

# KIDNEY CARE QUALITY ALLIANCE

TO: All KCQA Members

FR: Robyn Nishimi  
Lisa McGonigal

RE: KCQA Cycle 2 Measure Domain Round 2 Ranking Results

DA: 15 October 2015

As you know, we conducted a second round of ranking to identify KCQA's Cycle 2 measure development priority. For the second round, the candidate domains were *Infection Rates* and *Medication Management*. The Steering Committee has reviewed the results and has agreed KCQA members should convene by conference call to discuss them.

## **Survey Response**

For the second ranking vote, 25 of 33 (76%) "eligible" KCQA Lead Representatives responded, two of whom abstained, so the N=23. Voters in the first vs. second round do not overlap in their entirety: 20 organizations voted in both rounds, 3 organizations voted only in Round 2, and 3 organizations voted only in Round 1.

## **Ranking Results**

For Round 2, the results were:

- |                                 |                  |
|---------------------------------|------------------|
| 1. <i>Medication Management</i> | 13 votes (56.5%) |
| 2. <i>Infection Rates</i>       | 10 votes (43.5%) |

As you know, our analysis for Round 1 examined how members ranked these two areas *relative to each other* within their rankings of the four original domains. For Round 1, the *relative* ranking results were:

- |                                |  |
|--------------------------------|--|
| • <i>Medication Management</i> | 9 ranked as more important than <i>Inf Rates</i> (39%) |
| • <i>Infection Rates</i>       | 14 ranked as more important than <i>Med Mgt</i> (61%)  |

## **Additional Analyses**

Two additional analyses are provided for further context:

- "Reversing" of relative priority between Round 1 and Round 2; and
- Single round voters.

## **Round 1 vs. Round 2 Priority "Switch"**

Just prior to the vote, we learned that CMS likely will convene a Medication Reconciliation TEP in 2016. KCQA members were advised of this development, and we indicated they might wish to factor this into their votes. Specifically, the voting materials noted: "Should KCQA develop *Medication Management* measures to compete with CMS head-to-head at NQF, as was successfully done with KCQA's UFR measure? (KCQA's UFR measure nearing final endorsement; CMS' did not advance out of Committee.) Or, should KCQA step back from *Medication Management* given it is being covered elsewhere and instead pursue measures in the *Infection Rates* domain?"

Although not definitive, one measure of the degree to which the probable CMS TEP may have

affected decisionmaking is analyzing how many organizations initially ranked *Medication Management* higher, relatively, in Round 1, but for Round 2 chose *Infection Rates* (and vice versa). Fifteen (15) organizations' votes were consistent between the two rounds, but the results reveal eight switches:

- 3 organizations that ranked *Medication Management* higher (relatively) in Round 1, chose *Infection Rates* in Round 2.
- 5 organizations that ranked *Infection Rates* higher (relatively) in Round 1, chose *Medication Management* in Round 2.

One of the comments from an organization that switched specifically addressed the CMS news:

- I feel CMS may move quickly to develop a Medication Mgmt measure, and I would rather the renal community develop such a measure and seek NQF approval.

### **Single Round Voters**

We noted earlier that 3 organizations voted only in Round 1, and 3 organizations voted only in Round 2.

- Round 1 *relative* ranking results for the single voters were 1 for *Medication Management*, 2 for *Infection Rates*.
- Round 2 ranking results for the single voters were 3 for *Medication Management*.

### **Comments**

In addition to the comment above, three additional comments were received:

- Medication related problems are a major factor in hospital admissions and readmissions.
- Difficult choice but I see many logistical problems with medication reconciliation when dialysis patients have many points of contact in the health care system.
- Drawbacks for both are acknowledged but infection rates most suitable of the two.

### **Summary and Next Steps**

KCQA members are split as to which measure development domain should prevail for Cycle 2. The move toward *Medication Management* in the second round resulted from both a change in some members' priority, in whole or part due to the probable CMS Medication TEP (more seemingly wanted to "compete" rather than cede the area to CMS), and a different mix of voters.

Since KCQA's policy is that a healthy majority (at least 75%) is needed for action, members must reach consensus on the measure development area. The Steering Committee asks that you be prepared to speak to and discuss the following question during the October 19th call: ***Can your organization support Medication Management as the KCQA Cycle 2 development domain?*** For those who ranked it first, we would like to hear your thoughts on why. For those who ranked it second, we would like to hear your thoughts on why you preferred *Infection Rates* and, importantly, whether you could support *Medication Management* for Cycle 2 measure development even though it was not your preferred choice.