Partnership for Quality Measurement
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Measure Set Review (MSR) Committee Meeting

October 17, 2023

Contract Number 75FCMC23C0010

Welcome, Introductions, Overview of Agenda, Disclosures of Interest, and Review of Meeting Objectives; Co-Chair introductions

Dr. Nicole Brennan

Introductions

Battelle Staff

- Nicole Brennan, DrPH, MPH – Executive Director
- Brenna Rabel, MPH – Technical Director
- Jeff Geppert, JD, EdM – Scientific Methods Lead
- Kate Buchanan, MPH – Deputy Task Lead
- Lydia Stewart-Artz, PhD – Measure Evaluation Lead

CMS Staff

- Dr. Michelle Schreiber
- Dr. Stephanie Clark
- Dr. Delia Houseal
- Kim Rawlings, MPP
- Charlayne Van
- Helen Dollar-Maples, RN

Conflict of Interest (COI) and Disclosure of Interest (DOI)

- ✓ Each MSR Committee Member is required to complete
  - Initial personal/organizational Disclosure of Interest (DOI) form during the nomination process
  - "Measure-specific DOI" form for each measure, or batch of measures, assigned to the committee

Measure-Specific COI

A member has directly and substantially contributed to the development of a measure or measures being considered for selection or removal.

The member or their spouse, domestic partner, or child could receive a direct financial benefit from a measure being recommended for selection or removal.

In the last 5 years, the member has received an indirect financial benefit, i.e., not related to the measure under review, of $10,000 or more from a measure developer whose measure is under review, or an indirect financial benefit of $10,000 or more, in the aggregate, from an organization or individual which may benefit from a measure being considered for the selection or removal process.

Member is currently employed by the measure developer and the developer has created the measure(s) under review, has created measure(s) in the topical area under review, or has created measure(s) that compete with measure(s) created by another developer and are under review.

Member participated in the development, review, or served as a technical expert panel member for a measure under review.

Roll Call & Disclosures of Interest

- Akinluwa Demehin*
- Amir Qaseem*
- Ben McGaugh*
- Cary B. Shames
- Donna Bednarski
- Erin O’Malley
- Janice Tufte
- Jean Drummond
- Kamyar Kalantar-Zadeh*
- Koryn Rubin
- Mary Ellen DeBardeleben*
- Matthew Cerasale*
- Michelle Doll*
- Reginald Barnes*
- Ronald Langham
- Starlin Haydon-Greatting
- Susan Runyan*
- Theresa Schmidt*
- Tilithia McBride*
- Virginia Irwin-Scott*
- Warren Jones*
- Wei Ying*
- Wendy Fitts*

Agenda

- Welcome & Roll Call
- CMS Opening Remarks
- Overview of Today's Process
  - Measure Set Review Objectives
  - Materials
  - Evaluation Criteria
  - Voting Process
- ESRD QIP Measure Set Review, Voting, Public Comment (5 domains, 15 measures)
- Closing Remarks

CMS Opening Remarks

Dr. Michelle Schreiber and Dr. Stephanie Clark

CMS

Review of 2023 MSR Process; Measure Evaluation Criteria; Voting Process

Brenna Rabel

Today's Objective

Committee members review measure information & discuss preliminary ratings of each of the 15 ESRD QIP Measures

Guided by Facilitator & Co-Chair Led Consensus-Building

Discuss "pros" and "cons" for retention or removal of each measure

Importance • Scientific Acceptability • Feasibility • Usability • Alternative Measures • Clinician Data Streams • Patient Journey/Experience

Additional Perspectives from Public Comment

Retention or Removal Vote

End of Day: Committee consensus (>50%) on whether each of the 15 measures reviewed should be retained or removed from ESRD QIP

Today's Materials

- Agenda (breaks & lunch time subject to slight changes)
- Measure Set Review ESRD-QIP Draft Report
  - Update: Measure reliability tables in Appendix B where available
- Evaluation Criteria Guide
- Individual Preliminary Analyses
  - Summary provided ahead of meeting
- Public Comment Summary

Quorum Requirements

- **Discussion quorum**: The discussion quorum requires the attendance of at least 60% of the recommendation group members at roll call at the beginning of the meeting.
  - 23 MSR committee members
  - 14 needed to have discussion
- **Voting quorum**: The voting quorum requires at least 80% of active recommendation group members, who have not been recused.
  - 19 members needed for a vote
- **Voting recommendation:** A simple majority, 50% or more, for a recommendation.

It is extremely important to the process to have voting quorum and we kindly request you stay for votes.

MSR Evaluation

- Committee members discuss each measure's "pros" and "cons" for retention or removal based on evaluation criteria
- Then they provide an overall recommendation for the measure
  - The measure should be **retained** in the designated CMS quality program
  - The measure should be **removed** from the designated CMS quality program

MSR Evaluation (cont'd)

Criteria for Discussion

Importance	Evidence shows causal link between measure targets and health outcomes; measure performance gap considered; aligns with goals and priorities
Reliability	Data show an acceptable level of reliability at analysis level
Validity	Measure aligns with current guidelines and practice; threats to validity are minimized; provider can influence outcome
Feasibility	People, tools, tasks, and technologies necessary to implement this measure are reasonable for chosen care settings; burden is minimized
Usability	Unintended consequences are minimized; there is opportunity for improvement at the measured level
Alternative Measures	Measure remains appropriate for inclusion when compared with alternative measures
Clinician Data Streams	Measure redundancy in data streams is identified and mitigated
Patient Journey	Measure is implemented across the patient journey in a manner consistent with the measure impact model

Consensus Building & Voting

Consensus Building

Co-Chairs present measure information & preliminary feedback presented by committee

Battelle staff facilitate discussion of measure retention or removal

Discuss key committee member feedback for each measure, starting with areas of disagreement

Consensus is a simple majority, greater than 50%

Online Voting

Online voting via Voteer (backup: Veevox)

Link provided via email to voting members

Vote at time indicated by facilitator for each measure

If you need voting assistance, please email Isaac Sakyi at sakyi@battelle.org

ESRD QIP Measure Review

ESRD QIP Measure Domains

Clinical Care Measures

- Hemodialysis Vascular Access Type: Standardized Fistula Rate (SFR)
- Hemodialysis Vascular Access Type: Long-term Catheter Rate
- Standardized Transfusion Ratio (STrR)
- Kt/V Dialysis Adequacy (Comprehensive)

Care Coordination Measures

- Standardized Readmission Ratio (SRR)
- Standardized Hospitalization Ratio (SHR)
- Percentage of Prevalent Patients Waitlisted (PPPW)

Patient and Family Engagement Measure

- In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Survey

Patient Safety Measure

- National Healthcare Safety Network (NHSN) Bloodstream Infection (BSI) in Hemodialysis Patients

Clinical Measures

Facilities are scored based on whether they meet specified clinical performance standards

ESRD QIP Measure Domains (cont'd)

Reporting Measures

- Hypercalcemia
- Ultrafiltration Rate (UFR)
- Medication Reconciliation for Patients Receiving Care at Dialysis Facilities (MedRec)
- National Healthcare Safety Network (NHSN) Dialysis Event
- Clinical Depression Screening and Follow-Up
- COVID-19 Vaccination Coverage Among Healthcare Personnel

Reporting Measures

Facilities are scored based on whether they meet specific reporting requirements

Clinical Care Domain

Public Comment Opportunity

Clinical Care Domain Measures

Hemodialysis Vascular Access: Standardized Fistula Rate

- **CMIT ID:** 00314-01-C-ESRDQIP
- **Measure description:** Adjusted percentage of adult hemodialysis (HD) patient-months using an autogenous arteriovenous fistula (AVF) as the sole means of vascular access
- **Measure Type:** Intermediate Outcome
- **Level of Analysis:** Facility/Hospital/Agency
- **Data Source:** Administrative Data (non-claims); Claims Data
- Measure meets a statutory requirement
- FY2024 ESRD proposed rule recommends measure removal

- Facilitator will share summary of committee member preliminary feedback & public comment received

Discussion Topics

Based on preliminary committee feedback

- Weigh evidence for and against clinical relevance of SFR measure, considering patient-level contraindications and comorbidities, as well as patient choice.

- Consider current denominator exclusions, lack of risk adjustment, and overall target population of this measure.

- Discuss usability in greater detail, with emphasis on both clinician and patient perspectives.

- If recommending replacement, what approach or alternate measure should be considered for this measure category?

Hemodialysis Vascular Access: Standardized Fistula Rate (cont'd)

Criteria for Discussion

Importance	Evidence shows causal link between measure targets and health outcomes; measure performance gap considered; aligns with goals and priorities
Reliability	Data show an acceptable level of reliability at analysis level
Validity	Measure aligns with current guidelines and practice; threats to validity are minimized; provider can influence outcome
Feasibility	People, tools, tasks, and technologies necessary to implement this measure are reasonable for chosen care settings; burden is minimized
Usability	Unintended consequences are minimized; there is opportunity for improvement at the measured level
Alternative Measures	Measure remains appropriate for inclusion when compared with alternative measures
Clinician Data Streams	Measure redundancy in data streams is identified and mitigated
Patient Journey	Measure is implemented across the patient journey in a manner consistent with the measure impact model

Voting Opportunity

Please follow the link provided via email to committee members

Vascular Access Type: Long-term Catheter Rate

- **CMIT ID:** 00313-01-C-ESRDQIP
- **Description:** Percentage of adult hemodialysis patient-months using a catheter continuously for three months or longer for vascular access
- **Measure Type:** Intermediate Outcome
- **Level of Analysis:** Facility/Hospital/Agency
- **Data Source:** Administrative Data (non-claims); Claims
- Measure meets a statutory requirement

- Facilitator will share brief summary of committee member preliminary feedback & public comment received

Discussion Topics - Vascular Access Type: Long-term Catheter Rate

Based on preliminary committee feedback

- Discuss strength of clinical evidence for this measure and alignment with clinical guidelines.

- Is patient choice and variation in treatment suitability adequately reflected?

- If recommending replacement, what approach or alternate measure should be considered for this measure category?

Vascular Access Type: Long-term Catheter Rate (cont'd)

Criteria for Discussion

Importance	Evidence shows causal link between measure targets and health outcomes; measure performance gap considered; aligns with goals and priorities
Reliability	Data show an acceptable level of reliability at analysis level
Validity	Measure aligns with current guidelines and practice; threats to validity are minimized; provider can influence outcome
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Voting Opportunity
Vascular Access Type:
Long-term Catheter Rate

Please follow the link provided via email to committee members

Standardized Transfusion Ratio (STrR)

- **CMIT ID:** 00698-01-C-ESRDQIP
- **Description:** Dialysis facility reporting of data on Medicare claims and in EQRS that are used to determine the number of eligible patient years at risk for calculating the risk-adjusted facility-level transfusion ratio (STrR) for adult Medicare dialysis patients
- **Measure Type:** Outcome
- **Level of Analysis:** Facility/Hospital/Agency
- **Data Source:** Administrative Data (non-claims); Claims Data
- Measure meets a statutory requirement

- Facilitator will share brief summary of committee member preliminary feedback & public comment received

Standardized Transfusion Ratio (STrR)
(cont'd)

Criteria for Discussion

Importance	Evidence shows causal link between measure targets and health outcomes; measure performance gap considered; aligns with goals and priorities
Reliability	Data show an acceptable level of reliability at analysis level
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Discussion Topics
Standardized Transfusion Ratio (STrR)

Based on preliminary committee feedback

- Examine threats to reliability and validity at the facility level.

- Are current denominator exclusions and factors included in the risk adjustment model appropriate?

- Consider usability of the measure. Is the measure actionable for practice change as currently reported?

- If recommending replacement, what approach or alternate measure should be considered for this measure category?

Voting Opportunity
Standardized Transfusion Ratio (STrR)

Please follow the link provided via email to committee members

Kt/V Dialysis Adequacy (Comprehensive)

- **CMIT ID:** 00407-01-C-ESRDQIP
- **Description:** Percentage of all patient-months for patients whose delivered dose of dialysis (either HD or PD) met the specified threshold during the reporting period
- **Measure Type:** Intermediate Outcome
- **Level of Analysis:** Facility/Hospital/Agency
- **Data Source:** Administrative Data (non-claims); Claims Data
- Measure meets a statutory requirement

- Facilitator will share brief summary of committee member preliminary feedback & public comment received

Discussion Topics
Kt/V Dialysis Adequacy (Comprehensive)

Based on preliminary committee feedback

- Is this measure clinically meaningful and aligned with current best practice?
- Consider measure validity. Are current measure specifications and exclusions appropriate for ESRD population?
- If recommending replacement, what approach or alternate measure should be considered for this measure category?

Kt/V Dialysis Adequacy (Comprehensive)
(cont'd)

Criteria for Discussion

Importance	Evidence shows causal link between measure targets and health outcomes; measure performance gap considered; aligns with goals and priorities
Reliability	Data show an acceptable level of reliability at analysis level
Validity	Measure aligns with current guidelines and practice; threats to validity are minimized; provider can influence outcome
Feasibility	People, tools, tasks, and technologies necessary to implement this measure are reasonable for chosen care settings; burden is minimized
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Voting Opportunity
Kt/V Dialysis Adequacy (Comprehensive)

Please follow the link provided via email to committee members

Reporting Domain

Public Comment Opportunity

Reporting Domain Measures

Hypercalcemia

- **CMIT ID:** 00360-01-C-ESRDQIP
- **Description:** Proportion of all adult patient-months with 3-month rolling average of total uncorrected serum or plasma calcium greater than 10.2 mg/dL or missing
- **Measure Type:** Intermediate Outcome
- **Level of Analysis:** Facility/Hospital/Agency
- **Data Source:** Administrative Data (non-claims); Claims Data

- Facilitator will share brief summary of committee member preliminary feedback & public comment received

Discussion Topics
Hypercalcemia

Based on preliminary committee feedback

- Does evidence support this measure's importance to patient health outcomes from both clinical and patient perspectives?

- Consider the current measure specification. Are current denominator exclusions appropriate?

- Consider measure validity and alignment with clinical guidelines. Are there threats to validity such as confounding at the facility-level worth examining?

Hypercalcemia
(cont'd)

Criteria for Discussion

Importance	Evidence shows causal link between measure targets and health outcomes; measure performance gap considered; aligns with goals and priorities
Reliability	Data show an acceptable level of reliability at analysis level
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Feasibility	People, tools, tasks, and technologies necessary to implement this measure are reasonable for chosen care settings; burden is minimized
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Voting Opportunity Hypercalcemia

Please follow the link provided via email to committee members

Lunch Break

Return by 1:30

Ultrafiltration Rate

- **CMIT ID:** 00733-01-C-ESRDQIP
- **Description:** Number of months for which a facility reports all required data elements for ultrafiltration rate (UFR) in EQRS for all HD sessions during the week of the monthly Kt/V draw submitted for that clinical month for each eligible patient (both Medicare and non-Medicare dialysis patients).
- **Measure Type:** Process
- **Level of Analysis:** Facility/Hospital/Agency
- **Data Source:** Administrative Data (non-claims)
- Measure meets a statutory requirement
- FY2024 ESRD proposed rule recommends measure removal
- Facilitator will share brief summary of committee member preliminary feedback & public comment received

Discussion Topics
Ultrafiltration Rate

Based on preliminary committee feedback

- Is UFR a clinically meaningful target for quality of ESRD treatment?

- Is it a meaningful target for quality from a patient perspective?

- Are current denominator exclusions appropriate? Are potential confounding factors considered?

- If recommending replacement, what approach or alternate measure should be considered for this measure category?

Ultrafiltration Rate
(cont'd)

Criteria for Discussion

Importance	Evidence shows causal link between measure targets and health outcomes; measure performance gap considered; aligns with goals and priorities
Reliability	Data show an acceptable level of reliability at analysis level
Validity	Measure aligns with current guidelines and practice; threats to validity are minimized; provider can influence outcome
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Voting Opportunity
Ultrafiltration Rate

Please follow the link provided via email to committee members

Medication Reconciliation for Patients Receiving Care at Dialysis Facilities (MedRec)

- **CMIT ID:** 00440-01-C-ESRDQIP
- **Description:** The percentage of patient-months for which medication reconciliation was performed and documented by an eligible professional
- **Measure Type:** Process
- **Level of Analysis:** Facility/Hospital/Agency
- **Data Source:** Administrative Data (non-claims); Paper Medical Records

- Facilitator will share brief summary of committee member preliminary feedback & public comment received

Discussion Topics

Medication Reconciliation for Patients Receiving Care at Dialysis Facilities (MedRec)

Based on preliminary committee feedback

- Discuss facility-level feasibility challenges such as EHR documentation variation and limited staffing.

- Consider the use of similar measures for quality measurement in alternate programs and current measure harmonization with these alternatives.

Medication Reconciliation for Patients Receiving Care at Dialysis Facilities (MedRec) (cont'd)

Criteria for Discussion

Importance	Evidence shows causal link between measure targets and health outcomes; measure performance gap considered; aligns with goals and priorities
Reliability	Data show an acceptable level of reliability at analysis level
Validity	Measure aligns with current guidelines and practice; threats to validity are minimized; provider can influence outcome
Feasibility	People, tools, tasks, and technologies necessary to implement this measure are reasonable for chosen care settings; burden is minimized
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Voting Opportunity
Medication Reconciliation for Patients Receiving Care at Dialysis Facilities (MedRec)

Please follow the link provided via email to committee members

National Healthcare Safety Network (NHSN) Dialysis Event

- **CMIT ID:** 00461-02-C-ESRDQIP
- **Description:** Number of months for which facility reports NHSN Dialysis Event data to the CDC. There are three types of dialysis events reported by users: IV antimicrobial start; positive blood culture; and pus, redness, or increased swelling at the vascular access site.
- **Measure Type:** Structure
- **Level of Analysis:** Facility/Hospital/Agency
- **Data Source:** Administrative Data (non-claims)

- Facilitator will share brief summary of committee member preliminary feedback & public comment received

Discussion Topics

National Healthcare Safety Network (NHSN) Dialysis Event

Based on preliminary committee feedback

- Consider feasibility concerns identified by committee members such as data collection burden and the potential for variability in reporting.

- Discuss the importance of this measure as a reporting measure from both clinical and patient perspectives.

National Healthcare Safety Network (NHSN) Dialysis Event (cont'd)

Criteria for Discussion

Importance	Evidence shows causal link between measure targets and health outcomes; measure performance gap considered; aligns with goals and priorities
Reliability	Data show an acceptable level of reliability at analysis level
Validity	Measure aligns with current guidelines and practice; threats to validity are minimized; provider can influence outcome
Feasibility	People, tools, tasks, and technologies necessary to implement this measure are reasonable for chosen care settings; burden is minimized
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Voting Opportunity
National Healthcare Safety Network (NHSN) Dialysis Event

Please follow the link provided via email to committee members

Clinical Depression Screening and Follow-up

- **CMIT ID:** 00672-03-C-ESRDQIP
- **Description:** Facility reports in EQRS one of the six conditions for each qualifying patient once before the close of the December clinical month:
  1. Screening for clinical depression is documented as being positive and a follow-up plan is documented
  2. Screening for clinical depression documented as positive, a follow-up plan is not documented, and the facility possesses documentation that the patient is not eligible
  3. Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given
  4. Screening for clinical depression documented as negative and no follow-up plan required
  5. Screening for clinical depression not documented, but the facility possesses documentation stating the patient is not eligible
  6. Clinical depression screening not documented, and no reason is given
- **Measure Type:** Process
- **Level of Analysis:** Facility/Hospital/Agency
- **Data Source:** Administrative Data; Claims Data; Registry Data
- Co-Chair will share brief summary of committee member preliminary feedback & public comment received

Discussion Topics
Clinical Depression Screening and Follow-up

Based on preliminary committee feedback

- Consider measure exclusions. Are these appropriate for the ESRD QIP population?

Clinical Depression Screening and Follow-up (cont'd)

Criteria for Discussion

Importance	Evidence shows causal link between measure targets and health outcomes; measure performance gap considered; aligns with goals and priorities
Reliability	Data show an acceptable level of reliability at analysis level
Validity	Measure aligns with current guidelines and practice; threats to validity are minimized; provider can influence outcome
Feasibility	People, tools, tasks, and technologies necessary to implement this measure are reasonable for chosen care settings; burden is minimized
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Clinician Data Streams	Measure redundancy in data streams is identified and mitigated
Patient Journey	Measure is implemented across the patient journey in a manner consistent with the measure impact model

Voting Opportunity
Clinical Depression Screening and Follow-up

Please follow the link provided via email to committee members

COVID-19 Vaccination Coverage Among Healthcare Personnel

- **CMIT ID:** 00180-01-C-ESRDQIP
- **Description:** Percentage of healthcare personnel (HCP) who receive a complete COVID-19 vaccination course
- **Measure Type:** Process
- **Level of Analysis:** Facility/Hospital/Agency
- **Data Source:** Administrative Data (non-claims); Electronic Clinical Data (non-EHR); Electronic Health Record; Paper Medical Records; Registries

- Facilitator will share brief summary of committee member preliminary feedback & public comment received

Discussion Topics

COVID-19 Vaccination Coverage Among Healthcare Personnel

Based on preliminary committee feedback

- Discuss usability of the measure at the facility, patient and system level for the ESRD population.

COVID-19 Vaccination Coverage Among Healthcare Personnel (cont'd)

Criteria for Discussion

Importance	Evidence shows causal link between measure targets and health outcomes; measure performance gap considered; aligns with goals and priorities
Reliability	Data show an acceptable level of reliability at analysis level
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Clinician Data Streams	Measure redundancy in data streams is identified and mitigated
Patient Journey	Measure is implemented across the patient journey in a manner consistent with the measure impact model

Voting Opportunity
COVID-19 Vaccination Coverage Among Healthcare Personnel

Please follow the link provided via email to committee members

Care Coordination Domain

Public Comment Opportunity

Care Coordination Domain Measures

Standardized Readmission Ratio (SRR)

- **CMIT ID:** 00697-01-C-ESRDQIP
- **Description:** The Standardized Readmission Ratio (SRR) for a dialysis facility is the ratio of the number of observed index discharges from acute care hospitals to that facility that resulted in an unplanned readmission to an acute care hospital within 4 to 30 days of discharge, to the expected number of readmissions given the discharging hospitals and the characteristics of the patients and based on a national norm
- **Measure Type:** Outcome
- **Level of Analysis:** Facility/Hospital/Agency
- **Data Source:** Claims Data; Registry Data

- Facilitator will share brief summary of committee member preliminary feedback & public comment received

Discussion Topics
Standardized Readmission Ratio (SRR)

Based on preliminary committee feedback

- Consider measure performance in prior validity testing.

- Are current exclusions and risk adjustment appropriate for the ESRD population?

- Consider measure usability at a facility level.

Standardized Readmission Ratio (SRR)
(cont'd)

Criteria for Discussion

Importance	Evidence shows causal link between measure targets and health outcomes; measure performance gap considered; aligns with goals and priorities
Reliability	Data show an acceptable level of reliability at analysis level
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Clinician Data Streams	Measure redundancy in data streams is identified and mitigated
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Voting Opportunity Standardized Readmission Ratio (SRR)

Please follow the link provided via email to committee members

Standardized Hospitalization Ratio (SHR)

- **CMIT ID:** 00695-01-C-ESRDQIP
- **Description:** Risk-adjusted standardized hospitalization ratio of the number of observed hospitalizations to the number of expected hospitalizations
- **Measure Type:** Outcome
- **Level of Analysis:** Facility/Hospital/Agency
- **Data Source:** Administrative Data (non-claims); Claims Data

- Facilitator will share brief summary of committee member preliminary feedback & public comment received

Discussion Topics
Standardized Hospitalization Ratio (SHR)
Based on preliminary committee feedback

- Consider current risk adjustment model to account for potential confounding. Are the factors included appropriate for the ESRD population?

- Discuss threats to reliability and validity of the measure.

Standardized Hospitalization Ratio (SHR)
(cont'd)

Criteria for Discussion

Importance	Evidence shows causal link between measure targets and health outcomes; measure performance gap considered; aligns with goals and priorities
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Voting Opportunity
Standardized Hospitalization Ratio (SHR)

Please follow the link provided via email to committee members

Percentage of Prevalent Patients Waitlisted (PPPW)

- **CMIT ID:** 00546-01-C-ESRDQIP
- **Description:** Percentage of patients at each dialysis facility who were on the kidney or kidney-pancreas transplant waitlist averaged across patients prevalent on the last day of each month during the performance period
- **Measure Type:** Process
- **Level of Analysis:** Facility/Hospital/Agency
- **Data Source:** Claims Data

- Facilitator will share brief summary of committee member preliminary feedback & public comment received

Discussion Topics

Percentage of Prevalent Patients Waitlisted (PPPW)

Based on preliminary committee feedback

- Consider current risk adjustment model to account for potential confounding. Are the factors included appropriate for the ESRD population?

- Discuss threats to reliability and validity of the measure.

- Are there additional care settings or perspectives that should be reflected in a measure of this type and target?

Percentage of Prevalent Patients Waitlisted (PPPW) (cont'd)

Criteria for Discussion

Importance	Evidence shows causal link between measure targets and health outcomes; measure performance gap considered; aligns with goals and priorities
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Patient & Family Engagement Domain

Public Comment Opportunity

Patient & Family Engagement Domain Measures

In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems Survey

- **CMIT ID:** 00381-02-C-ESRDQIP
- **Description:** The percentage of patient responses to multiple survey measures to assess their dialysis providers, the quality of dialysis care they receive, and information sharing about their disease
- **Measure Type:** Patient-Reported Outcome-Based Performance Measure (PRO-PM)
- **Level of Analysis:** Facility/Hospital/Agency
- **Data Source:** Administrative Data (non-claims); Patient Reported Data and Surveys

- Facilitator will share brief summary of committee member preliminary feedback & public comment received

Discussion Topics

In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems Survey

Based on preliminary committee feedback

- Discuss usability of ICH CAHPS survey in terms of reporting burden and opportunity for actionable change.

- With regard to this measure, consider disparities in performance of dialysis facilities across factors such as social determinants of health.

- From a patient perspective, does this survey come at the appropriate time in the care journey?

- Are current measure exclusions appropriate for the ESRD population?

In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems Survey (cont'd)

Criteria for Discussion

Importance	Evidence shows causal link between measure targets and health outcomes; measure performance gap considered; aligns with goals and priorities
Reliability	Data show an acceptable level of reliability at analysis level
Validity	Measure aligns with current guidelines and practice; threats to validity are minimized; provider can influence outcome
Feasibility	People, tools, tasks, and technologies necessary to implement this measure are reasonable for chosen care settings; burden is minimized
Usability	Unintended consequences are minimized; there is opportunity for improvement at the measured level
Alternative Measures	Measure remains appropriate for inclusion when compared with alternative measures
Clinician Data Streams	Measure redundancy in data streams is identified and mitigated
Patient Journey	Measure is implemented across the patient journey in a manner consistent with the measure impact model

Voting Opportunity
In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems Survey

Please follow the link provided via email to committee members

Patient Safety Domain

Public Comment Opportunity

Patient Safety Domain Measures

NHSN Bloodstream Infection in Hemodialysis Patients

- **CMIT ID:** 00458-01-C-ESRDQIP
- **Description:** The Standardized Infection Ratio (SIR) of Bloodstream Infections (BSI) will be calculated among patients receiving hemodialysis at outpatient hemodialysis centers.
- **Measure Type:** Outcome
- **Level of Analysis:** Facility/Hospital/Agency
- **Data Source:** Electronic Clinical Data (non-EHR); Electronic Health Record; Paper Medical Records.

- Facilitator will share brief summary of committee member preliminary feedback & public comment received

Discussion Topics

NHSN Bloodstream Infection in Hemodialysis Patients

Based on preliminary committee feedback

- Consider feasibility concerns identified by committee members such as data collection burden and the potential for variability in reporting.

- Measure lacks risk adjustment model. Is this appropriate for ESRD QIP population?

NHSN Bloodstream Infection in Hemodialysis Patients (cont'd)

Criteria for Discussion

Importance	Evidence shows causal link between measure targets and health outcomes; measure performance gap considered; aligns with goals and priorities
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Voting Opportunity
NHSN Bloodstream Infection in Hemodialysis Patients

Please follow the link provided via email to committee members

Next Steps

- Meeting minutes will be compiled into a summary report
- The final MSR Recommendation Report will be posted for public comment
- Recommendations provided in the final report will be taken into consideration by CMS in their decision-making

Closing Remarks

- Thank you for your active participation and dedication!
- Co-Chair acknowledgments

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