

The ESRD QIP:

A Collaboration for Quality Improvement



Speakers

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CMS End-Stage Renal Disease (ESRD)
Quality Incentive Program (QIP) Policy Lead
- **Brenda Gentles**, RN, BS, MS
CMS ESRD QIP Communications and
Monitoring and Evaluation (M&E) Lead

Session Structure

- Brief – ESRD QIP Update
- Brief – Major Monitoring & Evaluation Findings
- All Teach – All Learn!
- **You Face Serious Challenges**
- **The Answers May Lie in THIS ROOM**
- Small-Group Discussions
- A Call to Action
- Next Steps

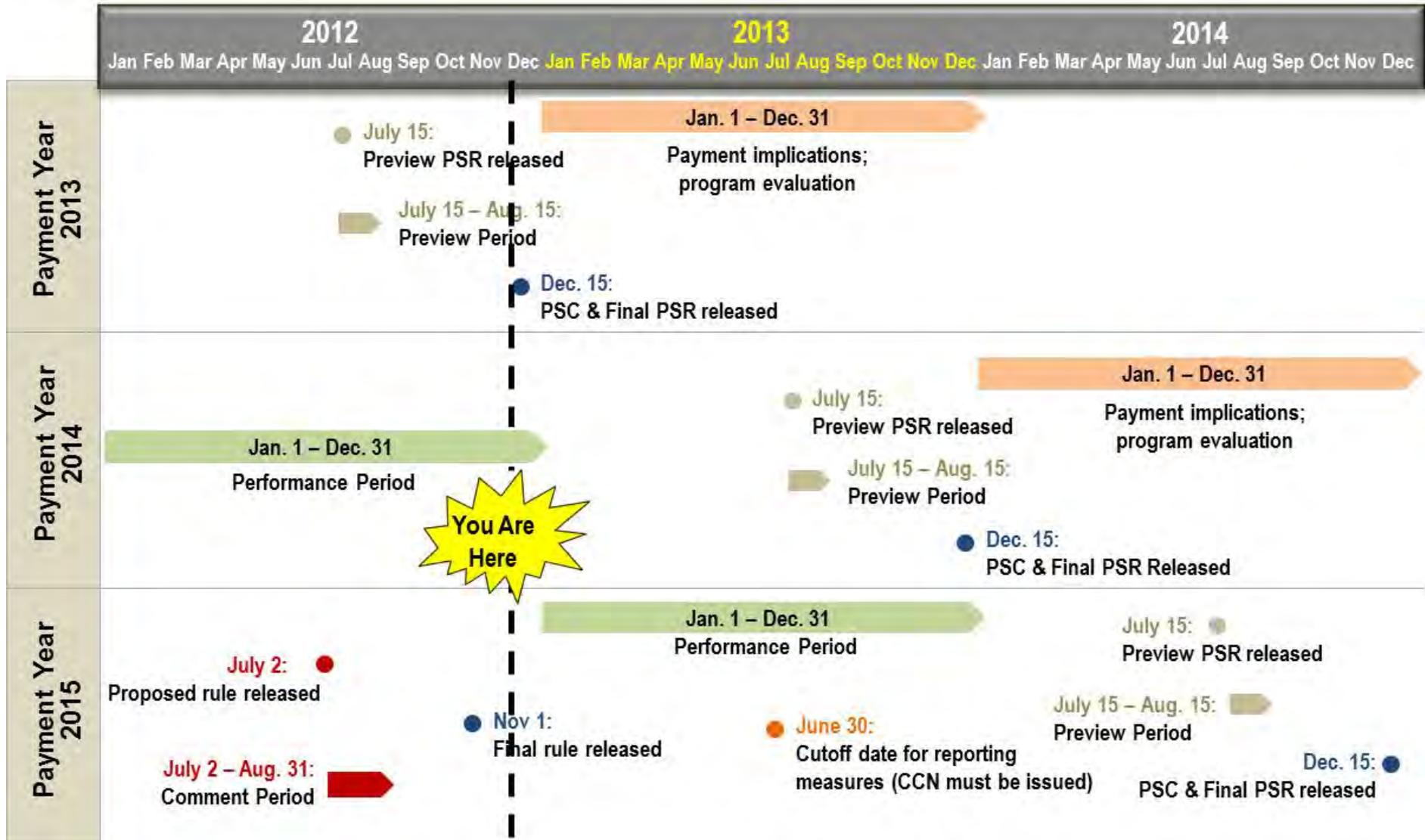
ESRD QIP Update

Anita Segar



A More Perfect Union
BETTER HEALTH. BETTER HEALTH CARE. LOWER COSTS.

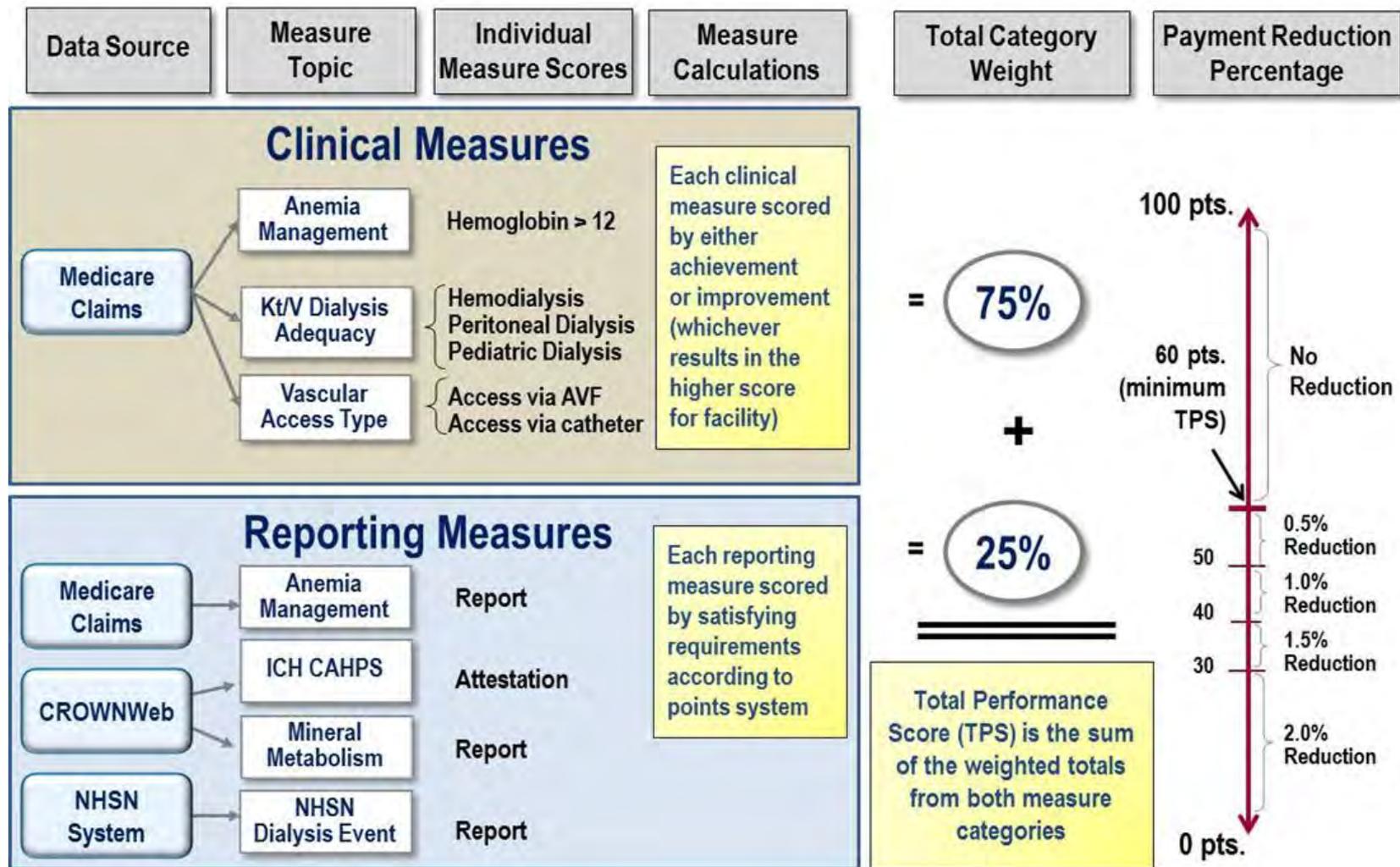
ESRD QIP Critical Dates and Milestones



Comparison of Payment Years 2014 and 2015

	Payment Year 2014		Payment Year 2015	
Measures	6 Total		10 Total	
	3 Clinical <ul style="list-style-type: none"> Hgb >12 g/dL URR ≥ 65% VAT 	3 Reporting <ul style="list-style-type: none"> NHSN ICH CAHPS Mineral Metabolism 	6 Clinical <ul style="list-style-type: none"> Hgb >12 g/dL Kt/V Dialysis Adequacy Measure Topic <ul style="list-style-type: none"> Hemodialysis Peritoneal Dialysis Pediatric Dialysis VAT Measure Topic <ul style="list-style-type: none"> Catheter Fistula 	4 Reporting <ul style="list-style-type: none"> Anemia Management NHSN Mineral Metabolism ICH CAHPS
Performance Period	Calendar Year 2012		Calendar Year 2013	
Period for calculating Achievement Thresholds, Benchmarks, and Performance Standards	July 1, 2010 – June 30, 2011		Calendar Year 2011	
Period for calculating Improvement Thresholds	July 1, 2010 – June 30, 2011		Calendar Year 2012	
Performance Standard	Median national performance rate during July 1, 2010 – June 30, 2011		Median national performance rate during CY 2011	
Weighting	Clinical Measures: 90%	Reporting Measures: 10%	Clinical Measures: 75%	Reporting Measures: 25%
	If a facility only has enough data for one type of measure, that measure(s) will comprise 100% of the TPS		A facility must have enough data for both a clinical and a reporting measure to receive a TPS	
Payment Reductions: Minimum Score	Payment reductions applied for any score less than 53 points		Payment reductions applied for any score less than 60 points	

PY 2015 Scoring and Payment Reduction Methodology



Topics for Future Measure Development

- Hypercalcemia
- Standard Mortality Ratio (SMR)
- Standard Hospitalization Ratio (SHR) – Admissions
- 30-day readmissions
- Population/community health
- Efficiency/cost of care
- Assessing health-related quality of life
- Access to care
- Transfusions

Monitoring & Evaluation

Brenda Gentles



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Overview

- **Monitoring**

- An early detection system identifying implementation issues
- Provides constructive feedback on facility performance
- Findings used to develop longer-term evaluation studies
- Alerts CMS of the need for further review and investigation
- Provides an early look at trends and events
- Performed on an ongoing basis
- Limited ability to determine relationships between policies and outcomes

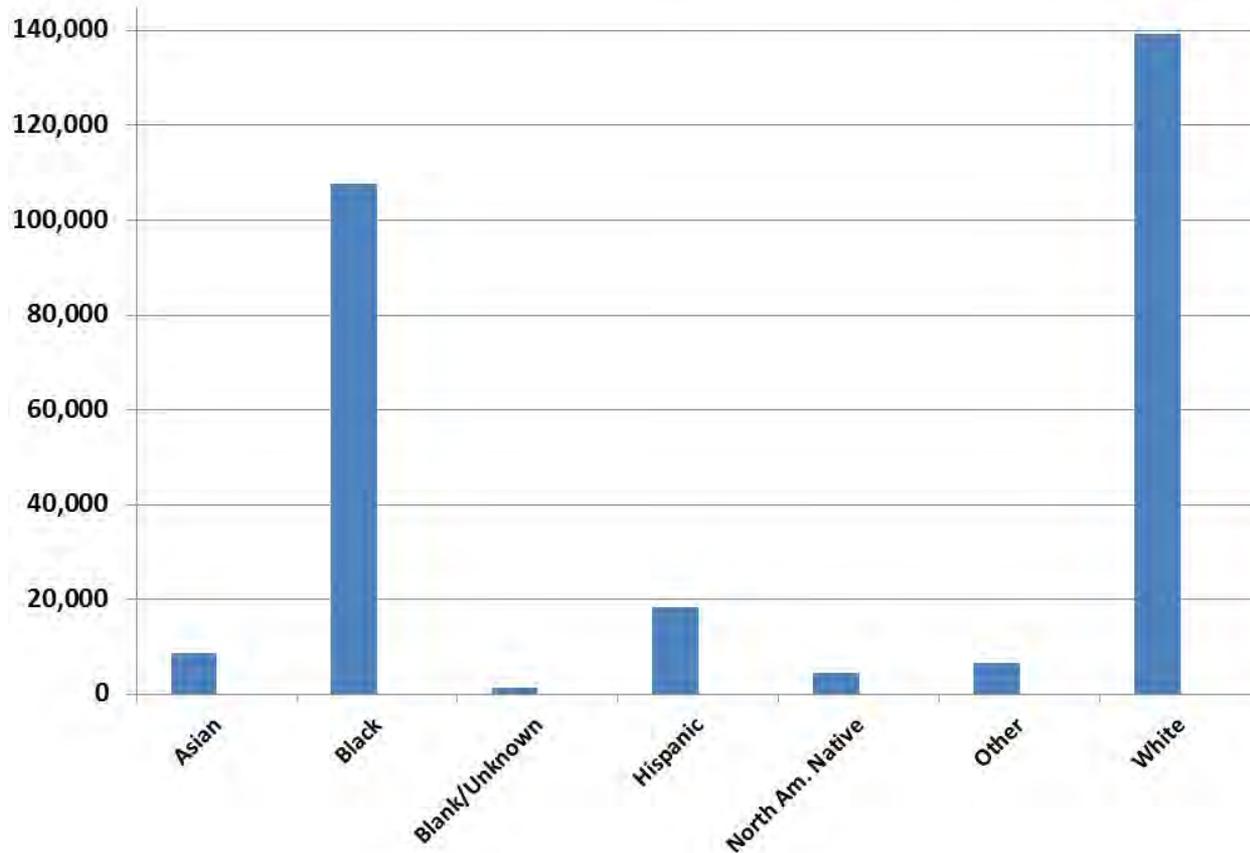
- **Evaluation**

- Measures changes and outcomes with a higher degree of certainty
- Requires more data than monitoring
- Requires data collected over a longer period of time than monitoring

Composition of ESRD

Dialysis Beneficiaries by Race

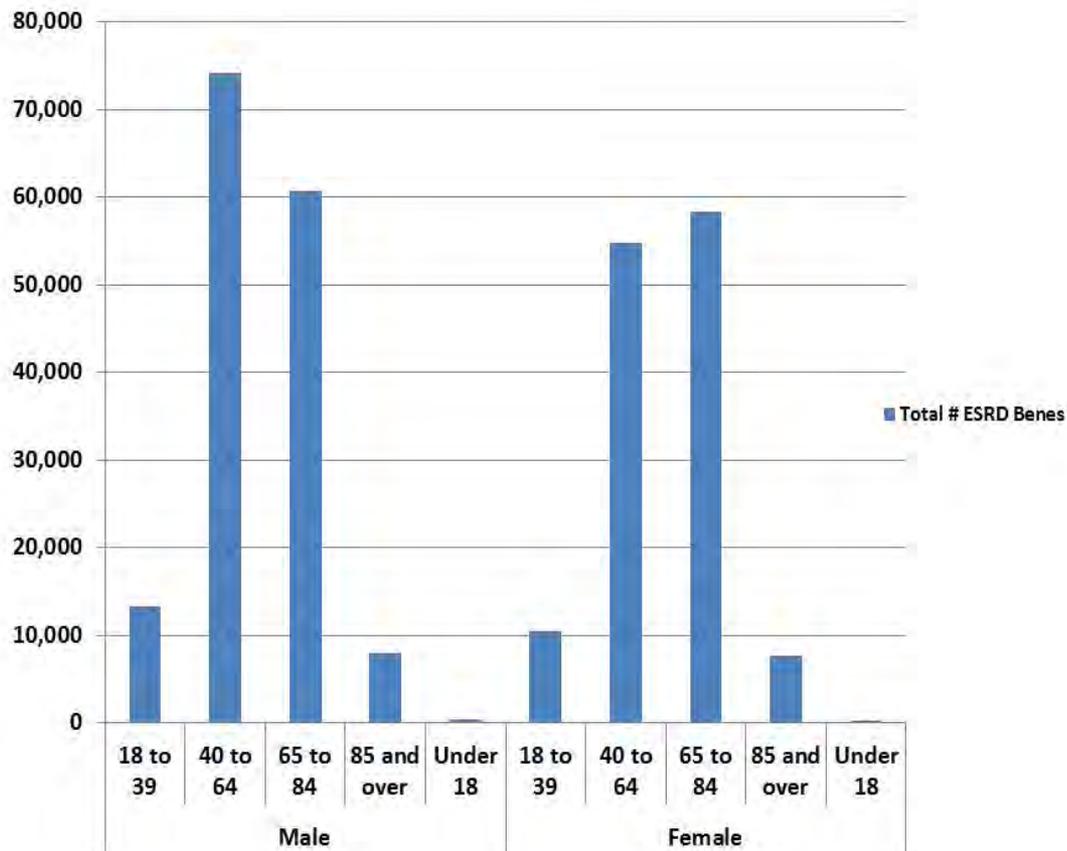
Medicare A/B FFS Claims Database (Inpatient, Outpatient, Carrier), Medicare Enrollment Database, CME



Age Distribution

Age of Beneficiaries

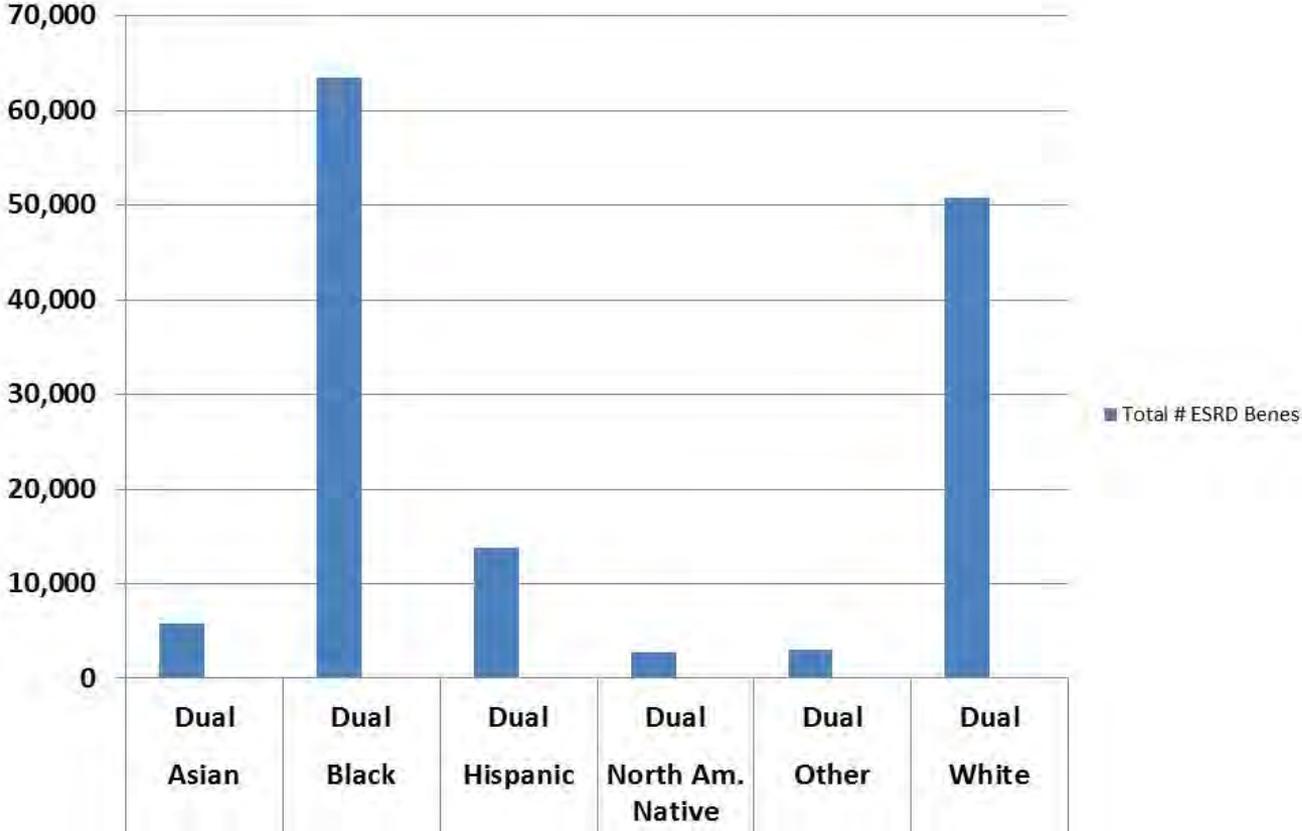
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Dual Status and Race

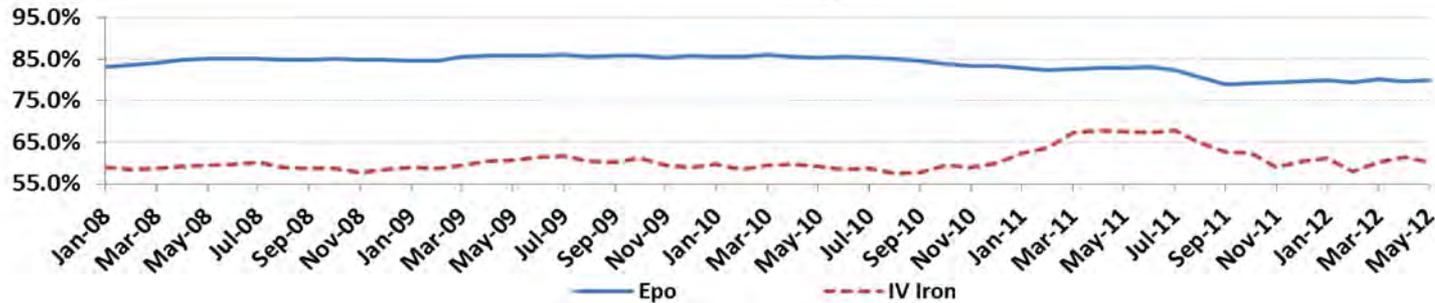
Dual Status by Race

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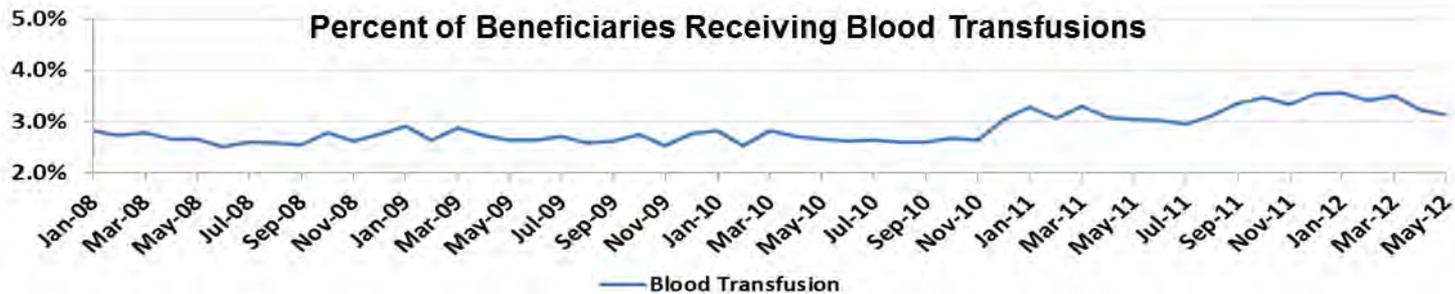


Overview of Key Anemia Management Outcomes

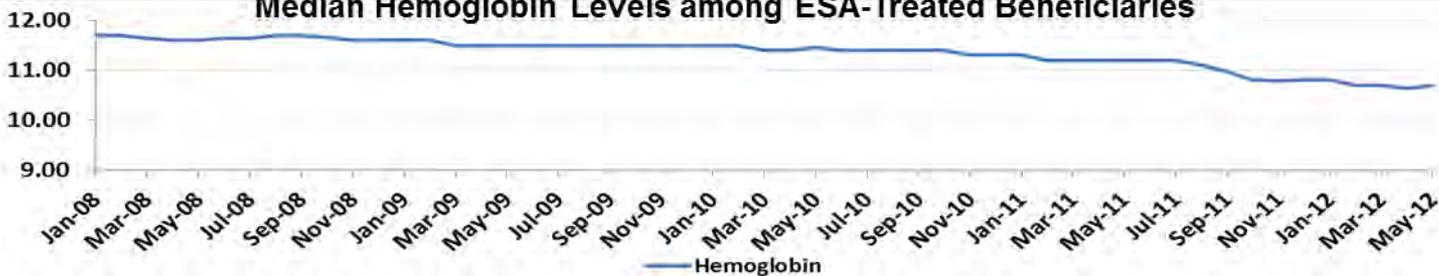
Percent of Beneficiaries Using Epoetin and IV Iron



Percent of Beneficiaries Receiving Blood Transfusions



Median Hemoglobin Levels among ESA-Treated Beneficiaries





Small-Group Discussions and Report Back

Brenda Gentles



Small-Group Discussion Topics

Collaborating for Quality Improvement

- **Anemia Management**
- **Patient Experience of Care**
- **Impact of the ESRD QIP**
- **Communication with Facilities and Beneficiaries**
- **Suggestions for the Future**
- 10 minutes of discussion with your table colleagues
- 40 minutes of information sharing / report out
- Suggested discussion questions provided on card
- Please write legibly on your note sheet so that we can capture findings



Follow-Up and Next Steps

Anita Segar



Next Steps

- **Download** the PY 2013 Final Performance Score Report (PSR)
- **Post** the PY 2013 Performance Score Certificate in December 2012
- **Participate** in the PY 2015 Final Rule Open Door Forum in February 2013
- **Review** the PY 2014 Preview PSR in June 2013
- **Comment on** the PY 2016 proposed rule in June 2013
- **Read** the PY 2016 final rule in November 2013
- **Review** quarterly Quality Improvement data from CMS
- Your call to action

Questions and Comments to ESRDQIP@cms.hhs.gov