



December 16, 2024

The Partnership for Quality Measure Development
c/o Battelle
901 D Street SW Suite 900
Washington, DC, 20024

Dear PQM Development staff:

Re: Comments on Selected Measures in Fall 2024 Measure Cycle

On behalf of the more than 37,000,000 Americans living with kidney diseases and the nearly 22,000 nephrologists, scientists, and other kidney health care professionals who comprise the American Society of Nephrology (ASN), thank you for the opportunity to provide comments on Selected Measures in the Fall 2024 Measure Cycle. Currently, more than 800,000 Americans have kidney failure from ESRD, including more than 550,000 receiving dialysis and more than 200,000 living with a kidney transplant. We greatly appreciate the PQM undertaking this important work and offer the following comments addressing the four ESRD facility-level measures under review.

Kidney diseases represent the eighth leading cause of death in the United States, resulting in more deaths than breast cancer. These deaths occur in large part due to the increased risk of cardiovascular disease (CVD) associated with kidney diseases. Unfortunately, kidney diseases and kidney failure also disproportionately impact historically marginalized populations including Black, Hispanic or Latinx, and Native or Indigenous Americans, Asians, Hawaiians and Other Pacific Islanders, people with lower incomes, and older adults, underlying and exacerbating existing disparities.

CBE #4650: Facility Level Percentage of Chronic Hyperphosphatemia in Dialysis Patients

While we appreciate that, with the inclusion of phosphate lowering medications in the prospective payment system, a quality metric can help promote at least some utilization of these agents for individuals with hyperphosphatemia, we are concerned that the proposed metric is not based on data. There currently are no clinical trials that support a specific serum phosphate level target to improve patient outcomes, and neither the currently proposed threshold nor the hypoalbuminemia exception in CBE #4650 are supported by quality data. We also question whether there is a significant number of patients with phosphate levels chronically above 6.5 mg/dL that have access to phosphate lowering medications but are not prescribed them. Given the lack of evidence supporting this metric, and our consistent call that metrics included in quality systems should be backed by evidence, we cannot support CBE #4650 at this time. We note that the PHOSPHATE trial is ongoing in Australia, New Zealand, Canada, the

United Kingdom, Brazil, Israel and Thailand, and we encourage awaiting these results rather than prematurely promoting a metric that is unsupported by data. In the interim, given the changes in the prospective payment system, we encourage CMS to monitor phosphate lowering medication and serum phosphorus levels among maintenance dialysis patients.

CBE #1423: Minimum spKt/V for Pediatric Hemodialysis Patients

CBE #2706: Pediatric Peritoneal Dialysis Adequacy: Achievement of Target Kt/V

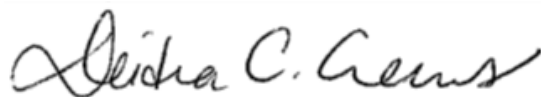
ASN supports the continued endorsement of both the pediatric dialysis adequacy measures: CBE #1423: Minimum spKt/V for Pediatric Hemodialysis Patients and CBE #2706: Pediatric Peritoneal Dialysis Adequacy: Achievement of Target Kt/V. Both of these measures align with the current Kidney Disease Outcomes Quality Initiative (KDOQI) guidelines for dialysis adequacy for pediatric patients. The validity and reliability testing demonstrates that these measures are appropriate for continued inclusion in the ESRD QIP. Realizing these measures may be topped out, we believe having an outcomes measure focused on dialysis adequacy for hemodialysis and peritoneal dialysis supports accountability for facilities treating pediatric patients.

CBE #1425: Measurement of nPCR for Pediatric Hemodialysis Patients

ASN believes that it is important to incorporate a pediatric-specific growth or nutrition measure in the ESRD QIP. While the CBE #1425: Measurement of nPCR for Pediatric Hemodialysis Patients may not be perfect, it is an important step in the right direction. Thus, ASN supports its endorsement. While the underlying data supporting specific values are linked only to adolescent patients, this process measure (if adopted) would ensure that facilities monitor all pediatric patients with the most appropriate measurement currently available.

ASN again thanks you for the opportunity to comment on these measures. For questions, please contact David White, Senior Regulatory and Quality Officer, at dwhite@asn-online.org.

Sincerely,



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President