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American Nephrology Nurses' Association

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Dear Dr. Conway,

Director

Paula Richards

On behalf of the American Nephrology Nurses' Association (ANNA), I am writing to share our comments on the measures identified through the IMPAQ Technical Expert Panel (TEP) measure development process for the Comprehensive End Stage Renal Disease Care (CEC) Initiative. We appreciate the opportunity to provide our comments on this important issue.

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ANNA promotes excellence in and appreciation of nephrology nursing so that we can make a positive difference for people with kidney disease. Established as a nonprofit organization in 1969, ANNA has a membership of approximately 10,000 registered nurses in almost 100 local chapters across the United States. We are the only professional association that represents nurses who work in all areas of nephrology, including hemodialysis, chronic kidney disease, peritoneal dialysis, acute care, and transplantation. Most of our members work in freestanding dialysis units, hospital outpatient units, and hospital inpatient dialysis units.

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ANNA develops and updates standards of clinical practice, educates practitioners, stimulates and supports research, disseminates knowledge and new ideas, promotes interdisciplinary communication and cooperation, and monitors and addresses issues encompassing the breadth of practice of nephrology nursing.

Technical Expert Panel Recommended CEC Quality Measure

- **NQF 0055: Diabetes Care: Eye Exam.** ANNA supports this measure but has concerns about the focus on patients age 75 and younger because it excludes a large segment of dialysis patients.
- **NQF 0056: Diabetes Care: Foot Exam.** ANNA supports this measure but we have similar concerns to those stated in the above measure on eye exams.
- **NQF 0089: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care.** ANNA supports this measure.
- **NQF 0285: Rate of Lower Extremity Amputation Among Patients with Diabetes:** ANNA does not support this measure.
- **NQF 0090: Coronary Artery Disease: Beta Blocker Therapy – Prior MI or LVEF < 40%.** ANNA opposes the use of this measure in the CEC initiative. ANNA believes there is no evidence that this slows the progression of cardiovascular disease in the ESRD population.
- **NQF 0081: Heart Failure: ACE Inhibitor or ARB Therapy for LVSD.** ANNA opposes this measure because we believe there is no evidence to support its use in the ESRD population.
- **NQF 0369: Dialysis Facility Risk-Adjusted Standardized Mortality Ratio (SMR):** ANNA supports the inclusions of this measure in the CEC.
- **NQF 0041/0226: Influenza Immunization.** ANNA supports the use of this measure but has concerns about the ability to track patients as most ESRD patients see multiple providers.
- **NQF 0043: Pneumococcal Vaccination Status for Older Adults.** ANNA supports the inclusion of this measure in the CEC initiative. Renal patients are at a greater risk for pneumonia and higher mortality rates from complications. ANNA does have concerns about tracking patients, as most ESRD patients see multiple providers.

- **NQF 0418: Screening for Clinical Depression and Follow-up Plan.** ANNA supports the use of this measure in the CEC initiative. ANNA recognizes that depression is a common complication for patients with ESRD, and it affects other health outcomes.
- **NQF 0028: Tobacco Use: Screening and Cessation Intervention.** ANNA supports the inclusion of this measure in the CEC.
- **Standardized Readmission Ratio for Dialysis Facilities:** ANNA supports the use of this measure in the CEC.
- **NQF 1463: Standardized Hospitalization Ratio for Admissions (SHR):** ANNA supports the use of this measure.
- **NQF 0326: Advance Care Plan.** ANNA supports this measure.
- **NQF 0419: Documentation of Current Medications in the Medical Record:** ANNA supports the inclusion of this measure in the CEC.

Measures under Consideration

- **Functional Status Assessment for Complex Chronic Conditions.** ANNA opposes the use of this measure in the CEC initiative. ANNA supports the concept of functional status assessment when a proper tool is available that is relevant to ESRD.
- **NQF 0059: Diabetes: Hemoglobin A1c Poor Control.** ANNA opposes the use of this measure in the CEC. ANNA believes this is not an accurate test in the ESRD population.
- **NQF 0068: Ischemic Vascular Disease: Use of Aspirin or another Antithrombotic.** ANNA opposes this measure. We do not believe there is evidence to support this in the ESRD population.
- **NQF 0083: Heart Failure: Beta Blocker Therapy for LVSD.** ANNA opposes the use of this measure. We do not believe there is evidence to support this in the ESRD population.

- **NQF 1789: Hospital-Wide All-Cause Unplanned Readmission Measure.** ANNA opposes the use of this measure in the CEC initiative. ANNA would prefer to have a measure that specifically includes renal-related readmissions such as fluid overload, congestive heart failure, pneumonia, hyperkalemia, and hypercalcemia.
- **NQF 0097: Medication Reconciliation.** ANNA supports the use of this measure in the CEC initiative and believes this is an important indicator of care.
- **Anemia of Chronic Kidney Disease.** ANNA opposes the inclusion of this measure in the CEC. Additionally, ANNA urges future consideration of measures related to transplant referral rates and fluid management.

ANNA greatly appreciates having the opportunity to share our comments on the CEC TEP Quality Measures. As the leading professional association representing nephrology nurses, we look forward to continuing to work with your agency on this important issue. Please feel free to contact me directly if you have any questions or would like to discuss these issues in greater detail.

Sincerely,

A handwritten signature in black ink, appearing to read 'Norma Gomez', with a stylized flourish at the end.

Norma Gomez, MBA, MSN, RN, CNN
ANNA President