KIDNEY CARE PARTNERS

January 6, 2017

Measure Applications Partnership
c/o National Quality Forum
1030 15th Street, NW - Suite 800
Washington, DC 20005

Subject: Comment on MAP 2017 Draft Report and Preliminary Recommendations – Hospital Workgroup

Thank you for the opportunity to comment on the Measure Applications Partnership's (MAP) Hospital Workgroup draft report and preliminary recommendations for the 2016-2017 cycle Measures Under Consideration (MUCs) for use in Federal programs. Kidney Care Partners (KCP) is a coalition of members of the kidney care community that includes the full spectrum of stakeholders related to dialysis care—patient advocates, health care professionals, dialysis providers, researchers, and manufacturers and suppliers—organized to advance policies that improve the quality of care for individuals with chronic kidney disease and end stage renal disease (ESRD). We greatly appreciate the MAP undertaking this important work. KCP comments on both the *MAP 2017 Considerations for Implementing Measures in Federal Programs: Hospitals* draft report and the details of the preliminary recommendations.

Three MUCs submitted by the Centers for Medicare and Medicaid (CMS) (dated December 1, 2016) are proposed for use in the ESRD Quality Incentive Program (QIP), and consequently are of particular interest to KCP. In reviewing these measures, we offer the following comments.

- **MUC16-305—*Standardized Transfusion Ratio for Dialysis Facilities (STrR)*; NQF 2979).** KCP concurs with the MAP Hospital Workgroup recommendation of "Refine and Resubmit Prior to Rulemaking." As the rationale for this decision detailed in the draft report and Excel document indicates, the measure does not adjust for the hospital- and physician-related transfusion practices that are out of dialysis facility control, and variability in hospital blood transfusion coding practices could inadvertently affect a dialysis facility's performance on this measure.

  However, we note that our impression from the Workgroup meeting was that a key rationale for the Workgroup's recommendation on the measure was unacceptably low reliability in small facilities; this is not reflected in either the Draft Report or the Excel file of preliminary recommendations. Specifically, testing yielded IURs of 0.30-0.41 for small facilities for each of 2011, 2012, 2013, and 2014, indicating approximately 60-70% of a small facility's score is due to random noise. ***KCP recommends that both documents be modified to include the rationale of low reliability depending on facility size to more fully reflect the rationale for the Workgroup's recommendation.***

- **MUC16-308—*Hemodialysis Vascular Access: Standardized Fistula Rate* (NQF 2977).** KCP concurs with the recommendation to support MUC16-308, but recommends the developer consider modifications to improve the measure prior to incorporation into the ESRD QIP portfolio of measures:

- KCP believes the specifications are imprecise as to whether facilities would receive credit for patients using an AVF as the sole means of access, but who also have in place a graft or catheter that is no longer being used. A numerator that specifies the patient must be on maintenance hemodialysis "using an AVF with two needles and without a dialysis catheter present" would remove ambiguity.

- KCP believes two additional vasculature risk variables would strengthen the risk model: a history of multiple prior accesses and the presence of a cardiac device.

- **MUC16-309—*Hemodialysis Vascular Access: Long-Term Catheter Rate* (NQF 2978).** KCP concurs with the recommendation to support MUC16-309.

KCP again thanks you for the opportunity to comment on this important work. If you have any questions, please do not hesitate to contact Lisa McGonigal, MD, MPH (lmcgon@msn.com or 203.530.9624).

Sincerely,

Sara-Love Rawlings
Executive Director