

KIDNEY CARE QUALITY ALLIANCE

MINUTES

Kidney Care Quality Alliance Steering Committee February 16, 2009 Conference Call

ATTENDEES

ANNA	Gail Wick (Co-chair)
ASPN	Barbara Fivush
DaVita	Allen Nissenson
FMC	Raymond Hakim (Co-chair)
NRAA	Maureen Michael
KCP	Robyn Nishimi, Lisa McGonigal

SUMMARY

Dr. McGonigal opened the meeting with a roll call, after which she noted there were two primary agenda items: 1) Steering Committee approval of the December 15th conference call minutes; and 2) a status report on the KCQA performance measures pilot testing.

CONFERENCE CALL MINUTES

The Steering Committee approved the conference call minutes from December 15, 2009.

STATUS REPORT ON PERFORMANCE MEASURES PILOT TEST

Dr. Nishimi provided an update on the status of the pilot test. She reminded the Steering Committee that the field phase of the pilot formally commenced in October 2008 and that the Committee had reviewed preliminary data from Period 1 (September 2008) during its December conference call. She noted that the majority of the first quarter data for both Periods 1 and 2 (October-November 2008) have now been submitted.

Dr. Nishimi informed the Steering Committee that of the 57 dialysis facilities participating in the pilot, data has been received from 43, on a total of 1,018 patients. She noted, however, that two facilities have, to date, submitted only Period 1 (September 2008) information. The data from these two facilities were excluded from the information being reported to the Steering Committee – i.e., the results represent 41 facilities and 966 patients.

Dr. Nishimi reviewed the first quarter data gathered on the Vascular Access, Influenza Vaccination, and Patient Education Awareness measures, then reported on some general impressions from the pilot, as follows:

- *Burden:* Dr. Nishimi reported that the average time to complete the data collection forms for Period 2 varied from 1 to 10 minutes per patient, with a mean time of 4.7 minutes. She noted that this was a reduction from Period 1 (mean=10.4 minutes) – even though the Period 2 data collection included the Influenza Immunization Form for the first time. She reported that, unlike for Period 1, facilities largely adhered to the data collection instructions, appropriately limiting record review to the specified date parameters and completing only those sections of the forms for which data are requested. She further noted that she and Dr. McGonigal expect that the time burden will continue to decrease in subsequent periods as facilities become increasingly familiar with the process.

- *Comprehension:* Dr. Nishimi informed the Steering Committee that, as with Period 1, there were no evident areas of confusion or incomprehension.
- *Completeness:* Dr. Nishimi noted that submitted data collection forms continue to be largely complete.

While delinquent data from the first collection period remains, Dr. Nishimi reported that the pilot has to date largely indicated that the measures are feasible and usable.

Steering Committee Discussion

Dr. Hakim reminded the Steering Committee that the Vascular Access and one of the Patient Education Awareness measures were endorsed by the National Quality Forum (NQF) as clinician-level measures. He reiterated his concern regarding the appropriateness of clinician-level data being collected by facilities; Dr. Nissenson echoed this concern. Dr. Nishimi reminded the Steering Committee that the Iowa Foundation for Medical Care (IFMC) recently completed field-testing in physician offices of these measures for KCQA, the results of which were distributed to the Committee as part of the written update in January. She noted that the final report to NQF would review the feasibility of the measures in both settings.

NEXT STEPS

Dr. Nishimi advised the Steering Committee that an audit protocol/plan is being drafted, noting that the selection criteria for the 15-20% of facilities to be audited will be: 1) anomalous data; 2) geographic representation (by four major U.S. regions); 3) facility-type representation (i.e., for profit vs. nonprofit, LDO vs. non-LDO vs. hospital-based); and 4) EMR vs. no EMR. Further details will be provided to the Steering Committee in March.

Dr. Nishimi concluded by advising that packets for the second quarter data collection period (December 2008-February 2009) will be distributed electronically and via U.S. mail on February 23 and will be due on March 9. Results will be discussed during the April 20th Steering Committee conference call.