

April 18, 2014

Dear Mr. Blum and Dr. Conway:

On behalf of the undersigned patient and health professional organizations, thank you for meeting with us Wednesday, September 18, 2013. Our organizations were all grateful for the opportunity to listen to CMS' perspectives on the ESCO Program and discuss our recommendations to strengthen the program.

In response to your request, please find attached our organizations' recommendations regarding the existing quality measures we believe should be included in the ESCO evaluation. (**Appendix 1.**) Of the existing quality measures, we believe those listed have the most rigorous evidence base and are the most likely to help meaningfully improve outcomes from a patient perspective. Also attached are our organizations' recommendations regarding "areas for surveillance"—aspects of care which are crucial to monitor, but for which no quality measures currently exist. (**Appendix 2.**) We appreciate the opportunity to share these lists with you and your staffs.

Our organizations understand that CMMI has contracted with IMPAQ, which recently released the Technical Expert Panel (TEP) quality measure recommendations for the ESCO program. Most, if not all, of the undersigned organizations have independently responded to the request for comments regarding the TEP's recommendations that was due by March 31. We have also indicated where measures that our group believes should be considered were also recommended by the TEP. However, this letter is not intended as a comprehensive response to the TEP convened by IMPAQ, but rather a response to the request for our organizations' input on which measures we believe should be included in the ESCO program.

As you are aware, the patient population that will be part of the ESCO program will be unique, vulnerable, and highly complex. As such, we urge CMS and CMMI to ensure that all measures selected for the ESCO program are appropriate for people on dialysis. Although many existing measures in the Accountable Care Organization program and other Medicare programs are appropriate for the primary care/patient population, they are often not applicable to people with ESRD. The attached list of recommended measures reflects this perspective. Importantly, while our organizations are submitting comments regarding metrics that warrant consideration for the ESCOs, all ESCO applicants in collaboration with CMMI should determine which measures should be used in this project.

Our organizations believe that surveys are an important part of verifying patient satisfaction and experience of care and have included three patient surveys on our list of recommended measures for the ESCO program. However, we recognize that survey fatigue can be a challenge for both patients and staff, and encourage CMS and CMMI to think carefully regarding when and where ESCOs are asked to administer surveys to minimize duplication of information.

Our organizations also observe that there is currently a dearth of measures that are appropriate to assess the care of patients on peritoneal dialysis and home hemodialysis. While we recognize that CMS and CMMI are considering only existing measures, our organizations urge you and your staffs to keep this unique and growing patient population in mind when developing and assessing the ESCO program.

Once again, our organizations appreciate the opportunity to share our input and experiences in these important areas, and we look forward to our continued collaboration in the future. Our organizations believe that the ESCO program has real potential to reduce costs and improve patient care, and appreciate the opportunity to work in partnership to help ensure the program is as strong as possible.

If you have any questions or concerns regarding this email or the attached documents, please do not hesitate to contact any of our organizations. An organizational contact sheet is included in this correspondence.

Again, thanks.

Sincerely,

**American Association of Kidney Patients**  
**American Kidney Fund**  
**American Nephrology Nurses Association**  
**American Society of Nephrology**  
**American Society of Pediatric Nephrology**  
**Dialysis Patient Citizens**  
**Renal Physicians Association**  
**Renal Support Network**

cc:     Melissa Cohen  
         Alefiyah Mesiwala  
         Mai Pham



Accountable Care Organization (ACO) Quality Measures			
NQF Measure #/ Measure Steward	Quality Measure	Description	
NQF #5 AHRQ	CAHPS: How Well Your Doctors Communicate	CAHPS Survey	
NQF #5 AHRQ	CAHPS: Patients' Rating of Doctor	CAHPS Survey	
NQF #5 AHRQ	CAHPS: Health Promotion and Education	CAHPS Survey	
NQF #5 AHRQ	CAHPS: Shared Decision Making	CAHPS Survey	
NQF #6 AHRQ	CAHPS: Health Status/Functional Status	CAHPS Survey	
NQF #97 AMA-PCPI/NCQA	Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility	Percentage of patients aged 65 years and older discharged from any inpatient facility (e.g., hospital, skilled nursing facility, or rehabilitation facility) and seen within 30 days following discharge in the office by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the outpatient medical record documented	
NQF #101 NCQA	Falls: Screening for Fall Risk	Percentage of patients aged 65 years and older who were screened for future fall risk at least once within 12 months	
NQF #41 AMA-PCPI	Influenza Immunization	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	
NQF #43 NCQA	Pneumococcal Vaccination	Percentage of patients aged 65 years and older who have ever received a pneumococcal vaccine	
NQF #28 AMA-PCPI	Tobacco Use Assessment and Tobacco Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	

NQF #418 CMS	Depression Screening	Percentage of patients aged 12 years and older screened for clinical depression during the measurement period using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen	
NQF #83 AMA-PCPI	Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge	
<b>NQF-Endorsed Quality Measures having to do with Kidney Disease</b>			
NQF#	Quality Measure	Description	Measure Steward
0369	Dialysis Facility Risk-adjusted Standardized Mortality Ratio	Risk-adjusted standardized mortality ratio for dialysis facility patients.	CMS
0323	Adult Kidney Disease: Hemodialysis Adequacy: Solute	Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of end-stage renal disease (ESRD) receiving hemodialysis three times a week have a spKt/V > or = 1.2	American Medical Association
0321	Adult Kidney Disease: Peritoneal Dialysis Adequacy: Solute	Percentage of patients aged 18 years and older with a diagnosis of end-stage renal disease (ESRD) receiving peritoneal dialysis who have a total Kt/V > or = 1.7 per week measured once every 4 months	American Medical Association

0318	Peritoneal Dialysis Adequacy Clinical Performance Measure III - Delivered Dose of Peritoneal Dialysis Above Minimum	Percentage of all adult (>= 18 years old) peritoneal dialysis patients whose delivered peritoneal dialysis dose was a weekly Kt/Vurea of at least 1.7 (dialytic + residual) during the four month study period.	CMS
0257	Hemodialysis Vascular Access- Maximizing Placement of Arterial Venous Fistula (AVF)	Percentage of patients on maintenance hemodialysis during the last HD treatment of month using an autogenous AV fistula with two needles	CMS
0256	Hemodialysis Vascular Access- Minimizing use of catheters as Chronic Dialysis Access	Percentage of patients on maintenance hemodialysis during the last HD treatment of study period with a chronic catheter continuously for 90 days or longer prior to the last hemodialysis session.	CMS
0251	Vascular Access—Functional Arteriovenous Fistula (AVF) or AV Graft or Evaluation for Placement	Percentage of end stage renal disease (ESRD) patients aged 18 years and older receiving hemodialysis during the 12-month reporting period and on dialysis >90 days	Kidney Care Quality Alliance
0249		Percentage of all adult (>=18 years old) patients in the sample for analysis who have been on hemodialysis for 90 days or more and dialyzing thrice weekly whose average delivered dose of hemodialysis (calculated from the last measurements of the month using the UKM or Daugirdas II formula) was a spKt/V >= 1.2 during the study period.	CMS

0226	Influenza Immunization in the ESRD Population (Facility Level)	Percentage of end stage renal disease (ESRD) patients aged 6 months and older receiving hemodialysis or peritoneal dialysis during the time from October 1 (or when the influenza vaccine became available) to March 31 who either received, were offered and declined, or were determined to have a medical contraindication to the influenza vaccine.	Kidney Care Quality Alliance
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#### End-Stage Renal Disease Quality Incentive Program Quality Measures

Topic	Measure Title	Description	Measure Type
<b>PY 2014 - 2016</b>			
Dialysis Adequacy	Kt/V Dialysis Adequacy	Adult Patients on Hemodialysis--Percent of hemodialysis patient-months with spKt/V greater than or equal to 1.2	Clinical
		Adult Patients on Peritoneal Dialysis--Percent of peritoneal patient-months with Kt/V greater than or equal to 1.7 (dialytic + residual) during 4-month study period	Clinical
		Pediatric Patients on In-Center Hemodialysis--Percent of peritoneal patient-months with Kt/V greater than or equal to 1.7 (dialytic + residual) during 4-month study period	Clinical
Vascular Access	Vascular Access Type	Percent of hemodialysis patients using an Arteriovenous Fistula during last treatment of the month	Clinical
		Percent of hemodialysis patients using an intravenous catheter during the last treatment of the month and for at least 89 days prior	Clinical
National Healthcare Safety Network	Bloodstream infection in hemodialysis outpatients	Number of qualifying hemodialysis outpatients with positive blood cultures per 100 hemodialysis patient-months	Clinical

Patient Experience of Care	ICH CAHPS Patient Satisfaction Survey	Facility administers, using a third party CMS approved vendor, the In-Center Hemodialysis CAHPS survey (ICH CAHPS) in accordance with CMS specifications and has CMS-approved vendor submit survey results to CMS	Reporting
Anemia Management	Anemia Management Reporting	Facilities must report hemoglobin or hematocrit values and any ESA dosage on Medicare claims	Reporting

## **Appendix 2. Areas of surveillance**

Our organizations believe that these aspects of care are important for CMS and CMMI to monitor to determine the quality and accessibility of care, but for which no quality measures currently exist. We believe that the recommendations designated with an asterisk would only ever be appropriate for consideration as areas of surveillance and should not be developed into quality measures. Our organizations would be happy to discuss strategies to assess and gauge outcomes related to these areas of care.

- Facility-level mortality rate trending
- Infection rate trending, either via NHSN or by claims data ICD-9/10 codes
- IV drug utilization rates (compared to baseline)
- Changes in treatment times
- Transfusion rates
- Transplantation rates and referral for transplantation
- ESA and other drug utilization rates (compared to baseline)
- Acute care hospital admission/readmission rate trending by facility level association
- Availability of dietician and social work services to patients\*
- Baseline population demographics (ensure that the demographic makeup of the patient population in the ESCO remains reasonably consistent throughout lifespan of the ESCO program)\*
- Changes in numbers of shifts per facility\*
- Changes in staffing ratios or staffing composition (i.e., fewer nurses)\*
- Consolidation/sales of dialysis facilities in markets with limited numbers of providers\*
- Facility closures\*