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# ESRD QIP Overview and Impact on Patient Health

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# Presenters

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# Agenda

- Describe the statutory authority and operation of the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP)
- Detail the evolution of the ESRD QIP
- Explore challenges and discoveries in assessing the ESRD QIP's impact on patient health
- Address the future direction of the ESRD QIP



# CMS Three-Part Aim in the ESRD Context

1. Better care for the individual through beneficiary- and family-centered care
2. Better health for the ESRD population
3. Reduce costs by improving care



# Goals of the CMS Quality Strategy

- **Make care safer by reducing harm caused in the delivery of care**
  - Improve support for a culture of safety
  - Reduce inappropriate and unnecessary care
  - Prevent or minimize harm in all settings
- **Strengthen person and family engagement as partners in their care**
- **Promote effective communication and coordination of care**
- **Promote effective prevention and treatment of chronic disease**
- **Work with communities to promote best practices of healthy living**
- **Make care affordable**



# ESRD QIP Legislative Drivers

The ESRD QIP is described in Section 1881(h) of the Social Security Act, as added by Section 153(c) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)

- **Program intent:** Promote patient health by providing a financial incentive for renal dialysis facilities to deliver high-quality patient care
- **Section 1881(h):**
  - Authorizes payment reductions if a facility does not meet or exceed the minimum Total Performance Score (TPS) as set forth by CMS
  - Allows payment reductions of up to 2%



# MIPPA Section 153(c)

## MIPPA requires the Secretary of the Department of Health and Human Services (HHS) to create an ESRD QIP that will:

- **Select measures**
  - Anemia management, reflecting Food and Drug Administration (FDA) labeling
  - Dialysis adequacy
  - Patient satisfaction, as specified by the HHS Secretary
  - Iron management, bone mineral metabolism, and vascular access, as specified by the HHS Secretary
- **Establish performance standards** that apply to individual measures
- **Specify the performance period** for a given payment year (PY)
- **Develop a methodology** for assessing total performance of each facility based on performance standards for measures during a performance period
- **Apply an appropriate payment percentage reduction** to facilities that do not meet or exceed established total performance scores
- **Publicly report results** through websites and facility posting of Performance Score Certificates (PSC)



# ESRD QIP Rule Development

- Draft language based on measures portfolio and policy goals
- Revise per clearance comments from CMS and other HHS components (e.g., CDC, AHRQ, OGC)
- Publish proposed rule in *Federal Register*
- Draft responses to public comments
- Revise per clearance comments by CMS/HHS components
- Publish final rule in *Federal Register*

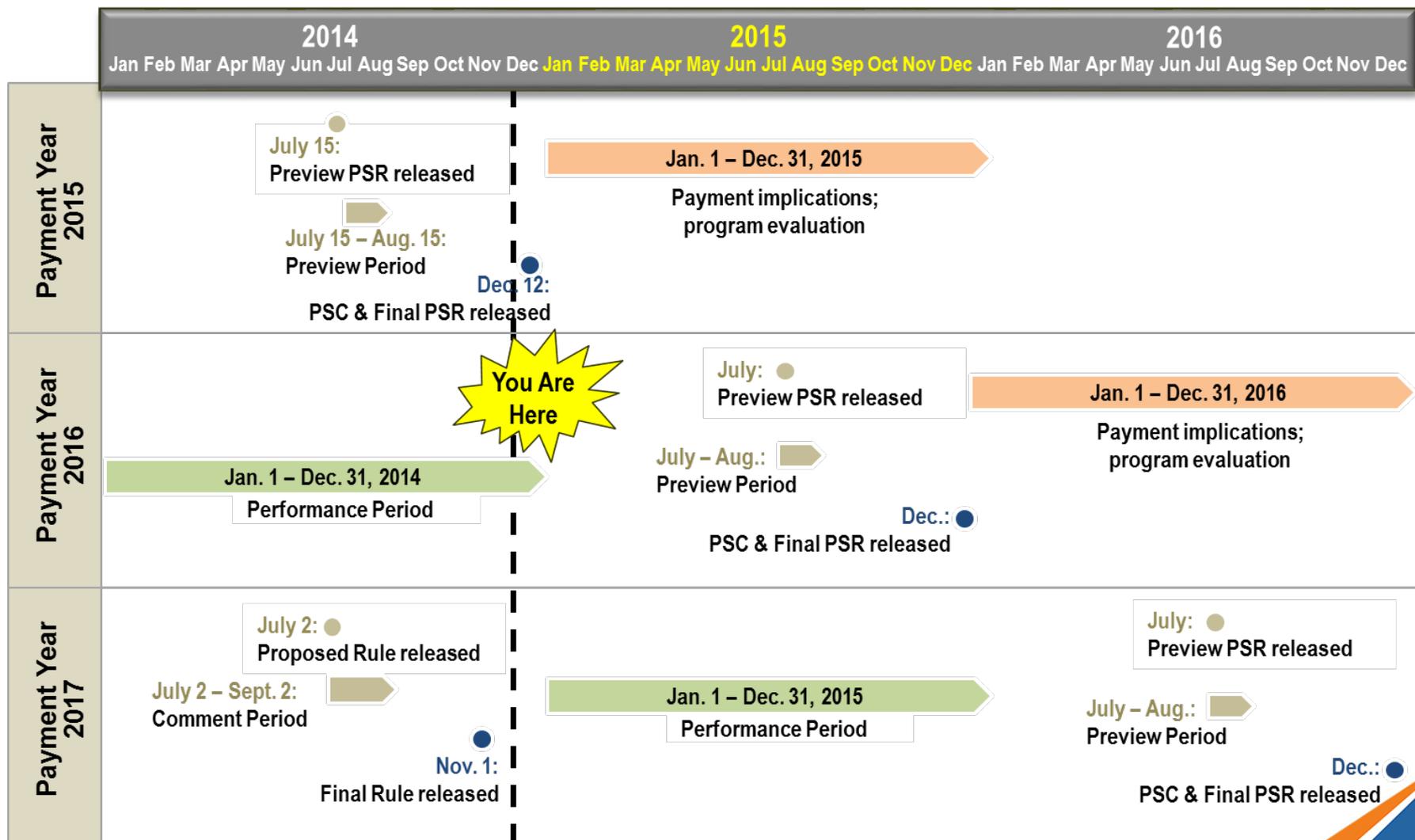


# Scoring Facility Performance

- Collect data from Medicare reimbursement claims, National Healthcare Safety Network (NHSN), and CROWNWeb
- Release estimated scores and payment reduction in a Preview Performance Score Report (PSR) to facilities
- Conduct 30-day Preview Period for facility review of calculations and inquiries
- Adjust scores where required; submit payment reductions to Center for Medicare (CM)
- Release final results in a Final PSR for facilities and PSCs for patients (posted in English and Spanish in a prominent patient area in each facility)



# Upcoming ESRD QIP Dates and Milestones



# Evolution of a Program: PY 2012 – PY 2013

## **PY 2012: First year of the program features three measures**

- Hemoglobin (Hgb) > 12 g/dL (anemia management)
- Urea Reduction Ratio (URR)  $\geq$  65% (dialysis adequacy)
- Hgb < 10 g/dL (anemia management)

## **PY 2013: Hgb < 10 measure removed based on change in FDA labeling**



# Evolution of a Program: PY 2014

## Programmatic changes and measure expansion into topics beyond statutory minimum

- New clinical measures for Vascular Access Type (VAT) to promote fistula use and penalize catheter use (infection control/patient safety)
- Clinical scoring based on achievement (vs. national performance) and improvement (vs. facility's own prior performance)
- Introduction of reporting measures to encourage data sharing with CMS and to facilitate development of future measures (makes up 10% of TPS):
  - NHSN Dialysis Event (infection control/patient safety)
  - In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) survey (patient experience of care)
  - Mineral Metabolism, including patient laboratory results drawn by other entities (bone mineral metabolism; coordination of care)



# Evolution of a Program: PY 2015

## **New measures; refined approaches**

- Kt/V replaces URR as measure of dialysis adequacy; separate measures for distinct patient populations (adult hemodialysis; adult peritoneal dialysis; pediatric hemodialysis)
- “Small-facility adjuster” developed to equalize clinical scores for facilities treating 11 – 25 patients
- TPS calculation reweighted to further encourage compliance with reporting measures (25%); minimum TPS calculation includes points earned for reporting measures
- Anemia Management added as a reporting measure
- Revised scoring of reporting measures to allow for earning partial points for compliance



# Evolution of a Program: PY 2016

## Measure expansions and conversions

- NHSN Dialysis Event reporting measure converted to a clinical measure – called the NHSN Bloodstream Infection in Hemodialysis Outpatients (NHSN BSI) – becoming the first clinical measure to address patient safety
- Hypercalcemia added to list of clinical measures (had been part of a reporting measure in PY 2015)
- ICH CAHPS reporting measure expanded to include administering the survey semiannually and submitting the results to CMS
- Mineral Metabolism and Anemia Management reporting measures revised to include home peritoneal dialysis patients



# Evolution of a Program: PY 2017

## **Modest expansion and programmatic enhancement**

- Standardized Readmissions Ratio (SRR) clinical measure added – first measure to directly assess care coordination
- Hemoglobin > 12 g/dL measure removed – high level of overall achievement indicates the measure is “topped out”
- Extraordinary Circumstance Exception added – excludes months in which a facility was forced to close for reasons beyond its control



# Evolution of a Program: PY 2018

## Significant expansion to focus on patient-centric metrics

- Standardized Transfusion Ratio (STrR) clinical measure added
- ICH CAHPS expanded into a clinical measure – provides additional incentive to improve patients' experience of care
- Pediatric Peritoneal Dialysis Adequacy clinical measure added – ensures that dialysis adequacy measures cover all age groups and modalities
- Pain and Depression reporting measures added – first step towards evaluating whether facilities regularly screen patients for pain and depression
- NHSN Healthcare Personnel Influenza Vaccination (NHSN HCP) reporting measure added – first step towards evaluating whether facilities prevent communicable diseases by ensuring that employees and volunteers receive critical immunizations
- Clinical measures grouped and weighted according to three subdomains (Clinical Care, Safety, and Care Coordination/Patient Experience of Care) – helps ensure that programmatic priorities are transparent
- Clinical and reporting measures weighted at 90% and 10%, respectively – provides stronger incentives for facilities to achieve high scores on the clinical measures



# Program Comparison at a Glance

	PY 2014	PY 2015	PY 2016	PY 2017	PY 2018
Clinical Measures	Hgb >12 g/dL URR VAT	Hgb >12 g/dL VAT Measure Topic (fistula, catheter) Kt/V Dialysis Adequacy Measure Topic (hemodialysis, peritoneal dialysis, pediatric hemodialysis)	Hgb >12 g/dL VAT Measure Topic (fistula, catheter) Kt/V Dialysis Adequacy Measure Topic (hemodialysis, peritoneal dialysis, pediatric hemodialysis) NHSN BSI Hypercalcemia (2/3 value of remaining clinical measures)	VAT Measure Topic (fistula, catheter) Kt/V Dialysis Adequacy Measure Topic (hemodialysis, peritoneal dialysis, pediatric hemodialysis) NHSN BSI SRR Hypercalcemia (2/3 value of remaining clinical measures)	VAT Measure Topic (fistula, catheter) Kt/V Dialysis Adequacy Measure Topic (hemodialysis, peritoneal dialysis, pediatric hemodialysis, pediatric peritoneal dialysis) NHSN BSI SRR STrR ICH CAHPS Hypercalcemia (2/3 value of remaining clinical measures)
Reporting Measures	NHSN Dialysis Event ICH CAHPS Mineral Metabolism	NHSN Dialysis Event ICH CAHPS Mineral Metabolism Anemia Management	ICH CAHPS Mineral Metabolism Anemia Management	ICH CAHPS Mineral Metabolism Anemia Management	Mineral Metabolism Anemia Management Depression Screening Pain Assessment NHSN HCP
Performance Period	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016 (NHSN HCP reporting measure: 10/1/2015 – 3/31/2016)



# Program Comparison at a Glance (continued)

	PY 2014	PY 2015	PY 2016	PY 2017	PY 2018
Comparison Period	July 1, 2010 – June 30, 2011	CY 2011 (achievement), CY 2012 (improvement)	CY 2012 (achievement), CY 2013 (improvement) <i>(note: No improvement scoring for NHSN BSI)</i>	CY 2013 (achievement), CY 2014 (improvement) <i>(note: Achievement scoring for NHSN BSI based on CY 2014 data)</i>	CY 2014 (achievement), CY 2015 (improvement)
Performance Standard	National Performance Rate (July 1, 2010 – June 30, 2011)	National Performance Rate (CY 2011)	National Performance Rate (CY 2012); National Performance Rate (May – Dec. 2012) for Hypercalcemia; National Performance Rate (CY 2014) for NHSN BSI	National Performance Rate (CY 2013)	National Performance Rate (CY 2014)
Weighting	Clinical: 90%, Reporting: 10%	Clinical: 75%, Reporting: 25%	Clinical: 75%, Reporting: 25%	Clinical: 75%, Reporting: 25%	Clinical: 90%, Reporting: 10%
Minimum Data Requirements	Facility needs <b>either</b> (i) 11 cases for at least one clinical measure or (ii) to qualify for at least one reporting measure	Facility needs <b>both</b> (i) 11 cases for at least one clinical measure and (ii) to qualify for at least one reporting measure. <i>(note: The 11-case minimum now also applies to reporting measures)</i>	Facility needs <b>both</b> (i) 11 cases for at least one clinical measure and (ii) to qualify for at least one reporting measure	Facility needs <b>both</b> (i) 11 cases for at least one clinical measure and (ii) to qualify for at least one reporting measure	Facility needs <b>both</b> (i) 11 cases for at least one clinical measure and (ii) to qualify for at least one reporting measure
Low-Volume Facility Score Adjustment	None	Applied to clinical measures with 11 – 25 cases	Applied to clinical measures with 11 – 25 cases	SRR: 11 – 41 index discharges; all other clinical measures: 11 – 25 cases	SRR: 11 – 41 index discharges; STrR: 10 – 21 patient-years at risk; all other clinical measures: 11 – 25 cases
Minimum TPS	53 Points	60 Points	54 Points	58 points	Not yet established



# Impact of the Comment Period

## **PYs 2013 and 2014 Comment Period: 7/8/2011 – 8/30/2011**

- CMS received 88 comments about ESRD QIP measures, covering 364 areas
- Changes made in PY 2014 Final Rule:
  - Removed three measures: Standardized Hospital Ratio (SHR)-Admissions; Vascular Access Infection; Kt/V (retained URR)
  - Modified scoring for a more-gradual payment reduction scale (starting with 0.5%); slightly adjusted scoring methodology

## **PY 2015 Comment Period: 7/1/2012 – 8/31/2012**

- CMS received approximately 55 public comments about elements in the proposed rule
- Changes made in PY 2015 final rule:
  - Did not finalize the Hypercalcemia clinical measure
  - Established a formula to incentivize incremental scoring on reporting measures
  - Applied 11-case minimum for reporting measures
  - Revised exclusions for reporting measures
  - Changed computation of minimum TPS to include points for reporting measures
  - Modified weighting for TPS: Clinical measures: 75%; Reporting measures 25%



# Impact of the Comment Period (continued)

## **PY 2016 Comment Period: 7/1/2013 – 9/3/2013**

- CMS received 54 public comments about elements in the proposed rule
- Changes made in the PY 2016 final rule:
  - Did not finalize the Patient-Informed Consent for Anemia Treatment clinical measure
  - Did not finalize the Pediatric Iron Therapy or Comorbidity reporting measures
  - Hypercalcemia clinical measure given 2/3 the weight of the other clinical measures

## **PYs 2017 and 2018 Comment Period: 7/2/2013 – 9/2/2013**

- CMS received 46 public comments about elements in the proposed rule
- Changes made in the PY 2017 – PY 2018 final rule:
  - Did not finalize proposal to incorporate the Adjusted Ranking Metric when calculating performance rates for the NHSN BSI clinical measure
  - Scoring methodology for Pain and Depression reporting measures revised to allow awarding of partial credit
  - Did not finalize the Reporting Measure Adjuster scoring methodology
  - Patients must be treated fewer than seven times in a month (an increase from two times) in order to be eligible for the Hemodialysis Adequacy measures



# Integrating Broader Indicators of Patient Well-Being

**Focus:** Incorporate patient outcomes beyond laboratory indicators

**Example:** CMS has **finalized** clinical measures on hospital readmission rates, transfusion rates, and patient experience of care

- PY 2017: SRR (to measure unplanned readmissions of patients with ESRD in a risk-adjusted manner)
- PY 2018: STrR (to measure unnecessary transfusions for patients with ESRD in a risk-adjusted manner)
- PY 2018: ICH CAHPS – expanded from reporting to clinical measure

**Example:** CMS has **finalized** reporting measures on pain and depression in patients

- PY 2018: Screening for Depression and Follow-up reporting measure (to evaluate whether facilities report data on how often they screen patients with ESRD for depression)
- PY 2018: Pain Assessment and Follow-up reporting measure (to evaluate whether facilities report data on how often they assess patients with ESRD for pain)



# Progress in ESRD Treatment – Improved Performance Standards

National facility performance on ESRD QIP clinical measures has improved over time

National Performance Standards, by Payment Year

Measure	PY 2012	PY 2013	PY 2014	PY 2015	PY 2016	PY 2017
Hgb > 12*	26%	14%	4%	1%	0%	
URR†	96%	97%	98%			
VAT – Fistula†			58%	60%	62.3%	64.5%
VAT – Catheter*			14%	13%	10.6%	9.9%
Kt/V – Adult HD†				93%	93.4%	93.7%
Kt/V – Adult PD†				84%	85.7%	87.5%
Kt/V – Pediatric HD†				93%	93%	92.5%
NHSN BSI*					TBD in CY 2014	TBD in CY 2014
Hypercalcemia*					1.7%	1.3%

\* denotes measures where lower rate indicates better care

† denotes measures where higher rate indicates better care



# Progress in ESRD Treatment – Decline in Payment Reductions

Payment Reductions for PY 2012 and PY 2013 (all dialysis facilities)

		Payment Reduction in PY 2013						
	Result	Number of Facilities	2.0%	1.5%	1.0%	0.0%	Insufficient data for ESRD QIP	No Score
Payment Reduction in PY 2012	2.0%	32	8	4	3	14	1	2
	1.5%	382	23	24	12	313	4	6
	1.0%	296	13	21	22	235	0	5
	0.5%	818	55	49	41	656	7	10
	0.0%	3,414	58	100	104	3,077	36	39
	Insufficient data for ESRD QIP	608	2	1	0	197	386	22
	No Score	239	2	0	0	70	167	0

**Color Key:**

Improved
Stayed the same *
Worsened

Number and Percent of Facilities Based on Payment Reduction Change  
(for Facilities that Received a Score in PY 2012)

# of Facilities	Percent of Total	Change from PY 2012 to PY 2013
1,237	25.0%	<b>Improved</b> - Received smaller payment reduction in PY 2013
3,172	64.2%	<b>Stayed the Same</b> - Received same payment reduction in PY 2012 and PY 2013
262	5.3%	<b>Newly penalized</b> - Received no payment reduction in PY 2012 and some payment reduction in PY 2013
161	3.3%	<b>Worsened</b> - Received some payment reduction in PY 2012 and a larger payment reduction in PY 2013
48	1.0%	<b>Received no score</b> in PY 2013
62	1.3%	<b>Had Insufficient data</b> in PY 2013

\* Note that in PY 2013, a payment reduction of 0.5% was not an available category. A facility that received a 0.5% payment reduction in PY 2012 and a 1.0% payment reduction in PY 2013 is considered to have no change in payment reduction category.



# The Challenge: Difficulties in Assessing Program Impact on Patients

- The PY 2012 program created some current challenges in evaluating the ESRD QIP
  - The initial roll-out did not have a “clean” start date
  - Coincided with the roll-out of the expanded PPS in January 2011
  - FDA label changes for ESAs
- Changes in measures, weighting, and scoring make year to year comparisons difficult
- Other Quality Improvement initiatives, as well as research linking cardiovascular events to high hemoglobin levels



# Difficulties in Assessing Program Impact on Patients (continued)

- Difficulty in separating the effects of two system reforms (i.e., ESRD QIP and ESRD PPS)
- Lack of a fully appropriate comparison group for the provider and beneficiary populations



# ESRD Networks: Partners for Quality

The ESRD National Coordinating Center and the 18 ESRD Network organizations partner with their Medical Review Boards (MRB) and the renal community to complement CMS's Quality Strategy and the Three-Part Aim



# Aim #1: Better Care

The ESRD Networks are vital links to facilities and caregivers in support of patient-centered care:

- Patient Advisory Committees (PAC)
- Decreasing Dialysis Patient Provider Conflict (DPC) Program
- ESRD Beneficiary Focused Learning Network\*

\* CMS-funded project



## Aim #2: Better Health

Coalitions (comprised of patients, representatives from CMS, ESRD Networks, the renal community, and other stakeholders) collaborate on:

- Fistula First /Catheter Last (FFCL) Workgroup, evolved from the “Fistula First” Initiative, with the added emphasis on decreasing the use of tunneled dialysis catheters (TDC) for long-term vascular access (> 90 days)
- Kidney Community Emergency Response (KCER)\*

\* CMS-funded project



# Aim #3: Reduce Costs by Improving Care

Networks and other stakeholders collaborate to improve care and reduce costs through:

- “5-Diamond Patient Safety Program” to assist dialysis facilities in
  - Improving both staff and patient awareness of specific patient safety areas
  - Promoting patient safety values
  - Building a culture of patient safety in every dialysis facility
- Anemia Management projects to monitor and manage low serum hemoglobin levels in individual patients with the goal of avoiding elevated doses of ESAs, transfusions, and hospital admissions



# ESRD QIP Resources

- **ESRD QIP section of CMS website:** [www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html)
  - ESRD QIP measure specifications: [www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061\\_TechnicalSpecifications.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications.html)
- **MIPPA:** [www.gpo.gov/fdsys/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf](http://www.gpo.gov/fdsys/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf)
- **ESRD Center on CMS website:** [www.cms.gov/Center/Special-Topic/End-Stage-Renal-Disease-ESRD-Center.html?redirect=/center/esrd.asp](http://www.cms.gov/Center/Special-Topic/End-Stage-Renal-Disease-ESRD-Center.html?redirect=/center/esrd.asp)
- **Dialysis Facility Compare (DFC):** [www.medicare.gov/dialysisfacilitycompare](http://www.medicare.gov/dialysisfacilitycompare)
- **United States Renal Data System (USRDS):** [www.usrds.org](http://www.usrds.org)
- **ESRD Network Coordinating Center (NCC):** [www.esrdncc.org](http://www.esrdncc.org)
- **Dialysis Outcomes and Practice Patterns Study (DOPPS):** [www.dopps.org](http://www.dopps.org)
- **National Quality Forum:** [www.qualityforum.org](http://www.qualityforum.org)

