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Hemodialysis Quality Metrics and Patient-reported Ability to Work

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To the Editor

Although quality improvement activities for dialysis care represent a well-established focus within the renal community, a recent in-depth review expresses concern about an excessive increase in the number of recommended quality assessment measures, with limited attention to important patient-centered aspects of quality care.¹ In a related vein, others have recently advocated that dialysis facility performance metrics should include evidence of activities that facilitate patient access to outcomes such as transplantation² and job maintenance³ after dialysis start. However, traditional clinical performance indicators remain the dominant quality assessment domain for calendar year 2016 (PY 2018) and beyond.¹ In a large cohort of prevalent hemodialysis (HD) patients, we examined the association of clinical care indicators with ability to work (patient-reported), an HD outcome recently identified as being among patients' top 10 priorities.⁴

A special United States Renal Data System (USRDS) study of prevalent patients on center-based HD enrolled over 700 patients at 14 outpatient dialysis clinics in Atlanta, Georgia and the San Francisco Bay Area, California⁵; 528 of these study participants were in the working ages of 20–64. Participating clinics were affiliated with large dialysis providers, medium size providers, and academic medical centers. Eligible study participants were English- or Spanish-speaking, on HD for at least 3 months, and capable of giving informed consent. Study coordinators reviewed medical records and asked in a standardized interview: “Are you now able to work for pay?” and “Are you now working for pay (receiving taxable wages)?” whether full-time or part-time.

Working-age participants' attainment of 5 clinical performance indicators⁶ is shown in Table 1. A logistic regression analysis adjusted for patient characteristics and dialysis facility clustering showed that the likelihood of a patient's reporting ability to work increased with

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the number of clinical performance targets attained (OR 1.25 [95% CI 1.03–1.52]; $P = .03$), paralleling research findings reported by Lacson et al. for patients' SF-36 scores.⁷ However, only 36% (189/528) of working-age participants reported ability to work, and only 37% (70/189) of those patients were currently working. As of 2016 the Centers for Medicare & Medicaid Services (CMS) quality reporting measures added monitoring of patient depression,⁸ an issue important for outcomes like work ability,⁹ but the CMS quality strategy allegedly “still has far to go” to capture patient-centered issues and preferences.¹ Retaining key clinical performance targets while also efficiently individualizing measures relevant for patient priorities across age and care continua challenge the future direction of dialysis quality assessment.

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Table 1

Attainment of Clinical Performance Targets by Working-age Maintenance HD Patients: 528 USRDS Special Study Participants Aged 20–64

Clinical Performance Indicators	% Who Attained Target
Equilibrated Kt/V 1.2	90.7
No HD catheter	77.6
Hemoglobin 10–12 g/dL	59.6
Albumin 4.0 g/dL	52.5
Phosphorus 3.5–5.5 mg/L	49.4

Note: Quality indicator goals were defined as by Lacson et al.⁷ with the exception of hemoglobin (11–12 g/dL in Lacson et al. study). Laboratory values were abstracted from medical records for the date closest to the study interview date when patients reported ability to work. Current vascular access in use was ascertained at the time of the interview. Mean (S.D.) targets met = 3.3 (1.1).

Abbreviations: HD, hemodialysis; USRDS, United States Renal Data System