KIDNEY CARE PARTNERS

December 7, 2015

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

Subject: Pre-Meeting Comment on Measures Under Consideration

Thank you for the opportunity to comment on the Measures Under Consideration (MUCs) prior to the Workgroup and Coordinating Committee meetings. 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.

Seven MUCs submitted to the MAP by the Centers for Medicare and Medicaid (CMS) (listed dated December 1, 2015) 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.

- **MUC 15-575—*Standardized Mortality Ratio (SMR)-Modified.*** KCP notes that NQF 0369 is the existing NQF-endorsed SMR. For the MUC list, however, CMS makes no reference to NQF 0369 (although elsewhere it does include NQF numbers), so we must assume MUC 15-575 modifies NQF 0369 because the information provided by CMS in the MUC list lack the specificity required to fully evaluate it. It is essential that the full details of the risk model be made transparent and available for comment during the MAP process through the CMS list or an external link. Absent this information, KCP cannot support the measure at this time because we cannot evaluate it. KCP also strongly recommends that ratio measures be avoided and that year-over-year normalized rates be used.
- **MUC 15-693—*Standardized Hospitalization Ratio-Modified.*** KCP notes that NQF 1463 is the existing NQF-endorsed SHR. For the MUC list, however, CMS makes no reference to NQF 1463 (although elsewhere it does include NQF numbers), so we must assume MUC 15-693 modifies NQF 1463 because the information provided by CMS in the MUC list lack the specificity required to fully evaluate it. It is essential that the full details of the risk model be made transparent and available for comment during the MAP process through the CMS list or an external link. Absent this information, KCP cannot support the measure at this time because we cannot evaluate it. KCP also strongly recommends that ratio measures be avoided and that year-over-year normalized rates be used.
- **MUC 15-758—*Avoidance of Utilization of High Ultrafiltration Rate (≥ 13 ml/kg/hour).*** KCP believes fluid management is an important domain for inclusion in the QIP, but objects to the characterization of MUC 15-758 as a "CMS; Kidney Care Quality Alliance (KCQA)" measure. The measure specifications appear to be those of NQF 2701,

although we note that an eighth exclusion is missing, whether inadvertently or intentionally cannot be determined. The exclusion in the NQF-endorsed measure is "8. Facilities treating </=25 adult in-center hemodialysis patients during the reporting month." KCP supports NQF 2701 as endorsed, opposes MUC 15-758 being characterized as a CMS measure, and requests clarification on the missing exclusion. If the exclusion was intentionally dropped, CMS should work with KCQA, the developer, rather than indicate it is the primary steward.

- **MUC 15-761—*ESRD Vaccination: Full-Season Influenza Vaccination.*** KCP recognizes the high importance of influenza vaccination, but strongly opposes MUC-15-761 because it is not aligned with the NQF-endorsed standardized specifications for influenza immunization measures. More importantly, an NQF-endorsed dialysis facility-level measure **already exists** in the NQF portfolio that fully aligns with the NQF-endorsed standardized specifications: #*0226 Influenza Immunization in the ESRD Population.* We recognize measurement specifications, like evidence, evolve. However, we believe CMS and the kidney care community are best and most efficiently served if CMS conforms to existing NQF processes to address full-season influenza vaccination performance measurement. Specifically, if CMS believes the evidence supports the changes its specifications encompass, it should work with KCQA, and use the NQF endorsement maintenance process to request that NQF #0226 deviate from the standardized specifications or that the standard specifications themselves be updated.
- **MUC 15-1136—Measurement of Phosphorus Concentration.** MUC 15-1136 differs from the measure finalized by CMS for the QIP in PY 2017 by including plasma as an acceptable substrate—a change sought and supported by KCP and that has been finalized for PY 2018. KCP supports MUC 15-1136.
- **MUC 15-1165—Proportion of Patients with Hypercalcemia.** The MUC list indicates this measure is NQF 1454, modified to include plasma as an acceptable substrate, a change sought by KCP. We note, however that KCP has raised concerns that NQF 1454 is not the best measure for the bone mineral metabolism domain to impact patient outcomes. NQF also has recommended the measure for Reserve Status because it is topped out; KCP concurred with this recommendation.
- **MUC 15-1167—Standardized Readmission Ratio for Dialysis Facilities.** We note that NQF 2496 is the existing NQF-endorsed SRR. CMS makes no reference to this (although it indicates NQF numbers for other measures). We further note that the information provided by CMS in the MUC list lacks the specificity required to evaluate it. Again, it is essential that the full details of the risk model and specifications be made transparent and available for comment during the MAP process through the CMS list or an external link. We know, for example, that CMS stipulated to changes in NQF 2496 that had been recommended by KCP and others in the renal community on the issue of when a readmission would count against a facility. Despite this agreement, the most recent QIP Proposed Rule did not account for these changes, to which KCP again called attention. Because no details are available here, the public is unable to determine whether CMS has made the modifications it agreed to in order to receive NQF endorsement. Additionally, KCP opposes use of the SRR in the QIP until CMS' SRR/Standardized Transfusion Ratio Impact Study has been completed and assessed.

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 203.298.0567).

Sincerely,

Lind DeRuvo Keegan
Executive Director