



PRESS RELEASE

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HOW USEFUL ARE CURRENT TOOLS THAT ASSESS THE QUALITY OF KIDNEY-RELATED CARE IN THE U.S.?

Highlights

- This study examined the validity of national quality measures used to assess the quality of kidney-related care in the United States.
- Of 60 existing quality metrics related to kidney care, only half were rated as highly valid.

Washington, DC (February 13, 2020) — New research examines the validity of measures used to assess the quality of kidney-related care in the United States. The findings, which appear in an upcoming issue of *JASN*, highlight the shortcomings of these measures and provide insights on how to improve them.

The delivery of kidney-related care is of national importance as chronic kidney disease (CKD) is a common condition. The Trump administration recently proposed the Advancing American Kidney Health initiative to improve kidney-related care. Experts have differing opinions on how to best define and measure the quality of care related to CKD, however. Use of quality metrics—or tools to assess quality—may provide benefits but can also lead to over-testing, over-medication, and other unintended consequences.

To evaluate such tools, a team led by with co-first authors Mallika Mendu, MD, MBA (Brigham and Women's Hospital) and Sri Lekha Tummalapalli, MD, MBA (University of California, San Francisco) and senior author Daniel Weiner, MD, MS (Tufts Medical Center) compiled a comprehensive list of quality metrics related to kidney disease from multiple organizations, including the Renal Physicians Association, the National Quality Forum, the National Committee for Quality Assurance, and the Centers for Medicare and Medicaid Services.

The study included 60 quality metrics, including 7 for CKD prevention, 2 for slowing CKD progression, 2 for CKD management, 1 for advanced CKD and kidney replacement planning, 28 for dialysis management, 18 for broad measures, and 2 patient-reported outcome measures. The investigators determined that less than half of the quality metrics were highly valid, and the others fell short because of unclear attribution, inadequate definitions, or discordance with recent evidence. Specifically, 49% of the metrics had high validity, 38% had medium validity, and 13% had low validity.

Also, nearly half of the metrics were related to dialysis management. The researchers advocate for refining existing measures and developing new metrics that better reflect the spectrum of kidney care delivery, and they present a framework as to how to achieve better measures.

“This is an important time given the national attention to kidney care delivery and efforts of the current administration to improve kidney care. As such, it is important to make sure that we are measuring high quality kidney disease care accurately and appropriately,” said Dr. Mendu. “Our paper provides an evaluation of existing kidney quality measures to guide providers and policy makers regarding which measures are meaningful and should be utilized to measure quality. We also outline an approach to quality measure development and refinement for kidney disease.”

Study co-authors include Krista L. Lentine, MD, Kevin Erickson MD, Susie Q. Lew, MD, Frank Liu, MD, Edward Gould, MD, Michael Somers, MD, Pranav S. Garimella, MD, Terrence O’Neil, MD, David L. White, Rachel Meyer, and Scott D. Bieber, MD

Disclosures: Dr. Mendu reports personal fees from Bayer Pharmaceuticals, outside the submitted work. Dr. Tummalapalli reports personal fees from Bayer Pharmaceuticals, outside this work. Dr. Bieber is a medical director for Northwest Kidney Centers and serves as faculty for the Home Dialysis University. Dr. Erickson reports personal fees from Acumen LLC, other from American Society of Nephrology, personal fees from Dialysis Clinic, Inc., personal fees from Satellite Healthcare, outside this work. Dr. Lew reports grants from Care First Foundation, personal fees from Reata, outside this submitted work. Dr. O’Neil has a patent null pending and is currently in the very early phases of submitting utility and design patents on a device to reduce the risk of both venous line disconnection and microbial contamination of the bloodline-to-central-hemodialysis-catheterhub connection points. The effort is entirely self-funded, is not proceeding under the sponsorship or support of any other agency or business entity, and was undertaken more than a year after his retirement to without compensation emeritus teaching staff status from the James H. Quillen VAMC, in Johnson City Tennessee. Although some of the metrics reviewed concerned dialysis safety, the nature and status of the device patents did not in any discernable way alter their assessment of the status of the metrics reviewed as one of the independent review panel.

The article, entitled “Measuring Quality in Kidney Care: An Evaluation of Existing Quality Metrics and Approach to Facilitating Improvements in Care Delivery,” will appear online at <http://jasn.asnjournals.org/> on February 13, 2020, doi: 10.1681/ASN.2019090869.

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