

# KIDNEY CARE QUALITY ALLIANCE

## MINUTES

### Kidney Care Quality Alliance Steering Committee October 26, 2009 Conference Call

#### ATTENDEES

ANNA  
ASPN  
DVA  
FMC  
NKF  
KCP

Gail Wick (Co-chair)  
Barbara Fivush  
Allen Nissenson  
Raymond Hakim (Co-chair)  
Dolph Chianchiano  
Linda Keegan, Robyn Nishimi, Lisa  
McGonigal

#### SUMMARY

Dr. McGonigal opened the meeting with a roll call, after which she noted there were two primary agenda items – Steering Committee approval of the September 21<sup>st</sup> conference call minutes and a status report on the KCQA performance measures pilot testing.

#### CONFERENCE CALL MINUTES

The Steering Committee approved the conference call minutes from September 21, 2009.

#### STATUS REPORT ON PERFORMANCE MEASURES PILOT TEST

Dr. Nishimi provided an update on the status of the KCQA Performance Measures Pilot Test. She reminded the Steering Committee that it had reviewed preliminary data through the fourth (and final) quarter (June-August 2009) during its September conference call. She informed the Committee that data had now been submitted by 53 of the 55 participating facilities; this information would be presented on today's call. She noted that the remaining two facilities have not submitted any data since the second quarter and are being considered as lost to attrition. Finally, she reminded the Committee that data collection for the influenza measure concluded in the third quarter and since they were discussed during the August conference call, they would not be reviewed during today's call.

Dr. Nishimi then reviewed the cumulative data gathered on the Vascular Access and Patient Education Awareness measures, as well as general impressions related to burden, comprehension, and completeness. She concluded that the pilot results to date indicate that the measures are feasible and usable.

Finally, Dr. Nishimi reminded the Steering Committee that during the September conference call it had requested that a stratification of the patient education performance results by documentation type be performed. The results of this analysis were presented to the Committee.

#### STEERING COMMITTEE DISCUSSION

Regarding the Patient Education measures, Dr. Nissenson remarked that it remains unclear whether nephrologists are educating the patients on modality options, but just not documenting. He further speculated that perhaps the physicians are documenting properly, but in the physician office charts rather than the facility charts. Dr. Nishimi responded that the measure was also tested in physician offices by the Iowa Foundation for Medical Care and that,

consistent with the facility results, documentation in that setting also was an issue. Dr. Hakim noted that it is the nephrologists who should be providing the requisite education to their patients. He suggested that the Committee should make a recommendation that the locus of education should be in the physician's office. Dr. Chianchiano noted that CMS' Conditions for Coverage are requiring that the facilities educate the patients. Dr. Nissenson expressed concern what is considered education is not well defined by the Conditions and that this should be further elucidated by CMS. The Committee also discussed the appropriate venue and unit of accountability for transplantation education.

#### **NEXT STEPS**

Dr. Nishimi reminded the Steering Committee that the Data Integrity Audits, to be conducted at 11 facilities, have commenced. She noted that the next Steering Committee call is scheduled for November 16<sup>th</sup>; however, the date may be changed depending on whether all site visits have been completed by that time. Audit results – specifically, reliability – will be discussed on the next call. A final report will be generated in late November or early December for Steering Committee review and approval prior to submission to NQF.

Dr. Nishimi also noted that the National Quality Forum's Patient Outcomes project received very few measures for endorsement consideration – none of which were related to renal care. She suggested that KCP should comment on the lack of renal measures when Member comments are requested.