Partnership for Quality Measurement
Powered by Battelle

Fall 2025 Advanced Illness and Post-Acute Care Recommendation Group Endorsement Meeting

Soojin Jun | Patient Co-Chair
Tipu Puri | Technical Co-Chair
Brenna Rabel | Battelle
Matthew Pickering | Battelle
Anna Michie | Battelle
Elena Hughes | Battelle

February 9, 2026

The analyses upon which this publication is based were performed under Contract Number 75FCMC23C0010, entitled, "National Consensus Development and Strategic Planning for Health Care Quality Measurement," sponsored by the Department of Health and Human Services, Centers for Medicare & Medicaid Services. Restricted: Use, duplication, or disclosure is subject to the restrictions as stated in Contract Number 75FCMC23C0010 between the Government and Battelle.

Partnership for Quality Measurement
Powered by Battelle

Welcome

Agenda

- Welcome and Review of Meeting Objectives and Ground Rules
- Roll Call with Disclosures of Interest
- Overview of Evaluation Procedures and Measures for Endorsement Consideration
- Test Vote
- Evaluation of Fall 2025 Measures
- Maintenance Measure Reconsiderations
- Next Steps
- Adjourn

Meeting Objectives

The purpose of today's meeting is to:

- Review and discuss measures submitted to the Advanced Illness and Post-Acute Care committee for the Fall 2025 cycle;
- Review public comments, Advisory Group feedback, and any corresponding developer/steward input for the submitted measures; and
- Render endorsement decisions for the submitted measures.

Housekeeping Reminders for Recommendation Group

- The system will allow you to mute/unmute yourself and turn your video on/off throughout the event.
- Please raise your hand and unmute yourself when called on.
- Please lower your hand and mute yourself following your question/comment.
- Please state your first and last name if you are a call-in user.
- We encourage you to keep your video on throughout the event.
- Feel free to use the chat feature to communicate with Battelle staff.
- If you are experiencing technical issues, please contact the project team via chat on the virtual platform or at PQMsupport@battelle.org.

Meeting Ground Rules

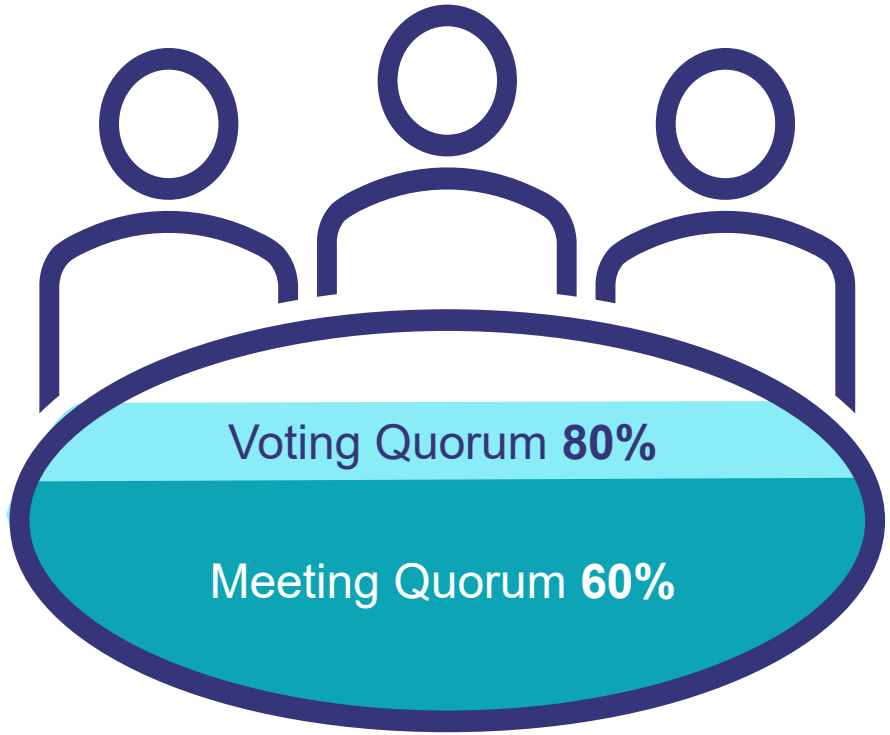
- Respect all voices
- Remain engaged and actively participate
- Keep your comments concise and focused
- Be respectful and allow others to contribute
- Share your experiences
- Learn from others

Roll Call with Disclosures of Interest

Quorum

- Meeting quorum requires that 60% of the Recommendation Group members are present during roll call at the beginning of the meeting.

- The Recommendation Group renders endorsement decisions via a vote after the discussion. Voting quorum is at least 80% of active committee members (Recommendation Group only) who are not recused.



Advanced Illness and Post-Acute Care Fall 2025 Cycle Committee – *Recommendation Group*

- Soojin Jun, PharmD, BCGP, CPPS, CPHQ ***(Patient Co-Chair)***
- Tipu Puri, MD, PhD ***(Technical Co-Chair)***
- Samira Beckwith, BA, MS, LHD
- Karen Campos, BS, MPH
- Kathleen Dwyer, BS, OT
- Lama El Zein, MD, MHA, FAAFP, FAAHPM
- Karie Fugate
- Sara Galantowicz, BA, MPH
- Brenda Groves, LPN, CADDCT, CDP
- Andrea Jersey, BSN
- Warren Jones, MD, DHL, FAAFP
- Gerri Lamb, PhD, RN, FAAN
- Emily Martin, MD, MS, FAAHPM
- Kyle Matthews
- Eric Rosenberg, MD, MSPH, FACP
- Kristin Siedl, PhD, RN
- Carol Siebert, OTD, OT/L, FAOTA
- Heather Thompson, LMSW, CPHQ, CPXP
- Stephen Weed, MA
- Stephanie Wladkowski, PhD, LMSW, APHSW-C

Fall 2025 Subject Matter Experts*

- **Kidney Disease**
  - Nagaraju Sarabu, MD, MPH
    - CBE #0369, 2979, 2978, 5320, 1463
  - Eric Weinhandl, PhD, MS
    - CBE #0369, 2979, 2978, 5320, 1463

*Subject matter experts (SMEs) serve as non-voting participants to provide relevance and context to the committee's measure endorsement review and discussions.

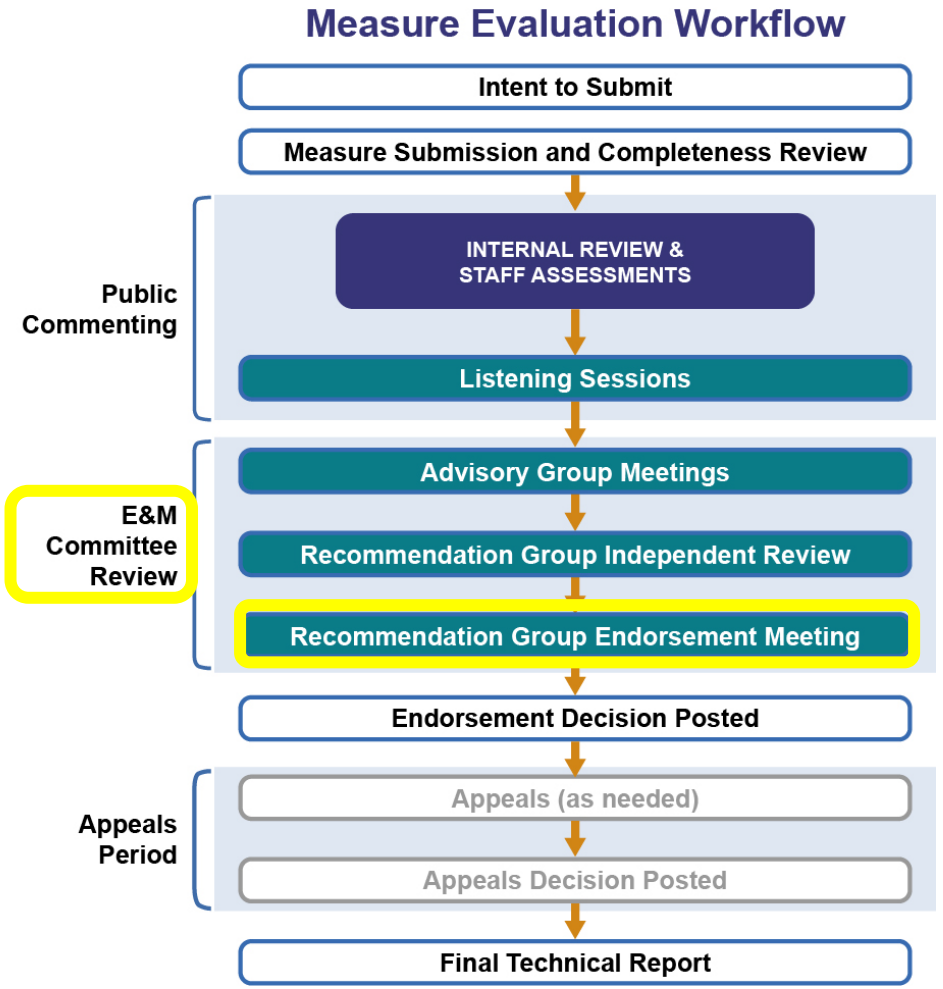
SMEs review the relevant measure(s) prior to the endorsement meeting and attend the endorsement meeting to provide input on and answer committee questions regarding the measure's clinical relevance, the supporting evidence, inclusion and exclusion criteria, measure validity, and risk-adjustment or stratification approach (if applicable).

Overview of Evaluation Procedures

E&M Process

Six major steps:

1. Intent to Submit
2. Full Measure Submission
3. Staff Internal Review and Measure Public Comment Period
   - Public Comment Listening Sessions
4. E&M Committee Review
   - Advisory Group Meetings
   - Recommendation Group Independent Review
   - Recommendation Group Meetings
5. Appeals Period (as warranted)
6. Final Technical Report



Recommendation Group Meeting

Measure Review Procedures

1. Measure Introduction by Battelle

- Battelle introduces the measure and salient points from discussion guide, staff assessments, and public comment.

2. Developer/Steward Comments

- Developers/stewards provide 3–5-minute commentary about the measure for committee consideration.

3. Recommendation Group Discussion

- Battelle conducts facilitated discussion by topic:
  - SME input on relevant discussion items
  - Patient partner feedback
  - Advisory Group feedback
  - Recommendation Group discussion
  - Developer/steward response

4. Endorsement Vote

- Co-chairs recommend any conditions for consideration based on committee discussions.
- Recommendation Group votes.

Patient Partner Feedback

- As a patient or caregiver, do you have experience with the measure topic that you would like to share?
- Do you think the measure is meaningful to patients and will help to improve their care?
- Is the measure respectful of and responsive to individual patient preferences, needs, and values?
- Are there aspects about the measure that may be difficult for patients to understand?
- Are there aspects about the measure that may be burdensome to patients?

Developer Response

Throughout the course of the measure discussion, developers will have the opportunity to respond to committee feedback and questions.

Facilitators will call upon developers to respond accordingly.

If you have questions for the developer, please raise your hand to verbalize your questions, rather than putting them in the chat, so the entire group can benefit from the information provided.

Guiding Questions for Endorsement Assessment

When reviewing the key themes, what core issues relating to endorsement stand out?

Do the issues pose a substantial risk to the measure's safety or effectiveness?

Do the issues impact your endorsement decision?

Can the developer implement feasible mitigation strategies to reduce residual risk by a future maintenance cycle?

PQM Measure Evaluation Rubric

1. **Importance** - Extent to which the measure is evidence based AND is important for making significant gains in health care quality or cost where there is variation in or overall less-than-optimal performance.

2. ***Closing Care Gaps (optional)*** - Extent to which the measure can distinguish differences in care for certain patient subpopulations, which can be used to close gaps in care across those identified subpopulations.

3. **Feasibility** - Extent to which the measure specifications (i.e., numerator, denominator, exclusions) require data that are readily available OR could be captured without undue burden AND can be implemented for performance measurement.

4. **Scientific Acceptability [i.e., Reliability and Validity]** - Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented.

5. **Use and Usability** - Extent to which potential audiences (e.g., consumers, purchasers, providers, and policymakers) are using or could use measure results for both accountability and performance improvement to achieve the goal of high-quality, efficient health care for individuals or populations.

Consensus Voting for Final Determinations

Voting Choices	Endorse (A)	Endorse with Conditions (B)	Do Not Endorse/Remove Endorsement (C) *(Must provide rationale)*
Outcomes	**75% or more†** of the active voting members agree the measure **meets all the criteria** of endorsement, the committee votes to **Endorse.**	**75% or more** of the active voting members agree the measure can be endorsed as it meets the criteria **but also agree with any conditions identified for endorsement,** the committee votes to **Endorse with Conditions**.	**75% or more** of the active voting members agree the measure **does not meet the criteria of endorsement**, the committee votes to **Not Endorse/Remove Endorsement.**

75% or more votes **between** Endorse and Endorse with Conditions, the committee votes to **Endorse with Conditions**.

If no voting category reaches 75%, the committee vote is **No Consensus**.*

**Maintenance measures that fail to reach the 75% consensus threshold but receive between 60% and 74% of votes to retain endorsement (i.e., endorse and/or endorse with conditions) are reconsidered at the end of the endorsement meeting.*

†The consensus threshold is adjusted to 70% in cases where there are fewer than 20 voting members.

Overview of Fall 2025 Measures for Endorsement Consideration

Fall 2025 Measures for Committee Review

The Advanced Illness and Post-Acute Care committee received five measures for endorsement consideration.

NUMBER OF MEASURES:

5

AREAS OF FOCUS

- Infection Prevention and Control
- Kidney Disease
- Risk-Standardized Mortality and Transfusion

NEW VS. MAINTENANCE

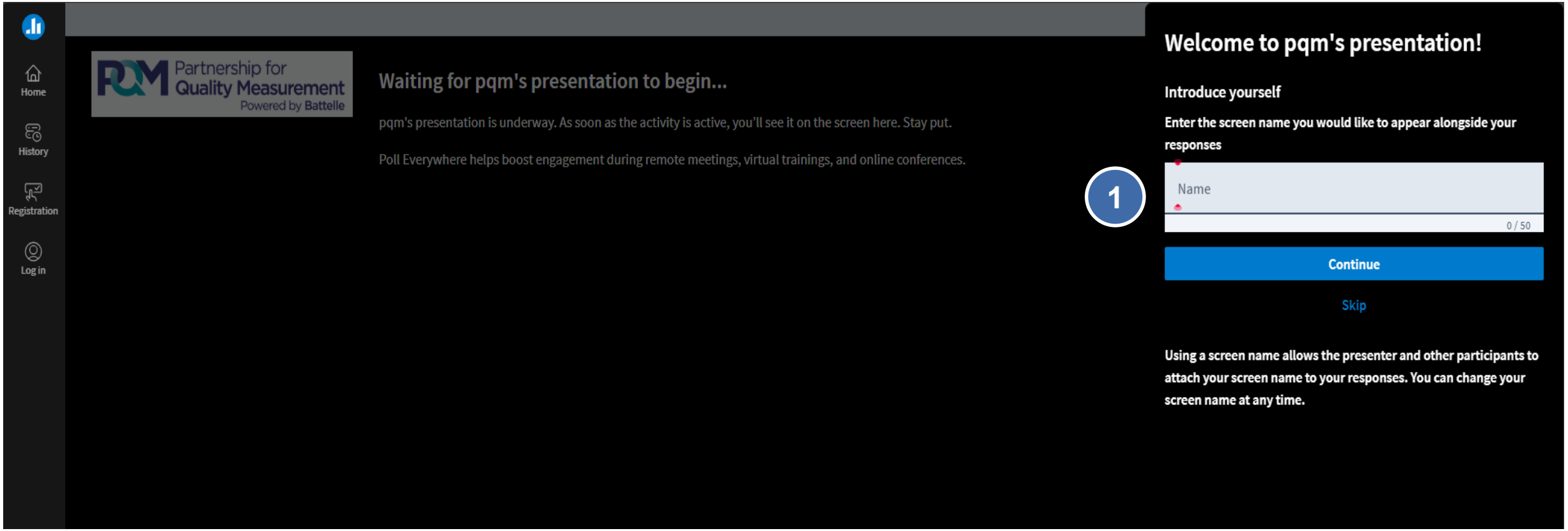
- **1** New Measure
- **4** Maintenance Measures

Fall 2025 Measures for Committee Review
(cont., 1)

CBE Number	Measure Title	New/ Maintenance	Developer/Steward
#0369	Standardized Mortality Ratio for Dialysis Facilities	Maintenance	University of Michigan Kidney Epidemiology and Cost Center (UM-KECC)/Centers for Medicare & Medicaid Services (CMS)
#1463	Standardized Hospitalization Ratio for Dialysis Facilities (SHR)	Maintenance	UM-KECC/CMS
#2979	Standardized Transfusion Ratio for Dialysis Facilities	Maintenance	UM-KECC/CMS
#2978	Hemodialysis Vascular Access: Long-Term Catheter Rate (LTC)	Maintenance	UM-KECC/CMS
#5320	Percentage of Chronic Hyperphosphatemia in Dialysis Patients	New	UM-KECC/CMS

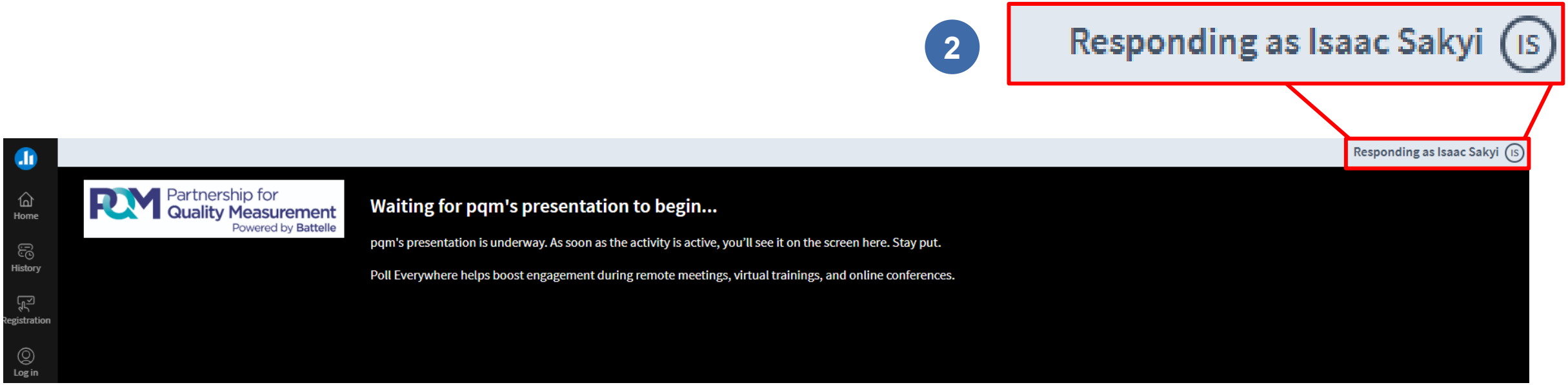
Test Vote

Using the Poll Everywhere Platform



1 Click the text box to enter your first and last name and then click continue.

Using the Poll Everywhere Platform *(cont., 1)*



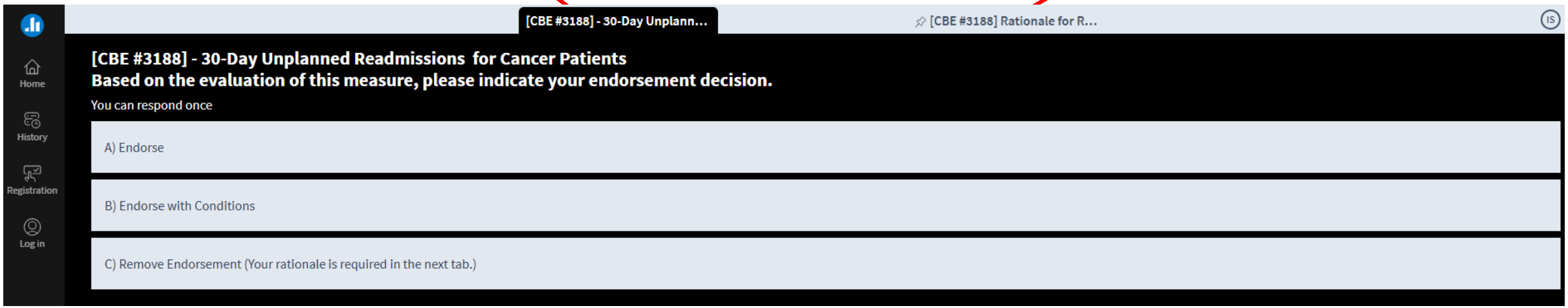
2 Once you enter your name you will see “Responding as First name Last name” followed by your initials.

Click the icon in the top right corner to change your name if the system assigned you a randomly generated name.

Using the Poll Everywhere Platform *(cont., 2)*

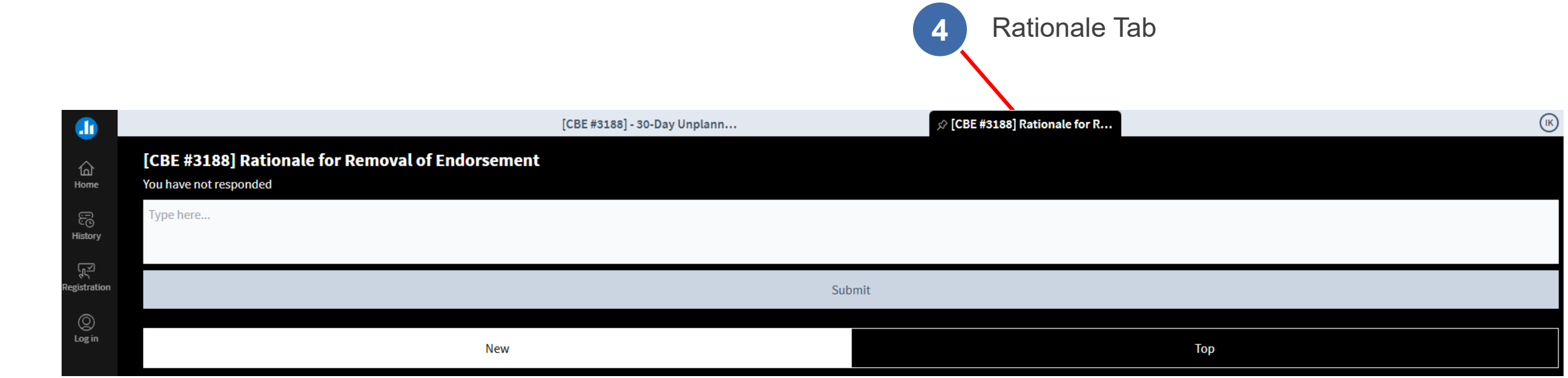
3 Select your vote

4 Rationale Tab



3 When voting not to endorse a measure or to remove endorsement, you are required to document your rationale in the next tab.

Using the Poll Everywhere Platform *(cont., 3)*



4 Click the tab with the pin icon, type your rationale, and then click "Submit."

Voting Considerations and Troubleshooting

A link to **Poll Everywhere** was sent to your email from "pqm@battelle.org."

- Do not share the voting link in the Zoom chat.
- If you cannot find the voting link, please direct message the "PQM Co-host" or let us know verbally.

⚠

If, at any point, you are having difficulties voting, try refreshing your page or opening the link in a different internet browser.

- If you are still having difficulties, please let us know.

Out-of-Scope Topics for Measure Endorsement

- Endorsement confirms a quality measure is safe and effective as specified.
- While committee members may suggest exploring other patient populations, care settings, or uses, these suggestions should not prevent endorsement if the measure meets the criteria.
- Endorsement should proceed if the measure is safe and effective as specified.

Evaluation of Fall 2025 Measures

CBE #0369 – Standardized Mortality Ratio for Dialysis Facilities

Item	Description
Measure Description	The Standardized Mortality Ratio (SMR) is defined as the ratio of the number of deaths that occur for Medicare end stage renal disease (ESRD) dialysis patients (both Fee For Service and Medicare Advantage) treated at a particular facility to the number of deaths that would be expected given the characteristics of the dialysis facility's patients and the national event rate for dialysis facilities. This measure is calculated as a ratio but can also be expressed as a rate. When used for public reporting, the measure calculation will be restricted to facilities with at least three expected deaths in the reporting year. This restriction is required to ensure patients cannot be identified due to small cell size.
Developer/ Steward	University of Michigan Kidney Epidemiology and Cost Center (UM-KECC)/Centers for Medicare & Medicaid Services (CMS)
New or Maintenance	Maintenance (last reviewed: Spring 2020)
Current Use	Public Reporting
Initial Endorsement	Spring 2008
Material Specification Changes	None

Measure Type

Outcome

Target Populations

Children (0-17 years);
Adults (18-64 years);
Older Adults (65 years and older)

Care Setting

Other: Dialysis Facility

Level of Analysis

Facility

CBE #0369 Public Comments

One comment received

- The American Society of Nephrology (ASN) supports using the measure for dialysis facilities but recommends excluding deaths from voluntary withdrawal and converting the metric to a true risk-standardized ***rate*** for accurate benchmarking and quality improvement, as opposed to a ratio.

Exclusions and Type of Score

1

CBE #0369 Advisory Group Feedback

Patient Partner Feedback

Key Themes	Summary of Patient Comments	Summary of Developer Response
Expected Death Rates	• Committee members requested clarification around why public reporting was limited to facilities with at least three expected deaths.	• The threshold of three expected deaths is used to maintain patient confidentiality, particularly in small facilities, and to ensure statistical precision. To estimate a facility's mortality rate for a given year, the developer uses a statistical model that accounts for the facility's patient demographics and comorbid conditions.
Exclusions	• Committee members asked questions around the exclusion of deaths unrelated to treatment, such as from accidents or drug overdoses.	• Deaths related to specific diagnosis codes for illicit drug overdose and trauma are rare (<1%). The exclusion is intended to demonstrate fairness and ensure that facilities are not held responsible for deaths that are out of their control.
Facility Actions to Impact Mortality	• Committee members asked how the measure reflects what actions dialysis facilities can take to reduce mortality?	• The measure submission cited several such actions including optimizing dialysis adequacy, managing cardiovascular risk factors, preventing infection, providing nutrition and metabolic support, improving vascular access, and enhancing care coordination.

CBE #0369 Advisory Group Feedback

Technical Feedback

Key Themes	Summary of Committee Comments	Summary of Developer Response
Data Collection and Patient Privacy	• How are patient data collected, stored, and protected?	• The measure uses secure federal data sources (Medicare claims, administrative data, and End Stage Renal Disease Quality Reporting System (EQRS) facility reports) and complies with strict privacy regulations by maintaining Federal Information Security Management (FISMA)-moderate security, reporting only at the facility level without patient identifiers, and hosting its production system in CMS's secure Central Data Repository.
Quality-of-Life Considerations	• Is quality of life incorporated or adjusted for in the measure given its importance to patients?	• Under the Medicare Conditions for Coverage (CFC), facilities must assess patients' quality of life at least annually and adjust care plans accordingly. Quality of life is not included in the risk adjustment model as it may mask facility-related impacts on mortality.
Handling of Hospice and Dialysis Withdrawal	• Does the mortality rate account for deaths following patient-initiated dialysis withdrawal or hospice enrollment?	• Dialysis withdrawals are reported on the CMS Death Form and remain included because they are multifactorial and may reflect facility care, while hospice enrollment (under 1% among Medicare dialysis patients) is excluded for simplicity as it does not affect the facility-level model.
Selection Bias	• Facilities may avoid accepting patients who are at high risk for adverse outcomes to improve expected-to-observed mortality ratios, potentially biasing outcomes and this should be taken into consideration.	• Selection bias occurs everywhere in health care and is a limitation of many outcome measures.
Reliability Concerns for Small Facilities	• The reported inter-unit reliability (IUR) of 0.47 could be concerning against a threshold of 0.60. There could be compensatory mechanisms for small facilities.	• Reliability is limited by small facility sizes and fewer events, but the measure remains an important survival metric, with statistical adjustments (e.g., broader confidence intervals and minimum thresholds) designed to ensure fairness and capture meaningful performance differences.

The Advisory Group highlighted these topics as key considerations for the Recommendation Group.

CBE #0369 Advisory Group Feedback

Technical Feedback (cont., 1)

Key Themes	Summary of Committee Comments	Summary of Developer Response
Performance Trends Over Time	• Has there has been improvement over time (i.e., a decline in actual compared to expected deaths over the measure's 17-year history)?	• Mortality among chronic dialysis patients declined until 2020, with COVID-19 causing a significant impact, but the measure adjusts for systemic changes by comparing performance to the national population; overall declines reflect multiple factors, including provider efforts, policy changes, and public reporting initiatives.
Target Population	• The measure should include patients older than 65 and the proportion of pediatric and non-Medicare patients needs to be clearer.	• The measure includes all ages with age-based risk adjustment. The pediatric ESRD population is small (15,000–18,000) versus 500,000 adults, with about half treated in adult facilities and the rest in mixed or pediatric-only centers. Because the measure uses Medicare data, non-Medicare patients (about half of pediatric cases) are excluded due to data constraints, not intentional omission.

CBE #0369 Key Discussion Themes

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	**Importance, Feasibility, and Use and Usability**	• Staff Assessment • Public Comment • Committee Independent Reviews	• Staff rated the domains “Met” and 91% of RG reviewers agreed. • ASN recommends converting the metric to a true risk-standardized rate for accurate benchmarking and quality improvement, as opposed to a ratio. • Several RG reviewers requested ASN’s suggestion be discussed.
Dissenting	**Reliability**	• Staff Assessment • Advisory Group • Committee Independent Reviews	• Staff rated “Not Met” for reliability because testing results fall significantly below established thresholds, especially for periods under 4 years, indicating major consistency issues despite the developer providing some rationale. • Advisory Group (AG) members expressed concern about low inter-unit reliability (IUR of 0.47) and its implications for small facilities. • 45% of Recommendation Group (RG) reviewers agreed with the staff rating whereas 27% thought reliability was “Not Met but Addressable” because the developer presented mitigation strategies within the submission.
	Validity	• Staff Assessment • Advisory Group • Public Comment • Committee Independent Reviews	• Staff rated validity as “Not Met But Addressable” and 64% of RG reviewers agreed. The measure has appropriate risk adjustment and acceptable discrimination but lacks calibration evidence and variation analysis across entities. • RG reviewers requested more information on the hypotheses and low correlations. • ASN recommends excluding deaths from voluntary withdrawal; several RG requested discussion. • The AG and public comments questioned whether the measure accurately reflects facility performance due to concerns about selection bias and handling of hospice or dialysis withdrawals.

CBE #1463 – Standardized Hospitalization Ratio for Dialysis Facilities (SHR)

Item	Description
Measure Description	The standardized hospitalization ratio is the ratio of the number of hospital admissions that occur for Medicare ESRD dialysis patients (both Fee For Service and Medicare Advantage) treated at a particular facility to the number of hospitalizations that would be expected given the characteristics of the dialysis facility's patients and the national norm for dialysis facilities. This measure is calculated as a ratio but can also be expressed as a rate.
Developer/ Steward	UM-KECC/CMS
New or Maintenance	Maintenance (last reviewed: Spring 2020)
Current Use	Public Reporting; Payment Program
Initial Endorsement	Fall 2011
Material Specification Changes	None

Measure Type

Outcome

Target Populations

Adults (18-64 years);
Older Adults (65 years and older)

Care Setting

Dialysis Facility

Level of Analysis

Facility

CBE #1463 Public Comments

One comment received

- ASN suggests implementing a more rigorous risk adjusted-hospitalization rate measure, as conditions distinct from kidney disease are often drivers of hospitalizations for patients with dialysis. This measure should be modified to be a true risk-standardized ***rate*** as opposed to a ratio.

Unrelated Events and Type of Score

1

CBE #1463 Advisory Group Feedback

Patient Partner Feedback

Key Themes	Summary of Patient Comments	Summary of Developer Response
Data Sources and Target Population	• Are the data captured for the measure a part of standard practice, and are they required for pediatric or non-Medicare patients?	• The measure uses Medicare administrative data and EQRS portal submissions (which all dialysis providers are required to use) to capture admissions, discharges, and other relevant information. Pediatric and non-Medicare patients are excluded.

CBE #1463 Advisory Group Feedback

Technical Feedback

Key Themes	Summary of Committee Comments	Summary of Developer Response
Reliability and Selection Bias	• The Advisory Group had similar methodological concerns regarding reliability and selection bias as they did for CBE #0369.	• To be discussed.
Impact of Advance Care Planning and Directives	• Does SHR account for completion of health care directives or portable medical orders (Medical/Provider Orders for Life-Sustaining Treatment [POLST/MOLST])? • Such planning influences hospitalization rates, and the differences could be tested between patients with and without advanced care planning processes.	• The measure does not adjust for advanced care planning or patient directives to avoid masking facility impacts on hospitalization. It focuses on care in dialysis facilities, not pre-dialysis care, and excludes patients' first 90 days on dialysis to buffer pre-dialysis care effects.
Reasons for Hospitalizations	• The measure should capture reasons for hospitalization. While all-cause hospitalizations are useful, focusing on potentially avoidable cases may better support care coordination and clinical pathways. Value-based programs now reduce coding-related gaming compared to the past.	• When the developer originally developed the measure, they considered focusing on cause-specific hospitalization, but the technical expert panel favored an all-cause approach to reduce potential gaming. They have maintained the all-cause approach for longitudinal continuity to compare results over time.

The Advisory Group highlighted these topics as key considerations for the Recommendation Group.

CBE #1463 Advisory Group Feedback

Technical Feedback (cont., 1)

Key Themes	Summary of Committee Comments	Summary of Developer Response
Threshold for Public Reporting and Confidentiality	• The materials have conflicting thresholds referenced: minimum sample size of 5 patient-years at risk (1.26 Minimum Sample Size) versus 11 eligible index discharges for confidentiality (4.1c Confidentiality).	• The public reporting minimum is 5 patient-years at risk. • *Note: Battelle staff worked with the developer after the meeting to edit 4.1.c (Confidentiality) within the measure submission to: "Public reporting on Dialysis Facility Care Compare would be restricted to facilities with least 5 patient-years at risk to comply with restrictions on reporting potentially identifiable information related to small cell size."*
Length of Stay vs. Admission Count	• Each hospitalization is counted as a single event, regardless of length of stay. Under what circumstances is insensitivity to length of stay acceptable?	• Two versions—admissions and days—were considered, but admissions-based SHR was chosen to avoid bias from hospital incentives to shorten stays. Only full acute care hospitalizations are counted; observation stays are excluded.
Dialysis Facility	• RG should consider in-house dialysis programs in long-term care facilities.	• An S facility is a Medicare-certified chronic dialysis facility (CFC Part 494) identified by a specific CMS certification number (CCN). For in-house dialysis in nursing homes, SHR is attributed to the dialysis provider unless the nursing home has its own certified in-center program and CCN.
Socioeconomic and Systemic Factors Affecting Hospitalization	• Non-clinical drivers of hospitalization are of importance, and exploring incentives for dialysis facilities could play a broader role beyond clinical care, given frequent patient contact.	• The developer did not specifically address this comment during the meeting.

CBE #1463 Key Discussion Themes

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	**Importance, Feasibility, and Use and Usability**	• Staff Assessment • Public Comment • Committee Independent Reviews	• Staff rated the domains “Met” and 91% of RG reviewers agreed. • ASN highlights how a rate can be used to determine benchmarking and quality improvement efforts.
Dissenting	**Reliability**	• Staff Assessment • Advisory Group • Committee Independent Reviews	• Staff rated “Not Met” for reliability due to results falling far below thresholds, but increasing minimum predicted events could improve consistency and enhance reliability across facilities. • AG members expressed concern about low inter-unit reliability (IUR of 0.54) and its implications for small facilities. • 55% of RG reviewers agreed with the staff rating whereas 36% thought reliability was “Not Met but Addressable” because the developer presented mitigation strategies within the submission.
	Validity	• Staff Assessment • Advisory Group • Public Comment • Committee Independent Reviews	• Staff rated as “Not Met But Addressable” and 85% of RG reviewers agreed. The testing results partially support an inference of validity for the measure, suggesting that the measure somewhat accurately reflects performance on quality. • RG reviewers found the correlation analyses logical and statistically significant, though relationships were of modest magnitude and warrant further discussion. • AG members expressed concerns that other unrelated events can cause hospitalizations rather than events related to kidney disease. • ASN suggests implementing a more rigorous risk-adjusted hospitalization rate measure.

Break

Meeting will resume at 12:30 PM ET

When returning from break, please type “Present” in the Zoom chat.

CBE #2979 – Standardized Transfusion Ratio for Dialysis Facilities

Item	Description
Measure Description	The risk adjusted facility level Standardized Transfusion Ratio (STrR) is specified for all adult dialysis patients. It is a ratio of the number of eligible red blood cell transfusion events observed in patients dialyzing at a facility, to the number of eligible transfusion events that would be expected under a national event rate, after accounting for the patient characteristics within each facility.
Developer/ Steward	UM-KECC/CMS
New or Maintenance	Maintenance (last reviewed: Fall 2019)
Current Use	Public Reporting; Payment Program
Initial Endorsement	Fall 2016
Material Specification Changes	1. Denominator: Now includes Medicare Advantage patients. 2. Exclusions/Risk Adjustment: No longer excludes patients with select coagulation disorders, hereditary anemias, or malignancies; instead, it risk adjusts for these comorbidities. In addition, the measure now risk adjusts for certain comorbidities that indicate a history of gastrointestinal bleeding.

Measure Type
Outcome
Target Populations
Adults (18-64 years) and older adults (65 years and older)
Care Setting
Other: Dialysis Facility
Level of Analysis
Facility

CBE #2979 Public Comments

One comment received.

- ASN argues the importance of recognizing that the need for blood transfusions is often unrelated to kidney disease, which are not under the purview of the dialysis facility. They argue that available data on transfusions are of low reliability, which compromises the accuracy and interpretability of the measure. Measure should be modified to true risk-standardized ***rate.***

Transfusion Data Availability and Type of Score: 1

CBE #2979 Advisory Group Feedback

Patient Partner Feedback

Key Themes	Summary of Patient Comments	Summary of Developer Response
Minimum Reporting Threshold	• Results are reported only for facilities with at least 10 patient-years at risk, so “patient-years at risk” needs to be clarified in terms of how it relates to other minimums seen in previous measures.	• Due to small facility sizes, different ESRD measures set minimum thresholds in slightly different ways (e.g., expected events, patient counts, patient-years) but with the same aims: protecting privacy and improving statistical stability. The “10 patient-years at risk” criterion is the applicable reporting threshold for this measure.

CBE #2979 Advisory Group Feedback

Technical Feedback

Key Themes	Summary of Committee Comments	Summary of Developer Response
Reliability	• There are similar methodological concerns about reliability as for CBE #0369.	• To be discussed.
Accountability	• Do dialysis facilities "manage" or "monitor" anemia, and how do the roles of nephrologists and advanced practice providers intersect with facility responsibilities? • Clinicians make day-to-day treatment decisions within a facility accountability framework.	• ESRD and Medicare payment regulations place anemia management responsibility on the dialysis facility, implemented via interdisciplinary teams and protocols. The measure focuses on outcomes (i.e., transfusions avoided) rather than direct observation of care processes or individualized decision-making. Success is measured via avoidance of transfusions.
Transplant Trajectory and Advanced Care Planning	• The measure could account for where a patient is on their clinical trajectory (e.g., bridging to transplant) and whether advanced care planning affects anemia/transfusion management decisions, if not already considered.	• The measure does not consider patient trajectory or advanced care planning because the available data do not capture those discussions. While such factors may inform internal targets, they are not part of the metric.
Current Relevance	• Transfusions often occur in the inpatient setting for reasons such as gastrointestinal bleeding or cancer, so the measure could be less relevant.	• Accountability resides with dialysis facilities under ESRD regulations, while anemia management is shared with prescribing physicians through facility protocols. The financial impacts of bundling primarily affect facilities rather than individual nephrologists.
Adherence to Transfusion Guidelines	• How does the measure monitor adherence to transfusion guidelines, and does the measure directly capture guideline adherence versus counting transfusion events?	• The measure does not directly assess guideline adherence. Transfusion guidelines are public and assiduously followed in hospitals, but the measure captures the result (i.e., transfusion event), not adherence process.

The Advisory Group highlighted these topics as key considerations for the Recommendation Group.

CBE #2979 Key Discussion Themes

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	**Importance and Feasibility**	• Staff Assessment • Committee Independent Reviews	• Staff rated the domains “Met” and 100% of RG reviewers agreed.
	Use and Usability	• Staff Assessment • Public Comment • Committee Independent Reviews	• Staff rated the domain “Met” and 83% of RG reviewers agreed but requested more examples of successful quality improvement initiatives and ongoing monitoring of usability as measure updates are made. • ASN highlights how a rate can be used to determine benchmarking and quality improvement efforts.
Dissenting	**Reliability**	• Staff Assessment • Advisory Group • Public Comment • Committee Independent Reviews	• Staff rated as “Not Met” for reliability and 75% of RG reviewers agreed. Testing results fall far below thresholds, indicating significant consistency issues across settings despite developer-provided rationale. • AG members also shared methodological concerns about reliability. • ASN argues that available data on transfusions are of low reliability, which compromises the accuracy and interpretability of the measure. • An RG reviewer suggested improved communication protocols may improve issues with hospital transfusion data.
	Validity	• Staff Assessment • Committee Independent Reviews	• Staff rated as “Not Met But Addressable” for validity and 75% of RG reviewers agreed. Validity testing partially supports accuracy, with appropriate risk adjustment and discrimination but lacks calibration and risk factor variation evidence.

CBE #2978 – Hemodialysis Vascular Access: Long-Term Catheter Rate (LTC)

Item	Description
Measure Description	Percentage of adult hemodialysis patient-months using a catheter continuously for three months or longer for vascular access.
Developer/ Steward	UM-KECC/CMS
New or Maintenance	Maintenance (last reviewed: Spring 2020)
Current Use	Payment Program; Public Reporting
Initial Endorsement	Fall 2016
Material Specification Changes	1. Added exclusions for patients: • With a catheter as their sole access type during the past 12 months and who have been on hemodialysis for more than 1,000 days. • Who are ≥ 85 years old. 2. No longer excludes certain comorbidities that are associated with a limited life expectancy because this exclusion criteria could not be applied to the entire measure population.

Measure Type
Immediate Outcome
Target Populations
18-84 years
Care Setting
Other: Dialysis Facility
Level of Analysis
Facility

CBE #2978 Public Comments

One comments received.

- ASN suggests adding exclusions such as 1) expected life span of < 6 months who are not enrolled in hospice 2) patients bridging to a transplant that is expected within 6 months. They suggest incorporating a definition of frailty, similar to how CMS approached community-based elder care models.

Exclusions and Frailty 1

CBE #2978 Advisory Group Feedback

Patient Partner Feedback

Key Themes	Summary of Patient Comments	Summary of Developer Response
Rising Long-Term Catheter Rates and Potential Causes	• Long-term catheter use rose nearly 50% from 2018 to 2022, a trend that began before COVID-19 and may reflect shared decision-making, patient preferences, and practical barriers.	• While they could only speculate, the developer noted the concern and suggested that guideline changes emphasizing patient choice and life-plan considerations coincided with the rise.
Definition of Long-Term Catheter Use	• Definition of long-term catheter use could be clarified and defined further.	• Long-term catheter use is defined as a catheter present for greater than 3 months within a particular facility. The “1,000 days on dialysis plus sole catheter for last 12 months” exclusion is intended as a reasonable proxy for patient choice or exhausted access options in the absence of direct data fields capturing those conditions.

CBE #2978 Advisory Group Feedback

Technical Feedback

Key Themes	Summary of Committee Comments	Summary of Developer Response
Rising Long-Term Catheter Rates and Potential Causes	• Is rising catheter use due to the aging dialysis population and are patients exhausting vascular access options as mortality decreases? • Financial factors and access to specialists may influence catheter decisions and persistence, complicating measure design.	• While they could only speculate, guideline changes emphasize patient choice and life-plan considerations coincided with the rise.
Updated Exclusions	• New exclusions intend to reflect patient choice, limited access options, and data limitations for non-Medicare beneficiaries. Expanding exclusions and moderate evidence strength could affect the measure's long-term usability. Exclusions could also serve to offer fairness and protection against coercion.	• Catheters are linked to infection and other complications. Expanding exclusions addresses data limitations (e.g., patient choice, terminal conditions, undetected exhausted access), improving accuracy but excluding about 5–6% of cases. Patients over age 84 (2–3% of the dialysis population) are also excluded.
Accountability and Care Coordination Roles of Dialysis Facilities	• The facility (medical director/nephrologist) could be considered the accountable entity for vascular access quality metrics; achieving optimal access depends on coordinated and timely referrals among the facility, vascular surgeons, and transplant surgeons.	• Effective practice includes coordinating referrals to vascular or transplant surgeons for permanent access when appropriate. Primary care providers outside the dialysis setting are not accountable for dialysis access decisions within this measure.

CBE #2978 Key Discussion Themes

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	**Feasibility**	• Staff Assessment • Committee Independent Reviews	• Staff rated the domain “Met” and 100% of RG reviewers agreed.
	Importance, Use and Usability,	• Staff Assessment • Committee Independent Reviews	• Staff rated the domains “Met” and 91% of RG reviewers agreed.
Mixed	**Reliability**	• Staff Assessment • Advisory Group • Committee Independent Reviews	• Staff rated “Met” for reliability and 91% of RG reviewers agreed. The developer performed the required reliability testing for this measure, and results demonstrate sufficient reliability at the accountable entity level. • Some AG members had concerns about whether the measure reliably captures performance across diverse patient populations.
	Validity	• Staff Assessment • Advisory Group • Public Comment • Committee Independent Reviews	• Staff rated as “Met” for validity and 91% of RG reviewers agreed. Results support a strong inference of validity for the measure, confirming that the measure accurately reflects performance on quality and can distinguish good from poor performance. • AG members questioned whether the measure accurately reflects facility accountability, given systemic factors such as access to vascular surgeons and coordination roles that may influence catheter persistence. • ASN recommends adding exclusions for patients with an expected lifespan under 6 months or those bridging to transplant within 6 months and incorporating a frailty definition similar to CMS elder care models.

CBE #5320 – Percentage of Chronic Hyperphosphatemia in Dialysis Patients

Item	Description
Measure Description	Percentage of adult dialysis patients with a rolling average phosphorus value greater than or equal to 6.5 mg/dL and pediatric dialysis patients with a rolling average phosphorus value greater than or equal to 7.0 mg/dL.
Developer/ Steward	UM-KECC/CMS
New or Maintenance	New
Current or Planned Use	Public Reporting; Payment Program
Initial Endorsement	N/A
Material Specification Changes	N/A

Measure Type

Intermediate Outcome

Target Populations

Children (0-17);
Adults (18-64);
Older adults (65 years and older)

Care Setting

Other: Dialysis Facility

Level of Analysis

Facility

CBE #5320 Public Comments

One comment received.

- ASN is concerned that the metric relies solely on observational data rather than robust clinical trial-based evidence and will not improve clinical outcomes.
- ASN suggests considering a higher threshold and exclusion criteria for patients with established nutritional challenges (e.g., in clinical practice, there are patients who have elevated phosphate levels >6.5 mg/dL, reflecting improvement in intake that should not be discouraged because of this type of measure).

Validity 1

CBE #5320 Advisory Group Feedback

Technical Feedback

Key Themes	Summary of Committee Comments	Summary of Developer Response
Data Source and Performance Gap	• Is EQRS data used for the measure? • Why are there large differences observed between low- and high-performing facilities? • Are only monthly phosphorus measurements reported and from what source?	• The measure evaluates all patients using EQRS portal data for administrative and clinical intermediate outcomes (e.g., vascular access, serum phosphorus). • Facility variation persists despite risk adjustment, likely due to differences in facility-level emphasis and expertise (dietitian/physician management). • Unlike the original 2008 version, which only checked regular phosphorus monitoring, the current measure assesses monthly phosphorus achievement.
Threshold Selection and Rolling Average Rules	• Why was 6.5 mg/dL chosen for the adult population and 7 mg/dL for the pediatric population, and how many values form the rolling average? This raises concerns about nutrition and unintended consequences of strict thresholds. • What percentage of the dialysis population is chronically above 6.5 mg/dL?	• Prolonged hyperphosphatemia is linked to increased mortality, with risk rising around 5.5-6 mg/dL; the TEP set the adult threshold at 6.5 mg/dL for statistical power and chose 7 mg/dL for children due to growth concerns. • The measure uses a 6-month rolling average (reported monthly), requiring at least four phosphorus values in that period to count toward the numerator. • Approximately 20% are chronically above 6.5 mg/dL, and the monthly prevalence is higher.
Facility Actions to Reduce Hyperphosphatemia and Patient Burden/Choice	• Facility levers (e.g., dialysis adequacy/prescription, diet counseling, and phosphate binders) against patient pill burden and nutrition trade-offs should be considered.	• Management of secondary hyperparathyroidism is another important factor influencing serum phosphorus levels; the impact depends on the drugs used, the intensity of treatment (including overtreatment), and the presence of low turnover bone disease.
Outcome versus Lab Metric	• Why does the metric focus on lab reduction rather than a reduction in cardiovascular or bone disease onset?	• While the presence of cardiovascular disease and vascular calcification are common, using imaging or stroke presence as endpoints is difficult. • The TEP considered parathyroid hormones but did not encourage such an approach due to methodological problems and threshold debates. The current metric is a pragmatic improvement with a strong association.

CBE #5320 Key Discussion Themes

Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	**Feasibility and Reliability**	• Staff Assessment • Committee Independent Reviews	• Staff rated as “Met,” and 100% of RG reviewers agreed.
	Use and Usability	• Staff Assessment • Committee Independent Reviews	• Staff rated as “Met,” and 82% of RG reviewers agreed but requested more examples of successful interventions, clarification on the relationship to other measures, and ongoing monitoring of usability as updates are made.
Mixed	**Importance**	• Staff Assessment • Public Comment • Committee Independent Reviews	• Staff rated importance as “Met” and 73% of RG reviewers agreed. • Some RG members and public ASN expressed concern about the reliance on observational studies, lack of high-quality evidence for specific phosphorus thresholds, and the need for more discussion on the measure’s impact and relationship to existing measures. • ASN suggests considering a higher threshold and exclusion criteria for patients with established nutritional challenge.
Dissenting	**Validity**	• Staff Assessment • Advisory Group • Public Comment • Committee Independent Reviews	• Staff rated “Not Met But Addressable” for validity and 55% of RG reviewers agreed. Testing only partially supports accuracy, and lack of risk adjustment with insufficient rationale raises concerns about biased facility comparisons. • AG members questioned whether the metric accurately reflects patient outcomes, citing concerns about threshold selection, pill burden, nutritional trade-offs, and unintended consequences, as well as the focus on phosphorus reduction rather than cardiovascular or bone disease outcomes.

Maintenance Measure Reconsiderations

Reconsideration Process for Maintenance Measures

During reconsideration...

- Battelle staff will lead a focused discussion aimed at resolving areas of disagreement.
- There will be a subsequent revote to determine whether the consensus threshold is met.
- Endorsement is removed if the measure does not reach the 75% consensus threshold at this stage.*

- Reconsideration is critical to ensuring that the committee's final decision reflects a comprehensive and balanced evaluation.
- This reconsideration approach **only applies to maintenance measures**.

**The consensus threshold will be adjusted to 70% in cases where there are fewer than 20 voting members.*

Next Steps

Next Steps for Fall 2025

Meeting Summary

- Meeting summary will be posted to the E&M committee project page by March 9, 2026.

Appeals Period

- Appeals Period: February 25-March 17, 2026.
- The Appeals Committee will meet on March 31, 2026, if needed, to review eligible appeals. Please refer to the E&M Guidebook for more information about the appeals process.

Technical Report

- At the conclusion of the appeals period, a final technical report will be posted to the E&M committee project page in May 2026.

Partnership for Quality Measurement
Powered by Battelle

Thank You!

Have questions? Contact us at
PQMsupport@battelle.org

Partnership for Quality Measurement

Powered by Battelle