Future Quality Measures
Objectives

• Identify at least 3 future quality measures
• Review the components of quality assessment using "new" measures
• Discuss the implications of the new measures on patient care
Drivers and Data

Baseline (2007)
• 212

Target (2020)
• 190.8

2009 (USRDS)
• 195.5
Drivers and Data

Baseline (2007)
• 355.5

Target (2020)
• 319.9

2009 (USRDS)
• 353.7

CKD 14.2 - Reduce the death rate in dialysis patients within the first 3 months of initiation of RRT (Per 1000 patient years at risk)
ESRD QIP Goal
QIP for PY 2014

- % of patients with Hgb >12
- URR >65%
- Fistula (>58%)
- Catheter (<14%)

Plus.....
Plus: “Reporting” Measures

• Report dialysis infection events to the Centers for Disease Control and Prevention’s National Healthcare Safety Network;
• Survey patients to learn about their experience of care using the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS); and
• Measure phosphorus and calcium levels.
What are we missing?
What are we missing?

- Blood Pressure
- Glycemic Control
- Anemia
- Bone Metabolism & Disease
- Fluid Balance
- Congestive Heart Failure
- Nutrition & Metabolic Control
- Dyslipidemia, Cardiovascular Disease Risk
- Residual Kidney Function
- Skin, Mucous Membrane Integrity
- Bowel Function
Evidence-based targets are not met

Less than 12%!

Percent of Patients Meeting All 8 Clinical Indicators by Network (source: Elab 2008)

Targets: Hb, TSAT, Ferritin, URR, Kt/V, Albumin, Ca, P
Multiple Clinical Targets and Hospitalization and Mortality

- Design: Prospective observational study
- Sample: 1,085 Fresenius Medical Care-North America facilities with 26 or more patients, January 1, 2006 – December 31, 2006
- Indicators:
  - ekta/V
  - Missed HD tx
  - HB level
  - Bicarb level
  - Albumin level
  - Phosphorus level
  - Vascular access (2)

Multiple Clinical Targets and Hospitalization and Mortality

• Most facilities (64%) achieved 2 to 4 of 8 goals, with only 8% meeting more than 5 quality goals.

• Achieving more than 5 goals averaged 3.5 fewer hospital days/patient-year and 20% lower standardized mortality ratios (all $P < 0.001$).

• The incremental number of goals met was associated with improvement in facility mortality ($P < 0.001$) and hospital days ($P < 0.001$).

Summary: Observational research has shown that meeting multiple clinical targets is associated with improvement in patient outcomes.

Clinical Performance Targets and Quality of Life

- Patients value health-related quality of life over survival.

Design: Cross sectional study; pts. enrolled in CONTRAST

Sample: 715 patients on hemodialysis (Netherlands, Canada, Norway)

Indicators: (KDOQI targets)
- spkt/V
- HB level
- PTH level
- Phosphorus level
- Vascular access (fistula)
- Blood pressure (pre – and post)

Instrument used: KDQOL-SF

Clinical Performance Targets and Quality of Life

- No relation between achievement of 6 clinical targets and HRQOL
- No relation between number of clinical targets met and HRQOL

Summary:
- Patients value quality of life over survival. In patient care, clinicians usually focus on the latter
- HRQOL should be implemented as a stand alone clinical performance measure

What are we missing?

- Type of vascular access at initiation of dialysis
- Dose, frequency of dialysis, and adherence with treatment regimen
- Nutritional status and practice patterns
- Staffing level and contact time
- Patient education
What are we missing?

- Remove catheters
- Control volume
- Focus on 1st 120 days
- Promote transplantation

Barry Straube, Chief Medical Officer, Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health & Human Services (DHHS) ASN 2010.
Structure: What are we missing?
Process: What are we missing?
Outcome: What are we missing?
Next Three Measures?

• Calcium and Phosphorus?
• Laden with pitfalls – both provider and patient
• Irrefutable evidence?
• Experience of Care?
• Extremely important!
• It's complicated!
Satisfaction with Care

- Positive relationship with physician
- Greater adherence to treatment regimen
- Emergency department utilization
- Inpatient utilization
- Prescription drugs
- Mortality risk

N = 51,946 (2000 – 2007)
Most Likely?

- Calcium and Phosphorus?
  - Laden with pitfalls – both provider and patient
  - Is the evidence irrefutable?
- Experience of Care?
  - Extremely important!
  - It’s complicated!
- Infection
  - Need to be able to easily identify source, isolate and have easy access to information
For over 30 years, Medicare has been monitoring quality for patients with ESRD. The new ESRD QIP allows us to build up from that foundation a program that aligns payment for dialysis treatment with the outcomes that matter most to patients.

— Donald Berwick, MD, on the new ESRD payment bundle
For over 30 years, Medicare has been monitoring quality for patients with ESRD. The new ESRD QIP allows us to build up from that foundation a program that aligns payment for dialysis treatment with the outcomes that matter most to patients.

— Donald Berwick, MD, on the new ESRD payment bundle
Cities for Life

•
•
•

1. Identify the influences, factors, and drivers that create the environments that make it harder or easier for people to make healthier choices.

2. Change or modify the incentives so that healthier choices happen.

• Indicators: Study committee will go into the community to ask, "What are the outcomes that you care about? What would be a good outcome from your vantage point?"

“What would be a good outcome from your vantage point?”
You Decide!

- Attendees were asked to examine the posted sheets hanging on the walls of the meeting room. There were three, one labeled Structure, a second labeled Process, and the third Outcome.
- On each, they were asked to write one or more recommendations of their choosing for quality measures.
- The 9 slides that follow are the exact words taken from all the ideas posted.
Structure - 1

- Light & air vents – patients are cold and lights shine in their eyes
- Care transitions between dialysis facility, long term care facility, and hospital
- RN certification
- Increase RN staffing
- Staff training in infection control techniques & processes
- Comfort for patient
- Safe snow removal
- Cooperative effort from CMS, providers – to increase rehabilitation
Structure - 2

• Patient employment
• Organizational culture of safety measures
• Staffing ratios; credentialed / licensed
• Overtime hours (patient safety)
• Staffing during turnover
• Less industrial
• Staffing; floor plan
• Staffing limitations
• More home dialysis
Process - 1

- Planning and outcome measures
- Individualized patient care
- Privacy
- 5 – 6 days per week dialysis
- Listen, educate, reinforce
- Staff education
- Nurse education and roles
- Patient involvement in their care
Process - 2

- Patient engagement process
- Decrease "overwhelm-ness" of disease and treatment
- Eliminate cost mandates
- Address mental health aspects for patients; refer for psychological counseling
- Vascular access and bacteremia
- Consistent P&P application
- Vascular access: cannulation and complications reporting
- Fluid volume control
Process - 3

- Access complications
- Patient schedules and staff "moving them in and moving them out"
- Constant targeted QAPI campaign success. Example: massive phosphorus education leading to better phosphorus levels
- Staffing to implement patient education and pre-dialysis education
- Address psychosocial needs
- "Real" education on all modalities
- Self-cannulation
Outcome - 1

- Increase patient self-management
- Patients working, at least part time
- Bone – mineral outcomes
- Employment
- Missed treatments
- Self-care and patient engagement
- Rehabilitation
- Increased patient satisfaction
- Decrease mortality
Outcome - 2

• Decrease hospitalization
• Improve nutrition
• Increase self-esteem
• Patient satisfaction with care and life
• RN development growth
• Return to normal life
• Albumin > 3.5
• Self care
Outcome - 3

• Comfort
• Patient education
• Employment
• Start thinking of patients not reimbursement
• Dry weight – euvoema
• Feeling good – wanting to live
• Fluid management
• Patient perspective of being well vs Hb level
Outcome - 4

- Customer service, kindness, caring
- Improved quality of life
- Employment
- Self-cannulation
- Experience of care score
- Decrease number of involuntary discharges
- Falls
Although limited to the 35+ participants in the room, there are some general “themes”:

• Patient education and patient self-management is needed
• Staff education – emphasis on RN, but all staff included
• Lower patient to RN ratios – need more time for the patient

We must engage our patients in ongoing conversations about their desired outcomes. However, staff must be knowledgeable and have the time to commit.
“What would you like to accomplish?”