

Collaboration key in winning NQF endorsement for medication management measure

Allen R. Nissenson, MD • Edward R. Jones, MD

Since its inception, the Kidney Care Quality Alliance (KCQA) has brought together key stakeholders from across the kidney care community to develop meaningful, evidence-based measures that will lead to positive patient outcomes, drive better provider performance, and lower health care costs.

By focusing on developing quality measures that are both consensus-based and grounded in clinical evidence, KCQA has successfully convened some of the best minds in kidney care—including patient and physician groups, providers, researchers, consumer groups, and representatives from the Center for Medicare & Medicaid Services—to debate and develop these important measures in a consensus-driven process. It is a robust partnership with a wealth of experience—and one that we feel serves a crucial function in the national effort to improve kidney care delivery and outcomes.

Having spent most of our professional careers as practicing nephrologists and researchers in our field, we recognize that the challenges of pro-

viding care to patients with kidney disease and kidney failure are complex and numerous. But through our participation in KCQA we are pleased to be a fundamental part of addressing, head-on, some of the most urgent of these.

In March 2017, the National Quality Forum (NQF) finalized its endorsement of the KCQA's new quality measure, called the Medication Reconciliation for Patients Receiving Care at Dialysis Facilities. As the first medication management metric developed and tested specifically for use in dialysis facilities, it is a groundbreaking and timely measure that aims to tackle the serious problem of adverse drug events resulting from inadequate medication management for individuals with ESRD. It calls on dialysis care providers to complete a thorough, monthly medication reconciliation process for all patients receiving home or in-center or home hemodialysis or peritoneal dialysis care.¹

The risk of poor medication management

Adverse drug events come at a huge cost to the patient and our health care system. According to the Office of Disease Prevention and Health Promotion, adverse drug events in all outpatient settings account for over 3.5 million physician office visits, an estimated 1 million emergency department visits, and approximately 125,000 hospitalizations annually,² with estimates showing that at least 40% of

the costs for adverse drug events in ambulatory settings are preventable.³ Adverse drug events are an especially critical safety issue for ESRD patients, who often require 10 or more medications, have multiple comorbid conditions, have several health care providers and prescribers, and undergo frequent medication changes.⁴ The omission—or duplication—of medications prescribed by different providers can have disastrous effects on patients, and the impact on health care costs are staggering. The estimated annual expenditure incurred for unnecessary hospitalizations and other drug-related problems is \$49,514 per individual with ESRD,⁵ contributing significantly to the more than \$40 billion in public and private funds spent annually on ESRD care in the United States.⁶

A significant proportion of medication-related problems in dialysis patients are preventable and can be attributed to an information gap that frequently occurs during transitions between health care settings.⁷ Implementing a standard, dialysis-specific medication reconciliation process is a best practice that will improve patient outcomes and decrease health care costs.

How it works

Under the new measure, dialysis care providers will be tasked with gathering a list of a patient's most recent medications from all available sources, including drugs from primary care providers, hospitals,



Dr. Nissenson is currently co-chair and **Dr. Jones** is the former co-chair of the Kidney Care Quality Alliance, an organization of community leaders formed by Kidney Care Partners focused on developing facility-level quality performance measures for dialysis providers.

pharmacotherapy information networks, and over-the-counter sources. This will ensure that the appropriate indication, dosage, frequency, route, start and/or end dates are tracked, so changes in a patient's drug regimen can be accounted for more easily.

“

Before it was endorsed by NQF, KCQA's medication management measure was tested in more than 5,200 facilities and was found to be reliable and valid

”

Before it was endorsed by NQF, KCQA's medication management measure was tested in more than 5,200 facilities and was found to be reliable and valid.⁸ It's a measure that NQF has deemed an important measure to report. Like all kidney care providers, KCQA members will be anticipating the long-term impacts this quality measure will have on patient outcomes, patient safety, and total costs of care.

Other measures under development

KCQA's current efforts for 2017 are focused on developing a framework for patient-reported outcomes (PROs), patient-reported outcome measures (PROMs), and patient reported outcome performance measures (PRO-PMs) for patients with ESRD. This is a timely topic. With increased focus on patient-centered care, policymakers have expressed interest in including patient-reported outcome measures in public reporting and value-based purchasing programs. NQF itself has noted that patients are an important resource in

the assessment of quality health care, noting, "Patients are a valuable and, arguably, the authoritative source of information on outcomes beyond experience with care. These include health-related quality of life, functional status, symptom and symptom burden, and health behaviors."⁹

Last, KCQA commends CMS for its willingness to work with community stakeholders in the agency's own measure development. To that end, KCQA appreciates CMS' desire to continue to raise the quality bar and looks forward to working collaboratively with agency officials to ensure acceptance and implementation of the NQF-endorsed medication management measure, which will positively contribute toward sustained quality improvements and a more integrated patient care experience. *NN&I*

References

1. KCQA. National Quality Forum Measure Information Form, NQF 2988. May 10, 2016. <http://www.kidneycarepartners.com/files2/139>.
2. ODPHP. Adverse Drug Events. Last updated February 5, 2017. <https://health.gov/hcq/ade.asp>.
3. Institute of Medicine Committee on Identifying and Preventing Medication Errors. Preventing Medication Errors. Washington, DC, 2006: The National Academies Press.
4. Hakim RM, Collins AJ. Reducing avoid-

able rehospitalization in ESRD: A shared accountability. *Jrnl of Am. Soc of Neph* 2014;25(9):1891-1893.

5. Manley HJ, Carroll CA. The clinical and economic impact of pharmaceutical care in end-stage renal disease patients. *Semin Dial*. 2002;15:45-49.
6. NIDDK. Kidney Disease Statistics for the United States. NIH Publication No. 12-3895. June 2012.
7. St. Peter WL. Improving medication safety in chronic kidney disease patients on dialysis through medication reconciliation. *Adv Chronic Kid Dis*. 2010;17(5):413-419.
8. KCQA. National Quality Forum Measure Testing Form, NQF 2988. May 10, 2016. <http://www.kidneycarepartners.com/files2/138>.
9. NQF. Patient-Reported Outcomes. https://www.qualityforum.org/Patient-Reported_Outcomes.aspx

CalRite® QC Standard Solutions



Color-coded labeling helps prevent solution mix-ups & confusion

Easy-to-use bottles, conveniently sized to minimize waste

Save time & money by keeping test meters properly maintained

Multiple solution types available

12-18 month storage/expiration period for unopened containers

National Institute of Standards & Technology-compliant/traceable



800-647-3873

www.rpc-rabrenco.com