

Introduction

- In 2011, the Centers for Medicare and Medicaid Services (CMS) issued a final rule creating the Quality Incentive Program (QIP) to determine payment for end-stage renal disease (ESRD) patients' dialysis treatments and medications starting in 2012.¹
- The 2012 payment QIP uses 3 weighted quality measures to generate a Total Performance Score (TPS) for dialysis facilities:¹
 - Percent of patients with hemoglobin (Hb) <10 g/dL
 - Percent of patients with Hb >12 g/dL
 - Percent of patients with urea reduction ratio (URR) ≥ 65%.

Facility TPS Calculation

% of Patients with
 Hb <10 g/dL (50% 10 pts)
 Hb >12 g/dL (25% 10pts)
 URR ≥65% (25% 10 pts)
 Max total 10 pts
 10 pts x 3 =30 pts

TPS Tiers

% of reimbursement
 30-26 points 100%
 21-25 points 99.5%
 16-20 points 99.0%
 11-15 points 98.5%
 0-10 points 98.0%

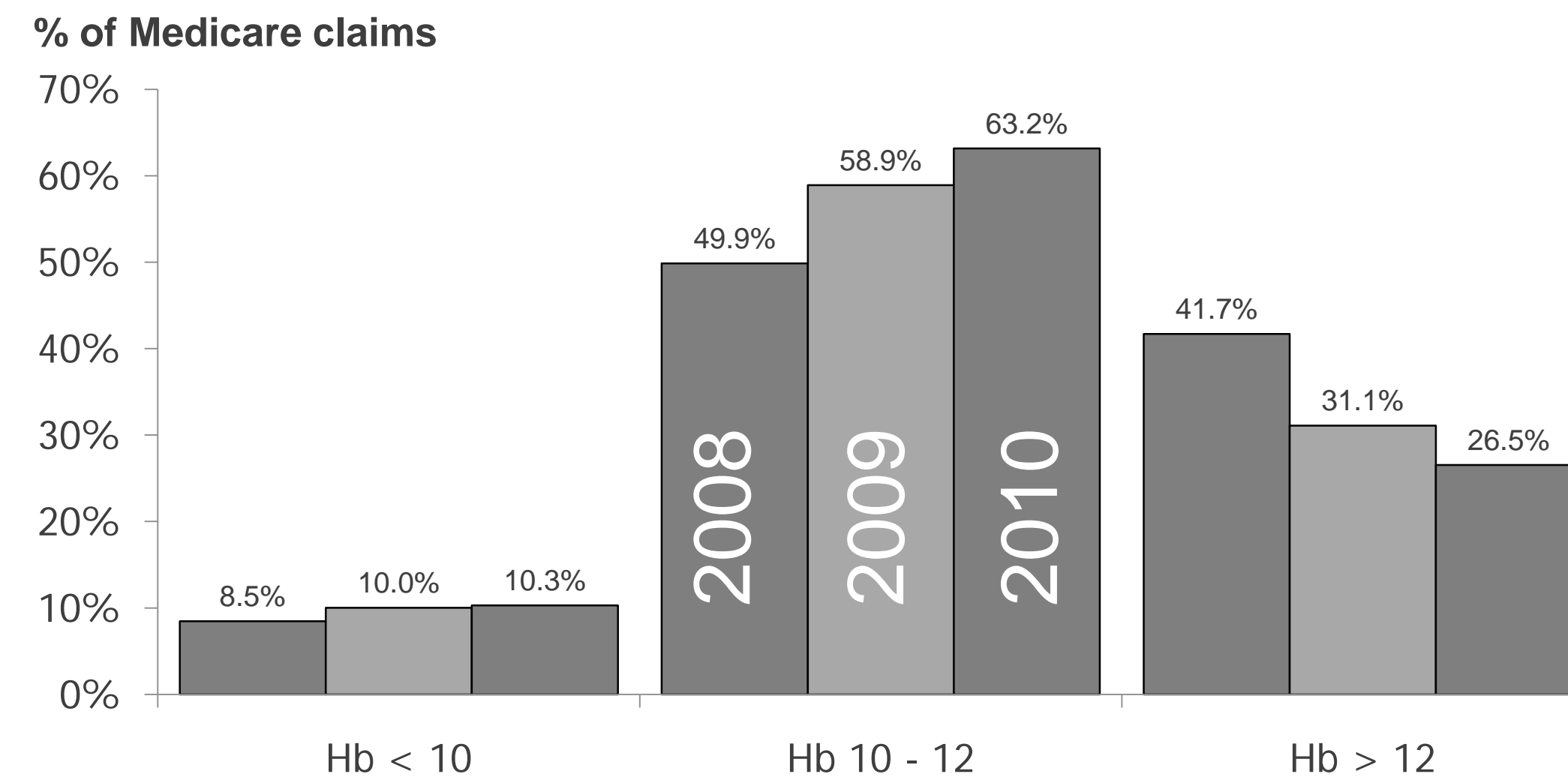
- The TPS compares a facility's 2010 quality measures to the least stringent benchmark of either:
 - The facility's performance in 2007 (base year) or
 - The 2008 national average.
- We estimated QIP performance for DaVita dialysis centers using fiscal year (FY)10 Medicare claims data.

Methods

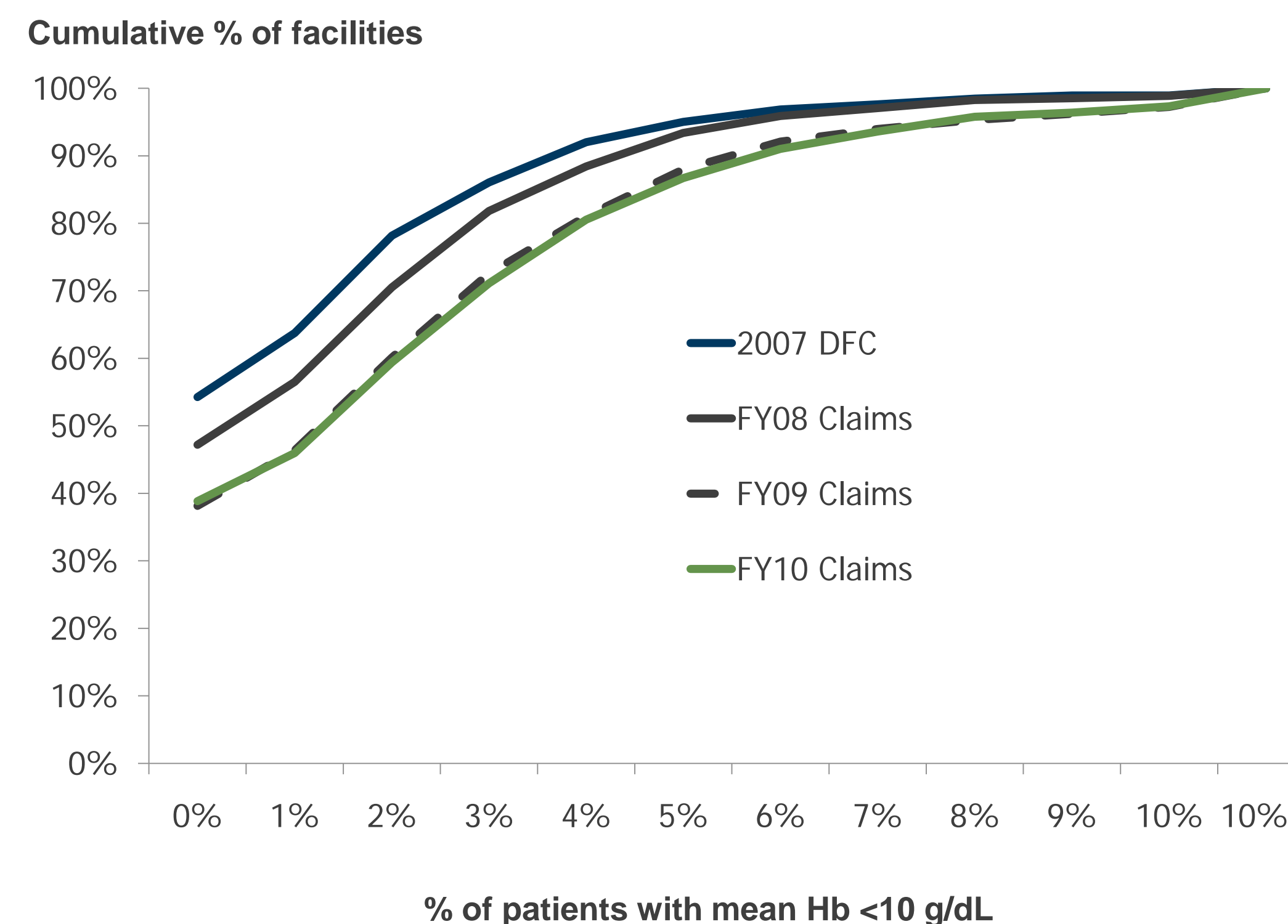
- Mean Hb and median URR were calculated using claim-reported values according to the QIP.¹ ESRD patients were qualified for Hb measurement if they have 4 or more claims in the calendar year; claims were disqualified if:
 - Begin date was <90 days of the patient's first date of dialysis
 - No erythropoiesis stimulating agent (ESA) claim
 - No Hb value, or if the Hb value was between 5 and 20 g/dL.

Results

Medicare Claims by Reported Hb Level



Higher % Patients with Mean Hb <10 g/dL Over Time



Centers Meeting Hb <10 g/dL Standard

Center Baseline Year	% Facilities Meeting Standard *
2007	62.1%
2008	65.8%
2009	71.1%

*N=1,275 centers with sufficient data in 2007, 2008, 2009, and 2010. Standard is equal to the least stringent of baseline year performance or 2008 national average.

Demographics

	Study Population**
Age in years, mean (SD)	62.2 (15.1)
% Male	54.3
Vintage in years, mean (SD)	4.8 (3.8)
Body Mass Index, mean (SD)	20.8 (7.2)
% Diabetic	44.3
Race %	
African American	38.7
Hispanic	14.6
Asian, Pacific Islander	3.7
Native American	1.6
Unknown	0.1

** N=85,601 Medicare patients

Summary

- Changes in science, regulatory policy and practice regarding anemia management in ESRD patients have taken place since 2007, the baseline year for the 2012 QIP payment year.
- Year-to-year differences in facility-level Hb performance have resulted, and the proportion of centers adversely affected by the <10 g/dL QIP measure is accordingly substantial.
- Discordance between 2012 QIP payment metrics, as currently formulated, and current science, regulation and practice in anemia management, highlight the need for prospective payment quality measures that preserve contemporary validity.

References

- Medicare Program; End-Stage Renal Disease Quality Incentive Program. *Fed Regist* 2011;76(3):623-46.

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