March 31, 2014

Patrick Conway, M.D., Chief Medical Officer
Center for Medicare and Medicaid Innovation
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-8013

Re: RPA Input on CEC/ESCO Measure Development Process

Dear Dr. Conway:

The Renal Physicians Association (RPA) is the professional organization of nephrologists whose goals are to ensure optimal care under the highest standards of medical practice for patients with renal disease and related disorders. RPA acts as the national representative for physicians engaged in the study and management of patients with renal disease. We greatly appreciated your presentation to our annual meeting attendees earlier this month in Baltimore. During your talk you expressed interest in receiving input from the nephrology discipline on quality measure development and alternate payment models as they affect kidney patients. We are writing to offer general input on the technical expert panel (TEP) measure development process for the Comprehensive ESRD Care/ESRD Seamless Care Organizations (CEC/ESCO) Initiative.

First, RPA would like to commend CMS and CMMI for its development of the CEC/ESCO Initiative. RPA has been supportive of the development of an ACO-like renal integrated care model for the better part of the past decade. We believe that the unique nature of end-stage renal disease (ESRD), the integrated system of providers necessary to appropriately care for ESRD patients, and existing data-gathering capabilities provided by the United States Renal Data System (USRDS) among other factors, support the suitability of an ACO-like integrated care model, such as an ESCO, for the treatment of ESRD patients.

However, in candor we do have concerns regarding the CEC/ESCO TEP process. These concerns include:

- The TEP nomination process should be more open and transparent;
- The TEP public report should be more thorough; for example, the voting numbers and the individual comments of the TEP members should be part of the public record for these measures;
- Measures developed by groups such as the National Quality Forum (NQF) or other endorsing bodies should be used;
Inherent in using measures from endorsing groups such as the NQF is that the underlying endorsed specifications should be used in an unaltered manner, and thus include the same specifications and exclusions in those measures;

- Any measures not tested in the ESRD population in general and in the appropriate setting specifically (such as an ESRD facility) should be so tested before being adopted as CEC/ESCO measures;

- Patients with different goals of care, such as those seeking palliative and not curative care, should have quality measures appropriate for their care goals;

- ESRD patients who can be predicted to have a poor prognosis (6 month survival of less than 50%) based on an evidence-based, validated prognostic tool should be excluded from the TEP measures. A different set of measures should be developed and tested in ESRD patients with a poor prognosis.

RPA recognizes that resolution of the issues raised above is not an easy task, and we would welcome the opportunity to meet with CMS/CMMI staff to discuss the issues raised above in much greater detail. Nonetheless, we firmly believe that: (1) if there is a lack of clarity and transparency with the TEP functionality itself; (2) if measures developed by established endorsing bodies such as the NQF are used inappropriately; and (3) the measures have not been tested in or are inappropriate for ESRD patients, then the credibility of the entire CEC/ESCO Initiative is undermined. RPA therefore urges CMS/CMMI to address these concerns before proceeding further with the CEC/ESCO measure development process.

As always, RPA welcomes the opportunity to work collaboratively with CMS in its efforts to improve the quality of care provided to the nation’s kidney patients, and we stand ready as a resource to CMS in its future endeavors. Any questions or comments regarding this correspondence should be directed to RPA’s Director of Public Policy, Rob Blaser, at 301-468-3515, or by email at rblaser@renalmd.org.

Thank you,

Robert J. Kossmann, MD
President