3. PRIORITIES AND FUNDING FOR MEASURE DEVELOPMENT.

Section 1848 of the Social Security Act (42 U.S.C. 1395w–4), as amended by subsections (c) and (g) of section 2, is further amended by inserting at the end the following new subsection:

...

Priorities

In developing the draft plan [for measure development funding and priorities] under this paragraph, the Secretary shall give priority to the following types of measures:

(i) Outcome measures, including patient reported outcome and functional status measures.

(ii) Patient experience measures.

(iii) Care coordination measures.

(iv) Measures of appropriate use of services, including measures of over use.