

ESRD VASCULAR ACCESS PERFORMANCE INCENTIVE PAYMENT POSITION PAPER SUBMITTED BY THE *FISTULA FIRST BREAKTHROUGH INITIATIVE*

for Consideration by the Centers for Medicare and Medicaid Services and Other Payers

Summary Recommendations

To improve the quality of care, promote safe, effective, patient-centered, timely, efficient, and equitable care provided to individuals with end-stage renal disease, it is recommended that financial performance incentives be utilized to align efforts among patients, surgeons, nephrology practitioners, dialysis facilities, and other institutional providers to assure that native arteriovenous fistulas (AVFs) are the first choice for every medically-suitable patient.

In designing, implementing, and operating the performance incentive program, it is recommended that this incentive program be designed in a manner whereby:

Determining Financial Incentive

- ✘ Projected program savings rather than redistribution of withheld payments be utilized to fund performance improvement;
- ✘ Baseline costs and savings are calculated on a per patient basis for only vascular access related procedures (e.g., evaluation, placement, maintenance, revisions, treatment of complications, and costs for subsequent procedures);
- ✘ Financial incentives reward prevalent and incident patient outcomes for both current high performers as well as significant improvers and are sufficient to drive change; and
- ✘ CMS maintain an open, inclusive process for determining savings with allocation of a significant portion to those who deliver care and generate the savings with a reasonable portion allocated for effective program administration.

Performance Measures

- ✘ Performance measures are directly attributable to the desired change in provider processes of care or patient behavior, which are associated with improvements in patient outcomes;
- ✘ Thresholds of performance and improvement are determined by a consensus of stakeholders based on current, best evidence;
- ✘ Payment incentives encourage patient-centered, timely, equitable care by avoiding those that encourage adverse risk selection (e.g., include case-mix adjustment and performance measure denominator exclusions for patients where a fistula may be contraindicated); and
- ✘ Patient outcome measures assess the success and consequences of these changes, allowing for continuous improvement in the incentive program.

Program Operation/Administration

- ✘ Participation is voluntary, with no recourse for non-participation; and
- ✘ Electronic data collection systems and data sharing policies (crucial to the success of the program) are developed and implemented in a manner that ensures timely and efficient operation of the program, while minimizing the burden to the providers of care.

Applicability to Other Payers

- ✘ All payers (e.g., commercial, Medicaid, etc.) implement similar vascular access incentive programs and CMS share data and knowledge with other interested payers to help them develop and administer their programs.

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