WELCOME *To the*

2026 SYMPOSIUM

# ESRD Networks: Is CMS Oversight Effective?

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# USRDS

# Disclosures

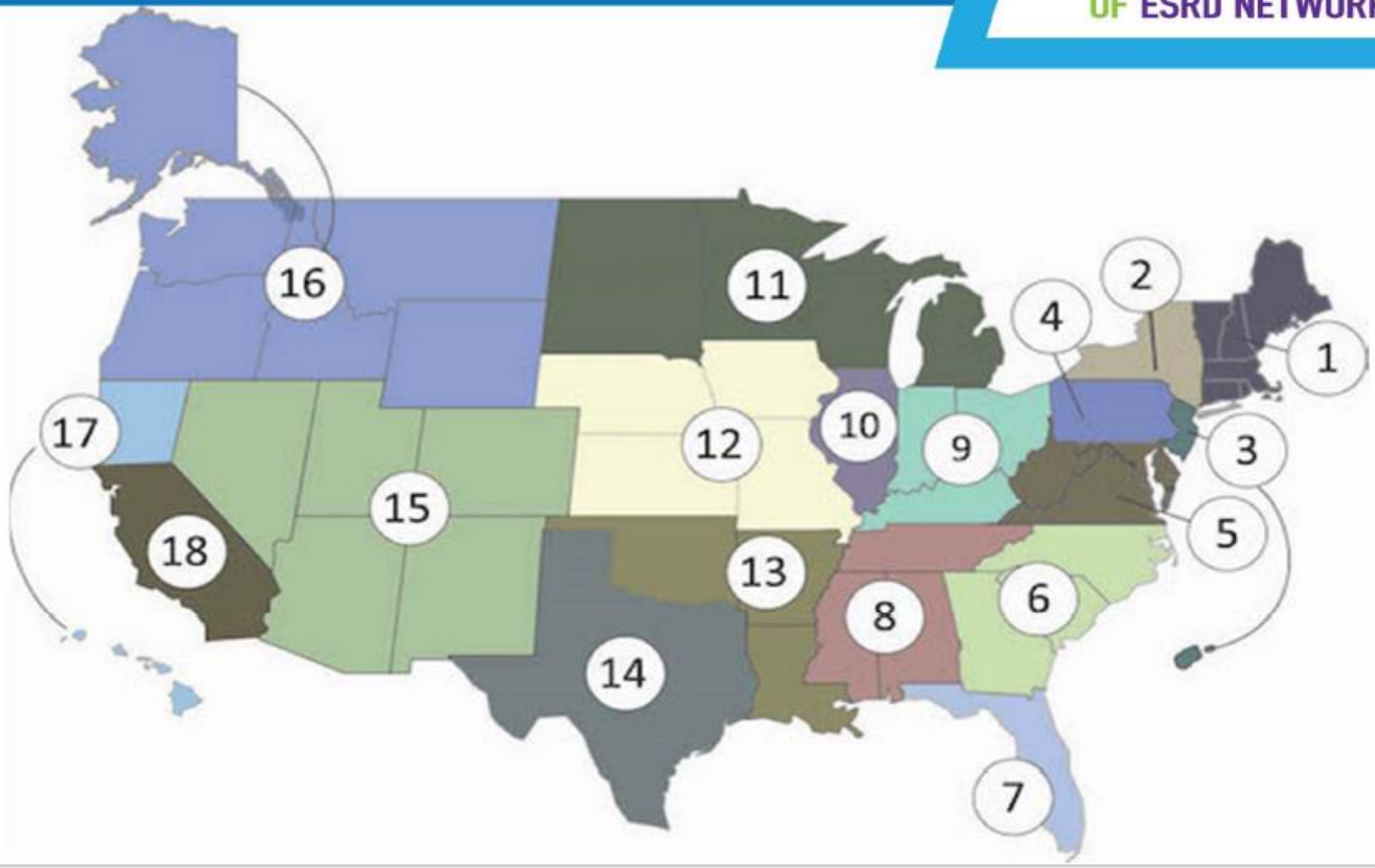
- Chairman, Kidney Transplant Collaborative
- Consultant, Metropolitan Nephrology Associates

# Objectives

- Participants will understand the evolution of CMS quality measures concerning vascular access in the ESRD Quality Incentive Program (QIP)
- Participants will understand ESRD dialysis facility performance on vascular access in the QIP
- Participants will understand the critiques from patients and providers concerning the current ESRD QIP vascular access measure

# 18 ESRD Network Organizations 2021-2026

THE NATIONAL FORUM OF ESRD NETWORKS



# Why is the ESRD QIP Important for Patients What is Required by Statute?

- ESRD QIP started with the ESRD PPS to mandate that dialysis patients are receiving the best care possible:
- Select ***MEASURES*** important to patient's care, health, safety & satisfaction
  - *Anemia, Adequacy, Patient satisfaction, Iron Management, BMM,* ***Vascular access***
- Establish ***PERFORMANCE STANDARDS*** – How can my facility avoid penalties
- Specify a ***PERFORMANCE PERIOD*** - How many months will my facility have to meet goals
- Develop a score for ***TOTAL PERFORMANCE*** - How many points does my facility need to avoid a penalty
- Apply a ***PAYMENT REDUCTION*** to facilities for under performance
- ***PUBLIC REPORTING*** of facilities performance

# ESRD QIP: What is the Performance Year vs Payment Year(PY)

| Performance Year | Payment Year(PY) |
|---|---|
| 2010 | 2012 |
| 2011 | 2013 |
| 2012 | 2014 |
| 2013 | 2015* |
| 2014 | 2016 |
| 2015 | 2017 |
| 2016 | 2018 |
| 2017 | 2019 |
| 2018 | 2020 |
| 2019 | 2021 |
| 2020 | 2022 |
| 2021 | 2023 |
| 2022 | 2024 |
| 2023 | 2025 |
| 2024 | 2026 |
| 2025 | 2027 |
| 2026 | 2028 |

*performance , achievement and benchmarks published PRIOR to the beginning of the PY

# Evolution of Vascular Access Measures in the ESRD QIP

- 2014 (Performance in 2012):
  - Vascular Access Type (VAT)
  - **Central Venous Catheter(CVC) ≥ 90 days** – Percentage of patient-months on HD during the last HD treatment of the month with a CVC continuously for ≥ 90 days - Negative
  - **Arterio-venous Fistula (AVF)** - Percentage of patient-months on HD during the last HD treatment of the month using an autologous AVF with 2 needles - Positive
  - Exclusions: Age (<18), PD, ≥ 4 months claims
- 2022 (performance in 2020):
  - REPLACE VAT CVC and AVF
  - **Long-Term Catheter Rate (LTC rate)** – Adjusted percentage of HD patient-months using CVC continuously for ≥ 3 months as of the last HD treatment of the month – NEGATIVE outcome
  - **Standardized Fistula Rate (SFR**) – Adjusted percentage of HD patient-months using AVF as the only vascular access as of the last HD treatment of the month – POSITIVE outcome
  - Exclusions: Age (<18), PD, CVC with limited life expectancy, AKI
- 2026 (performance in 2024):
  - REMOVE SFR

# Evolution of Vascular Access Measures in the ESRD QIP

- CY 2024 ESRD PPS Final Rule – CMS Rationale for Removal of the SFR
  - KDOQI 2019
    - Fistula First approach no longer clinical best practice
    - Patient-centered approach based on patient needs & access eligibility
  - Patients & Healthcare Providers choose AVF or AVG
    - Provider's best clinical judgement
    - Consider vessel characteristics, comorbidities & patient preference
  - LTC only used when all other AV access options exhausted
    - Important to continue to track use of LTCs & minimize use where possible
  - REMOVE SFR measure beginning with PY 2026 – Measure Removal Factor 3

Lok CE, Huber TS, Lee T, et al; KDOQI Vascular Access Guideline Work Group. KDOQI clinical practice guideline for vascular access: 2019 update. Am J Kidney Dis. 2020;75(4)(suppl 2):S1– S164.

# Evolution of Vascular Access Measures in the ESRD QIP

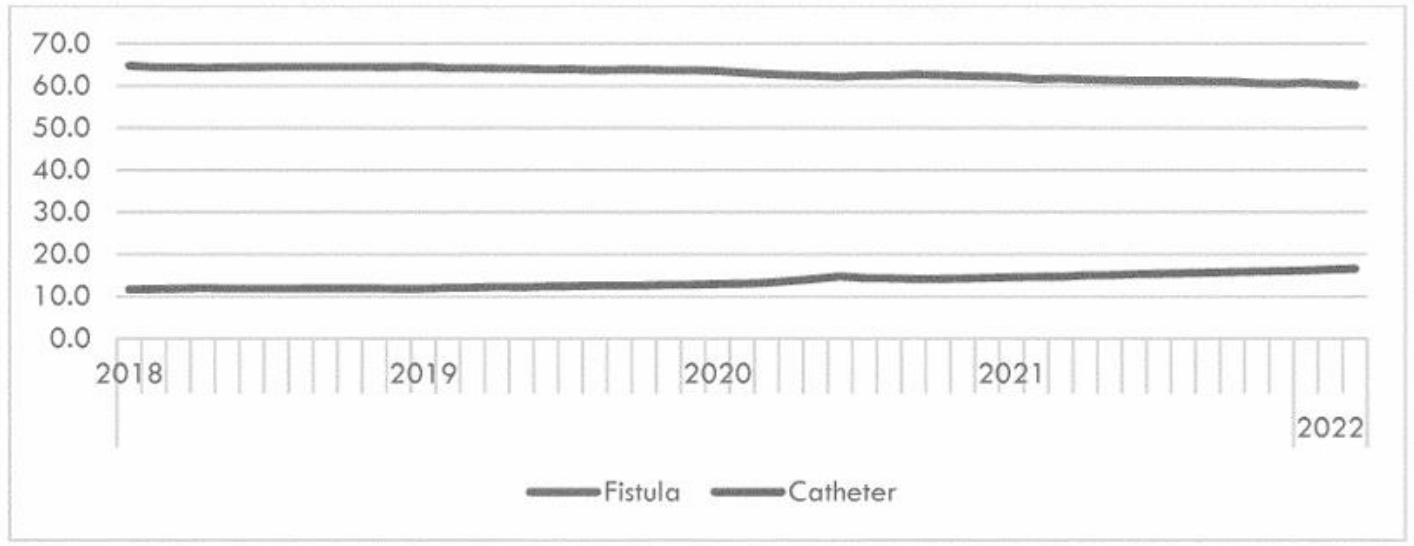
- CY 2024 ESRD PPS Final Rule – Forum Comments Removal of the SFR
  - Noted inclusion of CMS' approach in the "Optimal Start" quality measure used in the Kidney Care Choices VBC Model
  - Strong support for the KDOQI 2019 clinical practice guideline
    - "the right access, in the right patient, at the right time, for the right reasons."
  - Life goals of patients must be considered when choosing a type of vascular access
  - Exclude patients from the LTC measure denominator who have:
    - Exhausted all possible sites for an AVF or AVG
    - Suffered significant complications from prior AVF/AVF placement
    - Significant medical or psychiatric comorbidities
    - Refused an AVF/AVF despite > 2 education sessions in 3-months

media.esrdnetworks.org/documents/ForumComments_PPSProposedRule2026.pdf

# Performance Standards (50th Percentile of National ESRD Facility Performance) for Vascular Access Measures in the ESRD QIP by Payment Year

| Measure | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 | 2028 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AVF/SFR | 58% | 60% | 62.4% | 64.5% | 65.9% | 65.9% | 65.9% | 62.8% | 63.8% | 64.4% | 64.4% | 64.4% | 64.4% | 64.4% | 64.4% |
| CVC/LTC | 14% | 13% | 10.5% | 9.9% | 8.8% | 9.2% | 9.2% | 12.0% | 11.2% | 11.0% | 11.0% | 11.0% | 11.0% | 11.0% | 11.0% |

**TABLE 19: Vascular Access Type Unadjusted Rates, January 2018 - March 2022**




CY 2023 ESRD PPS Final Rule

# Why is the ESRD QIP Important for Patients
# What Medicare Cares About for Dialysis Quality

- **Patient Experience**:
  - Do patients feel heard

- **Care Coordination**:
  - Are hospitalizations avoided
  - Do patients have access to kidney transplant
  - Is depression being looked for and treatment being offered

- **Clinical Care**:
  - Are patients receiving adequate dialysis
  - Do patients have the best dialysis access
  - Is anemia being treated properly

- **Safety**:
  - Are infections being prevented

# ESRD QIP: Payment Reductions PY 2024 – 2028
## Actual Payment Reductions - % Facilities Penalized

| Penalty | PY 2024* | PY 2025* | PY 2026** | PY 2027*** | PY 2028*** |
|---|---|---|---|---|---|
| 0.5% | 18.2% | 26.4% | 20.7% | 25.4% | 25.1% |
| 1.0% | 4.9% | 15.9% | 8.8% | 12.7% | 12.2% |
| 1.5% | 0.95% | 4.9% | 2.3% | 4.2% | 4.0% |
| 2.0% | 0.31% | 0.67% | 0.56% | 1.6% | 1.3% |
| Total | 24.3% (1,788) | 47.9% (3,592) | 31.6% (2,477) | 43.9% (3,256) | 42.6% (3,160) |
| Payment Reduction (millions) | $17.10 | $32.46 | $16.0 | $21.65 | $20.62 |

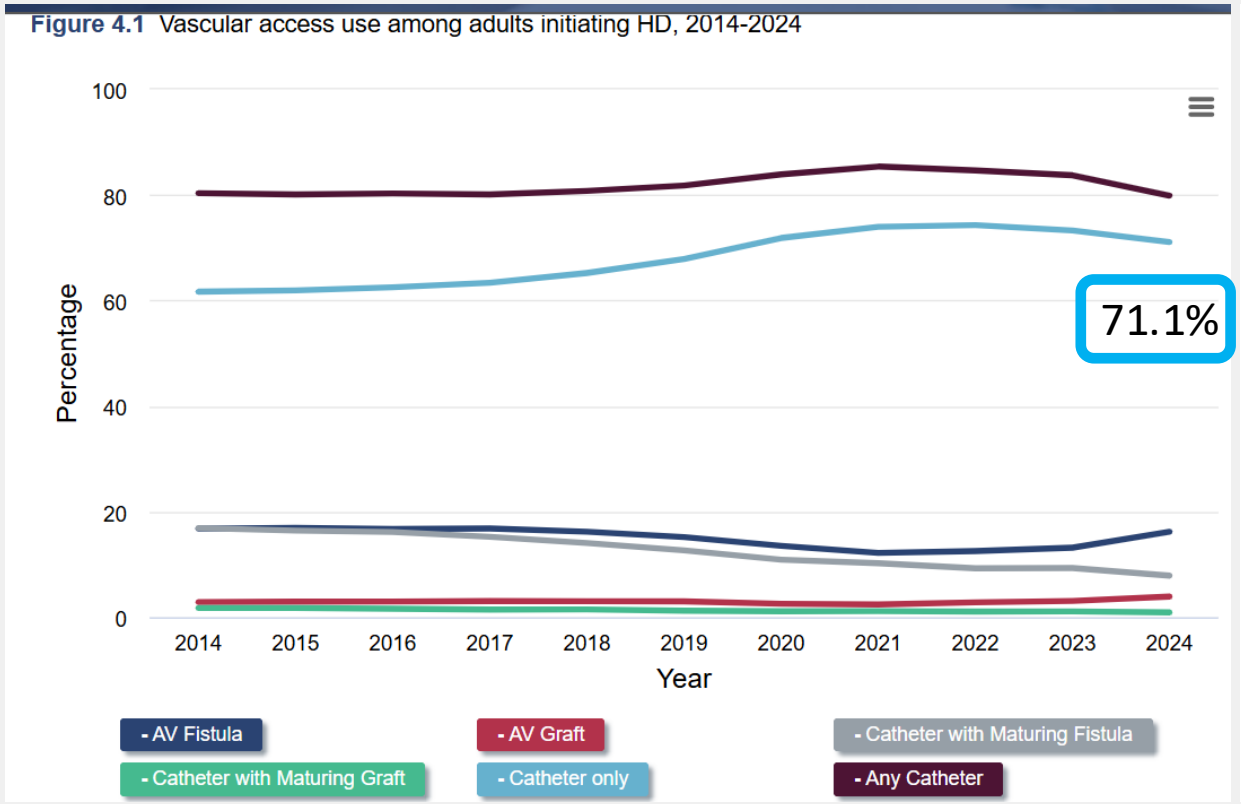
* ICH CAHPS, SRR, SHR, PPPW, Kt/V, VAT (SFR, LTC), STrR, NHSN BSI
** ICH CAHPS, SRR, SHR, PPPW, Kt/V, VAT (LTC), STrR, NHSN BSI, Clinical Depression
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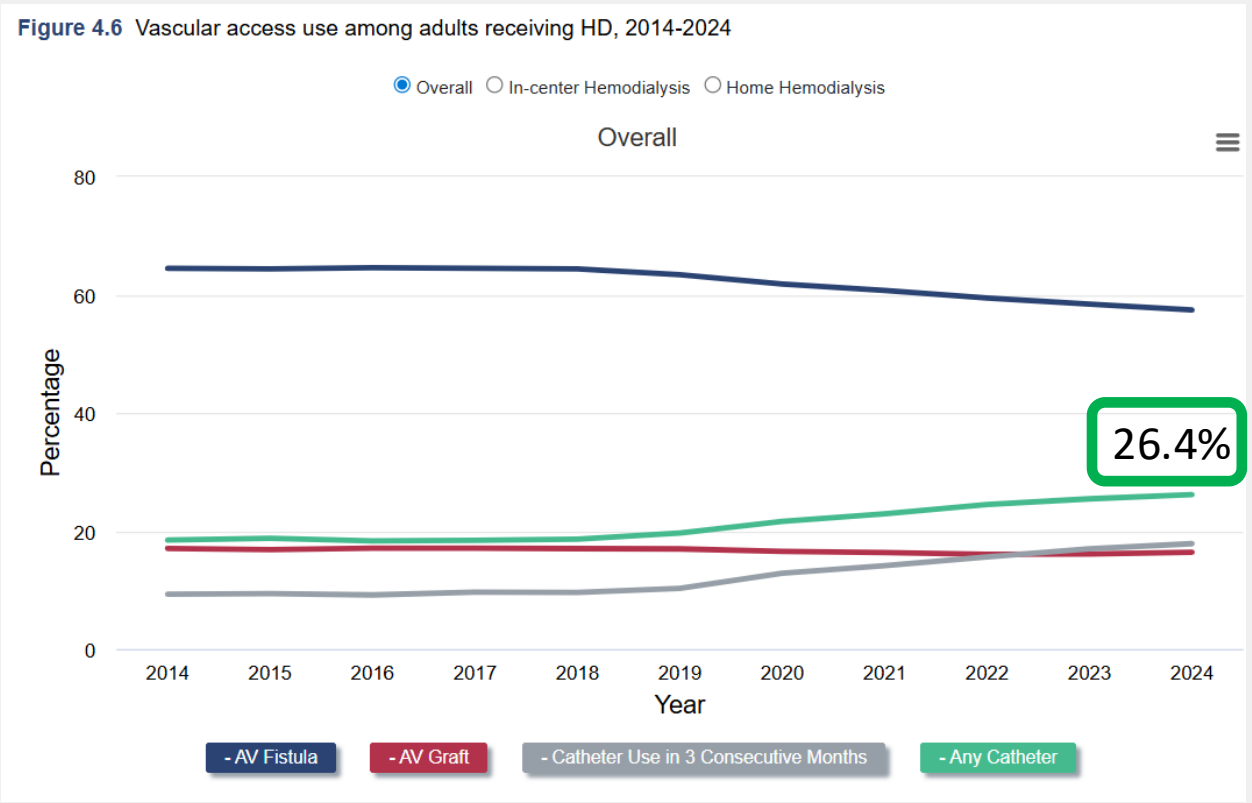
# National Performance on the LTC Measure by State (0-10)

| State | Score | State | Score | State | Score | State | Score |
|---|---|---|---|---|---|---|---|
| Alaska | 5 | Idaho | 1 | Montana | 1 | Puerto Rico | 0 |
| Alabama | 5 | Illinois | 2 | North Carolina | 4 | Rhode Island | 4 |
| Arkansas | 2 | Indiana | 2 | North Dakota | 2 | South Carolina | 5 |
| Arizona | 3 | Kansas | 5 | Nebraska | 3 | South Dakota | 4 |
| California | 3 | Kentucky | 3 | New Hampshire | 1 | Tennessee | 2 |
| Colorado | 4 | Louisiana | 4 | New Jersey | 4 | Texas | 4 |
| Connecticut | 3 | Massachusetts | 2 | New Mexico | 2 | Utah | 3 |
| D.C. | 4 | Maryland | 3 | Nevada | 2 | Virginia | 3 |
| Delaware | 2 | Maine | 1 | New York | 3 | Washington | 3 |
| Florida | 2 | Michigan | 3 | Ohio | 2 | Wisconsin | 2 |
| Georgia | 3 | Minnesota | 3 | Oklahoma | 2 | West Virginia | 1 |
| Hawaii | 6 | Missouri | 2 | Oregon | 3 | Wyoming | 3 |
| Iowa | 2 | Mississippi | 4 | Pennsylvania | 2 | | |

data.cms.gov/provider-data/dataset/vat_topic

# ESRD Networks: Is CMS Oversight Effective?
# USRDS 2025 Annual Data Report




usrds-adr.niddk.nih.gov/2025/end-stage-renal-disease/4-vascular-access