

# KIDNEY CARE QUALITY ALLIANCE

## SUMMARY

### Kidney Care Quality Alliance Conference Call #2 (Cycle 2) October 19, 2015

A conference call of the Kidney Care Quality Alliance (KCQA) was convened on Monday, October 19, 2015. Representatives of the following organizations participated: AbbVie, American Kidney Fund, American Nephrology Nurses' Association, American Society of Nephrology, American Society of Pediatric Nephrology, Amgen, Baxter Healthcare Corporation, Dialysis Patient Citizens, Dialysis Clinic Inc., Fresenius Medical Care Renal Therapies Group, Kidney Care Council, Kidney Care Partners, National Forum of ESRD Networks, National Kidney Foundation, National Renal Administrators Association, Northwest Kidney Centers, Renal Physicians Association, Satellite Healthcare, U.S. Renal Care. Two individuals from University of Michigan KECC were on the call as public attendees.

#### OPENING REMARKS

Following the roll call, Drs. Ed Jones and Allen Nissenson, KCQA Steering Committee Co-Chairs, welcomed and thanked the group for participating in the call and commended the Steering Committee for their work and commitment to transparency.

#### KCQA DOMAIN PRIORITIZATION SURVEY ROUND 2 RESULTS

Dr. Nishimi reminded participants that the purpose of today's conference call is to discuss the results of the second round of voting to identify the domain for KCQA's Cycle 2 measure development; the candidate domains were *Infection Rates* and *Medication Management*. She referred participants to the memo circulated in advance of the call, noting that 25 of 33 (76%) eligible KCQA Lead Representatives responded, two of whom abstained. Of the 23 members who voted, 13 (56.5%) were in favor of *Medication Management* and 10 (43.5%) preferred *Infection Rates*. Dr. Nishimi reviewed additional analyses that were performed (i.e., respondent shifts from relative rankings between the first and second round, voter mix), all described in detail in the [memo](#) provided to members in advance of the call.

Dr. Nishimi noted that because KCQA's policy is that a healthy majority (at least 75%) is needed for action, the remainder of today's call would be dedicated to a discussion among participants on whether their organizations can support *Medication Management* (given that it received the majority of votes) as the KCQA Cycle 2 measure development domain. She asked to hear specific rationales as to why a given member organization preferred one area over the other and, for those who voted in favor of *Infection Rates*, if they could support *Medication Management* for Cycle 2 measure development even though it was not their preferred choice.

#### DISCUSSION

Dr. Howard from the National Forum of ESRD Networks noted that his organization ranked *Infection Rates* higher in both rounds, given concern among group's chairs and patients that *Medication Management* would likely be a process measure and that there was skepticism as to what KCQA could produce in this area. He paraphrased a patient representative who noted that, while there is strong consternation among patients about keeping their medications in order and that even patients who are very involved in their care have difficulties in this realm, *Infection Rates* is better suited for performance measurement. Dr. Howard added that the Forum could and would, however, support *Medication Management* if it is the prioritized area.

Dr. Hakim (ASN) indicated that his organization prioritized *Infection Rates* in the first round of voting, but switched to *Medication Management* in the second round. The rationale for the change was that *Infection Rates* is already being addressed by NQF and CMS, and that KCQA would be more productive and less obtrusive working in a different area. He added that *Medication Management* is a very important topic for patients and that it contributes significantly to readmissions.

Ms. Saffer (NKF) noted that her organization supported *Medication Management* in both rounds. She agreed with Dr. Hakim that *Infection Rates* has been or is currently being addressed to some extent, and that there are existing measures in this area. Conversely, *Medication Management* is unaddressed and there is significant opportunity for improvement in this realm.

Ms. Whitley (Northwest Kidney Centers) agreed, noting that her organization also supported *Medication Management* in both voting rounds. She noted that medication errors is a major cause for readmissions, and that it has not to date been thoroughly addressed. She added that a measure in this area – even if just a reporting measure at this point – could significantly impact care and outcomes, and that at some point someone needs to start moving forward with a measure.

Mr. Jamgochian (Dialysis Patient Citizens) reported that his organization prioritized *Infection Rates* in both rounds. He noted that infection was one of the top four concerns from DPC's member survey. He asked if facilities cannot control infections, what can they be accountable for? He added that there is some skepticism in DPC that *Medication Management* will yield be a "check box" measure. Additionally, he noted that DPC sees working on *Infection Rates* as a more collaborative, rather than oppositional, process with CMS, and that working together on the same topic could contribute constructively towards the evolution of a measure. He added, however, that DPC recognizes that *Medication Management* is important and that it would not oppose moving forward with measure development in this area.

Dr. Schiller (Satellite) noted that her organization voted for *Infection Rates* over *Medication Management* in both voting rounds. While she agreed that there are already infection measures in existence, she remarked that none are easily understandable, and that there remains a lot of room in this area for measure development. She indicated that there are practicality concerns within her organization in regards to *Medication Management*, and questioned whether meaningful change could be achieved in that area. She added that a *Medication Management* measure, wherein the attribution resides solely with providers, might create more complexity than is needed to move forward. She noted, however, that Satellite would not object to pursuing measure development in *Medication Management*, should KCQA decide to do so.

Dr. Kossman (Fresenius Medical Care Renal Therapies Group) indicated that his organization supported *Infection Rates* in the first round, but switched to *Medication Management* in the second round of the survey. The rationale for the reversal was that *Infection Rates* is already being appropriately addressed and that there is more room for impact with *Medication Management*.

## **VOTE**

Dr. Nishimi then asked each Lead Representative whether his or her organization could support *Medication Management* for KCQA's Cycle 2 measure development. Representatives for all 19 organizations participating in the call indicated that they could and would support *Medication Management*.

**NEXT STEPS**

Dr. Nishimi thanked participants for their time and input. She noted that based on the results of this call, no additional surveys would be required and that *Medication Management* would be the measure development area for KCQA's Cycle 2 work.

Drs. Nissenson and Jones also thanked participants, and the conference call was adjourned.