The growing tide of new metrics for clinical performance measures. The new measures move from being adequacy metrics and anemia management to coincide with the new ESRD guidelines, including hemodialysis adequacy metrics and anemia management. The new measures are related to being most effective, said Neil Powe, MD, director of the Welch Center for Prevention, Epidemiology and Clinical Research at Johns Hopkins. Future needs for CKD quality measures include demonstrating that measures are related to outcomes, creating more measures for early stages of CKD, and using performance measures to address health-care inequalities. These measures must not only be tested during their application, but also during all stages of development.

Powe gave the Christopher Blagg Endowed Lecture at the Public Policy Forum on “Clinical Performance Measures: How Will You Be Measured?”

Historically, there has been a lack of quality measures for CKD, but as some care services move away from hospitals and toward ambulatory care providers, a plethora of new measures for CKD and other outpatient services are on the horizon.

Quality measures for kidney disease need to be carefully developed and evaluated to be most effective, said Neil Powe, MD, director of the Welch Center for Prevention, Epidemiology and Clinical Research at Johns Hopkins. Future needs for CKD quality measures include demonstrating that measures are related to outcomes, creating more measures for early stages of CKD, and using performance measures to address health-care inequalities. These measures must not only be tested during their application, but also during all stages of development. Powe gave the Christopher Blagg Endowed Lecture at the Public Policy Forum on “Clinical Performance Measures: How Will You Be Measured?”

Louis Diamond, MBChB, medical director of the Medstat Group, spoke about recent trends by government and the private sector to assess physician performance and link performance to relicensure. The “elephant in the room,” Diamond said, is “we still don’t know how best to assess physician performance.” As policymakers and professionals look toward the future, he urged a closer look at the efficacy of using both process and outcome measures and called for performance measures until the implementation of these new guidelines as they review compliance with the new ESRD conditions for coverage, but it is likely they will not be used as pay-for-performance measures until the implementation of bundling in 2010. Wisch advised the health-care community to “proceed with caution” because not all of the new measures have been validated and process measures are not currently being collected.

By Caroline Jennette

Clinical Performance Measures

The growing tide of new metrics for evaluating delivery of care for chronic kidney disease (CKD) and other outpatient services warrants a healthy look at their efficacy, according to speakers at the policy sessions at Renal Week. Even as physicians and other care providers gear up to meet the new requirements, they must also take part in evaluating how well the measures work, speakers said.

Historically, there has been a lack of quality measures for CKD, but as some care services move away from hospitals and toward ambulatory care providers, a plethora of new measures for CKD and other outpatient services are on the horizon.

Quality measures for kidney disease need to be carefully developed and evaluated to be most effective, said Neil Powe, MD, director of the Welch Center for Prevention, Epidemiology and Clinical Research at Johns Hopkins. Future needs for CKD quality measures include demonstrating that measures are related to outcomes, creating more measures for early stages of CKD, and using performance measures to address health-care inequalities. These measures must not only be tested during their application, but also during all stages of development. Powe gave the Christopher Blagg Endowed Lecture at the Public Policy Forum on “Clinical Performance Measures: How Will You Be Measured?”

Louis Diamond, MBChB, medical director of the Medstat Group, spoke about recent trends by government and the private sector to assess physician performance and link performance to relicensure. The “elephant in the room,” Diamond said, is “we still don’t know how best to assess physician performance.” As policymakers and professionals look toward the future, he urged a closer look at the efficacy of using both process and outcome measures and called for performance measures until the implementation of these new guidelines as they review compliance with the new ESRD conditions for coverage, but it is likely they will not be used as pay-for-performance measures until the implementation of bundling in 2010. Wisch advised the health-care community to “proceed with caution” because not all of the new measures have been validated and process measures are not currently being collected.

ASN Grant Opportunities

Alaska Kidney Foundation-ASN Research Grant, Carl W. Gottschalk Research Scholar Grant, and the Norman Siegel Research Scholar Grant

Those applying for the AKF-ASN Research Grant, Carl W. Gottschalk Research Scholar Grant, or Normal Siegel Research Scholar Grant will be automatically considered for any of the three awards.

These career development grants are designed to foster the independent careers of young investigators in biomedical research related to nephrology. Applicants must be within seven years of initial faculty appointment. This grant provides $100,000 annually for two years. Preference for the Norman Siegel Research Scholar Grant will be given to a pediatric investigator. The AKF-ASN Research Grant is cosponsored by AKF.

Next application deadline: February 6, 2009

ASN-Association of Specialty Professors Junior Development Grant in Geriatric Nephrology

Cosponsored by ASP, this grant provides $75,000 annually for two years for researchers interested in careers focusing on the geriatric and gerontological aspects of nephrology.

Next application deadline: February 6, 2009

ASN-American Society of Transplantation John Merrill Grant in Transplantation

Cosponsored by AST, this grant is designed to foster the independent careers of young investigators in biomedical research related to transplantation. This grant provides $100,000 annually for two years.

Next application deadline: February 6, 2009

The Halpin Foundation-ASN Research Grant

Cosponsored by The Halpin Foundation, this career development grant is directed at researchers studying membranous nephropathy. This grant provides $100,000 annually for two years.

Next application deadline: February 6, 2009

M. James Scherbenske Grant

This grant is designed as a bridge grant to support only those investigators who have submitted a competitive renewal RO1 application that was not funded. This grant is a one-time award of $100,000. Upcoming application deadlines: November 14, 2008; March 13, 2009; June 12, 2009

Student Scholar Grant

This program is designed to enable selected medical students with an interest in either basic or clinical research to spend time engaged in work on a nephrology-based research project.

Upcoming application deadlines: March 6, 2009 and October 2, 2009

ASN acknowledges the following organizations whose generous support assists the Society in providing funding for new investigators in kidney research:

- Alaska Kidney Foundation
- Association of Specialty Professors
- American Society of Transplantation
- The Halpin Foundation
The ASN Public Policy Board Symposium focused on the economic and health burdens of CKD and national efforts to educate, screen, and treat those at risk for or with CKD. The Chronic Kidney Disease Surveillance Pilot is one such project. A partnership between the Centers for Disease Control (CDC), Johns Hopkins University, and the University of Michigan, the project assesses the prevalence, impact, and resource utilization of CKD. The surveillance integrates 11 data sources into a comprehensive system that tracks factors associated with CKD, including awareness, risk, and health outcomes.

Among the challenges for creating this type of surveillance project are data procurement, missing data, and comparisons across data sources, said Rajiv Saran, MD, associate director of the University of Michigan Kidney Epidemiology and Cost Center. Results from the CDC pilot program have not yet been released, but a copy of the executive summary is available upon request from www.cdc.gov/diabetes/projects/ckdsummary.htm.

The burden of ESRD, coupled with the risk factors of diabetes, hypertension, and cardiovascular disease, provide a strong rationale for focusing on programs that increase early detection of CKD, said Alan Collins, director of the Chronic Disease Research Group (CDRG). The “Cherish Your Kidneys” program, a partnership between the CDC, the CDRG, and the National Kidney Foundation, targets patients at high risk for kidney disease, screening those older than 50 with self-reported diabetes and/or hypertension.

Andrew Narva, MD, director of the National Kidney Disease Education Program (NKDEP), described the efforts of NKDEP to improve CKD care at both a provider and patient level through education, outreach, and collaboration with other federal agencies. The NKDEP’s community health center CKD pilot project works to improve screening, detection, and management of CKD care for vulnerable populations, typically uninsured or underserved, who use community health centers. L. Ebony Bouware, MD, associate professor of medicine and epidemiology at Johns Hopkins University, noted that expenditures for CKD—both direct and indirect—are on the rise. In her studies on the economic impact of CKD, Bouware found that annual screenings were not cost-effective unless used with targeted groups. She stressed that targeting patients at greatest risk for progression to kidney disease may be the most cost-effective practice.

As the burden of kidney disease continues to grow, government agencies and private entities are taking notice and working to create policies that combine cost-cutting and quality measure development for current CKD and ESRD. Agencies are also working on early detection through screening and educational initiatives to catch CKD in the early stages and slow the progression to ESRD. The renal community can help by staying informed and lending a voice to policy development both now and in the future.

ASN Kidney News editorial board member Caroline Jennette, MSW, is with the University of North Carolina Kidney Center in Chapel Hill, NC.