Measure Information Form

**Project Title:** Practitioner Level Measurement of Effective Access to Kidney Transplantation

**Date:**

Information included is current on April 30, 2024.

**Project Overview:**

The Centers for Medicare & Medicaid Services (CMS) has the University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) to develop practitioner-level measures in the area of access to kidney transplantation for dialysis patients. The contract name is Kidney Disease Quality Measure Development, Maintenance, and Support. The contract number is 75FCMC18D0041, task order number 75FCMC18F0001.

1. **Measure Name/Title (**[**CMS Consensus-Based Entity [CBE] Measure Submission Form**](https://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=86103)External link icon**, Measure Specifications sp.01)**

**Prevalent Standardized Waitlist Ratio (PSWR)**

1. **Descriptive Information**

2.1 Measure Type

☐process

☒outcome

☐PRO-PM

☐cost /resource use

☐efficiency

☐structure

☐intermediate outcome

☐population health

☐composite

☐process

☐outcome

☐other

☐other

2.2 Brief Description of Measure (CMS CBE Measure Submission Form, Measure Specifications sp.02 and sp.06)

The PSWR measure tracks the number of prevalent dialysis patients in a practitioner (inclusive of physicians and advanced practice providers) group who are under the age of 75 and were listed on the kidney or kidney-pancreas transplant waitlist or received a living donor transplant. For each practitioner group, the Prevalent Standardized Waitlist Ratio (PSWR) is calculated to compare the observed number of waitlist events in a practitioner group to its expected number of waitlist events. The PSWR uses the expected waitlist events calculated from a Cox model, adjusted for patient age, incident and prevalent comorbidities, previous waitlisting and transplant, dual eligibility, Area Deprivation Index (ADI), and transplant center characteristics.

2.3 If Paired or Grouped (CMS CBE Measure Submission Form, Measure Specifications sp.03)

1. **Measure Specifications**

3.1 Measure-Specific Webpage (CMS CBE Measure Submission Form, Measure Specifications sp.09)

N/A

3.2 If this is an electronic clinical quality measure (eCQM) (CMS CBE Measure Submission Form, Measure Specifications sp.10)

N/A

3.3 Data Dictionary, Code Table, or Value Sets (CMS CBE Measure Submission Form, Measure Specifications sp.11)

PSWR\_data\_dictionary.xlsx

3.4 For an instrument-based measure (CMS CBE Measure Submission Form, Measure Specifications sp.23 and sp.24)

N/A

3.5 Updates since last submission (CMS CBE Measure Submission Form, Specifications: Maintenance Update spma.01 and spma.02)

N/A

3.6 Numerator Statement (CMS CBE Measure Submission Form, Measure Specifications sp.12)

Number of prevalent dialysis patients in the practitioner group listed on the kidney or kidney-pancreas transplant waitlist or who received living donor transplants within each calendar year.

3.7 Numerator Details (CMS CBE Measure Submission Form, Measure Specifications sp.13)

Organ Procurement and Transplant Network (OPTN) Kidney or Kidney-Pancreas waitlist or transplant dates populated during the period with the assigned practitioner group. Specifically, date of listing on the kidney or kidney-Pancreas transplant waitlist from OPTN and date of receiving a living donor transplant from OPTN, Form 2728, and Claims are used to identify the event happening during the period with the assigned practitioner group.

3.8 Denominator Statement (CMS CBE Measure Submission Form, Measure Specifications sp.14)

The denominator for the PSWR is the expected number of waitlist or living donor transplant events in the practitioner group according to each patient’s treatment history, adjusted for patient age, incident and prevalent comorbidities, previous waitlisting and transplant, dual eligibility, Area Deprivation Index (ADI), and transplant center characteristics, among patients under 75 years of age.

3.9 Denominator Details (CMS CBE Measure Submission Form, Measure Specifications sp.15)

During the target period for eligible Medicare ESRD dialysis patients, Medicare physician claims were used to identify 1) the individual dialysis practitioner that received the monthly capitation payment (MCP) and 2) the dialysis group practice identifier to which that practitioner belongs. Tax identification numbers (TINs) are used to identify the dialysis practitioner group practices on Medicare physician claims. For each period, the patient was assigned to the practitioner, and in turn to that dialysis practitioner’s group practice, which as a whole provided dialysis services with the most face-to-face interaction, according to the Healthcare Common Procedure Coding System (HCPCS) codes. Both TIN and MCP present on the physician claims. We do not distinguish in person claims or not.

Monthly capitation payment HCPCS codes included are the following: 90951, 90952, 90953, 90954, 90955, 90956, 90957, 90958, 90959, 90960, 90961, 90962, 90963, 90964, 90965, 90966. Information regarding first ESRD service date, modality, death, waitlist status, and transplant are obtained from Medicare claims, EQRS, Organ Procurement and Transplant Network (OPTN), and the Social Security Death Master File.

3.10 Denominator Exclusions (CMS CBE Includes “Exception” in the “Exclusion” Field) (CMS CBE Measure Submission Form, Measure Specifications sp.16)

Patients with the below conditions are excluded from the measure:

* Patients were excluded when turning 75.
* Patients who were admitted to a skilled nursing facility (SNF) were excluded from that period.
* Patients were excluded if determined to be in hospice in the prior 365 days
* Patients with dementia

The noted exclusions represent conditions for which transplant waitlist candidacy is highly unlikely, and which can be identified readily with available data.

Patients who were attributed to dialysis practitioner groups with fewer than 11 patients or 2 expected events are not excluded from the measure. If a provider can not be matched to a TIN, patients will be grouped into a separate ‘null’ TIN and still included in the models, but are not summarized to any valid individual TINs. All patients who meet the denominator inclusion criteria are included and used to model a given dialysis practitioner group’s expected waitlist rate. If a dialysis practitioner group has fewer than 11 patients or 2 expected events, then the dialysis practitioner group is excluded from reporting outcomes.

3.11 Denominator Exclusion Details (CMS CBE Includes “Exception” in the “Exclusion” Field) (CMS CBE Measure Submission Form, Measure Specifications sp.17)

The Nursing Home Minimum Dataset was used to identify patients in skilled nursing facilities. For hospice patients, a separate CMS file that contains final action claims submitted by hospice providers during the past 365 days was used to determine the hospice status.

In addition, we used Agency for Healthcare Research and Quality (AHRQ) Clinical Classifications Software (CCS) diagnosis categories for prevalent comorbidity selection, including dementia. Patients with evidence of dementia in the prior year were excluded from analysis.

Please refer to the attached data dictionary for more details about the data source, as well as the ICD 10 codes for prevalent comorbidity conditions including dementia.

3.12 Stratification Details/Variables (CMS CBE Measure Submission Form, Measure Specifications sp.18)

N/A

3.13 Risk Adjustment Type (CMS CBE Measure Submission Form, Measure Specifications sp.19)

☐no risk adjustment or risk stratification

☐stratification by risk category/subgroup

☒statistical risk model

☐other

3.14 Type of Score (CMS CBE Measure Submission Form, Measure Specifications sp.20)

☐count

☐rate/proportion

☒ratio

☐categorical (e.g., yes or no)

☐continuous variable (CV) (e.g., an average)

☐composite/scale

☐other (specify) Click or tap here to enter text.

3.15 Interpretation of Score (CMS CBE Measure Submission Form, Measure Specifications sp.21)

Better quality = Higher score

3.16 Calculation Algorithm/Measure Logic (CMS CBE Measure Submission Form, Measure Specifications sp.22)

See PSWR\_flowchart.pdf

3.17 Sampling (CMS CBE Measure Submission Form, Measure Specifications sp.25 and sp.26)

N/A

3.18 Survey/Patient-Reported Data (CMS CBE Measure Submission Form, Measure Specifications sp.27)

N/A

3.19 Data Source (CMS CBE Measure Submission Form, Measure Specifications sp.28)

☐administrative data

☒claims data

☐paper patient medical records

☐electronic patient medical records

☐electronic clinical data

☒registries

☐standardized patient assessments

☐patient-reported data and surveys

☐non-medical data

☐other—describe in 3.20 (CMS CBE Measure Submission Form, Measure Specifications sp.29)

3.20 Data Source or Collection Instrument (CMS CBE Measure Submission Form, Measure Specifications sp.29)

EQRS (formerly CROWNWeb), Medicare Claims, and the CMS Medical Evidence Form 2728 were used as the data sources for establishing the denominator. EQRS was used for the age risk adjustment and exclusion of patients aged 75 or older. Organ Procurement and Transplant Network (OPTN) is the data source for the numerator (waitlisting or living donor kidney transplantation). Medicare claims from the year prior to the reporting period were used for comorbidity condition adjustments. Medicare claims during the reporting period were used for the hospice exclusion criteria. The Nursing Home Minimum Dataset was used to identify SNF patients. Additionally, Medicare claims during the reporting period and a payment history file were used to determine dual eligibility status. The Medicare Provider Files from the CMS Integrated Data Repository (IDR) were used to identify dialysis practitioner’s group practice. Area Deprivation Index (ADI) was obtained from Census data (2011-2015) based on patient zip code. In order to assess the transplant center characteristics, Scientific Registry of Transplant Recipients (SRTR) data was used.

3.21 Data Source or Collection Instrument (Reference) (CMS CBE Measure Submission Form, Measure Specifications sp.30)

N/A

3.22 Level of Analysis (CMS CBE Measure Submission Form, Measure Specifications sp.07)

☐individual clinician

☒group/practice

☐hospital/facility/agency

☐health plan

☐accountable care organization

☐geographic population

☐other (specify) Click or tap here to enter text.

3.23 Care Setting (CMS CBE Measure Submission Form, Measure Specifications sp.08)

☐ambulatory surgery center

☐clinician office/clinic

☐outpatient rehabilitation

☐urgent care – ambulatory

☐behavioral health: inpatient

☐behavioral health: outpatient

☐dialysis facility

☐emergency medical services/ambulance

☐emergency department

☐home health

☐hospice

☐hospital

☐hospital: critical care

☐hospital: acute care facility

☐imaging facility

☐laboratory

☐pharmacy

☐nursing home/skilled nursing facility (SNF)

☐inpatient rehabilitation facility (IRF)

☐long-term acute care

☐birthing center

☐no applicable care setting

☒other (specify) Outpatient Services

3.24 Composite Measure ([CMS CBE Composite Measure Submission Form](https://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=83206) External link icon, Measure Specifications sp.30)

N/A