

End-Stage Renal Disease Clinical Performance Measures Project

This submission pertains to studies of quality of care for End-Stage Renal Disease (ESRD) patients, the majority of which are over the age of 65 years. Several of these studies use the Centers for Medicare & Medicaid Services' (CMS's) ESRD Clinical Performance Measures (CPM) Project data, either stand alone or linked with other CMS administrative data. These data have been used to study a wide variety of issues related to the quality of care for ESRD patients.

Lead Agency:

Centers for Medicare & Medicaid Services (CMS)

Agency Mission:

The mission of CMS is to administer Medicare, Medicaid, and the State Children's Health Insurance Program and to promote quality of care for beneficiaries.

Principal Investigator:

Diane L. Frankenfield, DrPH, MPH, BSPHarm.
Senior Researcher
Centers for Medicare and Medicaid Services
7500 Security Blvd.
Mail stop C3-21-28
Baltimore, Md. 21244

Partner Agencies:

National Institutes of Health, National Institute of Diabetes & Digestive & Kidney Diseases, The United States Renal Data System, Kidney Epidemiology and Cost Center, Wake Forest University, Section on Nephrology, University of Wisconsin, Department of Pharmacy, Henry Ford Hospital, Department of Nephrology, Emory University, School of Public Health, and Duke Clinical Research Institute, Duke University Medical Center

General Description:

End-Stage Renal Disease (ESRD) represents a significant disease and economic burden on the elderly. The CMS research program has emphasized studies of patterns of quality of care for ESRD patients.

Several studies have explored patterns of care by sex, race, Hispanic ethnicity, and geographic location to determine if disparity in care exists for different patient groups. In addition, studies have been conducted to examine patterns of care by facility characteristics, such as profit-status,

chain affiliation, and size. Different clinical outcomes examined have included intermediate outcomes such as dialysis adequacy, anemia management, type of vascular access in use, and nutritional factors, as well as outcomes such as hospitalization and mortality.

On-going studies include 1) examining the association of erythropoietin stimulating agents (ESAs) dose and route of administration (intravenous vs. subcutaneous) with subsequent hospitalization and death; and 2) trending of anemia management among dialysis patients over time in response to changing FDA recommendations and clinical practice guidelines.

Excellence: What makes this project exceptional?

CMS, NIH, and other research organizations have collaborated to produce a series of policy-relevant studies of ESRD care in the elderly Medicare population. The studies have used several data sources, most notably CMS's ESRD CPM Project database and CMS administrative data. Analyses have addressed many facets of ESRD care, including treatment, outcomes, and costs.

Significance: How is this research relevant to older persons, populations and/or an aging society?

ESRD is largely a disease of the elderly. Research on patterns and costs of care inform Medicare policies in these areas. Analyses of patterns of care may result in improvements to beneficiary health as well as reducing/ eliminating disparities in care for different patient groups.

Effectiveness: What is the impact and/or application of this research to older persons?

Research on patterns of ESRD care has provided important information to policymakers, providers, and beneficiary organizations.

Innovativeness: Why is this research exciting or newsworthy?

The use of special databases has enabled researchers to conduct unusually detailed analyses of ESRD care that elderly Medicare beneficiaries are receiving.