December 19, 2023

The Renal Physicians Association (RPA) is the professional organization of nephrologists whose goals are to ensure optimal care under the highest standards of medical practice for patients with kidney disease and related disorders. RPA acts as the national representative for physicians engaged in the study and management of patients with kidney disease. RPA appreciates the opportunity to provide comments on the Measures under Consideration (MUC) for 2024.

RPA provides specific feedback on the three renal-related costs measures (CKD, ESRD and kidney transplant) and ESRD Dialysis Patient Life Goals Survey below. However, the lack of detailed specifications for all measures makes it difficult to provide comprehensive comments. RPA strongly encourages the Partnership for Quality Measurement to provide complete specifications at the time of posting of the MUC List in future years.

MIPS Cost Measures

- Chronic Kidney Disease (MUC2023-203)
- End-Stage Renal Disease (MUC2023-204)
- Kidney Transplant Management (MUC2023-206)

RPA is concerned that critical details are missing from these measures as to the methodology that will be used to determine the numerator and denominator, clinician attribution, as well as how co-morbidities will be determined. Specifically, RPA notes that patients with kidney disease seen in an outpatient setting may have numerous co-morbidities included on the problem list, but these are not necessarily indicated as billing codes. As such, RPA is particularly concerned that all three of the measures seem to have low reliability scores. Furthermore, all three measures also include this disclaimer: "No evidence submitted directly showing mechanisms by which clinician groups will improve … outcomes through implementation of cost containment measures." In light of this, it is unclear what the value is of such measures.

Additionally, RPA is concerned about two potential unintended consequences of these measures: 1) That patients will not receive medically appropriate care due to cost concerns; and 2) Entities pre-screening and refusing to accept patients with more co-morbidities who are more likely to have a higher cost of care. This is particularly a concern for transplant programs and dialysis centers.

Finally, it is unclear why there is a denominator exclusion of "Patients with extremely low treatment costs" is included in the measures. Patients with low treatment costs would seem to lower the average costs of care.

ESRD Dialysis Patient Life Goals Survey (PaLS) (MUC2023-138)
While the RPA appreciates the value of patient-reported measures, we are concerned that this measure would add to the survey fatigue already faced by patients with ESRD. Patients are already expected to complete the following surveys: Patient Activation Measure (PAM) twice a year; PHQ9; KDQOL; iCAHPS (also twice a year); dialysis facility specific surveys such as wellness surveys, as well as patient satisfaction every time they are discharged from a facility or have a procedure. Consequently, response rates to surveys are frequently lower than desired and can result in questionable statistical significance. RPA recommends that the measure developer explore having the survey questions added to one of the other surveys, rather than adding addition surveys for patients and providers to track and administer.

Testing and Validity
This measure is proposed as a facility-level process measure assessing the percent of eligible patients in a given dialysis facility that completed at least one scorable item of the survey. However, only patient-level testing data on the survey instrument itself was provided; there was no information provided on the facility-level process measure being proposed for use. All information provided with the submission materials is on the survey t-score, based on the data collected during testing of the instrument—but the t-score is "currently not part of the calculation for process measure being proposed." The submission notes in the measure specifications that prior to implementation at the dialysis facility level, the response rate will need to be calculated at the dialysis facility level; it is it is unclear why this was not done prior to submission. Detailed information (performance scores, reliability, validity) for the performance metric being proposed, as specified, is an immutable component of the consensus development and endorsement processes. Therefore, an assessment of the PaLS is not feasible in the absence of this information.

Finally, this measure was not recommended for endorsement by the NQF Renal Standing Committee or the CSAC and it is unclear whether any changes to have been made to address concerns raised by those groups.

As always, RPA welcomes the opportunity to work collaboratively to improve the quality of care provided to the nation's kidney patients. Any questions or comments regarding this correspondence should be directed to Amy Beckrich, RPA's Director of Projects and Operations, at 301-468-3515 or abeckrich@renalmd.org.

Sincerely,

Keith Bellovich, DO
President