

## **ESRD Quality Measures Under Development February 18, 2005**

### **Quality Measures for ESRD Bone Disease and Metabolism**

ESRD patients often have several comorbidities including diabetes, heart disease, peripheral vascular disease, and bone disease. Disturbances in mineral and bone metabolism are common in patients with chronic kidney disease and by the time patients require dialysis replacement therapy, nearly all are affected with some type of bone disease/disorder.

CMS has funded the development of bone disease measures for ESRD patients based on the NKF-KDOQI Clinical Practice Guidelines for Bone Metabolism and Disease in Patients with Chronic Kidney Disease published in October 2003. A panel of technical experts from the renal community is assisting CMS's contractor in developing these measures. The new measures will allow us to assess how well ESRD patients are treated for bone disease will provide us with needed information that can be used to identify opportunities for improvement, to develop intervention approaches, and to provide information to consumers. The draft measures are scheduled for summer 2005.

### **Quality Measures for Kidney Transplant Referral**

For patients with ESRD, the modality of choice is kidney transplant. However, there are many barriers that keep patients from getting a kidney transplant. CMS is funding the development of kidney referral measures. A panel of technical experts from the renal community is assisting CMS's contractor in developing these measures. CMS selected this topic for the development of quality measures because of the Department of Health and Human Services' interest in increasing organ donation and transplantation. The measures will potentially allow us to track the steps in the kidney transplant referral process for use in facilities' quality improvement programs and to possibly publicly report some aspect of facility performance in this area. The draft measures are scheduled for summer 2005.

### **Vascular Access Measures for Public Reporting**

All hemodialysis patients need a "connection" that allows blood to flow from the patient's artery to a dialysis machine that cleans the blood and then returns the blood to the patient through a vein. A fistula is a surgical connection of an artery to a vein in the forearm. When an arteriovenous (AV) fistula is created, the vein enlarges and creates the safest, most reliable, and effective access, or way to remove, clean and return a dialysis patient's blood to them. AV fistulas are usually considered the best type of access for dialysis patients because they cause fewer infections, hospitalizations, clotting problems, as well as improving blood flow for better treatment. Fistulas also usually last for years, compared to weeks

or months for other access types.

To support the goals of the Fistula First Breakthrough Initiative, CMS has funded the development of a dialysis facility-specific measure(s) that could be reported on the Dialysis Facility Compare Website. A panel of experts from the renal community is assisting CMS's contractor in developing the measure(s). Once one or more measures are identified, consumer testing will be conducted before the measure(s) is publicly reported.

### **Vascular Access Measures for Quality Improvement Organizations (QIOs)**

To further support the Fistula First Breakthrough Initiative, CMS has funded the development of vascular access quality measures at the hospital level using CMS administrative data. A panel of technical experts from the renal community is assisting CMS's contractor in the development of these measures. The measures will be linked to the Fistula First Change Package concepts which are based on the NKF K/DOQI Clinical Practice Guidelines.