



Toward A Strategic Plan For Renal Care Quality

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Strategic Plan for Renal Care

- In planning for the next ESRD Networks contract period, CMS examined opportunities for improvement in renal care
- Later this Spring expect to convene dialogue for development of a strategic plan for renal care along the full continuum (CKD/ESRD/End-of-Life)



Opportunity: Screening for CKD

Stage	Improvement Opportunity	Measures	Impact	Action
CKD 1-3	Identify patients at risk for renal failure through provision of calculated GFR as routine part of lab results reporting and coverage for calculated GFR as part of the Welcome to Medicare exam	Number of reference labs that are Reporting Calculated GFR	<p>Goal: If we reduced ESRD incidence from 338 pm to the HP 2010 goal of 217 pm</p> <p>Patient Outcomes: Improvement in all patient-centered outcomes.</p> <p>Financial Outcomes: At least \$100 b over 10 from both ESRD & CKD Medicare costs</p>	<p>CMS: Support NKDEP initiative with labs (explore measurement opportunity)</p> <p>Networks: Info. To QIOs (NCC/Networks) and QIO/Network projects</p> <p>QIOs: Ed. to providers regard purpose and guidelines</p>



Opportunity: Primary Care

Stage	Improvement Opportunity	Measures	Impact	Action
<p>CKD 1-3</p>	<p>Primary care physicians adhere to guidelines for care of patients with compromised renal function</p>	<p>DM clinical measures</p> <p>Non-DM CKD measures (develop e.g., use of ARBs and ACEIs)</p>	<p>Same as Screening = \$100b over 10yrs</p>	<p>CMS: Support NKDEP ed. of PCP on guidelines; develop non-DM CKD measures</p> <p>Networks: with QIOs on i.d. of areas for improvement (e.g. amputation, nutrition)</p> <p>QIOs: Support improved diabetic care through 8th SOW; other in 9th SOW (e.g. amputation, medication)</p>



Opportunity: Nephrologists Care

Stage	Improvement Opportunity	Measures	Impact	Action
CKD 3-5	Nephrologists adhere to guidelines for care of patients with ESRD	Mineral metabolism Anemia, adequacy Other measures	Same as Screening = \$100b over 10yrs	CMS: Finalize measures; Include as CPM for ESRD Networks in 2007 Networks: New CPM Measure QIOs: Work with Networks on Measure



Opportunity: Referral For Transplant

Stage	Improvement Opportunity	Measures	Impact	Action
CKD 4-5	Referral of patients for transplant	Proportion of patients offered transplant option	<p>Goal: If we moved from 19% to HP 2010 goal of 30% of incident patients receiving a transplant within 3 years:</p> <p><i>Patient outcomes-</i> Improvements in all patient-centered outcomes (2000 lives saved per year and 3.5 additional QALY's per tx)</p> <p><i>Financial outcomes-</i> \$2.2B over 5 years</p>	<p>CMS: Finalize measure; Include nephrologists measures in demonstration.</p> <p>Networks: Include as CPM in 2007</p> <p>QIOs: Possible measure (e.g., nephrologists rate of referral for evaluation)</p>



Opportunity: Home/Self-Directed Care

Stage	Improvement Opportunity	Measures	Impact	Action
CKD 4-5	<p>Informed decision-making of patients regarding treatment modality (home dialysis, self-monitored dialysis)</p>	<p>Proportion of patients receiving home dialysis</p> <p>Proportion of patients receiving self-directed care</p>	<p><u>Goal:</u> If we moved from 7 to 20% of incident patients starting on PD and staying for 1 year and from 0.5% to 5% of prevalent patients on home hemodialysis:</p> <p><i>Patient outcomes-</i> PD - same or better mortality and QOL HHD - improved QOL, morbidity, mortality</p> <p><i>Financial outcomes-</i> \$2.3B over 5 for PD \$0.9B over 5 for HHD</p>	<p>CMS: Develop measures.</p> <p>Explore with stakeholders (RPA, ASN, Forum, NRAA, LDOs, beneficiary groups, etc.) barriers to increased use of home dialysis and self-directed care.</p> <p>Networks: Implement Measures</p>



Opportunity: Fistula First

Stage	Improvement Opportunity	Measures	Impact	Action
CKD 4-5	Use of fistula as preferred source of access: early referral, patient informed decision-making	<p>Proportion of patients receiving fistula</p> <p>Proportion of patients with fistula as access</p> <p>Hospital admission of ESRD patients</p>	<p><u>Goal:</u> If we moved to an incident fistula rate of 50% and prevalent fistula rate of 66%:</p> <p><i>Patient outcomes-</i> Reduction of annual mortality from 21% to 18% (about 3000 patients per year)</p> <p><i>Financial outcomes-</i> \$2B over 5</p>	<p>Modify payment rules</p> <p>Make results available publicly (e.g., hospital performance to hospitals, surgeon rates to surgeons, & performance results public)</p> <p>Networks: prevalent pts. (e.g. functional rate)</p> <p>QIOs: incident pts (e.g. neph.timely referral.)</p>



Opportunity: Dialysis Safety

Stage	Improvement Opportunity	Measures	Impact	Action
CKD 5	Improve safety related to water quality and needle sticks	Hospital admission	Decreased mortality and Medicare Hospital admission costs from hospital admission, infections, etc.	Continue work with RPA, ASN, Networks on Patient Safety Project. Networks: QI projects (possible long-term measure) on decreased infection rates, water quality, etc.



Opportunity: Informed Decision-Making

Stage	Improvement Opportunity	Measures	Impact	Action
CKD 4-5	Offer end of life and palliative care counseling for informed decision-making	Proportion of patients receiving counseling	Increase in all patient-centered care outcomes and reduced Medicare costs through proper use of hospice benefits & unnecessary medical expenses	CMS: complete pilot project in conjunction with stakeholders to develop measure and test intervention (e.g., increased use of counseling & hospice benefits)



Next Steps

- Discussion with Stakeholders
- Implemented through QIO (9th scope of work) and ESRD Network (July '09-June'12) activities

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THANK YOU

Questions?

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