MINUTES
Kidney Care Quality Alliance Steering Committee
August 17, 2009
Conference Call

ATTENDEES

ANNA	Gail Wick (Co-chair)
DVA	Allen Nissenson
FMC	Raymond Hakim (Co-chair)
KCP	Robyn Nishimi, Lisa McGonigal

SUMMARY

Dr. McGonigal opened the meeting with a roll call, after which she noted there were three primary agenda items—Steering Committee approval of the June 22nd conference call minutes, a status report on the KCQA performance measures pilot testing, and a review of the recommended changes to KCQA's Influenza Vaccination Measure specifications.

CONFERENCE CALL MINUTES

The Steering Committee approved the conference call minutes from June 22, 2009.

STATUS REPORT ON PERFORMANCE MEASURES PILOT TEST

Dr. McGonigal provided a brief update on the status of the pilot test. She reminded the Steering Committee that it had reviewed preliminary data from Quarter 3 (March-May 2009) during its June conference call. She advised the Committee that today's update would incorporate the additional 3rd quarter data that have been received since the previous conference call, covering approximately 85% of participating facilities.

Dr. McGonigal informed the Steering Committee that of the 56 dialysis facilities participating in the pilot, third quarter data have now been received from 46 facilities, on a total of 1,127 patients. Of the 10 facilities that have not yet submitted third quarter data, Dr. McGonigal noted that one is also delinquent with its second quarter data. The data from all of the 10 delinquent facilities were excluded from the information being reported to the Steering Committee.

Dr. McGonigal reported that the measures continued to be feasible and no apparent areas of confusion had arisen.

RECOMMENDED CHANGES TO KCQA'S INFLUENZA VACCINATION MEASURE SPECIFICATIONS

Dr. Nishimi reminded the Steering Committee that subsequent to the Influenza Vaccination measure's endorsement, NQF convened an Immunization Steering Committee tasked with reviewing the numerous NQF-endorsed influenza vaccination measures, with the goal of identifying and endorsing a "standard" measure applicable to most populations. The modifications recommended by the NQF Immunization Committee were:

- The numerator should be modified to capture three separate groups of patients: 1) those who receive the vaccine; 2) those who were counseled but refused the vaccine; and 3) those assessed and found to have a medical contraindication to the vaccine.

- The acceptable timeframe for vaccine administration should commence upon the facility's receipt of its vaccine supply (rather than require a timeframe of the flu season, defined by CDC as October through March).[1]
- The denominator should be expanded to include all patients over the age of six months.

At the time the standard measure specifications were advanced in May 2008, NQF sought KCQA's comments and noted that alignment (or non-alignment) would be considered when the measure was reviewed at the end of the time-limited endorsement period. Dr. Nishimi noted that KCQA voiced general agreement that the recommended numerator modifications would strengthen the measure, provide a more accurate reflection of performance, and minimize the risk of inappropriately penalizing providers adhering to accepted standards of care and that, given this, the pilot test incorporated these changes. She further noted, however, that KCQA had expressed reservations about including individuals aged 6 months through 17 years, recognizing that ASPN was working on the issue. Accordingly, the measure was not tested in the pediatric population, with the knowledge the lack of testing would not be a barrier to future implementation because DOB is a standard field within CROWNWeb.

Dr. Nishimi reported that testing of the KCQA Influenza Vaccination measure is complete, except for quantitative assessment of reliability based on the on-site audits. She reported that the measure tested well, and because the onsite audits will not have a bearing on our recommendations for changes to the specifications, it is recommended that the Steering Committee discuss and approve the changes. Specifically, it is recommended that the Steering Committee approve the following *permanent* changes to KCQA's specifications to align the with the NQF standard influenza immunization specifications:

Table 1. Recommended Flu Vaccination Specification Revisions (revisions redlined)

NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA SOURCE
Number of patients from the denominator who: 1. receive an influenza vaccination* (documented by the provider or reported receipt from another provider by the patient); OR 2. were assessed and offered an influenza vaccination but decline; OR 3. were assessed and determined to have a medical contraindication(s) of anaphylactic hypersensitivity to eggs or other component(s) of the vaccine, history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination, bone marrow transplant within the past 6 months (< 6 months prior to encounters between October 1 and March 31). CPT codes: 90656 (Influenza virus vaccine, split virus, preservative free, when administered to 3	All ESRD patients aged ~~18 years~~ 6 months and older receiving hemodialysis and or peritoneal dialyis during the ~~flu season (October 1 – March 31)~~ time from October 1 (or when the influenza vaccine became available) to March 31. ICD code for ESRD diagnosis: 585.6.	None.	Administrative data; provider data; medical record data.

[1] At the commencement of testing, the change to include September vaccinations was not clearly identified. Accordingly, the pilot test specifically collected data on September vaccinations to demonstrate, if necessary, why the specifications needed to encompass these events (in particular if the measure is used in the MIPPA quality payment program).

NUMERATOR	DENOMINATOR	EXCLUSIONS	DATA SOURCE
years and older, for intramuscular use), 90658 (Influenza virus vaccine, split virus, when administered to 3 years of age and older, for intramuscular use). (We will identify the additional CPT codes given the expanded age range.)			

*Only inactivated virus should be used in the ESRD population.

Dr. Nishimi noted that while KCQA expressed reservations in May 2008 about the pediatric population, ASPN, through PCPI, has since developed a clinician-level influenza immunization measure expressly applicable to the pediatric ESRD population that is largely consistent with the recommended KCQA revisions. While the particular language that ASPN uses to express the applicable time period varies somewhat from the KCQA measure (i.e., November 15-February 28), Dr. Barbara Fivush (a member of both the KCQA Steering Committee and the ASPN workgroup responsible for the measure) has noted that the dates were selected to bring the measure into alignment with the AMA's adult influenza specifications rather than for a particular clinical rationale. As such, KCQA's use of the dates recommended by NQF is not clinically inconsistent with the ASPN-PCPI measure.

STEERING COMMITTEE DISCUSSION

Dr. Hakim remarked that the eligible number of patients in the pilot who are referred for vascular access evaluations is disappointing. Dr. Nissenson agreed and noted that RPA should work to get nephrologists more involved in the process. He noted that it is the job of the nephrologist to document the referrals and their outcomes and concurred that the current referral rate is unacceptable. Dr. Hakim added that the existing number of AVF failures is also not acceptable and suggested that RPA and NKF should meet with the vascular surgeons to discuss this issue.

Dr. Hakim then asked how the data collected through the pilot could be used to bring such issues to light. Dr. Nissenson agreed that the information should be made public. Dr. Nishimi advised that using the information for broad policy interpretation should be acceptable, given facility level information is kept confidential.

Drs. Hakim, Nissenson, and Ms. Wick supported the recommended influenza vaccination specification changes. Via email communication, Dolph Chianchiano and Dr. Fivush also approved the specification changes.

NEXT STEPS

Dr. Nishimi concluded the call by advising that a review of the fourth and final quarter results will be presented to the Steering Committee during its September 21st conference call. She informed the Committee that packets for the fourth quarter data collection period (June-August 2009) will be distributed electronically and via U.S. mail during the last week of August and will be due on September 8. Pilot results will be discussed during the Steering Committee conference call on September 21st.