

Topped-Out Analysis of ESRD QIP Clinical Measures for PY 2018

May 6, 2015

The distributions of the individual HD and PD Kt/V measures and the PY 2019 proposed clinical measure rates, including SRR and STrR, were assessed in order to determine if any measures were “topped out.” Two conditions had to be met. First, a measure was considered topped out if the 75th percentile, or 25th for measures where lower percentiles indicate better performance, was *statistically indistinguishable* from the 90th (or 10th) percentile **and** second, the truncated coefficient of variation (TCV) was *less than or equal to 0.10*. Percentiles were considered statistically indistinguishable if the 75th/25th percentile was within two standard errors of the 90th/10th percentile. Additionally, for each measure the TCV was calculated by first removing the lower and upper 5th percentiles and then dividing the standard deviation by the mean of this truncated distribution ($SD_{truncated}/Mean_{truncated}$).

The Kt/V measures were evaluated using CY 2014 Medicare claims data. SRR and STrR calculations were based on 2013 Medicare claims data. Table 1 presents the percentiles, standard error, and TCV for each measure. In this analysis, all facilities with at least 11 eligible patients per measure were included.

Table 1. Clinical Measures including facilities with at least 11 eligible patients per measure

Measure	N	75 th /25 th percentile	90 th /10 th percentile	Std Error	Statistically Indistinguishable	Truncated Mean	Truncated SD	TCV	TCV ≤ 0.10
Adult HD Kt/V	5822	97.0	98.3	0.09	No	94.4	3.12	0.03	Yes
Pediatric HD Kt/V	7	94.4	96.9	13.4	Yes	81.0	18.6	0.23	No
Adult PD Kt/V	1287	94.4	97.1	0.45	No	87.3	8.7	0.10	No
Pediatric PD Kt/V	3	88.4	88.4	13.9	Yes	80.0	N/A ^a	N/A ^a	N/A ^a
SRR	5770	0.82	0.65	0.004	No	0.992 ^b	0.21	0.27	No
STrR	5362	0.65	0.45	0.007	No	0.970 ^b	0.38	0.12	No

^aInsufficient data

^bTruncated mean is reversed (1 - truncated mean) for rates where lower score = better performance.

Results indicate none of the measures met both of the “topped out” conditions. Further, only 3 facilities had at least 11 eligible patients for the pediatric PD Kt/V measure, resulting in insufficient data available to calculate the truncated coefficient of variation.