

KIDNEY CARE QUALITY ALLIANCE

MINUTES

Kidney Care Quality Alliance Steering Committee September 21, 2009 Conference Call

ATTENDEES

ASPN	Barbara Fivush
FMC	Raymond Hakim (Co-chair)
NKF	Dolph Chianchiano
NRAA	Maureen Michael
RPA	Dick Goldman
CMS Liaison	Barry Straub
KCP	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 August 18th 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 August 18, 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 data through the third quarter (March-May 2009) during its August conference call. She informed the Committee that the majority of the fourth (and final) quarter of data for the pilot had since been submitted and analyzed and would be presented on today's call. She noted that the analyses were limited to data received from facilities that have submitted all four quarters of data. Finally, she reminded the Committee that data collection for the influenza measure concluded in the third quarter and since the final results were discussed during the August 18th call, they would not be reviewed during today's call.

Dr. McGonigal informed the Steering Committee that one additional facility has been lost to attrition since the August 18th update, bringing the number participating to 55. Of those 55, fourth quarter data had now been received from 40 facilities, on a total of 799 patients. Of the 15 facilities that have not yet submitted Q4, Dr. McGonigal noted that four are also delinquent with their Q3 data.

Dr. McGonigal next reviewed the Q4 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.

STEERING COMMITTEE DISCUSSION

Regarding the Patient Education measures, Dr. Hakim noted the relatively low frequency with which no or cessation of therapy and identification of living donors were discussed with patients when compared to transplants, hemodialysis, home hemodialysis, and peritoneal dialysis. Given that all modalities must be discussed to receive credit for the measure, he

requested additional analyses of the data looking at performance rates when no/cessation of therapy and identification of living donors are removed from the calculations. Dr. Hakim noted that he felt that the onus of modality education discussions should fall to a patient's nephrologist and that, as such, facility-level patient education measures are not appropriate. Dr. Fivush disagreed, however, noting that facility personnel are highly involved with and connected to their patients. She suggested further discussion on attribution after viewing the additional data analyses requested by Dr. Hakim.

Dr. Straub acknowledged Dr. Hakim's concerns about facility attribution for aspects of care for which the physician should be responsible. He noted, however, that the Conditions for Coverage, which include patient education requirements, apply to facilities rather than physicians. He added that as PQRI matures, CMS can begin thinking about physician-level measurement in areas such as modality education. He stated that he felt that having measures that can be analyzed at both levels are probably good to pursue at this time. He also noted that ultimately, if we are headed towards integrated payment systems, then metrics with joint accountability seem likely--but that this is several years away.

NEXT STEPS

Dr. Nishimi assured the Steering Committee that we will continue to seek the remainder of the outstanding data. She stated that an update on the final Q4 data, as well as the requested additional analyses will be reviewed during the October 26th conference call. She also noted that data integrity audits, to be conducted at 15-20% of the participating facilities, will commence in October and that at this time, pending the audit schedule, a report on those activities would be reviewed during the November conference call.