Outpatient Quality Program Systems and Stakeholder Support Team

CY 2024 ESRD PPS Final Rule
Presentation Transcript

Moderator

Danielle Leffler, MS
Outpatient Quality Program Systems and Stakeholder Support Team

Speaker

Delia Houseal, PhD, MPH
End Stage Renal Disease Quality Incentive Program (ESRD QIP) Program Lead
Division of Value, Incentives & Quality Reporting (DVIQR), CMS

January 11, 2024
2 p.m. Eastern Time (ET)

Danielle Leffler: Greetings. Thank you and welcome to our annual webinar on the Calendar Year 2024 ESRD PPS Final Rule as it relates to the End Stage Renal Disease Quality Incentive Program. My name is Danielle Leffler, and I will be your host for today's webinar. Today, we are fortunate to have Dr. Delia Houseal with us to go over the final rule as it relates to the ESRD QIP. Delia is the program lead for the End Stage Renal Disease Quality Incentive Program. Before I hand things over to Delia, let me first cover a few housekeeping items. The slides for today's presentation are available by clicking the paper icon on the GoTo control panel. You can also access the presentation slides and other resources at CMS.gov. For your convenience, I will place the direct link in the chat box. After Delia's presentation reviewing the finalized proposals, we will be taking questions. If you would like to ask a question, please use the Raised Hand feature. To use this feature, you will just click on the Hand icon located on your control panel. During the open discussion portion, we will monitor this feature and will call your name to unmute your line so you may interact with us verbally. Once your question is addressed, please lower your hand. We will make every effort to get to as many people as possible.

By the end of this webinar, you will be able to identify statutory and legislative components for the ESRD QIP. You will understand the finalized proposals in the calendar year 2024 ESRD PPS final rule for the ESRD QIP and the rationale for each finalized policy. At end of this presentation, we will provide resources to support your success in the ESRD QIP program.

The content covered on today's call should not be considered official guidance. This webinar is only intended to provide information regarding program requirements. Please refer to the final rule located in the *Federal Register* to clarify and provide a more complete understanding of the modifications and finalized proposals for the program.

On this slide, you'll see references to the foundational legislative drivers of the ESRD QIP which was enacted by the Medicare Improvements for Patients and Providers Act of 2008, otherwise known as MIPPA.

The intent of the ESRD QIP is to promote patient health by providing a financial incentive for renal dialysis facilities to deliver high-quality patient care. And to do this, CMS is authorized to apply payment reductions of up to 2% if a facility does not meet or exceed the minimum Total Performance Score as set forth by CMS. The ESRD QIP was supplemented by language included in the Protecting Access to Medicare Act of 2014, also known as PAMA, which stipulates that ESRD QIP must include measures specific to the conditions treated with oral-only drugs, these measures are required to be outcome-based, to the extent feasible.

On this slide, you will see an overview of the statutory requirements for ESRD QIP. Under MIPPA, ESRD QIP is responsible for selecting measures that will address anemia management, dialysis adequacy, patient satisfaction, iron management, bone mineral metabolism, and vascular access, all as specified by the Health and Human Services Secretary. CMS is required to establish performance standards that apply to individual measures, specify the performance period for a given payment year and develop a methodology for assessing total performance of each facility based on performance standards for measures during a performance period. In addition, apply an appropriate payment percentage reduction to facilities that do not meet or exceed established total performance scores. Lastly, CMS is required to publicly report results through various websites. Facilities are also required to post their performance score certificates within 15 days of their availability.

Okay. Without further delay, let me hand things over to Dr. Delia Houseal to discuss the Calendar Year 2024 ESRD PPS Final Rule. Delia?

Delia Houseal: Thank you, Danielle and welcome everyone. As Danielle mentioned, my name is Delia Houseal and I am the ESRD QIP program and policy lead.

Before we discuss this years' finalized proposals, I would like to first share policy goals and drivers that serve as the premise for the calendar year 2024 final rule. CMS serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes. CMS works to improving people's lives

through advancing public policy to ensure the U.S. healthcare system works better for everyone. In 2022, CMS announced the CMS strategic vision and six strategic pillars – advance equity, expand access, engage partners, drive innovation, protect programs, and foster excellence. CMS teams remain committed to collaborate across its Centers and Offices to establish shared strategic objectives, define success measures, and holistically look across the agency to identify policy levers and opportunities to advance these priorities.

The next few slides provide an overview of the finalized proposals we will discuss during our webinar today. First, we will discuss the removal of two measures, the Ultrafiltration Rate reporting measure, and the Standardized Fistula Rate clinical measure.

We will then discuss the modification of two measures, the COVID-19 Vaccination Coverage Among Healthcare Personnel reporting measure and the Clinical Depression Screening and Follow-up reporting measure.

And finally, we will discuss the addition of three measures, the Facility Commitment to Health Equity reporting measure, the Screening for Social Drivers of Health reporting measure, and the Screen Positive Rate for Social Drivers of Health reporting measure.

The first finalized proposal we will discuss is the removal of the Ultrafiltration Rate reporting measure from the ESRD QIP measure set beginning with payment year 2026.

When we added the Ultrafiltration Rate reporting measure to the ESRD QIP measure set, we believed the documentation of the ultrafiltration measurements would ultimately contribute to the quality of the patient's ESRD treatment. More recent studies have indicated that the Ultrafiltration Rate reporting measure may not result in the intended patient outcomes. For example, a patient’s body size may be a confounding, possibly explanatory factor for the relationship between higher UFR and increased mortality. Additionally, although the Ultrafiltration Rate reporting measure captures a patient’s UFR

measurements reported monthly, the mortality risks associated with high UFR may be due to the frequency or number of hemodialysis sessions with high UFR. We believe these findings show that the documentation of a patient's ultrafiltration measurements through the current Ultrafiltration Rate reporting measure may not necessarily indicate the quality of a patient's ESRD treatment and tracking the ultrafiltration rate as a quality indicator may influence decision-making regarding treatment. Therefore, a facility's performance on the measure may not accurately reflect the quality of care provided.

After considering public comments, we are finalizing our proposal to remove this measure from the ESRD QIP measure set under measure removal factor 2, performance or improvement on a measure does not result in better or the intended patient outcomes, beginning with the payment year 2026 ESRD QIP.

Next is the finalized proposal to remove the Standardized Fistula Rate clinical measure beginning with payment year 2026.

In the calendar year 2018 ESRD PPS final rule, we stated that the Standardized Fistula Rate and the Long-Term Catheter Rate paired incentive structure that relies on both measures reflects best practice and supports maintenance of the gains in vascular access success achieved via the Fistula First/Catheter Last Project over the last few decades. Since that final rule, there have been several changes to what many experts consider to be best practices with respect to vascular access in ESRD patients due to improvements in the care of ESRD patients overall, changes in patient demographics, and increasing patient longevity. Instead, a patient-centered approach to hemodialysis vascular access that is based on a consideration of the patient's needs and dialysis access eligibility is preferred. Providers should consider what would be most appropriate for the individual patient, including that AV fistula may not always be most appropriate based on the individual patient's needs. After considering these evolving best practices, we have determined that the Standardized Fistula Rate Clinical Measure does not provide patients and their healthcare providers the necessary level of flexibility to choose the most suitable AV access. We believe that

patients, in consultation with their healthcare providers, should have the flexibility to choose AV access where appropriate to their specific patient characteristics and treatment plans. This determination should be based on the healthcare provider's clinical judgment that considers the vessel characteristics, patient comorbidities, health circumstances, and patient preference. These updated clinical practices no longer align with the prior Fistula First approach which is currently captured through the Standardized Fistula Rate clinical measure.

After considering public comments, we finalized our proposal to remove the Standardized Fistula Rate clinical measure from the ESRD QIP measure set beginning with payment year 2026 under measure removal factor 3 – when a measure no longer aligns with clinical guidelines or practice. We are also finalizing our proposal to remove the reference to the Vascular Access Type Measure Topic and to assign the total weight of that topic,12 percent, solely to the Long-Term Catheter Rate clinical measure. We have assigned the total weight to the Long-Term Catheter Rate clinical measure because we believe this continues to be an important measure of facility performance tied to improved patient outcomes and reflects our view that long-term catheter use is the least-favored vascular access treatment option and should be avoided where more clinically preferable vascular access treatment options would be appropriate.

Our next finalized proposal is a modification to the COVID-19 Vaccination Among Healthcare Personnel reporting measure beginning with payment year 2026.

While the Public Health Emergency expired on May 11, 2023, the public health response to COVID-19 remains a public health priority with a whole government approach to combatting the virus, including through vaccination efforts. We continue to believe it is important to incentivize and track Healthcare Personnel Vaccination through quality measurement across care settings, including dialysis facilities, to protect healthcare workers, patients, and caregivers, and to help sustain the ability of Healthcare Personnel in each of these care settings to continue serving their communities through the Public Health Emergency and beyond.

As such, we believe it is important to modify the COVID-19 Vaccination Coverage Among Healthcare Personnel measure to reflect recent updates that explicitly specify for healthcare personnel to receive primary series and updated vaccine doses in a timely manner. As the COVID-19 pandemic persists, we continue to believe that monitoring and surveillance is important and provides patients, beneficiaries, and their caregivers with information to support informed decision making. Accordingly, and after consideration of public comments, we have finalized our proposal to modify the COVID–19 Vaccination Coverage Among Healthcare Personnel measure to replace the term "complete vaccination course" with the term "up to date" in the Healthcare Personnel vaccination definition. We are also finalizing our proposal to update the numerator to specify the time frames within which a Healthcare Personnel is considered up to date with recommended COVID–19 vaccines, including booster doses.

Facilities should refer to the definition of up to date as of the first day of the applicable reporting quarter, which can be found at the first link on this slide. We also refer facilities to the first link for more details on measure specifications. We note that the finalized updated COVID-19 Vaccination Coverage Among Healthcare Personnel measure will remain a reporting measure and that the updates to measure weighting for payment years 2026 and 2027 will be discussed later in this presentation. Finally, we refer readers to the calendar year 2023 ESRD PPS final rule for information on data submission and reporting for the measure. We are not finalizing any changes to the existing data submission requirements.

Next, we have finalized the proposal to convert the Clinical Depression Screening and Follow-Up reporting measure to a clinical measure.

Depression is a highly prevalent condition in patients with ESRD, which impacts many aspects of a patient's life and is associated with higher rates of mortality in the ESRD population. Adoption of a measure that assesses whether facilities screen patients for depression, and develop follow-up plans when appropriate, was and still is an opportunity to improve the health of patients with ESRD. Clinical guidelines indicate that providers should both screen for depression and develop a follow-up plan for

patients who test positive for depression. Screening for depression is an important aspect of ESRD patient care, especially because ESRD and depression may present with similar symptoms. Developing a follow-up plan for patients who screen positive for depression is equally important because ESRD patients may not be aware that they can seek treatment or that such treatment could be beneficial.

After considering public comment, we finalized our proposal to convert the Clinical Depression Screening and Follow-Up reporting measure to a clinical measure and to move the measure to the Care Coordination Measure Domain. We also finalized the proposal to adopt a new methodology for scoring the measure as a clinical measure. We believe these proposals will help to ensure that the measure is scored in a manner that more closely aligns with current clinical guidelines for depression screening and follow-up because it narrows the number of conditions on which a facility can earn points. A facility will not be awarded points if they report no action was taken or no screening was performed. If a facility selects one of the two conditions - "Screening for clinical depression is documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given" or "Screening for clinical depression is not documented, and no reason is given", the facility will not receive any points on the measure. We believe this proposed update is important because it assesses facility performance on both the clinical depression screening and the follow-up plan, to the extent that one is needed, and also incentivizes facilities to report the reason for either not documenting whether they screened for clinical depression, or why they do not possess documentation of a follow-up plan. We believe that the performance score calculation methodology changes to the Clinical Depression Screening and Follow-Up reporting measure will have a greater impact on fostering care coordination among providers and improving patient outcomes by incentivizing the documentation of depression screenings and follow-up plans, or alternatively requiring facilities to provide a reason why no screening or follow-up plan was documented. Next, we will discuss the finalized proposal to adopt the

Facility Commitment to Health Equity reporting measure beginning with the payment year 2026.

In the CY 2024 ESRD PPS proposed rule, we stated that significant and persistent disparities in healthcare outcomes exist. Being a member of a minority group, living in a rural area, being a person with a disability or disabilities, or being near or below the poverty level, is often associated with worse health outcomes. Numerous studies have shown that, individuals who are racial and ethnic minorities often receive lower quality hospital care, report lower experiences of care, and experience more frequent hospital readmissions and procedural complications, including a higher incidence of diabetes. Additionally, inequities in the drivers of health affecting these groups, such as poverty and healthcare access, are interrelated and influence a wide range of health and quality-of-life outcomes and risks.

The Facility Commitment to Health Equity reporting measure assesses dialysis facility commitment to health equity using a suite of equity-focused organizational competencies aimed all at achieving health equity for all populations, including those that have been disadvantaged, marginalized, and underserved by the healthcare system. This includes but is not limited to racial and ethnic minority groups, people with disabilities, members of the LGBTQ+ community, individuals with limited English proficiency, rural populations, religious minorities, and people facing socioeconomic challenges. This measure includes five attestation domains that you see here on this slide and elements within each of those domains to which a facility would report an affirmative attestation for the facility to receive points for that domain.

The first domain is Equity is a Strategic Priority. This domain assesses a facility's strategic plan for advancing health equity by ensuring it identifies priority populations who currently experience health disparities, it identifies health equity goals and discrete action steps for achieving those goals, outlines resources that are dedicated to achieving equity goals, and describes the facility's approach for engaging key stakeholders.

The second domain is Data Collection. Facilities should collect valid and reliable demographic and social determinant of health data on patients to identify and eliminate health disparities. Specifically, to earn all possible points in this domain, facilities must attest that they collect demographic information and/or social determinant of health information on the majority of their patients, provide training to staff on how to collect such data in a culturally sensitive way, and inputs collected data using Electronic Health Record (EHR) technology. We note that after considering public comments, we refined the language in part C of this domain to remove the requirement that EHR technology must be "certified" to affirmatively attest to the elements of the domain.

The third domain is Data Analysis and encourages facilities to analyze data to identify equity gaps on facility performance.

The fourth domain is Quality Improvement and encourages facilities to engage in quality improvement through local, regional, or national quality activities focused on reducing health disparities.

Finally, the fifth domain is Leadership Engagement. This domain includes activities that encourage leaders and staff to annually review their strategic plan and key performance indicators stratified by demographic and/or social risk factors to ensure action steps that support health equity are included. We note that after consideration of public comments, we refined the language in part A of this domain to provide flexibility regarding the type of leadership that may be engaged in these efforts.

Now that we have reviewed the elements within each domain, let's discuss how this measure will be calculated.

This measure consists of five attestation-based questions, each representing a separate domain of commitment. For a facility to affirmatively attest "yes" to a domain, and receive points for that domain, the facility will need to determine that it engages in all of the activities that are included as elements under the domain. A facility that engages in all of the activities for a domain will report an affirmative attestation by

answering "yes" to the attestation-based question for that domain. There is no option for a facility to answer "yes" in response to an attestation-based question for a domain if the facility engages in some, but not all, of the activities included as domain elements, and there is also no option for a facility to answer "no" in response to any attestation-based question for a domain. The measure will be expressed as a fraction, and a facility can score either 0, 2, 4, 6, 8, or 10 for the performance period, depending on the number of domains to which a facility positively attests. The measure denominator will be "10," with each domain being represented as two points out of that total 10 points, and that the numerator would be calculated as two points for each "yes" answer the facility reports which are then summed together.

This measure requires facilities to attest to each of the five domains needed to calculate the Facility Commitment to Health Equity measure once on an annual basis using EQRS beginning with the calendar year 2024 performance period for payment year 2026. The deadline for submission will be the end of the EQRS December data reporting month for the applicable performance period, which is consistent with current reporting deadlines for other ESRD QIP measures.

Facility-specific results will publicly display for the Facility Commitment to Health Equity reporting measure on an annual basis through our Dialysis Facility *Care Compare* website. We anticipate making the first public report available in January 2026.

Now that we have discussed the adoptions, removals, and modifications to the ESRD QIP measure set for payment year 2026, let's take a look at the impact to measure domains and to measure weights used to calculate a facility's Total Performance Score.

The previously finalized and newly proposed measures that are included in each domain, along with the new measure weights, for payment year 2026 are depicted in this table. Beginning with payment year 2026, the Clinical Depression Screening and Follow-Up reporting measure will be converted to a clinical measure and included in the Care Coordination Domain, the

Standardized Fistula Rate clinical measure will be removed from the Clinical Care Domain, the Ultrafiltration Rate reporting measure will be removed from the Reporting Domain, and the Facility Commitment to Health Equity reporting measure will be added to the Reporting Domain. To accommodate the new number of measures in the Care Coordination Domain, Clinical Care Domain, and Reporting Domain, the individual measure weights in each of these domains will be updated. We believe that these updates to the individual measure weights will help to ensure that a facility's individual measure performance has an appropriately proportionate impact on a facility's Total Performance Score, while also further incentivizing improvement on clinical measures.

Under our current policy, a facility does not receive a payment reduction for a payment year in connection with its performance under the ESRD QIP if it achieves a Total Performance Score that is at or above the minimum Total Performance Score that is established for the payment year. Payment reductions are implemented on a sliding scale using ranges that reflect payment reduction differentials of 0.5 percent for each 10 points that the facility's Total Performance Score falls below the minimum TPS. Let's take a look at the finalized payment reduction scale for payment year 2026.

The minimum Total Performance Score for payment year 2026 will be 53, and the finalized payment reduction scale is shown in the table on this slide. We note that the minimum Total Performance Score is based on data from the calendar year 2022.

In the CY 2023 ESRD PPS final rule, we set the performance period for the PY 2026 ESRD QIP as calendar year 2024 and the baseline period as calendar year 2022. The performance standards for all measures, using CY 2022 data, are in the table on this slide.

Okay, now that we have finished discussing finalized proposals impacting payment year 2026, let's shift our focus to finalized proposals impacting payment year 2027. The first finalized proposal we will discuss is the adoption of the Screening for Social Drivers of Health reporting measure.

Advancing health equity by addressing the health disparities that underlie the country's health system is one of our strategic pillars and a Biden-Harris Administration priority. We believe that the Screening for Social Drivers of Health reporting measure will enable facilities to identify patients with health-related social needs, who are known to experience the greatest risk of poor health outcomes. Improvement in risk identification has the potential to reduce healthcare access barriers, address the disproportionate expenditures attributed to populations with greatest risk, and improve the facility's quality of care through the facility taking steps to mitigate poor health outcomes by improving their care coordination efforts. These data could help facilities improve their care coordination efforts, including by understanding what health-related social needs might be contributing to poor outcomes so that facilities can direct resources, as appropriate, toward referring their patients to resources that might be able to help them resolve their health-related social needs. Let's take a closer look at this measure.

The Screening for Social Drivers of Health reporting measure assesses the percentage of patients aged 18 and older that a dialysis facility screens for food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety. We refer you to the CY 2024 ESRD PPS Final Rule located on the *Federal Register* for more details on each of the domains used in the Screening for Social Drivers of Health reporting measure.

To report the Screening for Social Drivers of Health reporting measure, facilities will provide: (1) the number of patients admitted to the facility who are 18 years or older during the applicable performance period who are screened for all of the five health-related social needs and (2) the total number of patients at the facility who are 18 years or older during the applicable performance period and who are not excluded from the measure. Facilities will be scored according to the equation found on this slide. We believe this scoring policy encourages facilities to report the measure data appropriately without penalizing facilities for the results of

such data, which may be based on circumstances beyond a facility's control.

Facilities will be required to report this measure on an annual basis beginning with payment year 2027 or calendar year 2025. The deadline for submission will be the end of the EQRS December data reporting month for the applicable payment period, which is consistent with current reporting deadlines for other ESRD QIP measures. Multiple screening tools exist and are publicly available, but we are allowing facilities flexibility to select their own screening tool or method to screen patients for this measure. Facilities could refer to the SIREN website, for example, for comprehensive information about the most widely used Health Related Social Needs screening tools, including validity assessments where available.

Facility-specific results for the Screening for Social Drivers of Health reporting measure will publicly display on an annual basis through our Care Compare website. We anticipate making the first public report available in January 2027.

The next finalized proposal we will discuss is the adoption of the Screen Positive Rate for Social Drivers of Health reporting measure beginning with payment year 2027.

While the Screening for Social Drivers of Health reporting measure will enable facilities to identify patients with health-related social needs, the Screen Positive Rate for Social Drivers of Health reporting measure will enable facilities to capture the magnitude of these needs by reporting the rate of those patients who screen positive for health-related social needs and even potentially estimate the impact of individual-level, health-related social needs on healthcare utilization when evaluating quality of care. We believe this measure will help facilities form actionable plans that enable the development of individual patient action plans for those who screen positive. This measure has the potential to improve patient outcomes by acknowledging patients' non-clinical needs that contribute to adverse clinical outcomes and providing the opportunity for additional support by

linking providers with community-based organizations to enhance patient-centered treatment and discharge planning, although such reach out is not required. This measure may also prove useful to patients by providing data transparency and signifying a facility's familiarity, expertise, and commitment regarding these issues. Finally, we believe this measure has the potential to facilitate data-informed collaboration with community-based services to more seamlessly connect patients to local community resources.

The Screen Positive Rate for Social Drivers of Health measure identifies the proportion of patients at the facility who screened positive for each of the following health-related social needs: food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety. Facilities will be required to report these data as five separate rates.

A facility's measure rate will be calculated for a payment year as the number of eligible patients for whom the facility reports the screening results for all five health-related social needs during the performance period over the total number of eligible patients who the facility screened for all five health-related social needs during the performance period. To calculate the facility's score on the measure, we will multiply the results of that fraction by 10. We believe that screening patients for health-related social needs is important, but we want to avoid potential unintended consequences that may result from scoring facilities on the outcomes of the screen positive rates themselves. We believe that these policies encourage facilities to report the measure data appropriately without scoring facilities based on the results of such data, which may be based on circumstances beyond a facility's control.

Facilities will be required to submit data necessary to calculate the numerator and the denominator for this measure once annually within the ESRD Quality Reporting System, or EQRS, beginning with the calendar year 2025 performance period for payment year 2027. The deadline for submission will be the end of the EQRS December data reporting month for the applicable performance period, which is consistent with current reporting deadlines for other ESRD QIP measures.

Facility-specific results for the Screening for Social Drivers of Health reporting measure will publicly display on an annual basis through our Care Compare website. We anticipate making the first public report available in January 2027. For the purposes of public reporting only, CMS will display the facility's screen positive rate for each health-related social need separately, for a total of five separate rates. Although facilities will not be scored on the results of those five separate rates, we believe that making such data public may help to better inform patients and their caregivers about a facility.

Now that we have discussed the measure adoptions to the ESRD QIP measure set for payment year 2027, let's take a look at the impact to measure domains and to measure weights used to calculate a facility's Total Performance Score.

To accommodate the new number of measures in the Reporting Measure Domain, we are updating the individual measure weights in this domain. We believe that these updates will help to ensure that a facility's individual measure performance has an appropriately proportionate impact on a facility's TPS, while also continuing to further incentivize improvement on clinical measures through those individual measure weights. So, you see here, the previously finalized and newly finalized measures included in each domain, along with the new measures' weights, for payment year 2027 are depicted in this table. Consistent with our approach in the CY 2023 ESRD PPS final rule, we have assigned individual measure weights to reflect the updated number of measures in the Reporting Measure Domain so that each measure is weighted equally. We note that although we are changing the number of measures in three of the domains and the weights of certain individual measures in those domains, we are not changing the weights of the five domains themselves because we believe the proposed updates to individual measures and measure weights do not significantly impact the measure domains themselves such that updating the weights of the measure domains would be required to accommodate the updated individual measure weights. That concludes our presentation.

Danielle Leffler: Delia, thank you so much for spending time with us today to go over this year's final rule. And thank you everyone for joining us today. Before you go, here is a list of resources for information, some of which we discussed during the webinar. We have also provided a direct link to the final rule in the *Federal Register* at the bottom of this slide. Thank you, again, to Delia for keeping us up to date on these important program updates. This concludes our presentation on the 2024 ESRD QIP final rule. Thank you to all of you for joining us and we hope you have a great day.