

# Proposed Quality Measures for Comprehensive End Stage Renal Disease Care Initiative

## Public Comment Overview

### **The Comprehensive End Stage Renal Disease Care Model (CEC)**

The Center for Medicare & Medicaid Innovation (CMS Innovation Center) is implementing a new service delivery and payment model for Medicare beneficiaries with end-stage renal disease (ESRD). The Comprehensive ESRD Care (CEC) Model will test whether financial risk arrangements with guaranteed discounts to the Medicare program will improve ESRD beneficiary outcomes and reduce Medicare costs.

The care needs of beneficiaries with ESRD are typically complex due to multiple co-morbidities and polypharmacy, requiring care coordination services that many do not routinely receive today. In order to promote seamless and integrated care, a comprehensive care delivery model must emphasize coordination across a full-range of clinical and non-clinical support services, as well as across providers and settings. This may be best achieved through the establishment of an interdisciplinary care team—led by a nephrologist.

The purpose of the CEC Model is to improve outcomes for Medicare beneficiaries with ESRD and reduce total per capita expenditures. It does this by creating financial incentives for dialysis facilities, nephrologists, and other Medicare providers of services and suppliers to collaboratively and comprehensively address the extensive needs of the complex ESRD beneficiary population. In 2013, CMS awarded IMPAQ International a 5-year contract to support the CEC Initiative in part by defining a set of quality measures for ESRD seamless care organizations (ESCO) reporting.

### **Quality Measures in the CEC Model**

To ensure that ESCOs meet the specified goals of patient-centeredness, high standards of clinical care, care coordination across care settings, and positive patient outcomes, the CEC Model will require the assessment of quality measures. The ESCO's quality score will be used to assess overall performance and will be factored into the calculation of shared savings and shared losses. CMS consulted with national ESRD experts, including patient advocates and nephrologists, to select an initial CEC Quality Measure Set that met the following priorities:

- Appropriate to the health issues of dialysis patients;
- Effective for quality of care monitoring and program oversight;
- Inclusive of process and outcome measures that will enable a robust evaluation of patient, provider and delivery system outcomes;
- Conducive to use across clinical methods, modalities, and care settings;
- Effective for incentivizing better care, better health, and lower costs across Medicare Part A, Part B, Part D and Medicaid programs;
- Include measures of appropriate medication utilization;
- Straightforward to operationalize and measure; and,
- Inclusive of other CMS ESRD quality initiative data.

Subsequent to the CMS measure identification process, the IMPAQ team was tasked with identifying additional measures that would reflect ESCO performance on five (5) quality domains: Preventive Care; Chronic Disease Management; Care Coordination/Patient Safety; Patient/Caregiver Experience; and Patient Quality of Life. In addition, the measures must be inclusive of the ESRD Quality Incentive Program (QIP) clinical measures.

IMPAQ established a Technical Expert Panel (TEP) to assist with developing measure recommendations to CMS. The TEP consisted of various experts including clinicians, consumer advocates, researchers, and health care managers with significant quality measurement expertise in chronic kidney disease management and dialysis care, home dialysis, kidney transplantation, chronic comorbid disease management, and patient quality of life. TEP members evaluated and recommended measures that are:

- Appropriate to the health issues of ESRD patients;
- Promote comprehensive care improvements beyond renal care; and
- Achieve three-part aim of better care, better health, and lower costs across Medicare Part A, Part B, Part D and Medicaid programs.

### **Proposed CEC Quality Measure Set**

Based on TEP evaluation results and additional CMS identified priorities, we have compiled the proposed CEC Quality Measure Set below with two subgroupings:

1. CEC Quality Measures Recommended by the Technical Expert Panel: measures that were recommended by a majority of TEP members or that align with CMS priorities.
2. Measures Under Consideration: measures that received mixed evaluation results from the TEP, but align with CMS priorities.

<b>Domain</b>	<b>Technical Expert Panel Recommended CEC Quality Measures</b>
Patient Quality of Life	<ul style="list-style-type: none"> <li>• Kidney Disease Quality of Life Instrument (KDQOL)</li> </ul>
Chronic Disease Management	<ul style="list-style-type: none"> <li>• Diabetes Care: Foot Exam</li> <li>• Diabetes Care: Eye Exam</li> <li>• Rate of Lower Extremity Amputation Among Patients with Diabetes</li> <li>• Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care</li> <li>• Heart Failure: ACE Inhibitor or ARB Therapy for LVSD</li> <li>• Coronary Artery Disease: Beta blocker Therapy – Prior MI or LVEF &lt;40%</li> </ul>
Patient Safety	<ul style="list-style-type: none"> <li>• Dialysis Facility Risk-Adjusted Standardized Mortality Ratio</li> </ul>
Preventive Health	<ul style="list-style-type: none"> <li>• Influenza Immunization</li> <li>• Pneumococcal Vaccination Status for Older Adults</li> <li>• Tobacco Use: Screening and Cessation Intervention</li> <li>• Screening for Clinical Depression and Follow-up Plan</li> </ul>
Care Coordination	<ul style="list-style-type: none"> <li>• Standardized Readmission Ratio for Dialysis Facilities</li> <li>• Standardized Hospitalization Ratio for Admissions</li> <li>• Advance Care Plan</li> <li>• Documentation of Current Medications in the Medical Record</li> </ul>

<b>Domain</b>	<b>Measures Under Consideration</b>
<ul style="list-style-type: none"> <li>• Patient Quality of Life</li> </ul>	<ul style="list-style-type: none"> <li>• Functional Status Assessment for Complex Chronic Conditions</li> </ul>
<ul style="list-style-type: none"> <li>• Chronic Disease Management</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes: Hemoglobin A1c Poor Control</li> <li>• Heart Failure: Beta Blocker Therapy for LVSD</li> <li>• Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic</li> </ul>
<ul style="list-style-type: none"> <li>• Patient Safety</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital-Wide All-Cause Unplanned Readmission Measure</li> </ul>
<ul style="list-style-type: none"> <li>• Care Coordination</li> </ul>	<ul style="list-style-type: none"> <li>• Medication Reconciliation</li> <li>• Anemia of Chronic Kidney Disease (STR)</li> </ul>

## **ESRD Quality Improvement Program (QIP) Measure List**

The CEC Initiative intends to include measures from the ESRD Quality Improvement Program (QIP) that are applicable to the adult population. When the 2017 ESRD QIP measures are finalized, it is the intent of the CEC Program to remain aligned; however, the CEC will exclude 2017 measures that cover a pediatric population and QIP reporting measures with the exception of the ICH CAHPS which will be collected by CMS in 2017 by certified survey vendors.

The following clinical measures were approved for inclusion in the 2016 ESRD QIP and are provided for informational purposes only; public comment is not being sought on the inclusion or exclusion of individual measures included in the ESRD QIP List.

<b>NQF Number</b>	<b>Measure Title</b>	<b>Measure Steward</b>	<b>Quality Domain</b>
n/a	Anemia Management: Hemoglobin Greater than 12 g/dL	CMS	Chronic Disease Management
0249	Hemodialysis Adequacy: Minimum Delivered Hemodialysis Dose	CMS	Chronic Disease Management
1454	Proportion of Patients with Hypercalcemia	CMS	Chronic Disease Management
1460	Bloodstream Infection in Hemodialysis Outpatients	CDC	Patient Safety
0318	Peritoneal Dialysis Adequacy: Delivered Dose Above Minimum	CMS	Chronic Disease Management
0257	Hemodialysis Vascular Access- Maximizing Placement of Arterial Venous Fistula (AVF)	CMS	Chronic Disease Management
0256	Hemodialysis Vascular Access- Minimizing Use of Catheters as Chronic Dialysis Access	CMS	Chronic Disease Management
0258	ICH-CAHPS	AHRQ	Patient and Family Engagement

Quality measures for the CEC Model will be collected and/or calculated from a combination of CMS claims, patient survey data (i.e., ICH CAHPS and KDQOL) and clinical medical records. In addition, QIP clinical results will be calculated for the ESCO patient population. The actual data collection mechanisms across ESCO participants require additional development, and CMS may need to adjust the measurement set. As a result of the feasibility analysis, IMPAQ may recommend that specific measures under consideration, or any of those proposed by the TEP, be eliminated.

### **Public Comment Process**

IMPAQ will make recommendations to CMS, which will determine a final measure set for inclusion in the initiative.

The accompanying CEC Quality Measure Descriptions includes detailed information about both the proposed CEC Quality Measures and the measures under consideration. The information was excerpted from CMS's Clinical Quality Measures (CQM) library or, when not available, the National Quality Forum's *Quality Positioning System*.

### **Submitting Comments**

Due Date: Comments must be received via Survey Monkey by 5:00 pm EST on March 14, 2014.

IMPAQ does not accept comments by mail, e-mail or fax.