

THE STATE OF ESRD NETWORK 6

Network Coordinating Council
Annual Update
March 2010

Barry Freedman MD
Chairman, Board of Directors

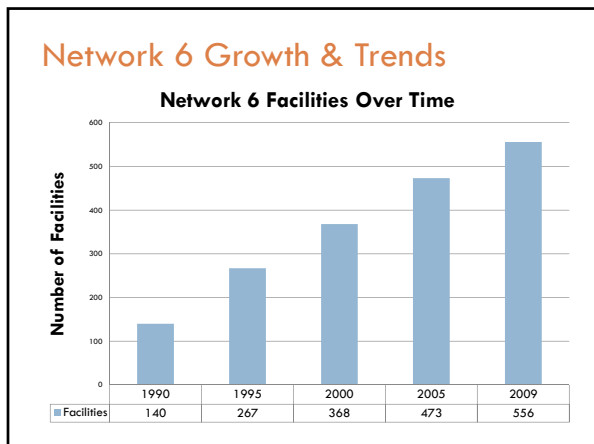
About ESRD Network 6

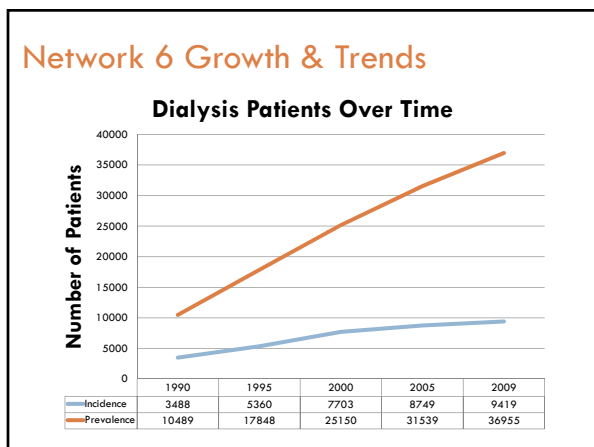
- ESRD Network Organizations exist under contract to CMS and serve as liaisons between the federal government and the providers of ESRD services
- CMS contracts with private companies for the 18 Networks
- Southeastern Kidney Council is the CMS Contractor for ESRD Network 6 covering North Carolina, South Carolina, and Georgia
 - Has held contract since 1988
 - Based in Raleigh, NC



Network Funding

- 50 cents per dialysis treatment withheld by CMS from reimbursement
- No reimbursement for transplant patients
- Funds pooled and allocated to 18 Networks
- Network 6 receives about 27¢ per treatment





- ### ESRD Network Contract Tasks
- Task 1: Quality Improvement
 - Task 2: Community Information & Resources
 - Task 3: Administration
 - Task 4: Information Management
 - Task 5: CROWNWeb

Task 1: Quality Improvement

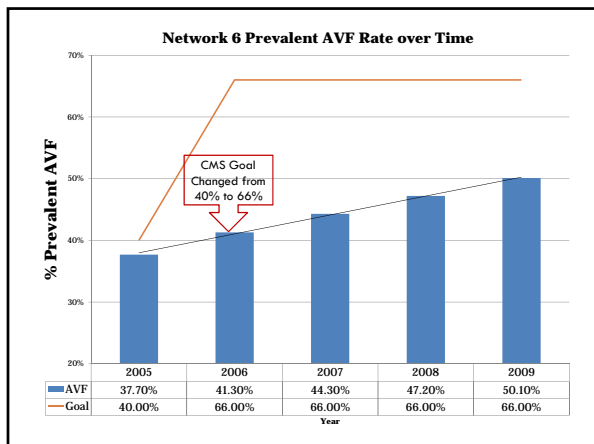
- Identify outcomes in need of Network Intervention
 - Lab Data Reports/Clinical Performance Measures (CPM)
 - Dialysis Facility Compare reports
- Identify areas for intervention
 - Geographic areas
 - Provider groups
- Assist facilities to improve care through data-driven Quality Assessment & Performance Improvement (QAPI) Projects: Tools
 - Educational resources
 - Technical Assistance

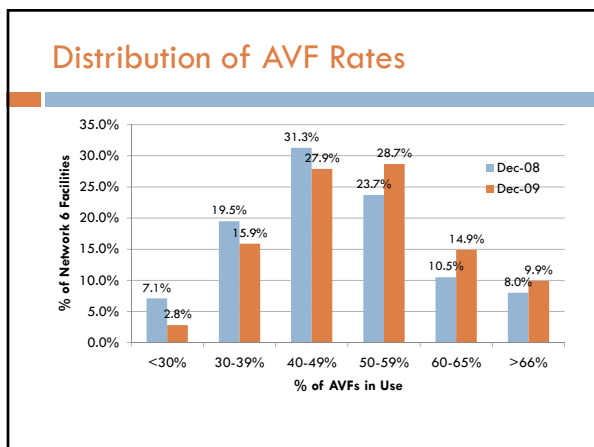
Network 6 Quality Improvement Goals

- Vascular Access
 - 66% of hemodialysis patients will dialyze via an AV fistula
 - 100% of patients with an AV Graft will be monitored for stenosis
 - Less than 10% of hemodialysis patients will dialyze via catheter for > 90 days
- Adequacy of Hemodialysis
 - 80% of patients will have a URR > 65%
- Anemia Management
 - 75% of patients will have a HgB >11 g/dL
- Immunization
 - 90% of patients will receive Hepatitis B, Pneumococcal and Influenza vaccinations

Vascular Access

- The CMS goal: 66% of prevalent patients dialyzing via AV fistula
- Network 6 goal is 51.4% by March 2010
- As of December 2009, Network 6 AVF rate is 50.1%
 - NC: 51.16%
 - SC: 45.85%
 - GA: 51.16%






Vascular Access: Quality Improvement Projects

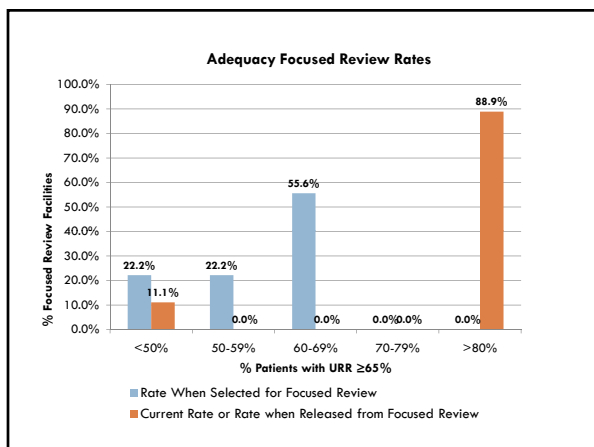
- **Focus on the Palmettos Project**
 - SC has lowest AVF rate in country (45%)
 - 17 facilities included in project
- **Expanding the Fistula Focus**
 - 01/2010: 18 additional facilities added to original project, "Focus on the Palmettos"
- **Technical Assistance Provided:**
 - Education Learning Session
 - One on One:
 - Action Plans
 - Root Causes
 - Project Progression
 - Barriers
 - Mandatory Medical Director Calls
 - PDCA Enhanced CQI Technical Training Manual

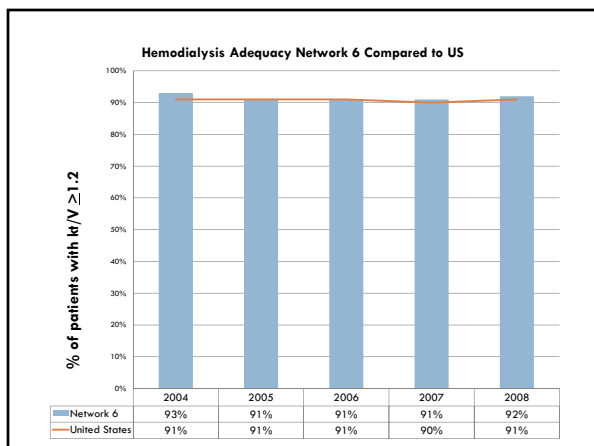


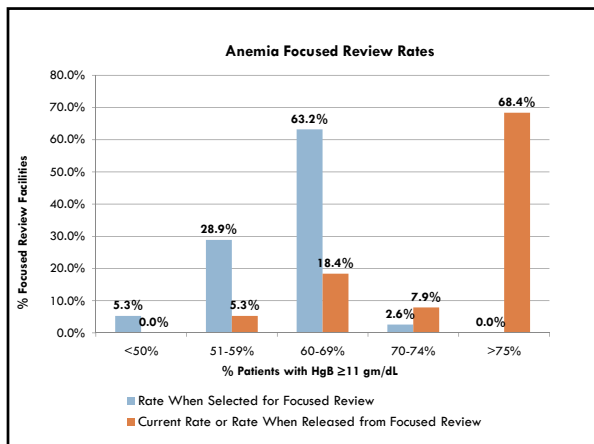
CPM Quality Improvement Activities

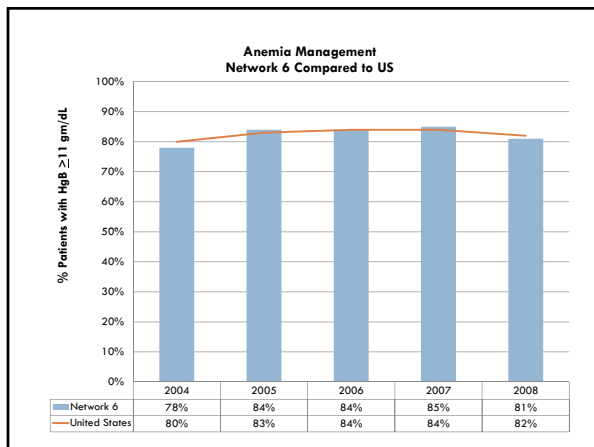


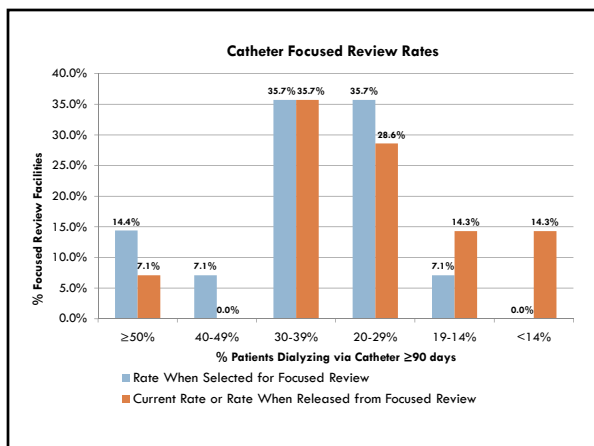
- **Adequacy Focused Review**
 - 3 facilities included in project
- **Anemia Focused Review**
 - 29 facilities included in project
- **Catheter Focused Review**
 - 14 facilities included in project
- **All Focused Review Facilities receive Network 6 Technical Assistance:**
 - Agreement of Expectations signed by Network 6 and facility MD
 - Facilities utilize the Plan-Do-Check-Act Method (Rapid Cycle Improvement) to find the problem and solve
 - Network 6 provides One on One Technical Assistance
 - Site Visits
 - Chart audits
 - Web Ex
 - Educational training:
 - Action Plan and Root Causes
 - Cannulation, maintenance, and monitoring







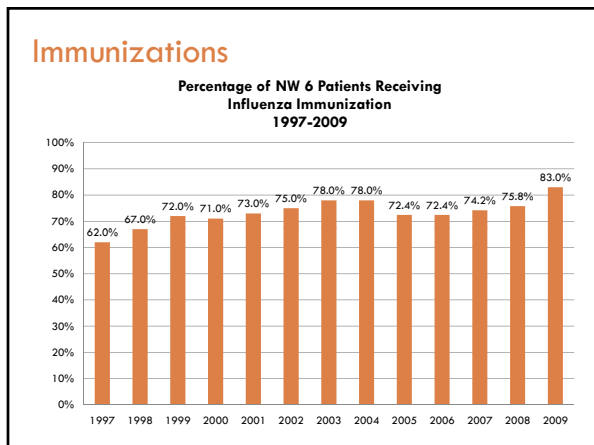




Network Specific Quality Improvement Projects

Quality Improvement Project

- Immunizations
 - Focus on facilities with low influenza immunization rates (any less than 55.5% vaccination rate)
 - 18 facilities included in project
 - One on One Technical Assistance
 - Web Ex Training Sessions
 - Action Planning
 - Monthly progress reports
- Data Collection for 2009 currently in progress for Influenza, Pneumococcal, and Hepatitis B
- Network 6 Goal: 90% of patients will receive Hepatitis B, Pneumococcal and Influenza vaccinations



Facility Specific QAPI Projects

- The dialysis facility must develop, implement, maintain and evaluate **an effective, data driven, quality assessment and performance improvement program** with participation by the professional members of the interdisciplinary team.
 - Adequacy
 - Nutrition
 - Bone disease
 - Anemia
 - Vascular access
 - Medical errors
 - Reuse
 - Patient satisfaction
 - Infection Control

Network 6 Assistance with QAPI

- Trainings
- Tools on www.esrdnetwork6.org
- One on One Technical Assistance
- Facility Specific Dialysis Outcomes Report
 - Report provides Network 6 facilities the opportunity to compare their core quality indicators, data compliance, and patient satisfaction to state, Network 6, and national averages, where available.
 - Provides a way of measuring and monitoring outcomes, and identifying areas for improvement.
 - Provides an opportunity to improve dialysis outcomes utilizing a Quality Assessment & Performance Improvement program.

Questions about Task 1

- What can Network 6 do to assist in Data-Driven QAPIs?
- What quality indicators would you like for Network 6 to focus on in the future?
- How can we help you improve care at your facility?

Task 2: Community Information and Resources

- New Patient Education
- Patient Education
- Provider Education
- Technical Assistance
- Emergency Preparedness
- Complaints and Grievances

New Patient Education

- The ESRD New Patient Orientation Packet is mailed to the patient's home the month after the Network receives the CMS 2728 form.
- In 2009, a total of 8,735 new patient orientation packets were distributed in Network 6.

Patient Education

- Calendars
 - Developed by 2009 Consumer Committee
 - Mailed 39,655 2010 calendars to facilities in December 2009
- Posters
 - Role of Network and State Survey Agency
- Newsletters
- Phone Correspondence
 - 69 contacts in 2009 related to beneficiary requests for education

Provider Education

- Continuing Education
 - Web Ex
 - Professionalism
 - 5-Diamond Safety
 - Understanding the Mental Needs of Patients
- Notifications
 - FDA Alerts
 - Continuing Education Opportunities
 - Dialysis Facility Reports
 - Annual Report
- Calendars
 - Monthly mailings related to months topic
- Phone Correspondence
 - 144 facility staff requests for education and assistance in 2009

Technical Assistance

- Provider Requested Assistance
 - Facility Training
 - Cannulation: Maintenance, Monitoring and Maturation
 - Action Plans
 - Involuntary Discharges
- Identified areas of concern/Poor Performance
 - Focused Review Facilities
 - Complaints and Grievances
 - Provided DPC Training

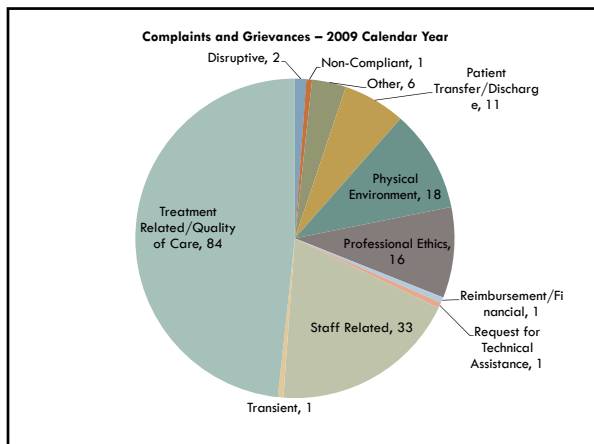
Emergency Preparedness

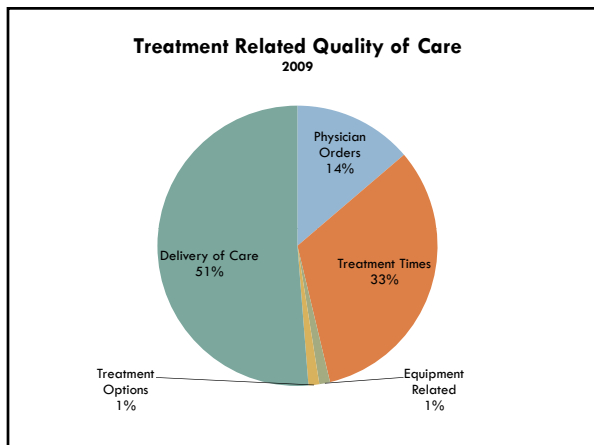
- Network 6 updates www.dialysisunits.com in the event of a disaster
- Resources available:
 - All-Hazard Educational Material
 - KCER Resources
 - Module training available through 5-Diamond Patient Safety Module
- Network staff involved in Kidney Community Emergency Response (KCER) meetings

Complaints and Grievances

The Network shall assume a proactive role in identifying, preventing, processing, and resolving complaints and grievances by:

- Education
 - Decreasing Dialysis Patient-Provider Conflict Initiative
 - Web Ex
 - Network's role in handling complaints and grievances
- Trend Analysis





Involuntary Discharge (IVD)

- Governing body must ensure that staff follow discharge & transfer policies & procedures. Medical Director must ensure that no patient is discharged or transferred unless –
 - Patient/ payer no longer reimburses the facility for the ordered services;
 - Facility ceases to operate;
 - Facility can no longer meet the patient's documented medical needs

Involuntary Discharge (IVD)

- The facility must **reassess the patient** and determine that the patient's behavior is disruptive and abusive to the extent that the delivery of care to the patient or the ability of the facility to operate effectively is seriously impaired.

Involuntary Discharge

- In the event of the need to involuntarily discharge a patient, the medical director ensures that the interdisciplinary team—
 - Documents reassessments, ongoing problem(s), efforts to resolve the problem(s), & documents in medical record
 - Gives patient & ESRD Network a 30-day notice of discharge
 - Obtains a written physician's order signed by medical director & patient's attending physician agreeing to discharge or transfer;
 - Contacts another facility, attempts to place patient, & documents;
 - Notifies State survey agency of involuntary transfer or discharge.

Involuntary Discharge

- In cases of immediate severe threats to health & safety of others, facility may utilize an abbreviated discharge procedure
- Immediate threat = a threat of physical harm. For example, if a patient has a gun or a knife or is making credible threats of physical harm, this can be considered an "immediate threat." Verbal abuse is not considered to be an immediate threat.

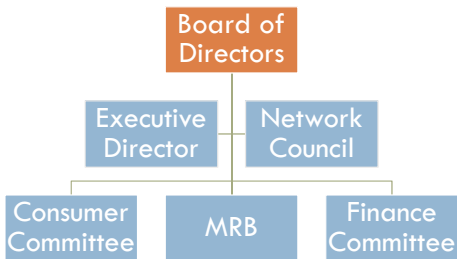
Questions about Task 2

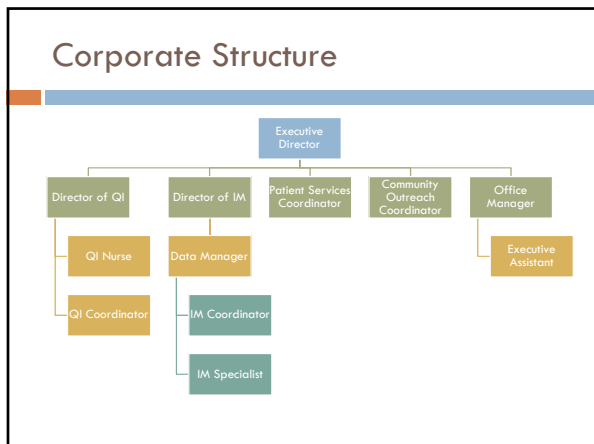
- What can Network 6 do to assist patient or provider education?
- What other types of technical assistance would be helpful?
- How can the Network help you proactively address patient concerns in your facility?

Task 3: Administration

- Corporate Structure
- Internal Quality Improvement
- Collaboration with State Survey Agencies and Quality Improvement Organizations
- Sanctions and Referrals
- Administrative Reports

Corporate Structure





- ### Southeastern Kidney Council Board of Directors
- Elected by the Network Coordinating Council for 2009:
- Barry Freedman, MD (Chair)
 - Kaleem Ahmed, MD
 - Bonita Balkcom Guilford
 - Neil Caldwell
 - Bettye Donaldson, RN, BSN, MAHRM
 - Leland E. Garrett, Jr. MD, FACP, FASN
 - Sharon L. Haney, RN, MSN, CCTC
 - John Haynes CPA
 - Pearl Fu Magovern, MSW
 - Carlos Martinez, MD
 - Vicki Mauck RN, BSN
 - Dixie Moncus (Consumer Chair)
 - Jen Morgan, MHA, RD
 - Richard Paul, MD (MRB Chair)
 - Jennifer Payton RN, BSN, MCHA, CNN
 - Catherine Phillips, RN, CNN
 - Michelle Price RN, BSN
 - Forest Rawls, Jr. BS, CHT, CCHT
 - Robert Shay MD
 - Brenda Thrasher FNP-C
 - Sonia Wynne LPN, CCHT

- ### Network Coordinating Council
- Every ESRD Provider has a Facility Representative for the NCC

Network 6 NCC includes 3 patient representatives

 - The NCC is representative of the Network 6 area by including one representative from each ESRD facility plus the patients/consumers who serve on the Board of Directors. The role of the NCC is
 - Provide input into Network activities
 - Serve as liaison between the Network and the provider community
 - Elect a representative Board of Directors to oversee Network operations
 - Generate new ideas for activities
 - Help the Network respond to changing cultures and issues
 - Review and distribute the Network goals
 - Sign the annual Quality of Care Commitment with the Network

Internal Quality Improvement

- Network 6 has a Internal Quality Improvement (IQI) environment:
 - Continuous quality improvement within Network processes to improve the timeliness, effectiveness, efficiency, and management control of Network activities.
- Network 6 IQI encompasses all Tasks (Quality Improvement, Complaints & Grievances, Data Management, etc).
- Rapid identification and correction of problems.

State Survey Agencies (SSA)

- Network 6 refers Regulatory of Care related complaints to SSA
- SSAs call Network 6 upon Facility Survey to request the following information:
 - Current Lab Data Report
 - Current Vascular Access Data Report
 - Number of Complaints and Grievances
 - Focused Review
 - Compliance with Network
- Quarterly Communication with each of the State Survey Agencies

Quality Improvement Organizations (QIO)

- Network 6 collaborates with the Georgia QIO who was awarded a CKD sub-national contract
- Ongoing mutual relationship with QIOs:
 - Links on Network 6 web site
 - Quarterly Communication

Sanctions and Referrals

The Network's responsibilities for sanction or alternative sanction recommendations and referrals include the following:

- Tracking and trending of dialysis facility data to identify outliers
- Recommending to CMS sanctions or alternative sanction for
 - Facilities/providers that consistently fail to comply with Network goals
 - Facilities/providers not providing appropriate medical care
- Referring to the QIO or State Office of Inspector General a physician who fails to meet his/her obligation to provide quality care or is involved in Medicare fraud.

Sanctions and Referrals

- Network 6 works with facilities to prevent sanctions and referrals
 - DOCUMENTATION IS KEY!
- Network 6 Sanction Policy is available on www.esrdnetwork6.org

Administrative Reports

- Network 6 is required to submit various administrative reports to CMS, including the Annual Report
- Annual Report available on www.esrdnetwork6.org
 - Summaries of Activities and Projects
 - Data
 - ESRD Incidence - One-year statistics
 - ESRD Dialysis Prevalence - One-year statistics
 - Home Dialysis Patients Modality
 - In-Center Dialysis Patients Modality
 - Transplantation Number by State
 - Transplantation Number by type, age, race, sex, and primary diagnosis

Questions about Task 3

- How can we best get your input?
 - Provide input into Network activities
 - Serve as liaison
 - Generate new ideas for activities
 - Review and distribute the Network goals
- How often should we have these calls?
- What's the best way to communicate?

Task 4: Information Management

- Database
 - Network 6 collects ESRD patient and provider data in Georgia, North Carolina and South Carolina
 - Network 6 enters and validates data through the Standard Information Management System (SIMS) as defined by CMS.
 - Network staff performs daily entry and analysis, and monthly validations to the active database
- ESRD Forms
 - Collection, Completion, Validation, Submission, and Maintenance of CMS ESRD Forms
- ESRD Forms Submission Compliance Rates

2009 ESRD Forms



CMS Forms Processed in 2009

9,851	2728: Medical Evidence forms
6,758	2746: Death Notices
547	2744: Annual Surveys
6,380	Network Patient Activity Reports

Compliance

- 2009 Annual Compliance Rate for Network
 - **2728:** 92.2%
 - **2746:** 95.7%
 - **Overall:** 93.6%
- Network 6 is required to report facilities that fail to meet the 90% compliance rate

Network 6 Data Goals

- **90% of the CMS/Network forms (electronic and manual) are submitted on time:**
 - CMS-2728 – within 45 days of ESRD certification
 - CMS-2746 – within 30 days of death
 - CMS-2744 – per CMS/Network due date
 - Network Patient Activity Report – by the 10th of the month
 - Monthly AV Access data (FF report) – by the 10th of the month
 - Clinical Performance Measures – per CMS/Network due date
 - Immunization collection – per CMS/Network due date
 - Other forms – per CMS/Network due date
- **90% of the CMS / Network forms (electronic and manual) are submitted with all fields complete and accurate**
 - CMS-2728, CMS-2746, CMS-2744
 - Network Patient Activity Report
 - Monthly AV Access data (FF report)
 - Clinical Performance Measures
 - Immunization

Questions about Task 4

- How can Network 6 assist you in completing forms accurately and timely?

Task 5: CROWNWeb

- Consolidated Renal Operations in a Web Enabled Network (CROWNWeb): www.projectcrownweb.org
- Phase 1: began 02/01/2009
 - Included 4 Networks across the country and 8 facilities
 - Network 6 was not selected for the Phase 1 implementation
- Phase 2: began 8/3/2009
 - Included all 18 Networks across the country and 180 facilities
 - Network 6 has 10 facilities participating
 - 5 large dialysis organizations (LDO)
 - 5 non-LDO organizations
- CMS has not announced the national roll-out date

CROWNWeb

- How to prepare for CROWNWeb
 - Complete QIMS (formerly QIPS) account form for 2 Security Administrators and mail certified return-receipt to the Network office
 - Visit www.projectcrownweb.org for the latest information on:
 - Training
 - Communications
 - Public Documents
 - Technical Assistance

CROWNWeb: www.projectcrownweb.org

- **Training**
 - Online training – provides hands-on CROWNWeb training
 - QIMS (formerly QIPS) – provides information on the QIMS account form to gain access to CROWNWeb
 - CROWNWeb simulations – provides opportunity to interact with the CROWNWeb system
 - Upcoming training – provides information on CROWNWeb training
 - Training materials – provides the latest CROWNWeb training materials available as resources for users
- **Communications**
 - Presentations – provides information on presentations and how to register
 - Newsletters – latest CROWNWeb newsletters and ability to subscribe to newsletter monthly distribution
 - Articles – provides access to the latest CROWNWeb articles
 - Facility mailings – provides links to facility mailings
- **Public Documents**
 - Release documents – provides CROWNWeb business requirements
 - Standard procedures – provides access to approved CROWNWeb standard operating procedures
- **Get Assistance(Contact Us Tab)**
 - Contact us – provides opportunity to contact the CMS contractor requiring information related to CROWNWeb and the website
 - craft@nw7.esrd.net

Questions about Task 5

- How can Network 6 help you prepare for CROWN Web?

Contact Network 6

1000 St. Albans Drive
Suite 270
Raleigh, NC 27609
Phone: 919-855-0882
Toll-free for patients only: 800-524-7139
Fax: 919-855-0753
Email: info@nw6.esrd.net
Web site: www.esrdnetwork6.org
