

Policy Update

ASN Recommends Endorsement of New NQF Measures, With Caveats

Responding to a request for comment from the National Quality Forum (NQF), ASN recently submitted recommendations for endorsement of 11 newly proposed measures for end stage renal disease (ESRD) care.

In its “Draft National Voluntary Consensus Standards” report, NQF recommended 11 measures for endorsement as voluntary consensus standards suitable for public reporting and quality improvement (Table 1). ASN was represented on the NQF Steering Committee that developed the proposed measures by Jeffrey Berns, MD, FASN, of the University of Pennsylvania School of Medicine. Berns was joined on the steering committee by 19 other ESRD community stakeholders, including nephrologists, patient representatives, and National Institute of Diabetes, Digestive, and Kidney Disease staff.

Based on the currently available data, ASN generally supported NQF’s 11 recommendations. However, ASN called attention to deficits on several measures and urged NQF to address these concerns as it finalizes the report. In particular, ASN noted that at this time, scant high-quality evidence exists to support the majority of the measures. As such, developing these new performance measures based on intermediate outcomes and retrospective observational studies will not necessarily improve care for patients with ESRD. Indeed, such measures could potentially lead to unintended adverse consequences or increased costs of care without improving meaningful, patient-centered outcomes. In the future, these measures should be replaced by new measures as scientifically validated performance targets are developed, ASN said.

ASN also noted that national voluntary consensus quality measures endorsed by NQF could potentially be used by the Centers for Medicare and Medicaid Services (CMS) as measures in the ESRD Quality Incentive Program (QIP). Although ASN generally supported the measures, the society conveyed reservations about their suitability for a financially incentivized measure owing to the insufficiency of scientifically validated evidence. ASN emphasized that any new measures CMS considers for the QIP must be subjected to rulemaking with a public comment period—even if the measures are endorsed by the NQF.

The National Quality Forum is a nonprofit organization whose mission is to improve the quality of American health care by endorsing national consensus standards that organizations can use for measuring the quality of their care and publicly reporting. While the NQF does not have any authority to make providers report or track the measures it endorses, CMS and other health care organizations often use NQF-endorsed measures when developing goals or programs for performance improvement.

ASN will continue to interact with NQF and monitor progress as the organization moves toward finalizing new consensus measures. To read ASN’s comments to NQF, visit ASN’s policy webpage at http://www.asn-online.org/policy_and_public_affairs/patient-care.aspx.

Table 1

Measures recommended by NQF for endorsement as voluntary consensus standards suitable for public reporting and quality improvement for ESRD

Measure Category	Proposed Measure Number and Title	Description
Dialysis Adequacy	1418: Frequency of adequacy measurement for pediatric hemodialysis (HD) patients	Percentage of all pediatric (less than 18 years) patients receiving in-center hemodialysis (irrespective of frequency of dialysis) with documented monthly adequacy measurements (spKt/V) or its components in the calendar month.
	1421: Method of adequacy measurement for pediatric hemodialysis patients	Percentage of pediatric (less than 18 years old) in-center HD patients (irrespective of frequency of dialysis) for whom delivered HD dose was measured by spKt/V as calculated using UKM or Daugirdas II during the reporting period.
	1423: Minimum spKt/V for pediatric hemodialysis patients	Percentage of all pediatric (less than 18 years old) in-center HD patients who have been on hemodialysis for 90 days or more and dialyzing 3 or 4 times weekly whose delivered dose of hemodialysis (calculated from the last measurements of the month using the UKM or Daugirdas II formula) was a pKt/V greater than or equal to 1.2.
Nutrition	1425: Measurement of nPCR for pediatric hemodialysis patients (time limited)	Percentage of pediatric (less than 18 years old) in-center HD patients (irrespective of frequency of dialysis)
Anemia	1424: Monthly hemoglobin measurement for pediatric patients	Percentage of all pediatric (less than 18 years) hemodialysis and peritoneal dialysis patients who have monthly measures for hemoglobin.
	1430: Lower limit of hemoglobin for pediatric patients	Percentage of pediatric (less than 18 years old) hemodialysis and peritoneal dialysis patients with ESRD greater than or equal to 3 months, who have a mean hemoglobin less than 10 g/dL for a 3-month reporting period, irrespective of ESA use. The hemoglobin value reported at the end of each reporting month (end-of-month hemoglobin) is used for the calculation.
	1433: Use of iron therapy for pediatric patients (time-limited)	Percentage of all pediatric (less than 18 years old) hemodialysis and peritoneal dialysis patients with hemoglobin less than 11.0 g/dL and in whom serum ferritin concentration was less than 100 ng/mL and TSAT less than 20% who received IV iron or were prescribed oral iron within the following 3 months.
Fluid management	1438: Periodic assessment of postdialysis weight by nephrologists (time limited)	The proportion of patients who have documentation of receiving a new postdialysis weight prescription from a nephrologist in the reporting month, irrespective of whether or not a change in postdialysis weight prescription was made.
Mineral metabolism	1454: Proportion of patients with hypercalcemia	Proportion of patients with 3-month rolling average of total uncorrected serum calcium greater than 10.2 mg/dL
Hospitalization	1463: Standardized hospitalization ratio for admissions	Risk-adjusted standardized hospitalization ratio for admissions for dialysis facility patients.
Infection	1460: National Healthcare Safety Network (NHSN) bloodstream infection measure	Number of hemodialysis outpatients with positive blood cultures per 100 hemodialysis patient-months.

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