National Kidney Foundation®

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NKF Spring 2023 Partnership for Quality Measurement (PQM) Comments

3742 - **ESRD Dialysis Patient Life Goals Survey (PaLS)**

Dear Partnership for Quality Measurement (PQM),

The National Kidney Foundation (NKF) is writing to provide our perspective to the PQM on the proposed Spring 2023 endorsement of the ESRD Dialysis Patient Life Goals Survey (PaLS) measure (#3742) in the Primary Care and Chronic Illness project group. NKF is the largest, most comprehensive and longstanding, patient centric organization dedicated to the awareness, prevention, and treatment of kidney disease in the U.S.

NKF recognizes the importance of meeting patient life goals during the treatment for ESRD dialysis and strongly supports the development of a survey instrument to evaluate the degree to which these goals are met by the care team. We appreciate the extensive efforts to ensure the tool was adequately validated, particularly the field test including the use of several dialysis organizations, nephrology professional organizations, and kidney patient advocacy groups to reach the broadest population possible meeting the eligibility criteria.

One concern identified in review of the measure specifications is the inclusion of patients in the exclusion criteria for those who are unable to read or understand English. We believe additional development work should be expedited to include the most diverse patient population possible, specifically Hispanic patients, as inequities in referral for nephrology, transplant evaluation, and consideration of home dialysis leave most Black and Hispanic kidney failure patients reliant on in-center dialysis.[1] The dialysis unit should ensure the availability of a translation service that assists with translating the survey as needed. A second concern is in regard to which data elements are required for mandatory reporting in the identification of ESRD patients. Race and ethnicity should also be required to aid in future analysis of score variation and insight on modality selection (dialysis and transplant), vascular access, and other treatment options.

In addition to the life goals outlined in the measure survey for patients to select, patients and thought leaders have shared with NKF the importance of a survey instrument capturing the patient's perception of their life goals being met on a continuum across all stages of disease. We would also like to inquire about the use of the data received by the dialysis facilities and the explicit list of support, resources, and follow-up procedures that will be used to address the results. Additional information about feasibility of the survey and acceptability testing among patients would also be helpful. Other survey requirements (KDQOL, PHQ, PAM) and staffing shortages could result in time constraints.

We echo the concerns raised by Bayer regarding unreliable measure results based on successful coding of the diagnosis while rates of testing and diagnosis are currently low.[2]

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Lastly, NKF would like to encourage the future review of all kidney-focused quality measures by experts in the field of nephrology in a formal renal project group. Thank you for your consideration of our comments.

1. Shen, Jenny I et al. "Socioeconomic Factors and Racial and Ethnic Differences in the Initiation of Home Dialysis." Kidney medicine vol. 2,2 105-115. 11 Feb. 2020, doi:10.1016/j.xkme.2019.11.006
2. National Kidney Foundation. Kidney Health Evaluation Measure. https://www.kidney.org/content/kidney-health-evaluation-measure. Accessed June 2, 2023.

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

Dear Partnership for Quality Measurement (PQM),

The National Kidney Foundation (NKF) 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. NKF is the largest, most comprehensive and longstanding, patient centric organization dedicated to the awareness, prevention, and treatment of kidney disease in the U.S.

NKF 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.

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

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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 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.

Lastly, NKF would like to encourage the future review of all kidney-focused quality measures by experts in the field of nephrology in a formal renal project group. Thank you for your consideration of our comments.

3754 - **Risk Standardized Mortality Ratio for Late-Stage Chronic Kidney Disease (CKD) and End Stage Renal Disease (ESRD)**

Dear Partnership for Quality Measurement (PQM),

The National Kidney Foundation (NKF) is writing to provide our perspective to the PQM on the proposed Spring 2023 endorsement of the Risk Standardized Mortality Ratio for Late-Stage Chronic Kidney Disease (CKD) and End Stage Renal Disease (ESRD) measure (#3754) in the Primary Care and Chronic Illness project group. NKF is the largest, most comprehensive and longstanding, patient centric organization dedicated to the awareness, prevention, and treatment of kidney disease in the U.S.

In alignment with the comments provided for the CKD progression measure (#3753), NKF strongly supports the development of a measure that attempts to assess appropriate mortality outcomes for patients with CKD and ESRD. However, we believe there are several concepts within the measure specifications that can be further enhanced in the benefit of both patients and providers. We believe there are numerable co-morbidities and other factors that will make case mix risk adjustment for proper outcome assessment very difficult and potentially result in unintended consequences. We also believe this measure would be better applied at the health plan level versus the provider/facility level, as providers could unintentionally withhold progression to dialysis or transplant to prevent penalties. 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

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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.

The exclusion criteria for patients with metastatic cancer also raises concern. There are many other diseases that impact mortality that are independent predictors of death in a year, including end stage heart failure, end stage liver disease, addiction, severe neurologic diseases, etc. It is also important to note that accidents, surgical deaths, and infectious deaths are often not in the nephrologist's control. We suggest a denominator exclusion for patients pursuing conservative kidney management, recognizing it would be challenging to implement since this is a claims-based measure. An avenue for nephrology practices to flag patients who should be excluded for this reason in the absence of an ICD-10 code for conservative kidney management would be helpful.

Also of importance are the interventions highlighted by the developers to reduce mortality (weight management, blood pressure control). There is a lack of evidence to demonstrate these interventions reduce mortality in the ESRD population, unlike proper catheter care.

Lastly, NKF would like to encourage the future review of all kidney-focused quality measures by experts in the field of nephrology in a formal renal project group. Thank you for your consideration of our comments.