

ASN Quality Committee
Draft Priorities for 2021
February 5, 2021

The ASN Quality Committee is charged with asserting the value of the nephrology care team, articulating the role of nephrology health professionals in new care delivery models, leading ASN's efforts related to quality measurement, and advising the ASN Council in defining the scope of nephrology practice. The committee, as with all ASN committees, has been directed by the ASN Council to align its efforts with the society's commitment to ending systemic racism in nephrology and addressing disparities.

Below is a list of priorities for the Quality Committee for 2021; this list will evolve over the course of the year depending on the administration's actions, Congressional action, and needs identified by the Quality Committee and kidney community on an ongoing basis.

1. Support ASN members in the payment models established under the Advancing American Kidney Health Executive Order and related proposed rules and advocate for appropriate changes within the administration.
 - a. Communicate with and support practices considering joining the voluntary Kidney Care Choices (KCC) Model and its four payment pathways set to begin April 1, 2021 by monitoring KCC and providing recommendations for improvement to CMMI
 - b. Monitor ESRD Treatment Choices (ETC) Model and provide support and assistance to members assigned to the model, as well provide input and feedback to CMMI regarding challenges and opportunities in the ETC model for future rulemaking
 - c. Work with CMS to develop a learning collaborative in the ETC, as described in Section Five 5 of the Executive Order

2. Address patient and nephrology care team needs in the ongoing COVID-19 pandemic.
 - a. Advocate for increased prioritization of patients with kidney diseases – especially kidney failure – to receive COVID-19 vaccination, as well as dialysis facility employees
 - b. Monitor use of telehealth in relation to telehealth waivers and refine and advocate for ASN recommendations for post-pandemic use of telehealth as increased data become available
 - c. Work to increase home dialysis, such as by elevating the need for PD care in skilled nursing facilities and rehabilitation facilities, as well as for assisted home PD/HHD care and accelerating transition from HD to PD by allowing patients to receive PD training on HD days

3. Support ongoing OPO metric reform, transplant center efficacy efforts, and living donor support changes.
 - a. Advocate for full implementation of OPO metrics as outlined in 2020 final rule within HHS and support similar efforts on Capitol Hill

- b. Identify opportunities to streamline and improve transplant center performance and efficiencies with a goal of increased transparency, access, and levels of transplantation
 - c. Work with CMS and CMMI on new proposals to require/improve communication between transplant centers and dialysis facilities
 - d. Support new living donor rules
4. Continue working with CMS to address disparities in kidney care, capture those disparities more clearly with data, and refine regulations to reduce reporting burdens and ensure better outcomes for patients:
- a. Create a MIPS Value Pathway (MVP) for nephrology
 - b. Advocate for simplification, appropriate attribution, and adequate risk adjustment of quality metrics and pursue possible development of a metric relative to SGLT2 Inhibitors
 - c. Improving processes for adding new products to the bundle and procuring new dollars in the bundle, in coordination with the ASN Policy and Advocacy Committee
 - d. Advocate a new or unique payment pathway for an artificial/wearable/implantable kidney separate from the current bundle
 - e. Protect gains made in the Medicare Physician Fee Schedule (MPFS) in nephrology
5. Evaluate kidney patient participation in Medicare Advantage (MA) plans and any effects of removing dialysis facility network adequacy standards in MA plans for possible recommendations in 2021 rulemaking.