

**ESRD Network 11  
Medical Review Committee  
NETWORK 11 REVIEW PROCESS**

**General Information**

The Medical Review Committee (MRC) reviews all facilities on a regular basis with respect to the clinical parameters described in the Recommended Treatment Goals. Data reported the Lab Data Collection Project and the Fistula First Project are used for this review process. Lab values used are the average of the first monthly value for each of three months (October, November, and December). The following guidelines for review of facilities are distributed to assure a fair and consistent process.

**Intervention Options by Network 11**

Based on the clinical parameters, the MRC has several options for intervention in order to improve facility results. These include:

- Option 1: Letter commending facility for its “Best Practice Performance”**
- Option 2: Letter commending facility for meeting treatment goals**
- Option 3: Letter indicating discrepancies with a six-month outcome follow-up**
- Option 4: Letter requesting a corrective plan with monthly or quarterly outcome follow-up**
- Option 5: On-site review**
- Option 6: Recommendation for sanction or alternative sanction**

**Suggested Guidelines For Choosing Intervention Options 1-5**

When reviewing facilities, primary and secondary review criteria can be assessed. Primary review criteria will include anemia, dialysis adequacy, and vascular access. The secondary review criteria will include nutrition and renal osteodystrophy management. Facilities can be compared based on the percent of patients meeting the target goals and the medians of these criteria for all centers. Individual facilities are placed into quartiles. The first or lowest quartile includes facilities in the 25<sup>th</sup> percentile. Targeting facilities in the lowest quartile for improvement seems a reasonable place to put the Network’s major effort. However, if the lowest quartile result is very close to the Network goal, then the point at which the Network would target the facility would be dropped to a lower percentile. For each MRC facility review period, the quartile result for each clinical parameter will be assessed and the percentile adjusted with respect to the Network goal.

### **PRIMARY REVIEW CRITERIA**

- **ANEMIA:** Percent of patients with Hgb < 10 gm/dL fall within the lowest quartile of Network 11 facilities **OR** percent of patients with Hgb ≥ 13 gm/dL fall within the lowest quartile of Network 11 facilities.
- **ADEQUACY: Hemodialysis:** Percent of patients with URR ≥ 65% or delivered single pool Kt/V ≥ 1.2 within the lowest quartile or at a lower percentile as determined by the overall results with respect to the recommended treatment goal.
- **ADEQUACY: Peritoneal Dialysis:** Percent of patients with weekly Kt/V ≥ 1.7 within the lowest quartile or at a lower percentile as determined by the overall results with respect to the recommended treatment goal.
- **VASCULAR ACCESS:**
  - Percent of prevalent patients being dialyzed via a catheter as their sole access > 90 days falling within the lowest quartile, **OR**
  - Percent of AVF rate improvement falling within the lowest quartile.

### **SECONDARY REVIEW CRITERIA**

- **NUTRITION:** Percent of patients with serum albumin levels ≥ LLN within the lowest quartile or at a lower percentile as determined by the overall results with respect to the recommended treatment goal.
- **BONE AND MINERAL METABOLISM:** Either of the two following criteria present.
  - P: Percent of patients with phosphorus 3.5-5.5 mg/dL within the lowest quartile or at a lower percentile as determined by the overall results with respect to the recommended treatment goal.
  - Ca: Percent of patients with Ca ≤ 10.2 mg/dL within the lowest quartile or at a lower percentile as determined by the overall results with respect to the recommended treatment goal.

Based on these criteria, the intervention options 1-5 can be determined as suggested in the following table.

| <b>Intervention Option</b> | <b>Review Criteria</b>  |
|----------------------------|---|
| Option 1: Best Practice    | <ul style="list-style-type: none"><li>• &lt; 8% of patients with Hgb &lt; 10gm/dL, <b>AND</b> &lt; 8% of patients with Hgb ≥ 13gm/dL <b>AND</b> within top 10% of facilities for patients within the target range of 10-12 gm/dL.</li><li>• &gt; 95% HD patients with URR ≥ 65 % or Kt/V ≥ 1.2</li><li>• &gt; 85% PD patients with weekly Kt/V ≥ 1.7</li><li>• &gt; 85% patients with Alb ≥ LLN</li><li>• ≥ 65% prevalent patients with native fistula <b>AND</b> ≤ 5% patients dialyzing with catheter as sole access &gt; 90 days</li><li>• Calcium and phosphorus both meet best</li></ul> |

|   |   |
|---|---|
|   | practice goals  |
| Option 2: Letter of commendation        | All of the MRC recommended treatment goals are achieved   |
| Option 3: Letter suggesting improvement | 1 or 2 of the secondary review criteria fall in the lowest quartile   |
| Option 4: Letter/Corrective plan        | One primary review criterion <u>and</u> one secondary review criterion fall within the lowest quartile                                  |
| Option 5: On-site visit                 | 2 of 3 primary review criteria <u>or</u> one primary review criterion plus 2 secondary review criteria fall within the lowest quartile. |

For each review period, the overall results for the clinical parameters will be analyzed and the review criteria determined based on the lowest quartile (25<sup>th</sup> percentile) or a lower percentile if the lowest quartile result is very close to the recommended treatment goal. These criteria will be made available to the reviewers to expedite the review process.

#### **Suggested Guidelines for Choosing Option 6**

If a pattern of poor outcomes has not improved despite intensive monitoring, a special review team will be appointed. The review team will submit documentation for recommendation of sanctions or alternative sanctions to the full MRC at a regular or specially called meeting. If the MRC votes to recommend a sanction or alternative sanction, this recommendation with supporting documentation must be submitted to the full Executive Committee for their approval. If the Executive Committee also votes to recommend a sanction or alternative sanction, the Network 11 staff will work with the State Survey Agency, the Centers for Medicare and Medicaid Services, and other parties as needed to submit this recommendation.