



Performance Excellence and
Accountability in Kidney Care

Who We Are

- **Kidney Care Partners**
 - Voice of the entire kidney care community
 - Patients and patient advocates
 - Dialysis facilities and providers
 - Physicians and nurses
 - Pharmaceutical companies and device manufacturers
- **Our mission is to ensure that**
 - Chronic kidney disease (CKD) patients receive optimal care
 - CKD patients are able to live quality lives
 - Dialysis care is readily accessible to all those in need
 - Research and development leads to enhanced therapies and innovative products

KCP Commitment to Quality

- Initiated PEAK campaign in 2009 to reduce first-year mortality
- Launched the Kidney Care Quality Alliance (KCQA) in 2005
 - Developed initial set of core measures for value-based purchasing
 - Shepherded measures through the NQF, receiving time-limited endorsement; testing completed and NQF fully endorsed the measures
- Builds consensus positions for measures being considered by NQF or developed by CMS/Arbor Research

Why Focus on First-Year Mortality?

- In September 2008, KCP approved pursuing a *voluntary* “national goals initiative”
 - Overall mortality for patients had been declining
 - In contrast, mortality rates for incident patients in the first 90-day and first year of dialysis were largely stagnant
 - Small-scale studies with intensive focus on incident patients began demonstrating improved survival
- In early 2009, KCP agreed to focus on improving survival in the first year of incident patients

PEAK Process

- Three Expert Panels appointed—two to identify best practices, tools, and resources and one to monitor the data and results
 - Patient & Family Engagement Expert Panel
 - Technical/Curriculum Expert Panel
 - Data/Results Expert Panel
- Quality Partners of Rhode Island (now Healthcentric Advisors) engaged to manage the Patient and Technical Panels and Brown University (Drs. Mor and Swaminathan) engaged to independently analyze data in consultation with Data/Results Panel
- 18 best practices (with additional tools and resources) in clinical and patient/family engagement disseminated to KCP members, featured in PEAK newsletter, and posted on PEAK web site

PEAK Process (cont.)

- Data/Results Panel met monthly (then bimonthly/quarterly) to review Renal Management Information Systems (RMIS) data analyses
 - Refined benchmarks of mortality rates of dialysis patients against which Campaign improvements could be gauged; agreed to monitor both 1-year and 90-day mortality
 - Monitored various factors contributing to first-year mortality for which interventions could improve survival

Dr. Vincent Mor, Brown University

- Brown Center for Gerontology & Health Care Research; 25 years of experience with Medicare, Chronic Disease Management and Quality Measurement
 - Grants from NIH, AHRQ, RWJF
- Years of experience with Medicare data, both Fee-for-Service and MCO-HEDIS

Data Source

- Renal Management Information System (REMIS)
- Data available from beginning of ESRD Medicare program (1973)
- Brown requested a CMS Data Use Agreement which was approved in September 2009
- Data used for Final Report are current to through June 2013
 - “complete” through December 2012

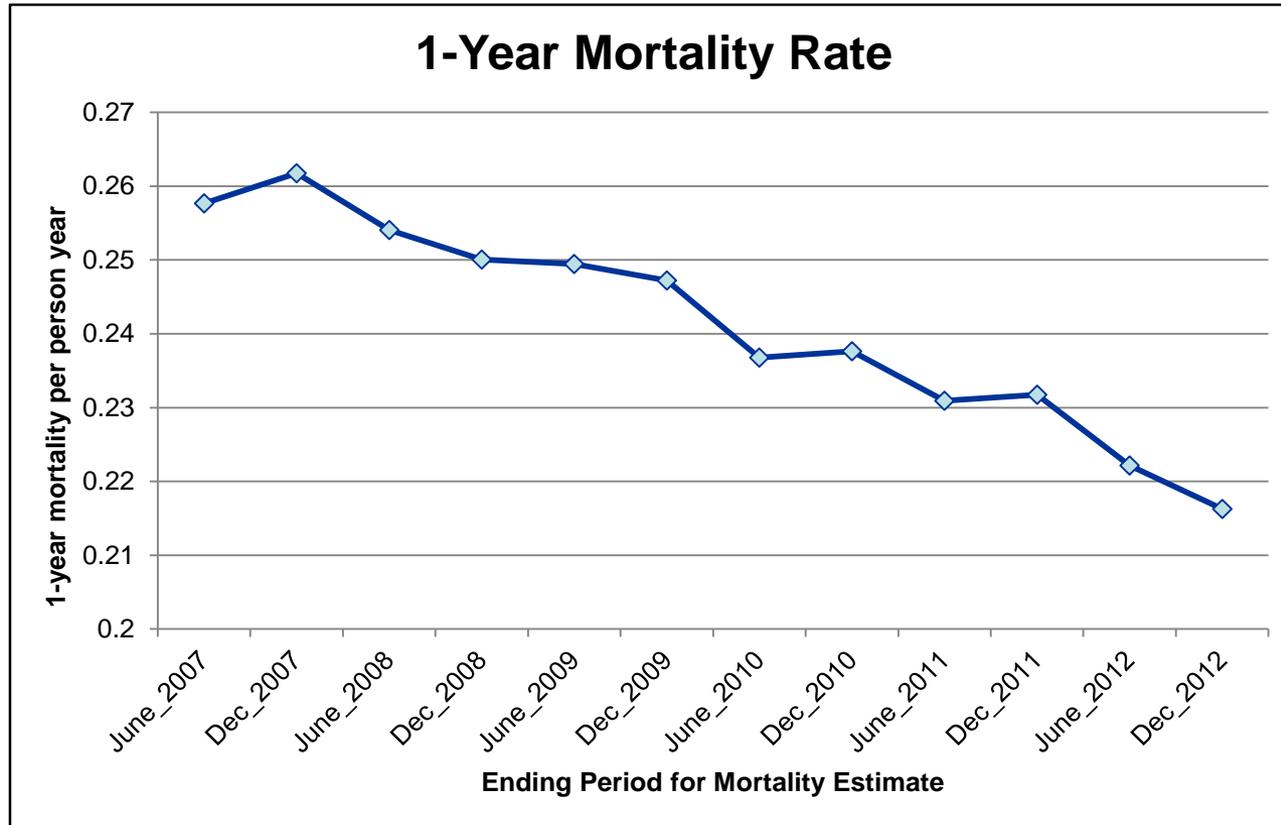
PEAK vs. USRDS Methodology

- Similar methodology to USRDS – EXCEPT
 - We have not exactly replicated the USRDS algorithm for including incident cases, but numbers are extremely close
 - REMIS data are much more current than published USRDS reports (*means some volatility*)
 - We do not use Social Security death data in this report because of recent changes in the file

PEAK Results

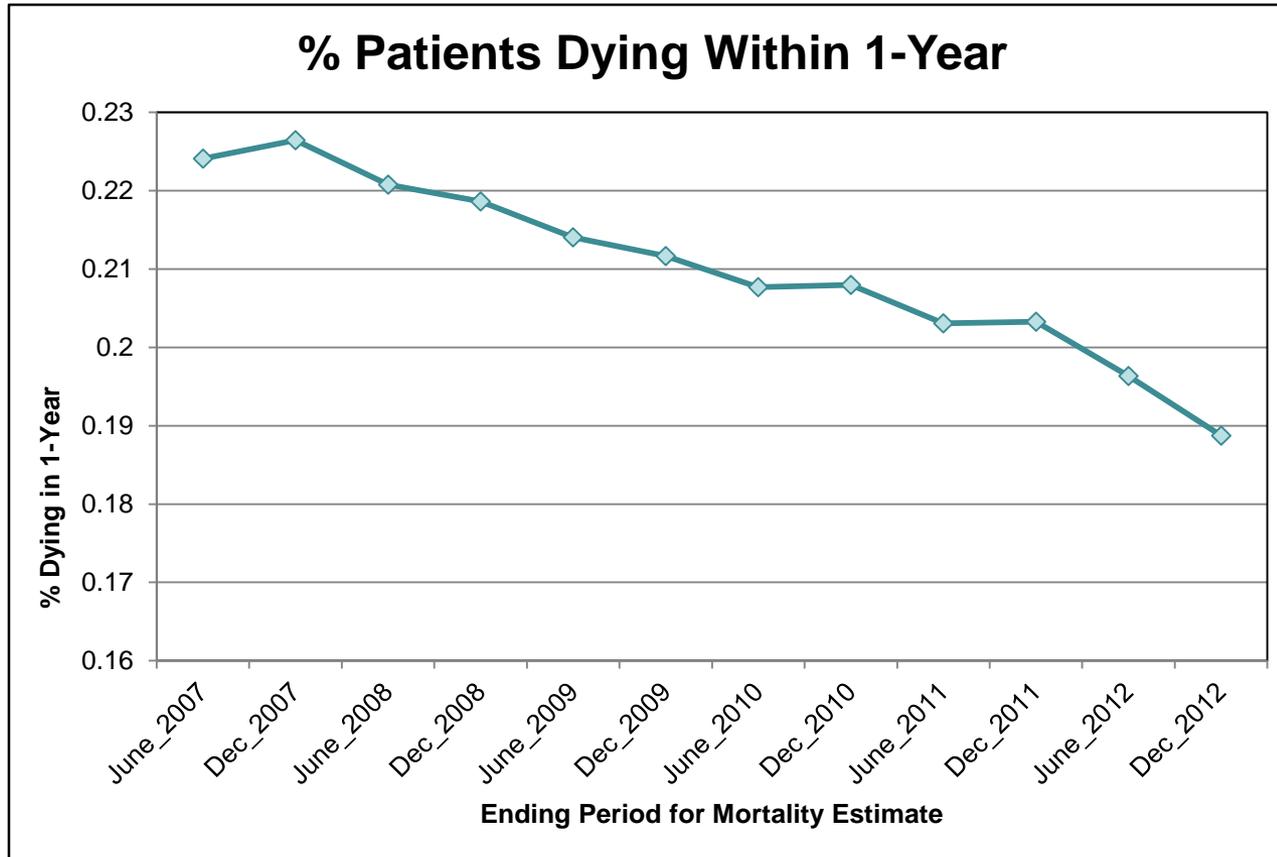
- Final Report presents
 - 1-year mortality (per person years, as with USRDS)
 - 1-year mortality (% of patients dying)
 - 90-day mortality (per person years)
 - 90-day mortality (% of patients dying)
- Final Report also examines factors that may contribute to mortality rates and Network-level differences

PEAK Results: 1-year Mortality (per person years)



1-year mortality rate declined about 13.6%

PEAK Results: 1-year Mortality (% dying within 1 year)

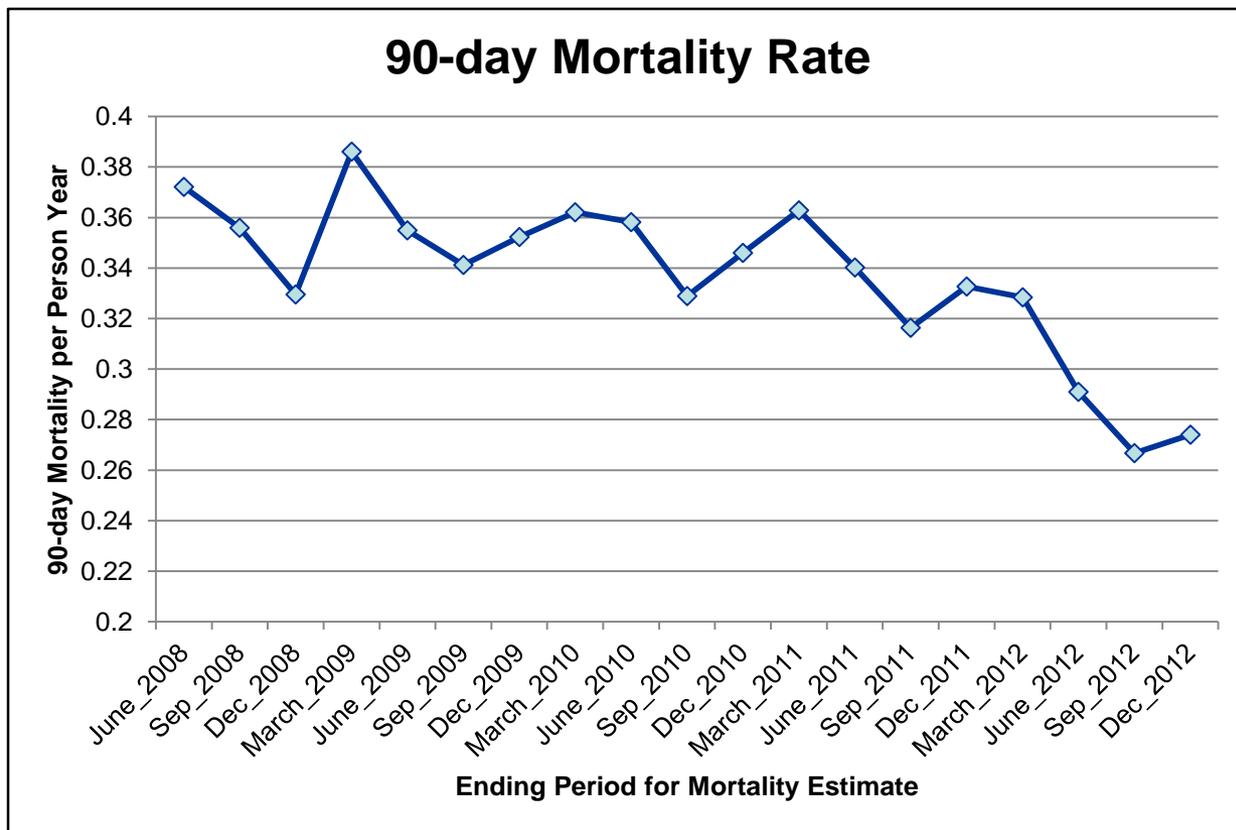


% patients dying within 1 year of dialysis initiation declined about 13.7%

PEAK Results: 1-year Mortality by Age Group

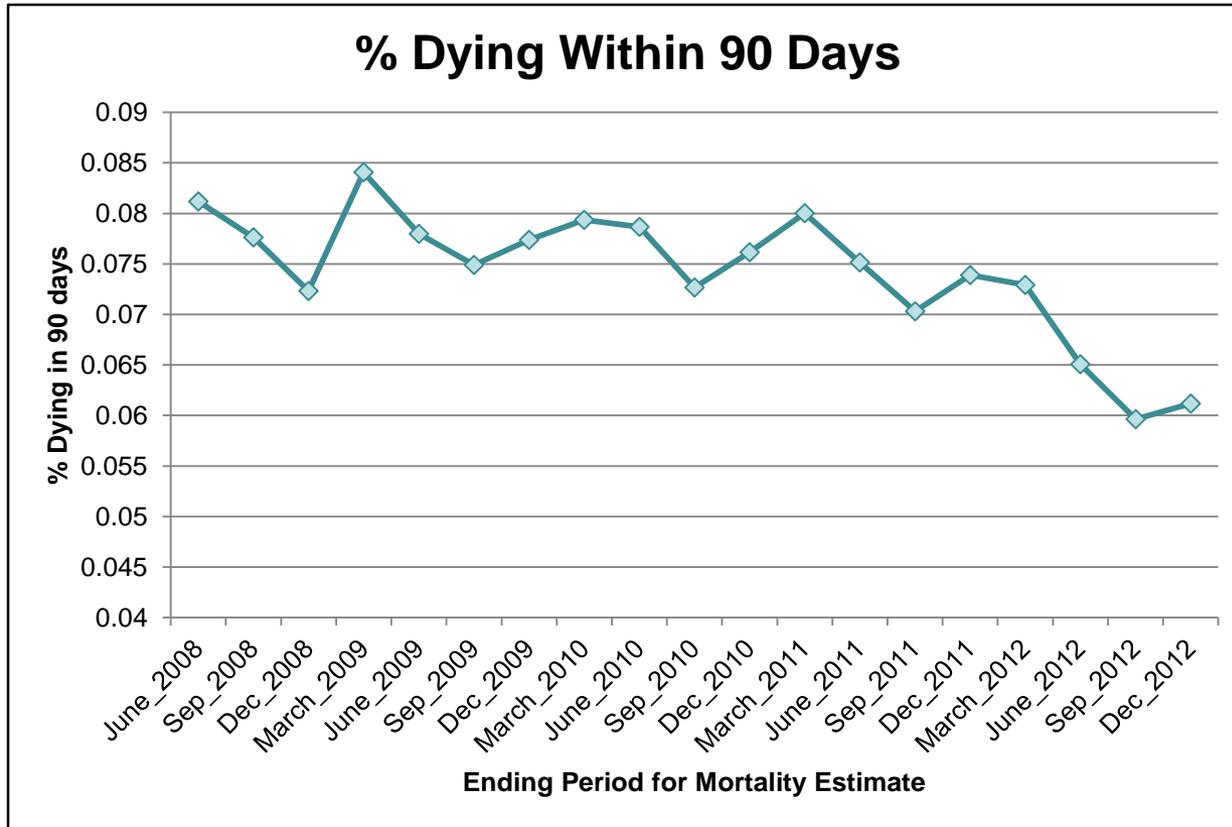
- Decline in 1-year mortality (per person years) varied across age groups
 - < 45 years 14.7% decline
 - 45-65 years 14.2% decline
 - 65-74 years 13.5% decline
 - 75+ years 12.9% decline

PEAK Results: 90-day Mortality (per person years)



90-day mortality declined about 25%

PEAK Results: 90-day Mortality (% dying within 90 days)



% patients dying within 90 days of dialysis initiation declined about 22.5%

Summary

- By either method of measuring, 1-year mortality fell 13.6-13.7%, and 90-day mortality fell by 22.5-25%
- 90-day survival is generally indicative of survival at 1 year so, based on these results, additional progress on 1-year mortality seems likely
- Final Report notes that the laboratory values at the time of initiating dialysis (e.g., Hgb, albumin, creatinine) have not changed appreciably over time, so it is likely that the changes in mortality rates are attributable to changes in treatment AFTER the patients began dialysis
- Final Report notes a striking, sharp decline in the 90-day mortality rate beginning in 2012, which corresponds well with the uptick in the percent of patients with prescribed hours on hemodialysis of 4 or higher' at the time of dialysis initiation
- Final Report also identifies changes in catheter/AVF/AVG rates and selected Network-level analyses are presented