KIDNEY CARE QUALITY ALLIANCE-PHASE 2
CONFERENCE CALL/WEBINAR SUMMARY
MAY 6, 2014

On Tuesday, May 6, 2014, the Kidney Care Quality Alliance (KCQA) convened its first conference call/webinar for Phase 2. Representatives of the following organizations participated: Akebia, American Kidney Fund, American Nephrology Nurses Association, American Renal Associates, American Society of Nephrology, American Society of Pediatric Nephrology, Amgen, Baxter, Board of Nephrology Examiners Nursing and Technology, Centers for Dialysis Care, Centers for Medicare and Medicaid Services, Davita Healthcare Partners, Dialysis Patient Citizens, National Forum of ESRD Networks, Fresenius Medical Care North America, Greenfield Health Systems, Hospira, Kidney Care Council, Kidney Care Partners, National Kidney Foundation, National Renal Administrators Association, Northwest Kidney Centers, NxStage Medical, Renal Physicians Association, Renal Support Network, Renal Ventures Management, Sanofi, U.S. Renal Care.

Background
Following roll call, Dr. Ed Jones, KCQA Steering Committee Co-chair, reviewed processes and ground rules for the conference call/webinar: the webinar was open to the public and a public access file of all materials was made available on the website; KCQA members participated in agenda items as they arose, but specific time was provided on the agenda for public comment; and all remarks were off the record. Dr. Allen Nissenson, KCQA Steering Committee Co-Chair, then informed KCQA members that three principal items would be discussed:

- Discussion and approval of the KCQA-Phase 2 guiding principles and processes;
- Overview and discussion of the environmental scan of existing ESRD measures; and
- Overview and discussion of the modified Delphi process for measurement area prioritization.

<u>KCQA-Phase 1 History</u>
To provide context for the current effort, a brief overview of the history of KCQA-Phase 1 was provided. It was noted that from 2004-2007, KCQA developed measures in the areas of dialysis adequacy, anemia management, vascular access, prevention, and patient education and that during the National Quality Forum (NQF) process, KCQA measures drove CMS to harmonize its specifications with KCQA's. Ultimately, KCQA developed two vascular access measures (physician-level), two patient education measures (one physician-level, one facility-level), and one influenza immunization measure (facility-level) that initially received NQF endorsement. The five measures were tested in 2008-2009, and KCQA/KCP continues to maintain its endorsed measures.

<u>Launch of KCQA-Phase 2</u>
Dr. Robyn Nishimi, KCQA consultant staff, informed KCQA members that Kidney Care Partners (KCP) approved the relaunch of a new measure development initiative through KCQA in January 2014. She noted that the focus of KCQA-Phase 2 is to develop and test one to two *related* measures in *one* measurement area at the facility-level, with the goal of submitting the measures to NQF for endorsement consideration.

Major Tasks for KCQA-Phase 2

Dr. Nishimi outlined the major tasks for KCQA-Phase 2:

- Approval of KCQA guiding principles and process;
- An environmental scan of existing ESRD measures;
- Prioritization of measurement areas;
- Identification of measurement concepts for the top prioritized area;
- Development of specifications for 1-2 related measures;
- Identification of a testing plan and algorithm with a methodologist (Vince Mor of Brown University) and a Testing/Feasibility Workgroup;
- Measure testing (and specifications refinement, if necessary); and
- Completion of other elements of NQF submission form (Importance, Usability and Use).

KCQA members were informed that the target for completion of these tasks is Fall 2014. No questions were raised by members about the review of tasks.

KCQA-Phase 2 Guiding Principles and Processes

After reviewing the KCQA Steering Committee membership, Dr. Nishimi informed members that the Steering Committee had reviewed the KCQA Phase-1 guiding principles and processes and has proposed a set of Phase 2 guiding principles and processes for approval (Attachment). She noted that KCQA had previously approved the Disclosure of Information section in order to set the ground rules for this conference call/meeting.

Dr. Nishimi reminded KCQA members that during the course of considering the "transparency/disclosure" section, a member had recommended KCQA adopt a disclosure/conflict of interest process. She stated that the Co-Chairs concurred, and so they and the Steering Committee would identify a process and provisions for KCQA members' review and approval. At this time, however, KCQA members were being asked to approve the current KCQA-Phase 2 guiding principles and processes.

The definition of "healthy majority" was discussed in response to a question. Dr. Nishimi noted that KCQA will use the same approach as KCP, which is 75% agreement. A question also was raised as to the Steering Committee's role in adjudicating any appeals and the degree of agreement that would be required for this. KCQA members discussed and raised no objection that the guiding principles and processes also should state that the same healthy majority definition be applied to the Steering Committee in such instances. Dr. Nishimi noted that the revision would be made.

No objections were raised to considering the current document approved, as amended.

Environmental Scan

Dr. Lisa McGonigal, KCQA consultant staff, then reviewed the environmental scan of existing ESRD performance measures (Attachment).[1] The environmental scan looked at a variety of publicly available sources (e.g., NQF, DOPPS, NQMC, literature searches) to provide a common baseline of the ESRD measure landscape that would inform the measurement area prioritization (i.e., what [sub]domains have measures available, from what developer, NQF endorsement

[1] Dr. McGonigal noted there was a typo in Table 2, and that the "137" measures referred to in Table 2 should be "1".

status, etc.), identification of measure concepts once prioritization is complete, and development of specifications once concepts have been selected. She also noted that a survey of KCQA member dialysis organizations had been done to identify internal quality improvement (IQI) measures, and that this information provides further information on feasibility and usability.

Dr. McGonigal noted that 171 measures were identified from known measure sources, and 180 IQI measures from six KCQA member organizations. Dr. McGonigal called members' attention to the results summarized in five tables: 1) the number of measures used in the QIP by (sub)domain; 2) the number of measures in each KCP Blueprint (sub)domain for both "known source" and IQI measures; 3) (sub)domains represented only by IQI measures; 4) (sub)domains represented by DOPPS; and 5) the number of measures considered by NQF by Blueprint (sub)domain.

KCQA members raised no questions about the environmental scan.

Measurement Area Prioritization Approach Through Modified Delphi
Dr. Nishimi provided an overview of the modified Delphi process that the Steering Committee approved to prioritize KCQA's measure development areas (Attachment).

Dr. Nishimi noted that KCQA's modified Delphi will consist of the following steps:

- Two initial prioritization rounds using on-line questionnaires to be completed by KCQA member Lead Representatives; results will be anonymous to all but Staff and the Co-Chairs). Steering Committee evaluation of Round 1 will inform the development of the Round 2 material.
- An All-KCQA review and discussion of results.
- A final prioritization round, using an on-line questionnaire informed by all prior steps.

No questions were raised about the modified Delphi overview.

<u>Proposed Prioritization Criteria and Weights</u>
Dr. Nishimi informed KCQA members that the Lead Representatives, when completing the on-line questionnaire, would be asked to prioritize the candidate measurement areas, drawn from the KCP Blueprint, against five criteria (Attachment):

- *Clinical Impact*: Viewed as important by patients, health care professionals, and health care providers; 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. Weighted at 50%.
- *External Impact*: Viewed as important by stakeholders such as CMS and Congress and is thus important for public reporting and payment. Weighted at 5%.
- *Collaboration/Engagement*: 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. Weighted at 5%.
- *Feasibility*: Necessary data 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. Weighted at 20%.
- *Usability/Actionability*: Will provide comprehensible and meaningful information to

patients, health care professionals, health care providers, and policymakers that can be effectively used in decisionmaking. Weighted at 20%.

One member suggested that the collaboration criterion should be weighted more heavily because of its increasing importance in the performance measure landscape. Dr. Nishimi responded that the weighting had been discussed at length by the Steering Committee and their recommendations would be used for the first prioritization round, but might change in subsequent rounds. A question also was raised about whether the actionability criterion specifically takes into account if there are known interventions that would make a potential measure useful. Dr. Nishimi confirmed that the criterion looks at both actionability and usability, and that whether interventions exist that could have an impact should be considered when completing the survey.

An example of a Round 1 on-line questionnaire page was then presented to KCQA members. KCQA members were informed that the survey would open immediately following the conference call/webinar and would close on Friday, May 23 at 3pm ET. Members also were informed that four modified Delphi educational/Q&A sessions would be offered over the next week; the non-mandatory sessions are intended primarily for Lead Representatives, but other organizational representatives are welcome to attend.

In response to a question, Dr. Nishimi noted that a proxy can complete the survey if the Lead Representative is not available and that instructions on how to designate a proxy would be provided to the Lead Representatives.

A question also was raised as to whether KCQA would entertain developing measures in two areas if the modified Delphi process lead to more than one measurement area as top choice. Dr. Nishimi responded that the budget only allows for development of 1-2 related measures within a single area for 2014, and that the process would be used to drive consensus on one area.

Next Steps

Next steps were outlined for KCQA members:

- The Steering Committee will develop a disclosure of interest process and make a recommendation to full KCQA for approval.
- Educational/Q&A sessions related to the modified Delphi begin tomorrow.
- The link to full surveymonkey will be provided to KCQA Lead Representatives immediately after the call via email.
- The KCQA Co-Chairs and Steering Committee will review the Round 1 results and staff development of Round 2 material.
- Round 2 will commence.

Public Comment

Time was provided for public comments. One public attendee noted that NQF has a 2-stage endorsement process and asked how many measure concepts KCQA would submit. Dr. Nishimi noted that NQF abandoned the 2-stage process more than a year ago.

No further comments were made, and the conference call/webinar was adjourned.