

**Quality ID #403: Adult Kidney Disease: Referral to Hospice**

– National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes

– Meaningful Measure Area: End of Life Care According to Preferences

**2019 COLLECTION TYPE:**

**MIPS CLINICAL QUALITY MEASURES (CQMS)**

**MEASURE TYPE:**

Process – High Priority

**DESCRIPTION:**

Percentage of patients aged 18 years and older with a diagnosis of ESRD who withdraw from hemodialysis or peritoneal dialysis who are referred to hospice care

**INSTRUCTIONS:**

This measure is to be submitted **once per performance period** for all patients being treated for end stage renal disease that have discontinued hemodialysis or peritoneal dialysis during the performance period. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure for the primary management of patients with end stage renal disease based on the services provided and the measure-specific denominator coding.

**Measure Submission Type:**

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

**DENOMINATOR:**

All patients aged 18 years and older with a diagnosis of ESRD who withdraw from hemodialysis or peritoneal dialysis

**Denominator Criteria (Eligible Cases):**

Patients aged  $\geq$  18 years on date of encounter

**AND**

**Diagnosis for ESRD (ICD-10-CM):** N18.6

**AND**

**Patient encounter during the performance period (CPT):** 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99495, 99496, 99304, 99305, 99306, 99307, 99308, 99309, 99310

**AND**

**Patient discontinued from hemodialysis or peritoneal dialysis:** G9523

**NUMERATOR:**

Patients who are referred to hospice care

**Numerator Options:**

**Performance Met:**

Patient was referred to hospice care (**G9524**)

**OR**

**Denominator Exception:**

Documentation of patient reason(s) for not referring to hospice care (e.g., patient declined, other patient reasons) **(G9525)**

**OR**

**Performance Not Met:**

Patient was not referred to hospice care, Reason not given **(G9526)**

**RATIONALE:**

Palliative care services are appropriate for people who chose to undergo or remain on dialysis and for those who choose not to start or to discontinue dialysis. With the patient's consent, a multi-professional team with expertise in renal palliative care, including nephrology professionals, family or community-based professionals, and specialist hospice or palliative care providers, should be involved in managing the physical, psychological, social, and spiritual aspects of treatment for these patients, including end-of-life care. Physical and psychological symptoms should be routinely and regularly assessed and actively managed. The professionals providing treatment should be trained in assessing and managing symptoms and in advanced communication skills. Patients should be offered the option of dying where they prefer, including at home with hospice care, provided there is sufficient and appropriate support to enable this option.

**CLINICAL RECOMMENDATION STATEMENTS:**

Only selected portions of the clinical guidelines are quoted here; for more details, please refer to the full guideline. Guideline recommendations and their rationales for the treatment of adult patients. In: Renal Physicians Association (RPA). Shared decision-making in the appropriate initiation of withdrawal from dialysis. 2nd ed. Rockville (MD): Renal Physicians Association (RPA); 2010 Oct. p. 39-92. [370 references]

Interventions and Practices Considered

1. Shared decision-making in the appropriate initiation of and withdrawal from dialysis and developing a physician-patient relationship for shared decision-making
2. Fully informing acute kidney injury (AKI), stage 4 and 5 chronic kidney disease (CKD), and end-stage renal disease (ESRD) patients about their diagnosis, prognosis, and all treatment options
3. Estimating prognosis
4. Advance care planning
5. Withholding or withdrawing dialysis in certain well-defined situations
6. Forgoing dialysis in AKI, CKD, or ESRD patients
7. Time-limited trial of dialysis
8. Conflict resolution
9. Palliative care
10. Systematic approach to communicating about diagnosis, prognosis, treatment options, and goals of care

Major Outcomes Considered

- Prevalence of withdrawal from dialysis
- Recovery of renal function
- Morbidity
- Mortality
- Quality of life
- Charlson Comorbidity Index score
- Karnofsky Performance Status Scale score
- Complications of dialysis
- Cost
- Referral to palliative care
- Referral to hospice

**Making a Decision to Not Initiate or to Discontinue Dialysis**

### **Recommendation No. 5\*: If Appropriate, Forgo (Withhold Initiation or Withdraw Ongoing) Dialysis for Patients with AKI, CKD, or ESRD in Certain, Well-defined Situations**

These situations include the following:

- Patients with decision-making capacity, who being fully informed and making voluntary choices, refuse dialysis or request that dialysis be discontinued.
- Patients who no longer possess decision making capacity who have previously indicated refusal of dialysis in an oral or written advance directive.
- Patients who no longer possess decision making capacity and whose properly appointed legal agents/surrogates refuse dialysis or request that it be discontinued.
- Patients with irreversible, profound neurological impairment such that they lack signs of thought, sensation, purposeful behavior, and awareness of self and environment.

\*Medical management incorporating palliative care is an integral part of the decision to forgo dialysis in AKI, CKD, or ESRD, and attention to patient comfort and quality of life while dying should be addressed directly or managed by palliative care consultation and referral to a hospice program (see Recommendation No. 9 on palliative care services).

### **Recommendation No. 6: Consider Forgoing Dialysis for AKI, CKD, or ESRD Patients Who Have a Very Poor Prognosis or for Whom Dialysis Cannot Be Provided Safely**

Included in these categories of patients are the following:

- Those whose medical condition precludes the technical process of dialysis because the patient is unable to cooperate (e.g., advanced dementia patient who pulls out dialysis needles) or because the patient's condition is too unstable (e.g., profound hypotension).
- Those who have a terminal illness from non-renal causes (acknowledging that some in this condition may perceive benefit from and choose to undergo dialysis).
- Those with stage 5 CKD older than age 75 years who meet two or more of the following statistically significant very poor prognosis criteria (see Recommendations No. 2 and 3): 1) clinicians' response of "No, I would not be surprised" to the surprise question; 2) high comorbidity score; 3) significantly impaired functional status (e.g., Karnofsky Performance Status score less than 40); and 4) severe chronic malnutrition (i.e., serum albumin less than 2.5 g/dL using the bromocresol green method).

The evidence shows that although patients and families place a high priority on good symptom control and preparation for death, both patients and professionals find it difficult to address these concerns, including end-of life issues. There is evidence that hospice is underused for dialysis patients, especially for those who withdraw from dialysis. In addition, those dialysis patients who use hospice are more likely to die at home and spend less time in an acute hospital care.

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## 2019 Clinical Quality Measure Flow for Quality ID #403: Adult Kidney Disease: Referral to Hospice



### SAMPLE CALCULATIONS:

**Data Completeness=**  
 Performance Met (a=40 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=20 patients) = 70 patients = 87.50%  
 Eligible Population / Denominator (d=80 patients) = 80 patients

**Performance Rate=**  
 Performance Met (a=40 patients) = 40 patients = 66.67%  
 Data Completeness Numerator (70 patients) – Denominator Exception (b=10 patients) = 60 patients

\*See the posted Measure Specification for specific coding and instructions to submit this measure.  
 NOTE: Submission Frequency: Patient-process  
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**2019 Clinical Quality Measure Flow Narrative for Quality ID #403:  
Adult Kidney Disease: Referral to Hospice**

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

1. Start with Denominator
2. Check Patient Age:
  - a. If Patient Age is greater than or equal to 18 years on Date of Service equals No during the measurement period, do not include in Eligible Population. Stop Processing.
  - b. If Patient Age is greater than or equal to 18 years on Date of Service equals Yes during the measurement period, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
  - a. If Diagnosis for ESRD as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
  - b. If Diagnosis for ESRD as Listed in the Denominator equals Yes, proceed to check Encounter Performed.
4. Check Encounter Performed:
  - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
  - b. If Encounter as Listed in the Denominator equals Yes, proceed to check Patient Discontinued From Hemodialysis or Peritoneal Dialysis.
5. Check Patient Discontinued From Hemodialysis or Peritoneal Dialysis:
  - a. If Patient Discontinued From Hemodialysis or Peritoneal Dialysis equals No, do not include in Eligible Population. Stop Processing.
  - b. If Patient Discontinued From Hemodialysis or Peritoneal Dialysis equals Yes, include in Eligible Population.
6. Denominator Population:
  - a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
7. Start Numerator
8. Check Patient was Referred to Hospice Care:
  - a. If Patient was Referred to Hospice Care equals Yes, include in Data Completeness Met and Performance Met.
  - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 patients in the Sample Calculation.

- c. If Patient was Referred to Hospice Care equals No, proceed to check Documentation of Patient Reason(s) for Not Referring to Hospice Care.
9. Check Documentation of Patient Reason(s) for Not Referring to Hospice Care:
- a. If Documentation of Patient Reason(s) for Not Referring to Hospice Care equals Yes, include in Data Completeness Met and Denominator Exception.
  - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 patients in the Sample Calculation.
  - c. If Documentation of Patient Reason(s) for Not Referring to Hospice Care equals No, proceed to check Patient was Not Referred to Hospice Care, Reason Not Given.
10. Check Patient was Not Referred to Hospice Care, Reason Not Given:
- a. If Patient was Not Referred to Hospice Care, Reason Not Given equals Yes, include in Data Completeness Met and Performance Not Met.
  - b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 patients in the Sample Calculation.
  - c. If Patient was Not Referred to Hospice Care, Reason Not Given equals No, proceed to check Data Completeness Not Met.
11. Check Data Completeness Not Met:
- a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**SAMPLE CALCULATIONS:**

**Data Completeness=**  

$$\frac{\text{Performance Met (a=40 patients)} + \text{Denominator Exception (b=10 patients)} + \text{Performance Not Met (c=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

**Performance Rate=**  

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients) - Denominator Exception (b=10 patients) = 60 patients}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$