

The ESRD QIP: What Every Facility Should Know

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- None

- Section 1881(h) of the SSA, as added by section 153c of MIPPA (2008), amended by section 3401 (h) of the ACA and PAMA requires the HHS Secretary to:
 - Select *measures*
 - *Anemia (FDA), Adequacy, Patient satisfaction, Iron, BMM, Vascular access*
 - *2016: conditions treated with oral-only drugs (outcome)*
 - Establish *performance standards* for the measures
 - Specify a *performance period* with respect to a PY
 - Develop a methodology for assessing the *total performance* of each provider/facility
 - Apply an appropriate *payment reduction* to providers/facilities that do not meet the TPS
 - **Public reporting** of results

CMS Strategic Goals

Meaningful Measures Initiative

Meaningful Measures Initiative

OBJECTIVES

- Are patient-centered and meaningful to patients
- Are relevant and meaningful to providers
- Remove measures where performance is already very high and that are low-value
- Provide significant opportunity for improvement
- Align across programs and/or with other payers



- Promote Effective Communication & Coordination of Care**
Meaningful Measure Areas:
 - Medication Management
 - Admissions and Readmissions to Hospitals
 - Transfer of Health Information and Interoperability
- Promote Effective Prevention & Treatment of Chronic Disease**
Meaningful Measure Areas:
 - Preventive Care
 - Management of Chronic Conditions
 - Prevention, Treatment, and Management of Mental Health
 - Prevention and Treatment of Opioid and Substance Use Disorders
 - Risk Adjusted Mortality
- Work with Communities to Promote Best Practices of Healthy Living**
Meaningful Measure Areas:
 - Equity of Care
 - Community Engagement
- Make Care Affordable**
Meaningful Measure Areas:
 - Appropriate Use of Healthcare
 - Patient-focused Episode of Care
 - Risk Adjusted Total Cost of Care
- Make Care Safer by Reducing Harm Caused in the Delivery of Care**
Meaningful Measure Areas:
 - Healthcare-associated Infections
 - Preventable Healthcare Harm
- Strengthen Person & Family Engagement as Partners in their Care**
Meaningful Measure Areas:
 - Care is Personalized and Aligned with Patient's Goals
 - End of Life Care according to Preferences
 - Patient's Experience of Care
 - Patient Reported Functional Outcomes

Meaningful Measures: Improving Outcomes, Reducing Burden

“At CMS the overall vision is to reinvent the Agency to put patients first. We want to partner with patients, providers, payers, and others to achieve this goal. We aim to be responsive to the needs of those we serve.”

- *Administrator Seema Verma*
Centers for Medicare & Medicaid Services

Through Meaningful Measures, CMS seeks to address the following cross-cutting measure criteria:

- Eliminating disparities
- Tracking measurable outcomes and impact
- Safeguarding public health
- Achieving cost savings
- Improving access for rural communities
- Reducing burden

CMS believes that these will lead to:

- Improved outcomes for patients, their families, and healthcare providers
- Reduced burden and costs for clinicians and providers
- Increased operational efficiencies



Accounting for Social Risk Factors in the ESRD QIP

- **Solicited feedback in the FY 2018 IPPS/LTCH PPS & CY 2018 ESRD PPS on which social risk factors provide the most valuable information and the methodology for illuminating differences in outcome rates among patient groups that would allow for a comparison of disparities across providers**
- **Comments:**
 - **Consider dual eligibility, age, income, education, race, ethnicity, employment, disability, community resources, social support**
 - **All VBP measure selection, domain weighting, performance scoring, and payment methodology must account for social risk**

ESRD QIP: Performance Year vs Payment Year (PY)

Performance Year	Payment Year(PY)
2010	2012
2011	2013
2012	2014
2013	2015*
2014	2016
2015	2017
2016	2018
2017	2019
2018	2020
2019	2021
2020	2022
2021	2023
2022	2024

*performance standards, achievement thresholds and benchmarks published PRIOR to the beginning of the PY

QIP PY 2019: Final Measures Overview (no changes)

Clinical Measure Domain – 75% of TPS

Patient and Family Engagement/Care Coordination Subdomain – 42% of Clinical Measure Domain score

1. ICH CAHPS
2. Standardized Readmission Ratio (SRR)

Clinical Care Subdomain – 58% of Clinical Measure Domain score

1. Standardized Transfusion Ratio (STrR)
- ★ 2. Kt/V Dialysis Adequacy (comprehensive)
3. Vascular Access Type (VAT) Measure Topic – Arteriovenous Fistula (AVF)
4. VAT Measure Topic – Catheter \geq 90 days
5. Hypercalcemia

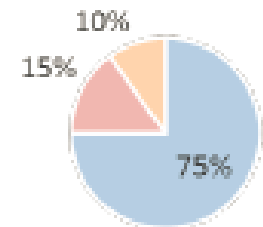
★ Safety Measure Domain – 15% of TPS

1. NHSN Bloodstream Infection (BSI) Measure Topic – NHSN Bloodstream Infection Clinical
- ★ 2. NHSN BSI Measure Topic – NHSN Dialysis Event Reporting

Reporting Measure Domain – 10% of TPS

1. Mineral Metabolism
2. Anemia Management
3. Pain Assessment and Follow-Up
4. Clinical Depression Screening and Follow-Up
5. NHSN Healthcare Personnel Influenza Vaccination

★ new measure for PY 2019



QIP PY 2019 – Final Measure Domain Weighting **(No Changes)**

Domain	Weight	Measures/Measure Topics	Weight (Domain)	Weight (TPS)
Safety	15%	NSHN BSI Clinical Measure NHSN Reporting Measure		↓ 15%
Reporting Measure	10%	Mineral Metabolism, Anemia Management, Pain Assessment and Follow-Up, Clinical Depression Screening and Follow-Up, NHSN HCP		
Clinical Measure	75%	Patient and Family Engagement/ Care Coordination Subdomain	42%	
		ICH CAHPS Measure	26%	19.5%
		SRR Measure	16%	↑ 12%
		Clinical Care Subdomain	58%	
		STrR Measure	12%	↑ 9%
		Dialysis Adequacy Measure	19%	↓ 14.25%
		Vascular Access Type Measure Topic	19%	↓ 14.25%
		Hypercalcemia Measure	8%	↓ 6%

QIP PY 2019: Payment Reduction Scale (no changes)

FACILITY TOTAL PERFORMANCE SCORE	PAYMENT REDUCTION
100 - 60 points	0%
59 – 50 points	0.5%
49 - 40 points	1.0%
39 - 30 points	1.5%
29- 0 points	2.0%

QIP PY 2020: Final Measures Overview (no changes)

Clinical Measure Domain – 75% of TPS

Patient and Family Engagement/ Care Coordination Subdomain – 40% of Clinical Measure Domain score

1. ICH CAHPS
2. SRR

Clinical Care Subdomain – 60% of Clinical Measure Domain score

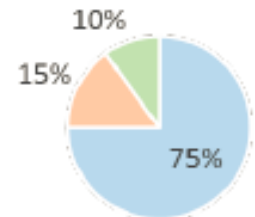
1. STrR
2. Kt/V Dialysis Adequacy (comprehensive)
3. VAT Measure Topic –AVF
4. VAT Measure Topic – Catheter ≥ 90 days
5. Hypercalcemia
- ★ 6. Standardized Hospitalization Ratio (SHR)

Safety Measure Domain – 15% of TPS

1. NHSN BSI Measure Topic – NHSN Bloodstream Infection Clinical
2. NHSN BSI Measure Topic – NHSN Reporting

Reporting Measure Domain – 10% of TPS

- ★ 1. Serum Phosphorus
2. Anemia Management
3. Pain Assessment and Follow-Up
4. Clinical Depression Screening and Follow-Up
5. NHSN Healthcare Personnel Influenza Vaccination
- ★ 6. Ultrafiltration Rate



■ Clinical
■ Safety
■ Reporting

★ new measure for PY 2020

QIP PY 2020 – Final Measure Domain Weighting **(No Changes)**

Domain	Weight	Measures/Measure Topics	Weight (Domain)	Weight (TPS)
Safety	15%	NSHN BSI Clinical Measure NHSN Reporting Measure		
Reporting Measure	10%	Mineral Metabolism, Anemia Management, Pain Assessment and Follow-Up, Clinical Depression Screening and Follow-Up, NHSN HCP		
Clinical Measure	75%	Patient and Family Engagement/ Care Coordination Subdomain	40%	
		ICH CAHPS Measure	25%	↓ 18.75%
		SRR Measure	15%	↓ 11.25%
		Clinical Care Subdomain	60%	
		STrR Measure	11%	↓ 8.25%
		Dialysis Adequacy Measure	18%	↓ 13.5%
		Vascular Access Type Measure Topic	18%	↓ 13.5%
		Hypercalcemia Measure	2%	↓ 1.5%
		SHR	11%	8.25%

QIP PY 2020: Payment Reduction Scale (no changes)

FACILITY TOTAL PERFORMANCE SCORE	PAYMENT REDUCTION
100 - 59 points	0%
58 – 49 points	0.5%
48 - 39 points	1.0%
38 - 29 points	1.5%
28- 0 points	2.0%

PY 2020: Miscellaneous (no changes)

- **Topped-out measures**
 - **Criteria for removing/replacing align with the Hospital VBP**
 - **75th and 90th percentiles of facility performance are statistically indistinguishable**
 - **Truncated coefficient of variation is ≤ 0.1**
 - **A topped-out measure will be retained if it addresses the unique needs of a subset of the ESRD population**
 - **No “topped-out” measures for PY 2020**
- **Data Validation Pilot/NHSN DE Validation Study**
 - **Continuing the pilot (10 records/300 facilities)**
 - **Continuing the NHSN dialysis event validation study**
 - **35 facilities – 10 patient records for 2 quarters 2018 in 60 days (2017: 3.4% error rate , 1.3-5.5% CI for CROWNWeb)**
 - **Inclusion of high performing facilities and facilities at risk of underreporting**

PY 2020: Extraordinary Circumstances Exception Policy

- **Align with other QPPs**
- **Allow submission of signed form by CEO or designated personnel**
- **Allow problem of unresolved issue with a CMS data system**
- **Closure of facility not mandatory**
 - **Operations “significantly affected...beyond the control” of the facility**
- **Allow an exception to the Nov 1 attestation deadline**

QIP PY 2021: PPS 2018 Final Rule

Final Measures Overview

Overview of PY 2021 Measures

Clinical Measure Domain – 75% of TPS

**Patient and Family Engagement/
Care Coordination Subdomain –
40% of Clinical Measure Domain score**

1. ICH CAHPS
2. SRR

**Clinical Care Subdomain –
60% of Clinical Measure Domain score**

- ★ 1. STrR
 2. Kt/V Dialysis Adequacy (comprehensive)
- VAT Measure Topic:
 - ★ 3. Standardized Fistula Rate
 - ★ 4. Long-Term Catheter Rate
 5. Hypercalcemia
 6. SHR

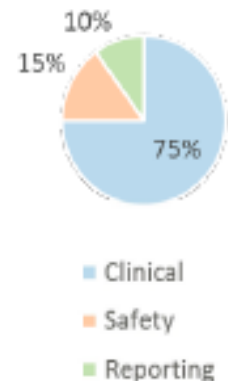
Safety Measure Domain – 15% of TPS

NHSN BSI Measure Topic:

1. NHSN Bloodstream Clinical
2. NHSN Reporting

Reporting Measure Domain – 10% of TPS

1. Serum Phosphorus
2. Anemia Management
3. Pain Assessment and Follow-Up
4. Clinical Depression Screening and Follow-Up
5. NHSN Healthcare Personnel Influenza Vaccination
6. Ultrafiltration Rate



★ Revision or replacement measure for PY 2021

QIP PY 2021: PPS 2019 Final Rule

Finalized Changes

Clinical Care Domain – 40% of TPS

1. Kt/V Dialysis Adequacy (comprehensive)
VAT Measure Topic:
 2. Standardized Fistula Rate
 3. Long-Term Catheter Rate
4. Hypercalcemia
5. STrR
6. Ultrafiltration Rate reporting measure

Care Coordination Domain – 30% of TPS

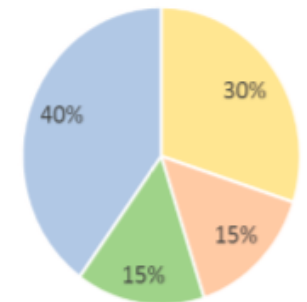
1. SRR
2. SHR
3. Clinical Depression and Follow-Up reporting measure

Safety Domain – 15% of TPS

1. NHSN BSI
2. NHSN Dialysis Event reporting measure

Patient and Family Engagement Domain – 15% of TPS

1. ICH CAHPS



- Care Coordination
- Safety
- Patient/Family Engagement
- Clinical Care

★ A facility must be eligible for at least one measure in any two domains to receive a TPS

Why the Change?

QIP Measure Removal Factors



- **Factor 1** – Measure performance so high among the majority of ESRD facilities that meaningful distinctions in performance or improvement cannot be made (“Topped out”)
- **Factor 2** – Performance or improvement on a measure does not yield better patient outcomes
- **Factor 3** – Measure no longer aligns with current guidelines or practice
- **Factor 4** – Availability of a more broadly applicable measure that is “more proximal in time to desired patient outcomes”
- **Factor 5** – Availability of a measure that is more strongly associated with desired patient outcomes
- **Factor 6** – Collection or public reporting of a measure leads to negative/unintended consequences
- **Factor 7** – Not feasible to implement the measure specifications
- **Factor 8** – Associated costs outweigh the benefits of continued use of the measure

QIP PY 2021: PPS 2019 Final Rule

Summary of Changes



- **Retaining 9 clinical & 3 reporting measures**
- **Measures unchanged from PY 2020**
 - **ICH CAHPS**
 - **SRR**
 - **STrR**
 - **Kt/V Dialysis Adequacy Comprehensive Measure**
 - **Hemodialysis Vascular Access: Standardized Fistula Rate**
 - **Hemodialysis Vascular Access: Long-Term Catheter Rate**
 - **Hypercalcemia**
 - **SHR**
 - **NHSN BSI in HD Patients**
- **Clinical Depression Screening and Follow-Up reporting**
- **Ultrafiltration Rate reporting**
- **NHSN Dialysis Event Reporting**

QIP PY 2021: PPS 2019 Final Rule

Summary of Changes



- **Removal of 4 reporting measures**
 - Serum Phosphorus – FACTOR 5
 - Anemia Management – FACTOR 1
 - Pain Assessment and Follow-Up – FACTOR 1
 - Healthcare Personnel Influenza Vaccination – FACTOR 1
- **Restructures domains/weights to calculate the TPS**
- **Expands NHSN data validation study over 2 years**
- **Converts CROWNWeb validation study into a permanent program**
- **Delays reporting requirements for NEW facilities**
- **Adds 2 new measures in PY 2022 (Performance Year 2020)**
 - PPPW, MedRec

QIP PY 2021: PPS 2019 Final Rule

Final Scoring Methodology (no changes)



- **Achievement Threshold**
 - 15th percentile of performance rates nationally during CY 2017
- **Benchmark**
 - 90th percentile of performance rates nationally during CY 2017
- **Improvement Threshold**
 - Facility's performance rate during CY 2018
- **Performance Period**
 - CY 2019*
- **Performance Standard (clinical measures)**
 - 50th percentile of performance rates nationally during CY 2017
- **Performance Rate**
 - Facility's raw score based on specifications for each measure

QIP PY 2021- PPS 2019 Final Rule Finalized Measure Domain Weighting



Domain	Weight (TPS)	Measures/Measure Topics	Weight (Measure)
Safety	15%	NSHN BSI Clinical Measure NHSN Reporting Measure	9% 6%
Patient and Family Engagement	15%	ICH CAHPS Measure	↓ 15%
Care Coordination Measure	30%	SRR Measure SHR Measure Clinical Depression and Follow-Up Reporting Measure	↑ 14% ↑ 14% ↑ 2%
Clinical Care Measure	40%	Dialysis Adequacy Measure Vascular Access Type Measure Topic Hypercalcemia Measure STrR Measure UFR Reporting Measure	↓ 9%(+3) ↓ 12%(+6) ↑ 3% ↑ 10%(-12) ↑ 6%(+3)

QIP PY 2021: PPS 2019 Final Rule

Total Performance Score (TPS)

- Assign a higher weight to measures that focus on outcomes and a lower weight to measures that focus on clinical processes
- Redistribute the weights of any measures **within a domain** for which a facility does NOT receive a score to the remaining measures proportionally **in that domain or if no scores within a domain, redistribute the domain's weight proportionally to the remaining domains/measures**
- **Require a facility to have** at least one measure score in any 2 of the 4 Measure Domains
- Minimum TPS is calculated by scoring:
 - each clinical measure at the NPS for 2017
 - each reporting measure equal to the 50th%-tile of facility performance on the 5 PY 2019 reporting measures

QIP PY 2021: PPS 2019 Final Rule Payment Reduction Scale - Finalized



FACILITY TOTAL PERFORMANCE SCORE	PAYMENT REDUCTION
100 - 56 points	0%
55 - 46 points	0.5%
45 - 36 points	1.0%
35 - 26 points	1.5%
25- 0 points	2.0%

- **Update to the Requirement to Begin Reporting Data for the ESRD QIP**
 - **For PY 2021 and beyond, require facilities to collect data for the ESRD QIP beginning with services furnished on the 1st day of the 4th month after the month in which the CNN becomes effective**
 - **CNN: 1/15/2019, data reporting 5/1/2019**
- **Data Validation**
 - **Continuing the CROWNWeb data validation (“study” removed) (10 records/300 facilities in 60 days)**
 - **Modifying the NHSN dialysis event validation study**
 - **150 facilities (300 facilities PY 2022) – 40 patient records for the first 2 quarters 2019 in 60 days**
 - **targeted as noted for PY 2020 (35 facilities/20 records)**

QIP PY 2021: PPS 2019 Final Rule - Min. Data Requirements

Measure	Minimum Data Requirements	CCN Open Date	Small Facility Adjuster
Adequacy	11 QPts	N/A	11-25 QPts
VAT: Catheter	11 QPts	N/A	11-25 QPts
VAT: Fistula	11 QPts	N/A	11-25 QPts
Hypercalcemia	11 QPts	N/A	11-25 QPts
NHSN BSI	11 QPts	Before 1/1/2018	11-25 QPts
NHSN DE	11 QPts	Before 1/1/2018	N/A
SRR	11 Index DCs	N/A	11-41 Index DCs
STrR	10 PtYrs at risk	N/A	10-21 PtYrs at risk
SHR	5 PtYrs at risk	N/A	5-14 PtYrs at risk
ICH CAHPS	30+ completed	Before 1/1/2018	N/A
Depression Screening	11 QPts	Before 7/1/2018	N/A
UFR	11 QPts	Before 7/1/2018	N/A

Historical Trends – Performance Standards (PY 2012-2021)

Measure	PY 2012	PY 2013	PY 2014	PY 2015	PY 2016	PY 2017	PY 2018	PY 2019	PY 2020	PY 2021
Hemoglobin>12 g/dL	26%	14%	4%	1%	0%	NA	NA	NA	NA	
URR Dialysis Adequacy	96%	97%	98%	NA	NA	NA	NA	NA	NA	
Kt/V Dialysis Adequacy*								93.2%	93.2%	96.9%
Adult HD				93%	93.6%	96.9%	97.2%			
Adult PD				84%	85.4%	87.1%	89.5%			
Pediatric HD				93%	92.5%	94.4%	93.9%			
Pediatric PD							72.6%			
VAT % Fistula			58%	60%	62.4%	64.5%	65.9%	65.9%	65.9%	62.8%
VAT % Catheter			14%	13%	10.5%	9.9%	8.8%	9.2%	9.2%	12.0%
Hypercalcemia*					2.3%	1.3%	1.19%	1.83%	1.85%	0.58%
NHSN**					2014	50th%	0.861	0.797	0.797	0.694
SRR***						0.998	0.998	0.998	0.998	0.998
STrT***							0.923	0.894	0.901	0.847
SHR***									0.970	0.967

Data Sources: *2016 CROWNWeb, **2016 CDC, ***2016 Medicare Claims

Measure	PY 2019	PY 2020	PY 2021
Nephrologists' Communication and Caring	65.9%	65.9%	67.8%
Quality of Dialysis Center Care and Operations	60.7%	60.8%	62.3%
Providing Information to Patients	78.5%	78.6%	80.4%
Overall Rating of Nephrologists	62.2%	62.2%	62.2%
Overall Rating of Dialysis Center Staff	62.2%	62.3%	63.0%
Overall Rating of the Dialysis Facility	65.0%	65.1%	67.9%

- **Future measures to assess quality of care**
 - **Standardized Mortality Ratio (SMR)**
 - **Utilization of hospital ERs**
 - **Medication Reconciliation efforts**
 - **Kidney transplants**

QIP PY 2022: PPS 2019 Final Rule Measures Overview

Clinical Care Domain – 40% of TPS

1. Kt/V Dialysis Adequacy (comprehensive)
VAT Measure Topic:
 2. Standardized Fistula Rate
 3. Long-Term Catheter Rate
4. Hypercalcemia
5. STrR
6. Ultrafiltration Rate reporting measure

Patient and Family Engagement Domain – 15% of TPS

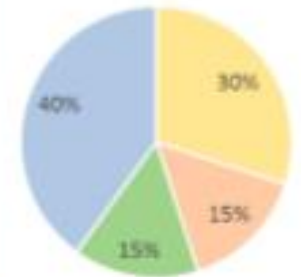
1. ICH CAHPS

Care Coordination Domain – 30% of TPS

1. SRR
2. SHR
- ★ 3. PPPW
4. Clinical Depression and Follow-Up reporting measure

Safety Domain – 15% of TPS

- ★ 1. MedRec
2. NHSN BSI
3. NHSN Dialysis Event reporting measure



- Care Coordination
- Safety
- Patient/Family Engagement
- Clinical Care

QIP PY 2022: Proposed Summary of Changes

- **Proposed retaining 9 clinical & 3 reporting measures**
- **Measures unchanged from PY 2021**
 - **ICH CAHPS**
 - **SRR**
 - **STrR**
 - **Kt/V Dialysis Adequacy Comprehensive Measure**
 - **Hemodialysis Vascular Access: Standardized Fistula Rate**
 - **Hemodialysis Vascular Access: Long-Term Catheter Rate**
 - **Hypercalcemia**
 - **SHR**
 - **NHSN BSI in HD Patients**
- **Clinical Depression Screening and Follow-Up reporting**
- **Ultrafiltration Rate reporting**
- **NHSN Dialysis Event Reporting**

- **Finalized 2 new measures**
 - **Percentage of Prevalent Patients Waitlisted (PPPW) Clinical Measure**
 - **Effective communication and coordination**
 - “...shared accountability between dialysis facilities and transplant centers.”
 - **Percentage of patients at each facility annually who were on the kidney or kidney-pancreas waitlist**
 - **Denominator: CROWNWeb (risk adjustment, exclusions – SNF, Hospice, age > 75)**
 - **Numerator: OPTN**
 - **MAP – conditional support (need to incentivize education, lack of control, social risk adjustment), need for NQF endorsement**

QIP PY 2022 – Finalized

Summary of Changes

- Finalized new measures
 - Medication Reconciliation for Patients Receiving Care at Dialysis Facilities (MedRec) Reporting Measure (PROCESS)
 - Making Care Safer by Reducing Harm in the Delivery of Care
 - Numerous meds, multiple prescribers, frequent med changes
 - \$10 billion of related costs of care
 - Provision of medication reconciliation services and their documentation by an eligible professional (**all nurses**) attributed to dialysis facilities each month (NQF # 2988)
 - Numerator: number of patient-months for which medication reconciliation was performed and documented
 - Denominator: total number of eligible patient-months for all patient attributed to a dialysis facility (≥ 7 treatments)

QIP PY 2022: Proposed Scoring Methodology



- **Achievement Threshold**
 - 15th percentile of performance rates nationally during CY 2018
- **Benchmark**
 - 90th percentile of performance rates nationally during CY 2018
- **Improvement Threshold**
 - Facility's performance rate during CY 2019
- **Performance Period**
 - CY 2020
- **Performance Standard (clinical measures)**
 - 50th percentile of performance rates nationally during CY 2018
- **Performance Rate**
 - Facility's raw score based on specifications for each measure

QIP PY 2022 – PPS 2019 Final Rule

Total Performance Score (TPS)



- Same as proposed for PY 2021
- Assign PPPW measure - Care Coordination Domain
 - 4% of the TPS
 - Reduce the SRR to 12%
 - Reduce the SHR to 12%
- Assign MedRec measure - Safety Domain
 - 4% of the TPS
 - Reduce the NHSN BSI clinical measure to 8%
 - Reduce the NSSN Dialysis Event measure to 3%
- Minimum TPS is calculated by scoring:
 - each clinical measure at the NPS for 2018
 - each reporting measure equal to the 50th-tile of facility performance on the PY2020 reporting measures
- Minimum TPS will be published in the 2020 PPS final rule and the maximum TPS is 100 points

QIP PY 2022- PPS 2019 Final Rule Finalized Measure Domain Weighting



Domain	Weight (TPS)	Measures/Measure Topics	Weight (Measure)
Safety	15%	MedRec Measure	4%
		NSHN BSI Clinical Measure	↓ 8%
		NHSN Dialysis Event Reporting Measure	↓ 3%
Patient and Family Engagement	15%	ICH CAHPS Measure	15%
Care Coordination	30%	SRR Measure	↓ 12%
		SHR Measure	↓ 12%
		PPPW Measure	4%
		Clinical Depression and Follow-Up Reporting Measure	2%
Clinical Care	40%	Dialysis Adequacy Measure	9%
		Vascular Access Type Measure Topic	12%
		Hypercalcemia Measure	3%
		STrR Measure	10%
		UFR Reporting Measure	6%

QIP PY 2022: PPS 2019 Final Rule - Min. Data Requirements

Measure	Minimum Data Requirements	CCN Open Date	Small Facility Adjuster
Adequacy	11 QPts	N/A	11-25 QPts
VAT: Catheter	11 QPts	N/A	11-25 QPts
VAT: Fistula	11 QPts	N/A	11-25 QPts
Hypercalcemia	11 QPts	N/A	11-25 QPts
NHSN BSI	11 QPts	Before 1/1/2019	11-25 QPts
NHSN DE	11 QPts	Before 1/1/2019	N/A
SRR	11 Index DCs	N/A	11-41 Index DCs
STrR	10 PtYrs at risk	N/A	10-21 PtYrs at risk
SHR	5 PtYrs at risk	N/A	5-14 PtYrs at risk
ICH CAHPS	30+ completed	Before 1/1/2019	N/A
Depression Screening	11 QPts	Before 4/1/2019	N/A
UFR	11 QPts	Before 4/1/2019	N/A
MedRec	ICH Pts 7+HD/mo	Before 10/1/2019	N/A
PPPW	11 QPts	N/A	11-25 QPts

- Proposed new measure - **NOT FINALIZED**
 - Standardized First Kidney Transplant Waitlist Ratio for Incident Dialysis Patients (SWR) Clinical Measure
 - Effective communication and coordination
 - Number of incident patients who are placed on the kidney or kidney-pancreas transplant waitlist or receive a living donor kidney within 1 year of initiating dialysis
 - Exclusions: Age ≥ 75 , **waitlisted prior to start of dialysis**, SNF or Hospice
 - Calculated using 3 years of data
 - CROWNWeb , Medicare Claims, OPTN
 - MAP – conditional support, need for NQF endorsement

RFI on Transplant and Modality Requirements

- **“In recognition of the superiority of transplantation but the need for dialysis, CMS has required for nearly 10 years that Medicare-certified dialysis facilities evaluate all patients for transplant suitability and make appropriate referrals to local transplant centers (73 FR 20370)”**
- **“Unfortunately, there are performance gaps and disparities between dialysis facilities in providing these services “**
- **Soliciting input on other ways to increase transplant referrals and improve the tracking process for patients on the waitlist:**
 - **Are there ways to ensure facilities are meeting the CfC requirements in addition to the survey process?**
 - **Are the current dialysis facility CfC requirements addressing transplantation support services adequately, or should additional requirements be considered?**
- **Welcome suggestions on ways to ensure that facilities are ensuring equal access to dialysis modalities**

ESRD QIP: PYs 2012-2019

Comparison of Actual Payment Reductions

(% Facilities Penalized)



Penalty	PY 2012	PY 2013	PY 2014	PY 2015	PY 2016	PY 2017	PY 2018	PY 2019
0.5%	16.6%	-	2.7%	3.9%	3.5%	14.8%	9.5%	17.2%
1.0%	6.0%	3.2%	1.0%	0.7%	0.8%	3.3%	2.7%	6.0%
1.5%	7.7%	3.5%	0.3%	0.4%	0.6%	0.8%	1.0%	2.0%
2.0%	0.6%	2.8%	0.8%	0.6%	0.4%	0.4%	1.9%	1.2%
Total	30%	10%	5%	6%	5%	19.3%	15.1%	26.4%

DFC Reported Quality Measures (2001 – 2019)

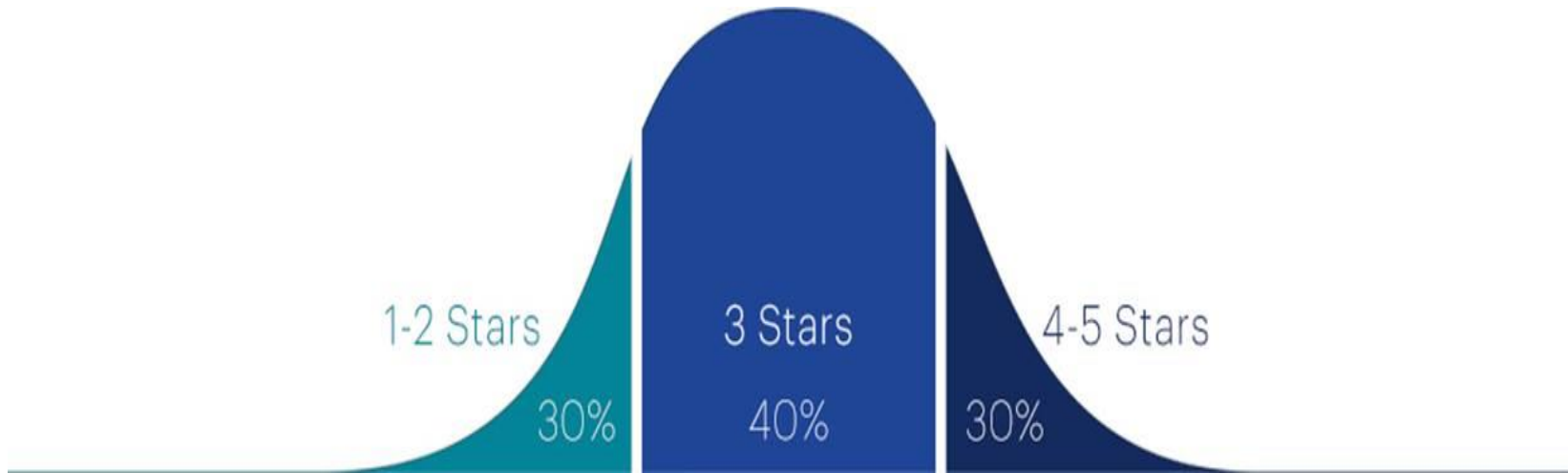
2001 - 2012	2013	2014-2015	2016-2018	2019
SMR	SMR	SMR	SMR	SMR/SHR/SRR
URR	SHR	SHR	SHR	STrT
Hgb>12	URR	STrR	STrR	Hgb>12*/Hgb<10*
Hgb<10	Hgb>12	URR	SRR	Fistula
	Hgb<10	Hgb>12	Hgb>12*	Catheter
	Fistula	Hgb<10*	Hgb<10*	Adult HD Kt/V
	Catheter	Fistula	Fistula	Adult PD Kt/V
	Adult HD Kt/V	Catheter	Catheter	Ped HD Kt/V
	Adult PD Kt/V	Adult HD Kt/V	Adult HD Kt/V	Ped PD Kt/V
	Ped HD Kt/V	Adult PD Kt/V	Adult PD Kt/V	Hypercalcemia
		Ped HD Kt/V	Ped HD Kt/V	Phosphorus*
		Hypercalcemia	Ped PD Kt/V	BSI HD
		Phosphorus*	Hypercalcemia	CAHPS
			Phosphorus*	SWR
			BSI HD/CAHPS	PPPW

Reported Quality Measures – January 2019

DFC vs QIP vs Star Rating (**Quality**, **Experience**)

Measure	DFC	QIP	Star Rating
SMR	X		X
SHR	X	X	X
SRR	X	X	X
STrR	X	X	X
AVF (SFR)	X	X	X
CVC	X	X	X
Adequacy	X	X	X
Hypercalcemia	X	X	X
NHSN BSI (SIR)	X	X	X
ICH CAHPS	X	X	X
Serum Phosphorus	X		
Hemoglobin (<10, >12)	X		
Clinical Depression		X	
UFR		X	
SWR	X		
PPPW	X		

Star Rating



Performance Score Certificate



U.S. DEPARTMENT of HEALTH & HUMAN SERVICES
CENTERS for MEDICARE & MEDICAID SERVICES



End-Stage Renal Disease Quality Incentive Program

2012 Certificate of Dialysis Facility Performance - Part 1

Facility CMS Certification Number: 999999

**** The information communicated below is based on 2010 data. ****

Certificate of Dialysis Facility Performance	
This Facility Meets 2 of 3 Quality Standards	
TOTAL PERFORMANCE SCORE	27 out of 30
National Average	26

MEASURES OF QUALITY	FACILITY SCORE	NATIONAL AVERAGE	MEETS STANDARD
Anemia Management: (Shows how well a facility keeps red blood cell counts in the target range)			
Percentage of patients with hemoglobin less than 10 grams per deciliter (g/dL)	8 of 10	8 of 10	NO
Percentage of patients with hemoglobin greater than 12 g/dL	10 of 10	10 of 10	YES
Dialysis Adequacy: (Shows how well a facility cleans blood during a dialysis treatment)			
Percentage of patients with urea reduction ratio of at least 65%	10 of 10	9 of 10	YES

Facility Name and Address _____
 SAMPLE FACILITY _____
 FACILITY ADDRESS _____
 CITY, STATE ZIP CODE _____
 _____ Facility Director

Patrick Conway, M.D., M.Sc.
 CMS Chief Medical Officer
 Director, Office of Clinical Standards and Quality

Note: Dialysis facilities are required to post both parts of this Certificate prominently in a patient area.

This Certificate expires December 31, 2012.



Performance Score Certificate



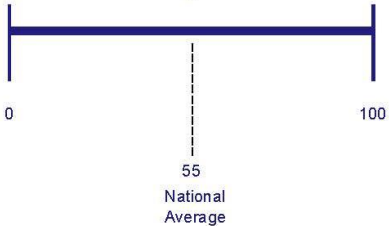
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES



End-Stage Renal Disease Quality Incentive Program 2019 Certificate of Dialysis Facility Performance

Facility Name City, State, Zip Facility CMS Certification Number: XXXXXX, XXXXXX

55
Facility Score



Example
Only

Facility Medical Director

/s/ Kate Goodrich
CMS Chief Medical Officer

The End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) links a dialysis facility's payment to its performance on quality of care measures. CMS will lower a facility's payment by up to two percent for an entire year if it does not meet the minimum Total Performance Score. If a facility receives no score, this will be reflected with "N/A."

Dialysis facilities are required to post this certificate prominently in a patient area.

This certificate expires December 31, 2019.

To learn more about ESRD QIP and other CMS quality initiatives, visit:
ESRD QIP webpage on CMS.gov: [cms.gov/Medicare/Quality-Initiatives-patient-Assessment-Instruments/ESRDQIP](https://www.cms.gov/Medicare/Quality-Initiatives-patient-Assessment-Instruments/ESRDQIP)
ESRD Network Coordinating Center: [esrdncc.org](https://www.esrdncc.org)
Dialysis Facility Compare: [medicare.gov/DialysisFacilityCompare](https://www.medicare.gov/DialysisFacilityCompare)

Use the “Question” box on your GoToWebinar panel to submit your questions

All unanswered questions will be reviewed by our speakers; they will be summarized in a Q & A document which will be posted to the Forum website after the webinar.

Thank you for joining us!

Watch for the follow-up email with a link to the Evaluation Form. Please take time to complete the form, we appreciate the feedback!

Visit the Forum website to view the recording & slides:

<http://esrdnetworks.org/education/the-esrd-qip-what-every-facility-should-know>

Your local ESRD Network is also a resource:

<http://esrdnetworks.org/membership/esrd-networks>

Questions, Comments, Suggestions
Send them to Dee at the Forum Office

forumcoord@centurytel.net

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Did you find today's presentation useful?

The Forum is committed to supporting the activities of the ESRD Networks and improving care for all kidney patients.

We have a variety of free educational materials on our website and more under development.

We are a non-profit organization and do all this through volunteer members and limited financial resources.

Consider a donation today to support this work.

All donations are tax deductible.

Forum of ESRD Networks
PO Box 203
Birchwood, WI 54817

The logo for The National Forum of ESRD Networks features the text "THE NATIONAL FORUM OF ESRD NETWORKS" in a blue and green color scheme. The word "FORUM" is prominently displayed in a large, bold, blue font, with a stylized green and blue graphic element integrated into the letter "O".

THE NATIONAL
FORUM
OF ESRD NETWORKS

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