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National Consensus Development and Strategic Planning for Health Care Quality Measurement

2023 Measure Set Review (MSR) October 17 Meeting Summary

Department of Health and Human Services
Centers for Medicare & Medicaid Services
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2023 Measure Set Review (MSR) Summary

Battelle staff convened the Measure Set Review (MSR) Recommendation Group for the 2023 MSR Meeting on October 17, 2023, in Baltimore, MD, to review the End-Stage Renal Disease Quality Incentive Program (ESRD QIP).

The goal of this meeting was to discuss the ESRD QIP measure portfolio and make recommendations to CMS for future retention or removal of measures from the program through the perspective of interested parties impacted by the program. This meeting summary is to provide an overview of the meeting and outcomes and will be followed by a comprehensive MSR Meeting Recommendations Report and Recommendations Spreadsheet.

Figure 1. Measure Set Review Meeting Attendance

Meeting participants joined in-person and virtually through the Zoom meeting platform. Figure 1 outlines overall meeting attendance. The MSR Recommendation Group responsible for measure discussion and voting was comprised of 21 members in attendance either in-person (13) or virtually (8) through the Zoom meeting platform. These members represented the interested parties shown in Figure 1 and were joined by CMS and Battelle's PQM representatives.

Overview and Purpose

Dr. Nicole Brennan, Executive Director of the Partnership for Quality Measurement, welcomed the attendees to the meeting and introduced her co-facilitator and PQM Technical Director Brenna Rabel. Recommendation Group co-chairs Reginald Barnes and Dr. Kamyar Kalantar-Zadeh each shared their relevant patient and clinician perspectives and motivation for serving in this role. After a brief overview of the day's objectives and agenda, Ms. Rabel conducted roll call and Recommendation Group members disclosed any conflicts of interest regarding the 15 measures under review. Members reported no conflicts of interest.

Several attendees represented the Centers for Medicare & Medicaid Services (CMS) both in-person and virtually, including Dr. Michelle Schreiber, the Deputy Director of the Center for

Clinical Standards and Quality for the Centers. Dr. Schreiber noted that CMS was present to serve as a resource and welcomed members and participants.

Dr. Schreiber introduced key members of the ESRD QIP and CMS team in attendance, including Dr. Stephanie Clark and Dr. Delia Houseal who answered questions from the Recommendation Group during discussion. Dr. Schreiber also introduced measure stewards from University of Michigan Kidney Epidemiology and Cost Center and the Centers for Disease Control and Prevention (CDC) who joined virtually to serve as a resource for discussion of their measures. Dr. Schreiber then explained the future interests of CMS for ESRD, including health equity and patient engagement, and recognized the shift in patient coverage under Medicare Advantage.

ESRD QIP Measure Set Review Discussion

After opening remarks, Battelle facilitators outlined the procedures for discussing and voting on measures. The discussion quorum required the attendance of at least 60% of the recommendation group members during roll call at the beginning of the meeting. The voting quorum required at least 80% of active recommendation group members who have not recused themselves from the vote. During the day-long meeting, some members stepped away temporarily, so Battelle collected voting counts for each measure to ensure we retained quorum. A simple majority of greater than 50% of voting members was required for determination of the vote outcome.

Table 1 shows the vote counts by measure. MSR Recommendation Group members were given the option to vote to recommend a measure be retained in ESRD QIP or to recommend that it be removed from ESRD QIP. Members voted in real time via the Voteer platform to enable both in-person and virtual attendee votes.

Table 1. MSR Recommendation Group Vote Counts per Measure (ESRD QIP, October 2023)

CMIT ID	Measure Title	Retain	Remove	Recusals
00314-01C-ESRDQIP	Hemodialysis Vascular Access Type: Standardized Fistula Rate	2 (10%)	**19 (90%)**	0 (0%)
00313-01-C-ESRDQIP	Hemodialysis Vascular Access: Long-term Catheter Rate	2 (10%)	**19 (90%)**	0 (0%)
00698-01-C-ESRDQIP	Standardized Transfusion Ratio (STrR)	**14 (74%)**	5 (26%)	0 (0%)
00407-01-C-ESRDQIP	Kt/V Dialysis Adequacy (Comprehensive)	**16 (80%)**	3 (15%)	1 (5%)
00360-01-CESRDQIP	Hypercalcemia	**16 (89%)**	2 (11%)	0 (0%)
00733-01-CESRDQIP	Ultrafiltration Rate (UFR)	1 (5%)	**20 (95%)**	0 (0%)
00440-01-C-ESRDQIP	Medication Reconciliation for Patients Receiving Care at Dialysis Facilities	**16 (76%)**	5 (24%)	0 (0%)

CMIT ID	Measure Title	Retain	Remove	Recusals
	(MedRec)			
00461-02-C-ESRDQIP	National Healthcare Safety Network (NHSN) Dialysis Event	**16 (76%)**	5 (24%)	0 (0%)
00672-03-C-ESRDQIP	Clinical Depression Screening and Follow-Up	**13 (65%)**	7 (35%)	0 (0%)
00180-01-CESRDQIP	COVID-19 Vaccination Coverage Among Healthcare Personnel	**13 (65%)**	7 (35%)	0 (0%)
00697-01-CESRDQIP	Standardized Readmission Ratio (SRR) for dialysis facilities	**13 (68%)**	6 (32%)	0 (0%)
00695-01-C-ESRDQIP	Standardized Hospitalization Ratio (SHR)	**14 (74%)**	5 (26%)	0 (0%)
00546-01-C-ESRDQIP	Percentage of Prevalent Patients Waitlisted (PPPW)	**12 (63%)**	7 (37%)	0 (0%)
00381-02-C-ESRDQIP	CAHPS In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Survey	**14 (78%)**	4 (22%)	0 (0%)
00458-01-C-ESRDQIP	National Healthcare Safety Network (NHSN) Bloodstream Infection (BSI) in Hemodialysis Patients	**17 (100%)**	0 (0%)	0 (0%)

Members discussed measures by the following domains: clinical care, reporting, care coordination, patient and family engagement, and patient safety. At the beginning of each domain discussion, a CMS ESRD representative, Stephanie Clark, gave an overview of the history of each measure's use in federal reporting programs. Members of the public had the opportunity to provide verbal or written comment via Zoom on any of the measures within that domain for the Recommendation Group's consideration. Throughout the public comment opportunity and subsequent measure discussions, two Battelle moderators coordinated virtual attendees' participation by voicing written comments and organizing a queue of those virtual attendees who wished to unmute and contribute verbally.

Clinical Care Domain

Hemodialysis Vascular Access Type: Standardized Fistula Rate – CMIT ID: 00314-01C-ESRDQIP

Description: Adjusted percentage of adult hemodialysis (HD) patient-months using an autogenous arteriovenous fistula (AVF) as the sole means of vascular access.

Measure Review Final Vote: Recommendation to Remove from ESRD QIP.

Vote Count: Retain (2) (10%), Remove (19) (90%), No Recusals.

Public Comment Received During the Meeting: None.

Measure Discussion:

CMS stated that vascular access is a statutorily required category of measure for the ESRD QIP and that CMS proposed removal of this measure in the calendar year (CY) 2024 proposed rule. Recommendation Group members reviewed the history of the measure and discussed motivations for the measure's original implementation in ESRD QIP. One Recommendation Group member with clinical experience in dialysis care shared an overview of the "fistula first" approach to hemodialysis vascular access to minimize the use of catheters. Recommendation Group members then considered the outcomes of this approach in patient care in recent years. While infection rates and hospitalizations were lower for patients with an AVF than those with a catheter, Recommendation Group member also noted that AVF patients often underwent more surgeries over time.

Recommendation Group members expressed concern around the evidentiary support of this measure, citing changes in clinical guidelines, lack of randomized controlled trials showing sustained benefit to a fistula first approach, and the endorsement removal in 2020 based on evidence concerns. They also discussed the lack of patient choice in the measure. Attendees noted a frequent lack of patient education and engagement in the decision of vascular access type as well as a failure to consider personal goals and wishes for quality of life. On the topic of equity, multiple members asked for clarity from CMS on the availability of data on the performance of this measure across patient populations and emphasized the role of patient education and choice in addressing equity gaps. Members also noted that the cost to insurers and patients across the types of vascular access varies and that cost containment is an additional consideration.

Additional Considerations and Future Directions:

The Recommendation Group voted to recommend removing this measure from ESRD QIP. They suggested future revision to be inclusive of both fistula and graft to be more responsive to individual choice.

Hemodialysis Vascular Access: Long-term Catheter Rate – 00313-01-C-ESRDQIP

Description: Percentage of adult hemodialysis patient-months using a catheter continuously for 3 months or longer for vascular access.

Measure Review Final Vote: Recommendation to Retain in ESRD QIP.

Vote Count: Retain (2) (10%), Remove (19) (90%), No Recusals.

Public Comment Received During the Meeting: None.

Measure Discussion:

Continuing with the discussion of vascular access, the Recommendation Group reviewed the benefits and risks of long-term catheter use in hemodialysis, noting the increased risk of infection for this type of vascular access. CMS clarified the 90-day window for catheter removal before a facility has a deduction based on this measure. One Recommendation Group member shared their perspective from working in areas of resource deprivation and explained how facilities that serve these communities often encounter patients later in their disease progression and require greater intervention such as catheter use for longer periods of time. While a minority of patients may choose catheter access as a first option, these patients tend to be older, have multiple comorbidities, experience complications, and be in more advanced disease stages at first detection. The Recommendation Group considered the potential of this

measure to penalize facilities that serve a greater percentage of this population, especially those serving traditionally underserved or marginalized communities.

The Recommendation Group then considered potential health equity implications of this measure, with a focus on collecting and reporting sociodemographic data and the role of patient choice in care decisions. Several attendees shared the patient and caregiver perspective on catheter access, noting that catheters place more constraints on daily activities and quality of life than alternatives.

Additional Considerations and Future Directions:

The Recommendation Group encouraged CMS and measure developers to explore risk adjustment for this measure to better reflection of equity concerns.

Standardized Transfusion Ratio (STrR) – CMIT ID: 00698-01-C-ESRDQIP

Description: Dialysis facility reporting of data on Medicare claims and in End-Stage Renal Disease Quality Reporting System (EQRS) 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 Review Final Vote: Recommendation to Retain in ESRD QIP.

Vote Count: Retain (14) (74%), Remove (5) (26%), No Recusals.

Public Comment Received During the Meeting: None.

Measure Discussion:

The Recommendation Group noted that there is a statutory requirement for an anemia management measure in ESRD QIP and that this measure meets that requirement for the program. One clinician requested clarification on whether measure exclusions consider the circumstances of the transfusion, such as emergency care in the intensive care unit (ICU). A member noted that while these cases may be less frequent, the measure specification currently does not differentiate by transfusion rationale. The Recommendation Group considered what exclusion additions could improve use of the measure in future.

The measure developer gave a brief history of the validity and reliability testing methodology for the measure. When considering measure reliability, they discussed facility-level variation and encouraged the implementation of anemia protocols at the facility-level to improve standardization of care. In looking for a more direct measure of anemia management, the Recommendation Group briefly discussed the potential utility of iron as a measure target. They discussed usability of the measure and the potential for unintended consequences and came to consensus around the measure having acceptable usability but expressed a desire for further consideration of denominator exclusions and risk adjustment models.

Additional Considerations and Future Directions:

The Recommendation Group explored opportunities for additional exclusions to better reflect the reason for transfusion and considered the potential for conversion to a reporting measure in future. They encouraged CMS to explore the development of new measures that more directly target anemia management.

Kt/V Dialysis Adequacy (Comprehensive) – CMIT ID: 00407-01-C-ESRDQIP

Description: The percentage of all patient-months for patients whose delivered dose of dialysis (either hemodialysis (HD) or peritoneal dialysis (PD)) met the specified threshold during the reporting period.

Measure Review Final Vote: Recommendation to Retain in ESRD QIP.

Vote Count: Retain (16) (80%), Remove (3) (15%), Recusal (1) (5%).

Public Comment Received During the Meeting: None.

Measure Discussion:

The Recommendation Group clarified the reporting frequency and completeness requirements for this measure. There was strong patient support for this measure, with a recognition of the importance of capturing whether dialysis is occurring at a basic level for gathering data on access to care, equity, and treatment adequacy. The group engaged in a robust discussion around the consideration of "adequacy" in this measure given that only one session a month is required for the reporting threshold. Recommendation Group members explored the relevance of this measure and weighed the need for capturing whether dialysis is occurring with the desire for clinical measures that allow the quality of that dialysis to be examined. CMS shared plans for inclusion of dialysis time alongside this adequacy measure in 2025.

Representatives for rural health facilities as well as patients and clinicians from traditionally underserved communities shared their perspectives on how this and other measures could better identify care access gaps and move progress on health equity. Recommendation Group members agreed that, in the future, more information on how this measure performs across patient populations and urban/rural settings is needed.

Additional Considerations and Future Directions:

The group had an extensive conversation about additional considerations for CMS and future direction for this measure. Recommendation Group members expressed interest in seeing this potentially converted to a reporting measure in future. This was based on the recognition that this measure has very high reporting rates but lacks the additional specification to measure true dialysis adequacy beyond whether it occurred on a basic level. Recommendation Group members encouraged developers to consider revisions of this measure that utilize both quantitative and qualitative methods and better reflect patient perspectives on how adequate dialysis is defined.

Reporting Domain

Hypercalcemia – CMIT ID: 00360-01-CESRDQIP

Description: A 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 Review Final Vote: Recommendation to Retain in ESRD QIP.

Vote Count: Retain (16) (89%), Remove (2) (11%), No Recusals.

Public Comment Received During the Meeting: None.

Measure Discussion:

The Recommendation Group noted that the measure fulfills the statutorily required bone and mineral disease requirement. The Recommendation Group considered some of the cardiovascular harms that this measure seeks to prevent and recognized the relative neutrality of calcium as a target compared to alternative targets such as phosphorus levels that lack clearly agreed-upon thresholds.

The Recommendation Group explored patient perspectives to examine whether this was the most meaningful measure for patients for this domain. While recognizing that bone mineral metabolism may not be as important to patients as it was at the creation of the statute, the Recommendation Group failed to identify alternative measures currently developed that could serve as more meaningful replacements. While considering benefit and harm trade-offs, attendees discussed the usability of the reporting measure and explored the potential for early detection of cancers through calcium reporting. Finally, a clinician member of the Recommendation Group shared an anecdote from their experience of a facility-level strategy to transfer patients who negatively impacted the measure score due to comorbidities and complications to alternate facilities.

Additional Considerations and Future Directions:

The Recommendation Group members were interested in a reexamination of the statute requiring a bone mineral metabolism-based measure in ESRD QIP. Additionally, they encouraged developers to thoughtfully consider alternative measure targets other than calcium to fulfill this requirement more meaningfully as either a clinical or reporting measure.

Ultrafiltration Rate (UFR) – CMIT ID: 00733-01-CESRDQIP

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 Review Final Vote: Recommendation to Remove from ESRD QIP.

Vote Count: Retain (1) (5%), Remove (20) (95%), No Recusals.

Public Comment Received During the Meeting: The developer shared that this measure is being retired and they did not submit to the CBE for Maintenance review.

Measure Discussion:

The Recommendation Group clarified what UFR measures from a patient perspective and the harms that the measure seeks to prevent. Clinician members of the Recommendation Group and a representative of the program from CMS elaborated on the potential harm caused by shortened dialysis sessions, leading to a more rapid ultrafiltration rate.

In consideration of the relevance and evidence for this measure, Recommendation Group members discussed the patient-level factors that influence UFR. A clinician on the Recommendation Group explained different patient scenarios that may result in a UFR that was outside the recommended threshold. Even as a reporting measure, the Recommendation Group members felt the rationale for UFR as clinically meaningful was not sufficient to remain in the program.

Additional Considerations and Future Directions:

The Recommendation Group emphasized considering patient perspectives and individualized treatment factors and goals in this or any other measure seeking to address dialysis treatment time.

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 Review Final Vote: Recommendation to Retain in ESRD QIP.

Vote Count: Retain (16) (76%), Remove (5) (24%), No Recusals.

Public Comment Received During the Meeting: None.

Measure Discussion:

Several members shared examples of their own care experience, and the Recommendation Group recognized the importance of medication reconciliation as “paramount to proper treatment for dialysis patients.” While the Recommendation Group recognized the vital importance of medication reconciliation, members were concerned that the measure as it is currently used has become a “check box” rather than a measure of a meaningful medication reconciliation process. Recommendation Group members who have worked extensively in dialysis care said that during that introduction of the measure to the ESRD QIP manual, reconciliation through patient interaction is how they achieved medication reconciliation. Recommendation Group members want to see this measure revised toward a more meaningful and direct measure of effective medication reconciliation processes.

Many Recommendation Group members voiced concern that current reconciliation processes are challenged by limited electronic health record (EHR) interoperability between clinical facilities and incomplete data on prescription fulfillment at community pharmacies. They discussed disparities in performance on this measure and, as one member voiced, these disparities underline rather than undermine the importance of this measure. The Recommendation Group said harms from a lack of effective medication reconciliation is an equity issue, given the burden of harm on patients with lower health literacy and access to patient education resources. For these patients, effective reconciliation is vital and should be conducted by experienced staff. However, the Recommendation Group noted staffing and timing challenges that have led to the limited medication reconciliation processes commonly in use currently. This measure was widely seen as an opportunity to fill holes in the current safety net for dialysis patients.

Additional Considerations and Future Directions:

The Recommendation Group expressed interest in this measure being revised toward a more meaningful and direct measure of effective medication reconciliation processes. When a CMS representative posed the question, “If there was a way to give this measure more ‘teeth’ but keep it harmonized, would you want that?” most of the in-person and virtual voting members raised their hands to indicate support. They also suggested that any revision of this measure in the future consider the interoperability challenges that smaller and more rural clinics may experience during medication reconciliation.

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 Review Final Vote: Recommendation to Retain in ESRD QIP.

Vote Count: Retain (16) (76%), Remove (5) (24%), No Recusals.

Public Comment Received During the Meeting: None.

Measure Discussion:

The Recommendation Group noted that this measure captures instances of reporting of dialysis events only, comparing it to the clinical NHSN bloodstream infection (BSI) measure also in ESRD, which provides a more detailed assessment of dialysis outcomes. Representatives from the CDC joined the discussion as the measure developer and provided a brief history of this measure and its role in incentivizing the 12-month reporting required for the paired BSI measure. Given that the BSI clinical measure requires complete reporting of event data, CMS implemented the measure to incentivize complete and continuous reporting of the types of infection-related events. Several members questioned whether this measure lends meaningful value to patient safety and care without being paired alongside the BSI measure and asked fellow Recommendation Group members to consider—later in the day—whether alterations to the BSI measure could be explored to meet this goal more efficiently.

Recommendation Group members with experience in dialysis facility reporting explained how this measure's data collection can add to the staff workload without directly informing patient care. Recommendation Group members evaluated the data collection and reporting burden to staff compared with the current benefits to complete reporting of BSI, a topic that had great importance to both clinical and patient group members.

One Recommendation Group member questioned whether, without this measure, event data of this type would be collected in a standardized and central system. After discussion with CMS and CDC representatives as well as a Recommendation Group member with knowledge of national and state reporting infrastructure, it was clear that without this measure, there would be no national record of the events contained within the measure. While some states would continue to collect at the state and local network level for epidemiological purposes, Recommendation Group members were concerned that removal of this measure from ESRD QIP would eliminate the record of these infection-related dialysis events at the national level, with downstream implications that have not been fully examined to date.

Additional Considerations and Future Directions:

The Recommendation Group members expressed interest in exploring ways to incentivize the complete reporting necessary to generate the NHSN BSI measure through standards and other CMS level tools.

Clinical Depression Screening and Follow-Up – CMIT ID: 00672-03-C-ESRDQIP

Description: Facility reports in EQRS one of the six conditions below 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 Review Final Vote: Recommendation to Retain in ESRD QIP.

Vote Count: Retain (13) (65%), Remove (7) (35%), No Recusals.

Public Comment Received During the Meeting: A member of the public who has experienced dialysis care shared their journey of care and experience with depression. They encouraged the Recommendation Group, developers, and CMS to consider length of dialysis session alongside other factors that may influence depressive symptoms. They also emphasized the importance of considering and screening for somatic depression symptoms and psychological symptoms.

Measure Discussion:

The Recommendation Group asked clarifying questions on the measure specifications, use of CPT and G-Codes, and denominator exclusions for severe mental illness. CMS representatives clarified that, currently, manual abstraction and linkage processes are required due to challenges with code use in the current infrastructure for this measure. The Recommendation Group discussed feasibility concerns related to the data collection required for reporting. The group discussed screening tools used for detecting depressive symptoms among dialysis patients such as the PHQ-9 with several group members citing concerns around validity of the data. The group considered reporting and social desirability bias when weighing patient self-report methods compared to reporting with the assistance of a trained social worker.

While the Recommendation Group agreed on the importance of detecting and intervening in depressive symptoms for overall patient safety and wellbeing, several members questioned whether the current measure's requirement for follow-up planning is meaningful. The current measure is satisfied if a follow-up plan is documented. However, Recommendation Group members encouraged CMS and developers to explore future revisions that could also assess suitability and implementation of the follow-up plan to create a stronger safety net for patients. The Recommendation Group considered the measure's current harmonization with other programs and members reflected on the public comment received during the meeting asking if dialysis-specific experiences may be related to depression severity.

Additional Considerations and Future Directions:

The Recommendation Group encouraged CMS and developers to extend future focus on the critical issue of depression among dialysis patients beyond simple screening to more accurate and meaningful measurement of follow-up plan suitability and implementation.

COVID-19 Vaccination Coverage Among Healthcare Personnel – CMIT ID: 00180-01-CESRDQIP

Description: Percentage of health care personnel (HCP) who receive a complete COVID-19 vaccination course.

Measure Review Final Vote: Recommendation to Retain in ESRD QIP.

Vote Count: Retain (13) (65%), Remove (7) (35%), No Recusals.

Public Comment Received During the Meeting: None.

Measure Discussion:

The CMS representatives in attendance shared that an update of this measure is currently in the endorsement process with PQM and that it altered specification to accommodate changing federal guidelines and best practices around COVID-19 vaccination. Members of the Recommendation Group discussed feasibility challenges related to workforce vaccination, staffing shortages, and regional variation. Some members voiced concerns that while dialysis facilities and health systems as employers may incentivize vaccination, the lack of a mandate may make it difficult for facilities to have an impact on staff vaccination.

Several of the patient members of the Recommendation Group emphasized the importance of receiving care in a facility where infection risk was low due to widespread vaccination. One patient shared the sentiment that, “No one is saying this is easy. It is challenging. But, from a patient’s perspective, this is vital. This is relevant.” Several members reflected on the importance of this measure to patient safety alongside workforce concerns and acknowledged that this measure will have imperfect and missing data. Additional discussion centered around the cost of COVID-19 vaccination and employer coverage of vaccination.

Additional Considerations and Future Directions:

The Recommendation Group voted to retain this measure within ESRD QIP with a recognition that it is harmonized with all other programs. The Recommendation Group encourages relevant parties to consider how best to work within the missing data challenges unique to this measure.

Care Coordination Domain

Standardized Readmission Ratio (SRR) for dialysis facilities – CMIT ID: 00697-01-CESRDQIP

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 Review Final Vote: Recommendation to Retain in ESRD QIP.

Vote Count: Retain (13) (68%), Remove (6) (32%), No Recusals.

Public Comment Received During Meeting: None.

Measure Discussion:

The Recommendation Group paired discussion of this measure with discussion of the Standardized Hospitalization Ratio (SHR) measure, given the significant overlap in measure topic, specification, and implementation. Individuals with experience as patients shared the importance of not only considering instances of hospitalization but also quality of care received while in the hospital. A CMS representative underlined the importance of receipt of high-quality care but encouraged the Recommendation Group to consider this measure through a care coordination lens.

Equity was a primary topic of discussion for both SRR and SHR measures. The SRR measure was viewed as a means to examine quality of care received through counts of subsequent readmissions required. However, representatives from facilities that serve populations that experience greater burden of advanced kidney disease—such as those in long-term care (LTC) and skilled nursing facilities (SNFs)—and those who served populations experiencing access to care barriers and a higher burden of comorbidities expressed concern that they may be penalized for facilitating necessary initial hospitalization and readmission for a patient population with greater need. Representatives from rural communities encouraged CMS to examine how national norms are generated and how use of those norms in setting measure thresholds may impact rural communities.

CMS clarified that these measures are pay for performance and the associated penalties. The group examined the risk adjustment for these measures with patient-level comorbidities and facility-level factors discussed relative to feasibility and equity concerns.

Additional Considerations and Future Directions:

The Recommendation Group encouraged CMS and developers to consider how national norms for setting thresholds and risk adjustment models relate to equity concerns for traditionally underserved populations and facilities in rural communities.

Standardized Hospitalization Ratio (SHR) – CMIT ID: 00695-01-C-ESRDQIP

Description: Risk-adjusted standardized hospitalization ratio of observed hospitalizations to expected hospitalizations

Measure Review Final Vote: Recommendation to Retain in ESRD QIP.

Vote Count: Retain (14) (74%), Remove (5) (26%), No Recusals.

Public Comment Received During the Meeting: None.

Measure Discussion:

Discussion of this measure was paired with discussion of the SRR, given the significant overlap in measure topic, measure specification, and implementation. See discussion and future directions noted under the SRR measure above.

Percentage of Prevalent Patients Waitlisted (PPPW) – CMIT ID: 00546-01-C-ESRDQIP

Description: The 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 Review Final Vote: Recommendation to Retain in ESRD QIP.

Vote Count: Retain (12) (63%), Remove (7) (37%), No Recusals.

Public Comment Received During the Meeting: None.

Measure Discussion:

The Recommendation Group noted that waitlisting practices vary widely by region and may be outside of the dialysis facilities' control. Recommendation Group members expressed that transplant centers are also a defining part of the waitlisting practices. Several members voiced concern that this measure may place accountability for waitlist practices solely on the dialysis facilities despite multiple health care entities contributing to waitlist decisions and timing. CMS encouraged group members to consider this measure through the perspective that all clinical partners in care have a vital role in shepherding a patient to transplant.

Representatives with experience in SNFs and LTCs asked the developer to explain the rationale behind excluding residents in those facilities. The developer shared that this exclusion was included to account for functional impairment and comorbidities that would make patients unsuitable for transplant. The Recommendation Group encouraged the developer to reconsider this approach and use direct measures of function and comorbidity rather than using care facility as a proxy to reduce potential inequities. Examples were given of patient types who may reside temporarily in SNF and LTC facilities due to rehabilitation or unhoused status but would otherwise be suitable candidates for waitlisting and transplant.

Additional Considerations and Future Directions:

A Recommendation Group member encouraged CMS and developers to consider a model for joint accountability that includes transplant facilities and all other relevant entities in the waitlist process. The member encouraged the developer to reconsider current measure exclusions and risk adjustment to best reflect patient waitlist suitability and reduce bias in denominator selection.

Patient and Family Engagement Domain

CAHPS In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) 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. The survey is administered twice a year. There are three composite measure scores for this measure: The proportion of respondents answering each response option by item, created from six or more survey questions reported as one measure score. Composites include Nephrologists' Communication and Caring, Quality of Dialysis Center Care and Operations, and Providing Information to Patients. Three Global Items: A scale of 0 to 10 to measure the respondent's assessment of the following: Rating of the Nephrologist, Rating of Dialysis Center Staff, and Rating of the Dialysis Facility.

Measure Review Final Vote: Recommendation to Retain in ESRD QIP.

Vote Count: Retain (14) (78%), Remove (4) (22%), No Recusals.

Public Comment: National Kidney Foundation supported the removal of this measure due to challenging factors identified related to measure importance; scientific acceptability; validity, feasibility, and usability; as well as low response rates and low number of facilities that qualify for survey scoring.

Measure Discussion: The Recommendation Group discussed the issue of low response rates and low survey numbers. Recommendation Group members recognized the importance of data collection and how the measure was a great concept while recognizing its challenges. Patients noted that they felt burdened by the frequency, difficulty, and length of the survey and that this affected the reliability of the results. The discussion touched on health equity, as members considered the difficulties patients in low-resource environments face, specifically health literacy, internet access, and availability of dialysis facilities. Recommendation Group members also questioned the impact the results had on patient care and outcomes.

Patients suggested using innovative technology to incentivize participation and increase flexibility. Dr. Schreiber commented on the directionality of the survey, noting that the Agency for Healthcare Research and Quality is exploring the inclusion of additional questions about safety and bias, and testing online versions of the survey to be completed by smartphone.

Additional Considerations and Future Directions: A group member suggested maintaining mail and telephone surveys along with implementation of electronic options to capture a larger audience. Recommendation Group members felt the patient perspective should be prioritized and flexibility should be considered.

Patient Safety Domain

National Healthcare Safety Network (NHSN) Bloodstream Infection (BSI) in Hemodialysis Patients – CMIT ID: 00458-01-C-ESRDQIP

Description: The Standardized Infection Ratio (SIR) of Bloodstream Infections (BSIs) will be calculated among patients receiving hemodialysis at outpatient hemodialysis centers.

Measure Review Final Vote: Recommendation to Retain in ESRD QIP.

Vote Count: Retain (17) (100%), Remove (0) (0%), No Recusals.

Public Comment Received During Meeting: None.

Measure Discussion:

The Recommendation Group acknowledged the relevance and importance of patient safety. A representative from the CDC (the measure developer) said that this measure allows standardized collection and tracking of BSI rates. Members questioned whether lab data such as blood culture results could be utilized in this measure, and CMS shared that work is currently underway to enable this data linkage. Recommendation Group members expressed some feasibility concerns such as data collection burden and the potential for variability in reporting.

The Recommendation Group examined the potential for unintended consequences of this measure. One example is if a clinician is reluctant to order blood culture for an eligible patient in ICU due to not wanting to be penalized for any positive testing results. A representative from CMS in attendance shared that they are in the process of examining how testing intensity impacts this outcome measure and that they recognize the role that may play in care decisions.

Additional Considerations and Future Directions:

The Recommendation Group again reflected on the earlier discussion of the NHSN Dialysis Event measure and again encouraged further exploration of additional methods to incentivize complete reporting of this measure through standards and other levers available to CMS.

Next Steps

Dr. Brennan thanked all attendees for their active and enthusiastic participation and shared that they would be notified once the final ERD-QIP MSR recommendation report was created and posted online for public comment. Dr. Brennan also noted that Battelle is open and welcoming to feedback from everyone, including recommendations for future meetings. Battelle and CMS shared that they plan to reflect on this meeting's discussions, lessons learned, and recommendations from attendees to make decisions for future meeting timelines and schedules, with dates being sent out to members far in advance.

Closing Acknowledgements

In closing remarks, several Recommendation Group members stressed the importance of health equity work and engagement with patients and community members. Dr. Schreiber noted that CMS is deeply committed to this work and will continue to keep it in mind regarding the ESRD program moving forward. Attendees shared recommendations for further inclusion of more diverse community stakeholders, encouraged continued in-person meetings, and shared gratitude for the overall meeting process, attendee contributions, and hard work of staff. Dr. Schreiber thanked Battelle and Recommendation Group members and participants for collegial discussion and participation in a successful day. Dr. Brennan thanked everyone for their time, participation, and hard work, and adjourned the meeting.