



March 25, 2021

National Quality Forum
1099 14th Street NW
Suite 500
Washington DC 20005

RE: NQF Renal Project Fall 2020 Cycle

Kidney Care Partners (KCP) appreciates the opportunity to comment on the measures under endorsement consideration in the National Quality Forum's Renal Project Fall 2020 Cycle. KCP is a coalition of members of the kidney care community that includes the full spectrum of stakeholders related to dialysis care—patient advocates, healthcare professionals, dialysis providers, researchers, and manufacturers and suppliers—organized to advance policies that improve the quality of care and life for individuals with both chronic kidney disease and end stage renal disease. We commend NQF for undertaking this important work and offer comment on both measures considered within the Fall Project Cycle.

NQF 2701: Avoidance of Utilization of High Ultrafiltration Rate (>13 ml/kg/hour) (KCQA)

KCP believes fluid management is a critical area to address through performance measurement and supports the Standing Committee's recommendation for continued endorsement of this measure.

NQF 3567: Hemodialysis Vascular Access—Practitioner-Level Long-Term Catheter Rate (CMS)

Vascular access may be the most important performance metric for patients making decisions about dialysis facilities, and KCP has consistently supported the facility-level Long-Term Catheter Rate (LTCR) measure, NQF 2978. Nevertheless, we support the Standing Committee's recommendation against endorsement of the clinician-level LTCR measure because of little room for continued improvement in this aspect of care. As noted by the Committee, the median performance identified during measure testing—8.3 percent—is likely close to the appropriate level of catheter use in clinical practice and thus does not support the addition of a clinician-level measure for which a corollary facility-level metric is already in use. We also share the Committee's concerns that the measure does not account for patients for whom a catheter is the only or most appropriate choice, such as patients with exhausted vascular access or those on the transplant waitlist whose waiting time is expected to be brief (e.g., with a living related donor transplant). This omission is in direct conflict with the updated *2019 NKF KDOQI Clinical Practice Guidelines for Vascular Access*, cited to support the measure, which instead emphasize a patient-focused approach to vascular access and list a number of circumstances where short- or long-term use of tunneled CVCs may be clinically appropriate.

KCP again thanks you for the opportunity to comment on this important work. If you have any questions, please do not hesitate to contact Lisa McGonigal MD, MPH (lmcgon@msn.com or 203.530.9524).

Sincerely,

Kidney Care Partners

1. Akebia Therapeutics, Inc.
2. American Kidney Fund, Inc.
3. American Nephrology Nurses Association
4. American Renal Associates
5. American Society of Nephrology
6. American Society of Pediatric Nephrology
7. Amgen, Inc.
8. Ardelyx
9. AstraZeneca
10. Atlantic Dialysis Management Services, LLC
11. Baxter International, Inc.
12. B. Braun Medical, Inc.
13. Cara Therapeutics, Inc.
14. Centers for Dialysis Care
15. CorMedix Inc.
16. DaVita, Inc.
17. Dialysis Patient Citizens, Inc.
18. DialyzeDirect
19. Dialysis Vascular Access Coalition
20. Fresenius Medical Care North America
21. Fresenius Medical Care Renal Therapies Group
22. Greenfield Health Systems
23. Kidney Care Council
24. Nephrology Nursing Certification Commission
25. Otsuka America Pharmaceutical, Inc.
26. Renal Healthcare Association (formally known as National Renal Administrators Association)
27. Renal Physicians Association
28. Rockwell Medical
29. Rogosin Institute
30. Satellite Healthcare, Inc.
31. U.S. Renal Care, Inc.
32. Vifor Pharma Ltd.