MINUTES
Kidney Care Quality Alliance Steering Committee
October 20, 2008
Conference Call

ATTENDEES

ANNA	Gail Wick (Co-chair)
ASPN	Barbara Fivush
DaVita	LeAnne Zumwalt
FMC	Ray Hakim (Co-chair)
NKF	Dolph Chianchiano
RPA	Dick Goldman
KCP	Linda Keegan, Robyn Nishimi, Lisa McGonigal

SUMMARY
Dr. McGonigal opened by taking a roll call, after which Dr. Nishimi noted there were two primary agenda items for today's call: a status report on the pilot test and an update on a meeting at the end of September that Dr. Jones, Ms. Zumwalt, Mr. Chianchiano, Dr. McGonigal and she had attended at CMS.

STATUS REPORT ON PILOT TEST
Dr. Nishimi reported on facility recruitment, initial data collection, and training, as follows:

- **Recruitment.** Facilities have been contacted re: potential participation via the following: a letter from the KCQA Steering Committee; a letter from Ed Jones to Medical Directors; and an e-mail alert to KCP Board members. Through Friday, October 17 (COB), 36 facilities have responded affirmatively. The final target of 50-60 facilities should be achievable if all KCP member facilities still pending respond affirmatively.
- **Data Collection.** The initial data collection packets were sent by U.S. mail (letter, Patient Link form, instructions, 25 forms) and electronically (letter, Patient Link form, Excel collection form) last week. The due date for this packet, which is collecting September data, is November 7. The Influenza Vaccination form was not included as data collection for this measure is limited to October-March.
- **Training.** Web-based training was offered on October 14 and October 15. About half of facilities participated, and training went well. Two additional sessions will be held on October 23, and others will be scheduled in the future, as necessary.

Dr. Nishimi noted that data for October and November will be due in December and then quarterly thereafter.

CMS MEETING ON CLINICAL PERFORMANCE MEASURES (CPMs) and CROWNWeb
Dr. Nishimi reported that on September 30, a meeting had been held between several KCP representatives and Dr. Barry Straube of CMS and his staff to discuss KCP's concerns related to the new CPMs and CROWNWeb implementation. She noted that the primary issues raised were:

- Inconsistencies between CMS descriptions and NQF-endorsed™ specifications (both KCQA and others' measures);
- Collection of data elements not necessary for calculation of CPMs;

- Lack of batch processing access for small and medium dialysis organizations capable of participating in the program; and
- Issues related to batch processing: rejection of data, imprecise definitions, etc.

During the discussion that followed, it was noted that the meeting was unusually long and that participants felt this was a sign of CMS' willingness to listen to KCP's issues. At the same time, participants felt that KCP still faced an uphill climb in having most of its concerns addressed.

The Steering Committee continued to express concern about the burden that CROWNWeb/CPM implementation would be placing on dialysis facilities not permitted to batch process. Questions also were raised about the role of the Networks and also training on the new system. With respect to the latter, Ms. Zumwalt noted that training was being coordinated through the Networks. Dr. Nishimi noted that although the announcement about training recently had been sent to facilities, it was her understanding that one of the problems was that training only was being permitted for one individual per facility.

Dr. Fivush inquired whether HIPAA issues were raised, as she remains concerned about the implications of collecting CPM data on the non-Medicare population and in particular the very small pediatric populations. Dr. Nishimi noted that HIPAA concerns had been raised and reinforced in the letter sent as follow-up to the meeting.

Dr. Goldman asked whether the matter of CMS using non-NQF-endorsed measures as part of the CPMs was addressed. Dr. Nishimi noted that it was not one of the issues discussed, and she further noted that CMS has always had the authority under the National Technology Transfer Advancement Act and OMB Circular A-119 to use non-endorsed measures.