

Analysis of the 2014 Quality Incentive Program Reporting Measures for Calcium and Phosphorus in Dialysis Patients

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Introduction

The aim of the end-stage renal disease (ESRD) Quality Incentive Program (QIP) is to promote patient health by encouraging renal dialysis facilities to deliver high-quality patient care. The incentive program will result in a payment reduction of up to 2% if a facility does not meet or exceed the minimum Total Performance Score set forth by the Centers for Medicare & Medicaid Services (CMS).¹ Among the measures set forth in the QIP is a novel, nonclaims-based measure that will analyze the frequency of calcium and phosphorus testing.

The current definition of the QIP states that a facility must attest to measuring serum calcium and serum phosphorus levels of all Medicare patients treated by that facility at least once per month. However, this definition makes the assumption that 100% compliance for all patient months is the goal and that such a goal is attainable. In the next QIP measure iteration, CMS reduced its threshold to below 100%. The factors that contribute to the inability of a facility to attain 100% calcium and phosphorus testing have not been described in this context. Additionally, minor business rule changes, made consistent with previous QIP measures, may improve the utility of this QIP measure.

For the 2014 QIP, calcium and phosphorus testing contribute 3.3% of the total score. Currently, a facility must test every Medicare patient in each month to receive the points associated with this metric.

Objective

Given that no claims data exists for the proposed calcium and phosphorus reporting measure, we sought to model the impact of the QIP measure, as described. In addition, we sought to determine the impact minor business rule changes, consistent with previous QIP measures, would have on improving the utility of this QIP measure.

Methods

The source of data was the DaVita Clinical Data Warehouse. Measurement duration of the analysis was a 12-month period. Calcium and phosphorus lab results were extracted from the central laboratories of a large dialysis organization (LDO) to determine which patients received a test in each of the 12 months measured.

The numerator for the facility measure was eligible Medicare patient months with a lab result. The denominator for the facility measure was total eligible Medicare patient months.

We modeled the impact of the following business rule changes from the QIP metric:

- Require attestation for patients that have ≥ 4 Medicare claims at the facility
- Beneficiaries who receive ≥ 7 treatments in a month
- Performance metric based on patient-month average rather than minimum monthly threshold

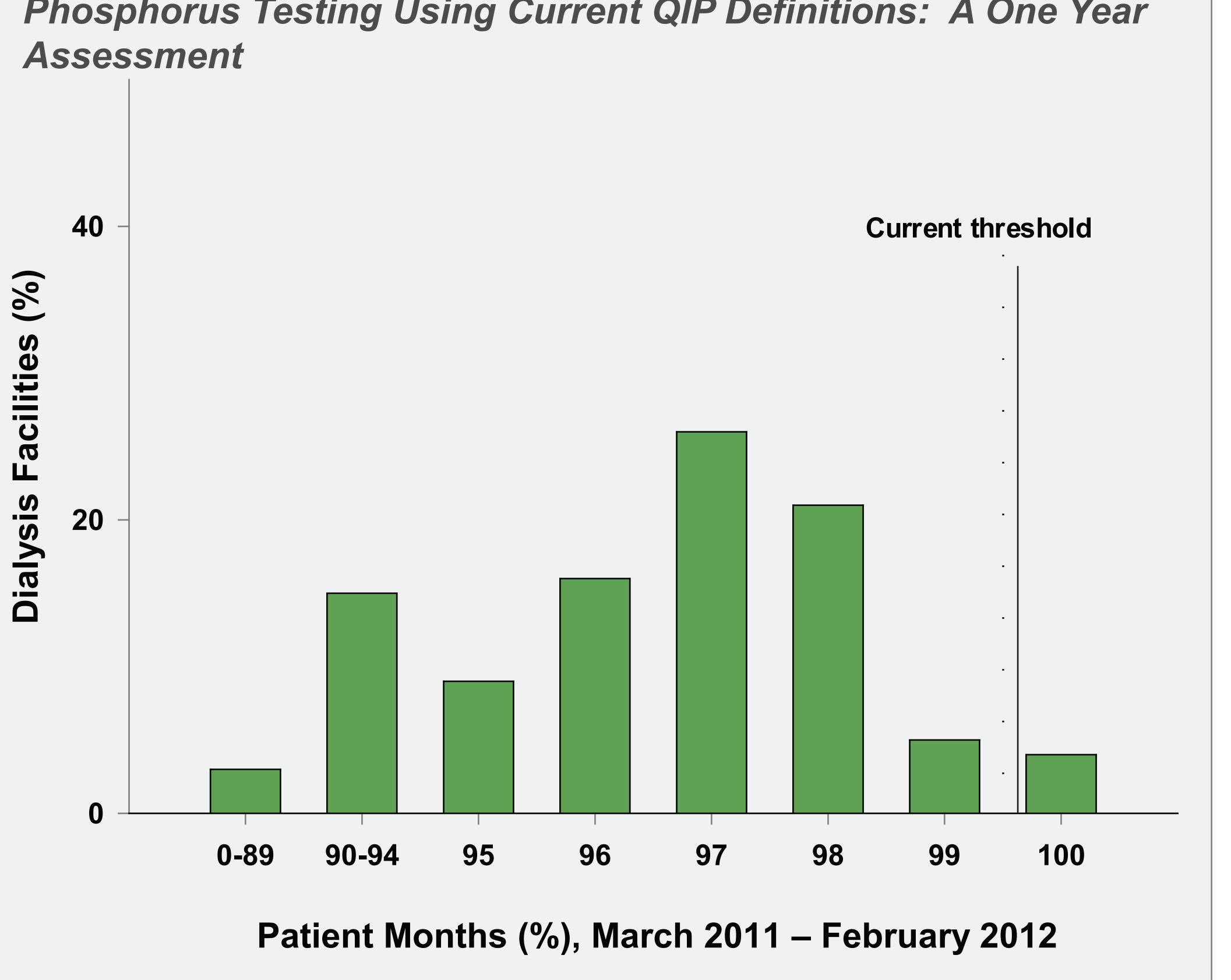
Results

Table 1: Patient Demographics

	Medicare Patients (N = 95,372)
Age* in years, mean	62.8
Male, %	54.4
Vintage* in years, mean	4.6
Race, %	
African American	37.9
Hispanic	14.8
Asian, Pacific Islander	3.9
Native American	1.6

^{*}Since the study period was conducted over a 12-month period, vintage and age were





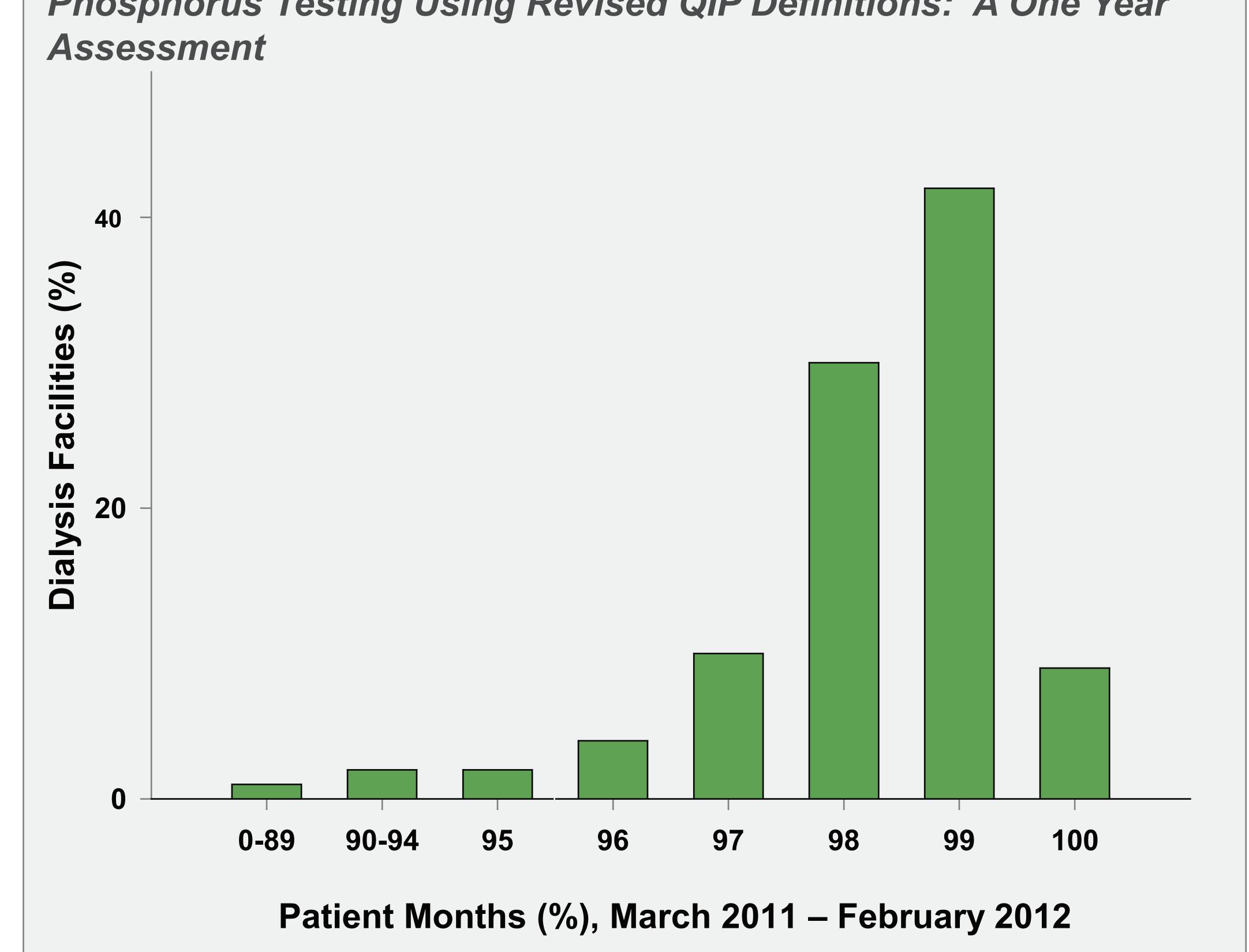
2014 QIP Calcium and Phosphorus Requirement:

- Under the proposed 100% threshold, only 4% of dialysis facilities were able to attest to the current calcium and phosphorus testing standards (Figure 1).
- Under our exclusion criteria, increase in performance occurred when the threshold was lowered below 100% (Figure 2).

Reasons Why Patients Missed Tests:

- Hospitalizations
- Missed treatments
- Started dialysis after a facility's scheduled draw week
- Visiting patients were away from home facility during the scheduled draw week
- Visiting patients from other providers

Figure 2: Percent of Facilities Attainment of Calcium and Phosphorus Testing Using Revised QIP Definitions: A One Year Assessment



Conclusions

- Overall, our analysis indicates that the current QIP reporting measures for calcium and phosphorus testing in dialysis patients do not align with clinical practice and the inclusion criteria of other QIP measures.
- Our results indicate that applying minor changes to the business rules for the QIP metric helps define a clear QIP reporting measure that better reflects optimum care to beneficiaries treated in dialysis facilities.
- These revised rules would help align the calcium and phosphorus reporting requirement with other QIP measures and current practice patterns in the community.

References

 Casey, T. End-Stage Renal Disease Quality Incentive Program: Reviewing Your Facility's PY 2013 Performance Data. 2012. Available at: http://www.cms.gov/Medicare/End-Stage-Renal-Disease/ESRDQualityImprovelnit/Downloads/PY15NPRMODF071912.pdf. Accessed 23 October 2012.

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