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NKF Spring 2023 Partnership for Quality Measurement (PQM) Comments

3753 - **Delay in Progression of Chronic Kidney Disease (CKD) Measure**

Dear Partnership for Quality Measurement (PQM),

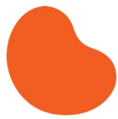
The National Kidney Foundation's (NKF) Coalition for Kidney Health (C4KH) is writing to provide our perspective to the PQM on the proposed Spring 2023 endorsement of the Delay in Progression of Chronic Kidney Disease (CKD) measure (#3753) in the Primary Care and Chronic Illness project group. C4KH is a multi-stakeholder group of partners with an interest in early detection and management of CKD. Given the significant burden of CKD on patients – and current underdiagnosis of CKD even among patients with advanced illness -- it is imperative that we improve early identification and treatment of CKD.

C4KH strongly supports the development of a measure that attempts to assess appropriate outcomes for patients with progressive CKD and encourages stronger communication between clinical entities treating patients with CKD. High (83-88%) concordance between eGFR lab values and ICD-10 codes is reassuring. However, we believe there are several concepts within the measure specifications that can be further enhanced in the benefit of both patients and providers.

First, while developers suggest several factors of disease progression are within a provider's control, we believe there are numerable co-morbidities and other factors that will make case mix risk adjustment for proper outcome assessment very difficult and result in unintended consequences, including 1) the fiscal stability of the practice or academic center that may impact resource allocation, 2) the predominant culture that the nephrologist practices in, as some communities may be staunchly opposed to the use of medications, and 3) potential for a nephrologist to "cherry pick" his /her patients based on likelihood to score positively for this measure. Additionally, a patient's social economic status should be accounted for. We also believe this measure would be better applied at the health plan level versus the provider/facility level, as size variation among provider practice could impact performance rates.

A second key issue is the reporting level for this measure. We believe this measure would be better applied at the health plan level versus the provider/facility level, as size variation among provider practice could impact performance rates. Since this is a practitioner or practice level measure, we suggest the technical descriptions of the measure specify the necessary practice size required to detect a statistically meaningful difference. This is a key issue since there will likely be a substantial amount of statistical "noise" in the results. In addition to defining a meaningful practice size and the number of practices that are large enough for this measure to be applied to, this measure should include within the calculation a percentage of the total number of practices and the total number of covered lives.

Third, as the measure captures progression of prevalent CKD 4 patients to ESRD, nephrologists who are referred patients later (e.g. at eGFR 16) compared with those seeing patients sooner (e.g. at eGFR 29) have the potential to be penalized. To accurately measure disease progression, we suggest capturing



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patients with incident CKD and tracking the time to ESRD development. The international Kidney Disease: Improving Global Outcomes (KDIGO) 2012 Clinical Practice Guideline for CKD Evaluation and Management, endorsed in the US by the NKF's Kidney Disease Outcomes Quality Initiative (KDOQI), describes a cause-glomerular filtration rate-albuminuria (C-G-A) CKD definition and classification to stratify risk based on the eGFR and urine albumin-creatinine ratio (uACR). Accordingly, the stages described should be G4 and G5. Recognizing CKD stages based on albuminuria should contribute to improved understanding as well as albuminuria testing and monitoring.

Thank you for your consideration of our comments.

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