

**Collaborative Project:
Chronic Kidney Disease among Patients with CVD
Physician Conference Call**

Meeting Name			Facilitator/Leader		Note Taker
CVD/CKD Conference Call			Bill McClellan		L. Lechner/ M. Clark
Date	Start Time	Actual Start Time	End Time	Actual End Time	Location
Oct. 29, 2003	12:00 PM	12:00 PM	1:30 PM	1:30 PM	Teleconference -QIO Conf Room
Meeting Purpose/Objective			Desired Outcome		
MD Conference Call Agenda and Update and Nest steps			Determine to translate		
Participants			Invited /Unable to attend		
Britt Newsome Bill McClellan Tom Hostetter Elisa Gladstone Alan Kliger Jon Sugarman, Derrick Latos Eugene Freund Robby Langston Virginia Brown		Nicki Davis Crosby Turner Margaret Clark Roland Blantz David Warnock Paul Eggers Dick Goldman Eric Simon BJ Larson Jones Rodney Presley	Wendy Brown William Mitch Will Schulter Peter Mc Cullough		* Please see attached sheet for individuals contact information and contact information.
Meeting Handouts					
Meeting Agenda		2 Slide Presentations	Outline of National Report		Data Analysis
Revised change package					

Topic Discussed	By Whom	Main Points
Introduction	Thomas Hostetter, MD	Dr. Hostetter opened the call by reviewing how the National Kidney Disease Education Program's (NKDEP)'s mission supports the QI/CMS project

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		and vice-versa. While NKDEP cannot influence or lobby reimbursement issues, it can provide a science background.
Review Minutes	William McClellan, MD, MPH	No corrections or amendments
Outline of Summer 2004 CMS Report	William McClellan, MD, MPH	<p>GMCF will present an interim report on the project to CMS in the summer of 2004. Outcomes and data on the performance measures for treating Chronic Kidney Disease (CKD) will be included in this report. It is hoped that after the pilot site in Georgia, there will be interest in pursuing this at a national level.</p> <p>Dr. McClellan presented an outline, (Attachment: National Report Outline) which is the beginning of the report to be presented to CMS.</p> <p>Section 1 will include the epidemiology of ESRD in US (USRDS) from a national perspective and the prevalence of CVD. It will also have comparison data from various states as well as a state specific profile from GA. One of the outcomes of the report should be to demonstrate to state agencies how they can use the report data to improve CKD care in hospitalized CVD patients. ESRD Region 6 is already collecting this data and Paul Eggers and Allan Collins will develop this section.</p> <p>Dr. McClellan discussed the development of Clinical Practice Guidelines/National Clinical Performance Measures. He and Dr. Hostetter stressed that this group would be working to pull together implemental measures that must be supported by the national guidelines.</p> <p>The next section of the report discussed the patterns of care within hospitals for CVD and CKD from a national perspective and will include comparisons and variations on a state-to-state and hospital-to-hospital basis. Dr. McClellan stated that some information may be available from CMS</p>

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National Data Analysis	William McClellan, MD, MPH	<p>and that Drs Wornack and Newsome will provide the hospital to hospital data from alternative data sets.</p> <p>The CMS report should identify tools available, including practice guidelines and performance measurements, tools to help hospitals, laboratory letters. The Georgia pilot program will develop some of these tools. Any tools currently being used by the expert panel were requested for review.</p> <p>Dr. McClellan asked the expert panel to review the Updated Data Analysis handout and provide their feedback. (Attachment: CDKanalysisishk_2) that shows at national level that pattern of care may not be consistent or meet the present guidelines.</p> <p>Dr. Newsome noted that he has created a number of similar tables in his own work – he will share these with Dr. McClellan.</p> <p>A question was raised as to the scope of the Georgia program? It was explained that the pilot would include 15 hospitals of varying sizes across the state. GMCF is receiving positive feedback from hospitals, and strong indicators that Georgia hospitals would be interested in participating</p>
Georgia Pilot Program Status	Margaret Clark	<p>GMCF is recruiting 15 hospitals, through CEOs, QI Professionals and physician contacts. (Attachment: 2CKD Presentation). The National Kidney Foundation (NKF) is working with GMCF to identified physician champions in community hospitals. The report to CMS will underscore that it is possible to identify physician champions and recruit hospitals.</p> <p>First learning session: end of January. Second learning session: May 2004 Third learning session: August 2004 Outcomes Congress: December 2004</p>

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Expert Faculty	William McClellan, MD, MPH	<p>The expert faculty will be</p> <ul style="list-style-type: none"> • Dr. Hostetter GFR • Dr. Mitch Protein diet • Dr. Warnock Anemia • Dr. Blantz ACEI/ARBs <p>All four faculty members should be at the one-day learning session (CME/CE activity) – each faculty member should provide a 50 minute presentation to the hospitals. Expert faculty is to e-mail Margaret Clark with dates between end 1/23 and 2/10 that they are available for this session.</p> <p>Revisions to the change package are being received. Introduction letters are being sent to the hospitals for November 1. Margaret will complete CME process, agenda and identify location. (See Attachment)</p> <p>Dr. McClellan encouraged faculty members to stay the entire time of the First learning session. There is an opportunity to learn from the hospital discussions various ways to operationalize the performance measurements.</p> <p>The first learning session will have a clinical focus. This is the hospital’s opportunity to meet and work with the expert faculty and have questions answered about the guidelines. It is important that the hospital personnel understand this, so they can translate this project to other colleagues.</p>
Clinical Performance Measures	Thomas Hostetter, MD	<p>If this is to go national, the expert faculty’s participation is critical – important to demonstrate to CMS that the group is organized and that these new recommendations can be implemented.</p> <p>Question: How will pilot site in Georgia interact with the clinical performance measurements? Dr. McClellan said they would look at national performance measurements and guidelines, which exist and pick and choose the ones that pertain to CKD (such as NKF and K/DOQI).</p>

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		<p>Dr. Kliger pointed out: Lots of clinical guidelines exist, but there are far fewer performance measurements. We should look for links between guidelines and performance measurements. This will take resources to develop performance measures based upon evidence-based medicine – very little evidence exists. Recommendations evolved and guidelines evolved. We have seen this take place in pneumonia and heart failure.</p> <p>Although the first set of performance measures will be presented in 10 months, guidelines and recommendations can continue to evolve. This project’s goal is to determine where the opportunities are to improve care.</p> <p>It was suggested to compile a list of performance measures that exist. Possible resources are:</p> <p>Dr. Jay Wish’s committee RPA-CPM set ACE clinical measures for heart failure and AMI Maybe ADA and urine protein testing JNC VII guidelines</p> <p>The panel should identify which of the performance measurements are relevant to treating CKD patients and then if/how do they need to be tweaked? These guidelines need to be acceptable to the PCP audience who cares for many of these patients.</p> <p>Dr. Simon with AHA noted that we should get feedback from groups outside the QI group.</p> <p>There was a concern raised that this group cannot come up with CPM’s that are trivial or off-the-wall; the recommendations must be evidence based or CMS will not take it seriously. Recommendation is to suggest 4 – 5 quality indicators, which are a national extension of QI guidelines.</p> <p>Once the CPM's have been compiled & circulated</p>

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		<p>among panel members – there should be one more conference call to review and make recommendations.</p> <p>Following this conference call with a face-face meeting of the panel to finalize the recommendations.</p> <p>The next conference call on CPM’s should be after ASN and before the holidays.</p>
Business Case	Margaret Clark	<p>GMCF is working with a hospital in Georgia to track and present cost related data associated with the 4 CPM’s in the P8ilot program. This data would be hospital specific and a potential for other hospitals.</p>
Closing Comments		<p>Dr. Freund expressed gratitude for this group’s works.</p> <p>Dr. Hostetter thanked the CMS for its support</p> <p>Existing performance measurements should be e-mailed to Tom.</p>

NEXT STEPS

Person Responsible	Activity	Due Date
All participants	<ul style="list-style-type: none"> • E-mail existing CPM’s to Dr. Hostetter 	
Drs. Hostetter, Mitch Warnock and Blantz	<ul style="list-style-type: none"> • Forward dates of availability (1/23 – 2/10) to Margaret • Forward draft of power point presentation to Margaret 	
Laura Lechner	<ul style="list-style-type: none"> • Next conference call to be scheduled between 11/17 – 12/23 	

Team