



2011 Annual Report

July 1, 2010–June 30, 2011



**ESRD Network
Coordinating Center**



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FOREWORD

In 2007, the IPRO ESRD Network of New York (Network 2) began to serve as the ESRD Network Coordinating Center (NCC). The NCC was formed in 2003, as a CMS Special Study, serving the 18 ESRD Networks in providing administrative support to the ESRD Network Organization Program. These activities include, but are not limited to, archiving Network Quarterly and Annual Reports, monthly distribution of the New ESRD Patient Orientation Packet (NEPOP), and the annual distribution of the *Directory of ESRD Network Organizations*.

The ESRD Network Program serves all 50 states, the District of Columbia, and the U.S. territories of Puerto Rico, the Virgin Islands, American Samoa, Guam, and the Northern Mariana Islands. Graphic representation of the geographic areas can be found in *Figure 1*. The ESRD Network Program encompasses more than 387,000 prevalent dialysis patients, receiving care in nearly 6,000 facilities.¹

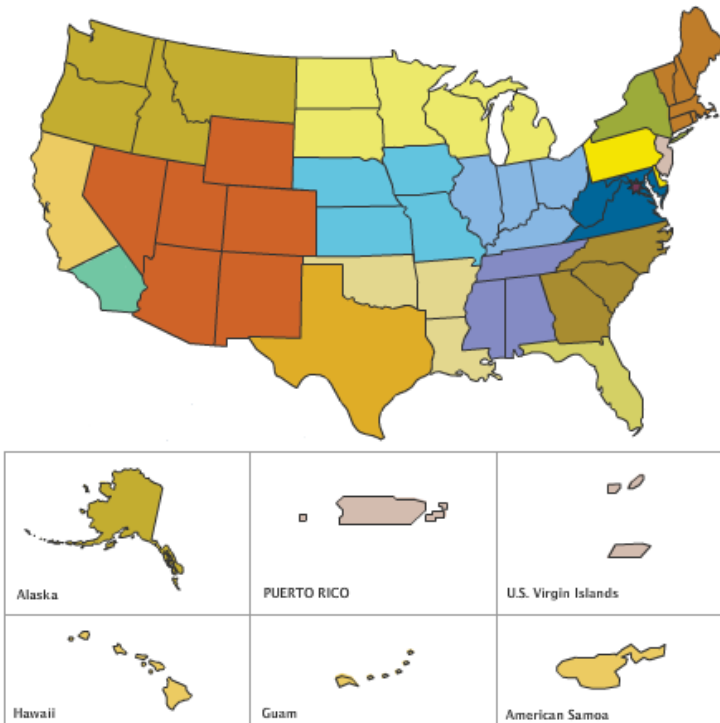


FIGURE 1 ESRD Network Areas	
Network	Geographic Area
1	CT, MA, ME, NH, RI, VT
2	NY
3	NJ, PR, VI
4	DE, PA
5	DC, MD, VA, WV
6	GA, NC, SC
7	FL
8	AL, MS, TN
9	IN, KY, OH
10	IL
11	MI, MN, ND, SD, WI
12	IA, KS, MO, NE
13	AR, LA, OK
14	TX
15	AZ, CO, NM, NV, UT, WY
16	AK, ID, MT, OR, WA
17	American Samoa, Guam, HI, Northern CA, Northern Mariana Islands
18	Southern CA

We are proud to present the 2011 NCC Annual Report, which covers the period July 1, 2010–June 30, 2011. We are pleased with the progress we have made since 2007 and hope to produce even greater accomplishments in the months ahead.

¹ Based on data from the Executive Summary of the Centers for Medicare & Medicaid Services End Stage Renal Disease Network Organization Program 2009 Summary Annual Report.

INTRODUCTION

The End Stage Renal Disease Network Organization Program (ESRD Network Program) is Medicare's quality improvement program for the ESRD patient population. The ESRD Network Program is funded by the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services.

CMS defines ESRD as permanent kidney failure that is treated with dialysis or kidney transplantation. The goal of the ESRD Network Program is to improve the quality of care for more than 387,000 renal patients who require dialysis or transplantation as a life-sustaining treatment.

Across the country, 18 ESRD Networks perform quality improvement activities under contract with CMS. The Networks' activities focus on: supporting use of the most appropriate treatment modalities to maximize quality of care and quality of life; encouraging treatment settings to support patients' vocational rehabilitation and employment; collecting, validating, and analyzing patient registry data; providing educational information and technical assistance to patients, dialysis facilities, and transplantation centers; identifying providers that do not help achieve Network goals; and conducting onsite reviews as necessary.

The NCC supports the 18 ESRD Networks in these efforts by providing centralized coordination, including documenting Network Quarterly and Annual Reports, coordination of the monthly New ESRD Patient Orientation Packet (NEPOP) mailing, annual distribution of the *Directory of ESRD Network Organizations*, the *ESRD Network Program Summary Annual Report*, and general administrative functions.

The NCC responsibilities are organized into 11 major tasks:

- Task 1: Administration Considerations, Project Management, and Communications
- Task 2: Develop, lead author, printing and distribution of the Directory of ESRD Network Organizations
- Task 3: Develop, lead author, photocopying, and distribution of the End Stage Renal Disease Network Organization Program 2009 Summary Annual Report
- Task 4: Data Collection and Analysis
- Task 5: Unification, Integration, and Communication of Local, Regional, and National Initiatives
- Task 6: Maintain, and ongoing development, of a centralized Website for the ESRD Network Organization Program, including all Special Projects
- Task 7: New ESRD Patient Orientation Packet (NEPOP) Mailing
- Task 8: National Meetings and Event Planning for Network Organizations
- Task 9: National Expert & Educational Role
- Task 10: Coalition Facilitation & Support
- Task 11: FFBI Transition

The NCC's performance of each of the aforementioned tasks aids the 18 ESRD Networks in their goal to improve the quality of life for patients with ESRD.

NCC SUPPORT SERVICES PROVIDED TO THE ESRD COMMUNITY

The NCC's primary function is its support of the ESRD Network Program. The ESRD Network Program is a national program of fundamental importance to patients with kidney disease; to improve patient care and the quality of care made available to this growing population.

The NCC's role in supporting the ESRD Program is evidenced by the offerings noted below:

- Conference and Meeting Planning Services
- Teleconference Hosting/Management
- Community Requests (received direct via email and/or through the NCC website)
- Monthly distribution of the New ESRD Patient Orientation Packet (NEPOP)
- Management/Facilitation of two nationally recognized websites (www.esrdncc.org and www.fistulafirst.org)
- Availability and archiving of Network Quarterly and Annual Progress Status Reports
- Distribution of bi-weekly newsletter communication titled *Information Exchange*

2010 QUALITYNET CONFERENCE

Continuing its effort to support the ESRD Networks and Network Program, the NCC participated in an expanded role during the 2010 QualityNet Conference. The NCC's participation came at the request of CMS. The 2010 QualityNet Conference took place November 30 through December 2, 2010 in Baltimore, Maryland.

In its role as the ESRD liaison, the NCC worked with the Planning Committee to:

- Submit abstracts and topics of interest to the ESRD Community for consideration,
- Provide Speaker recommendations/confirmation,
- Compilation of audio visual requirements by presenter.

While on site at the Conference the NCC Project Manager and Contract Coordinator also assisted with the following volunteer services:

- Onsite CMS hosted Pre-Conference Planning Session
- Moderation of ESRD sessions,
- Presenter Technical Support,
- Distribution of session materials for all CMS primary functions
- Participation on the Attendee Evaluation Committee (met at the close of each day to review and discuss attendee feedback; NCC participated with leaders within CMS.)

The NCC worked with CMS Central Office representatives to enable the QualityNet Conference to equally represent all parties in attendance that included representatives from Quality Improvement Organizations, ESRD Networks, renal affiliated groups, and CMS. The Planning Committee and the NCC made every effort to be flexible in meeting CMS' requests and associated deadlines.

The NCC will continue its efforts to support the QualityNet Committee and CMS officials moving forward as requested.

HOSTED CONFERENCE CALLS

Throughout 2010–2011 (Contract Year 4), the NCC facilitated 17 calls on behalf of Network Data Managers and Patient Services Coordinators; representing a 0.2% increase from the previous reporting period. Of these calls, 65% represented the Data Managers group. The NCC also provided conferencing services to the 2009 SAR Development Team, QualityNet Planning Sub-Committee, and the Fistula First Breakthrough Initiative for a total of 63 calls hosted and managed by the NCC.

The NCC's management of conference calls typically includes:

- Microsoft Outlook appointment distribution
- Agenda/Meeting Minutes (either created, received or distributed by the NCC)
- Day of Meeting Facilitation

NETWORK REPORT TRACKING

During this past contract year, the NCC received and recorded receipt of all Network Quarterly Reports and anticipates receipt of Network Annual Reports as early as July of 2011. The NCC tracks this information and records all reports received either via email or hard copy into an Excel Spreadsheet. This Excel file is utilized to log the report delivery date, Network and/or CMS Contracting Officer's Technical Representative (COTR) comments, and the Network representative submitting the deliverable. Each ESRD Network is required to send an electronic copy of its Annual and Quarterly Reports to the NCC within two weeks of CMS' final approval.

As required in the NCC SOW, the NCC Network Report Tracking Spreadsheet was distributed via email to the NCC COTR for review on two occasions each month within this contract period. The NCC is also required to distribute the tracking information to all COTR's on a monthly basis and did so without incident throughout this contract cycle. With NCC COTR feedback and approval, we implemented new reporting graphs to the information that is disseminated. The newly created graphs included representation of approval timeframes for all reports, organized by COTR. Upon distribution the NCC received positive feedback from select COTR's on the represented data.

The NCC also prepared graphic representation of national trends in Complaints & Grievances as per its deliverable schedule. Upon initial submission, the COTR requested that further data to include year by year comparisons was to be incorporated. The NCC implemented the recommendations, and provided the revised content with its subsequent submissions beginning with Contract Quarter 2.

ESRD COMMUNITY SUPPORT

The NCC processed 49 requests from the ESRD Community within this contracting cycle and reported the details of each within its Monthly Status Report.

Throughout this contract year, contacts made to the NCC were categorized as follows:

FIGURE 2	
NCC Support Services Provided to the ESRD Community	
July 1, 2010– May 31, 2011	
Category	# of Requests
Website	5
NEPOP Samples	6
NEPOP (Spanish)	7
Meetings and Events	2
CROWN Memo	5
CyberTyger	2
Network Directory	3
Summary Annual Report	2
CMS	4
Requests from Networks	8
Patient Requests	4
NEMO Questions identified by the Network	1
Total Requests:	49
Source: NCC Website and Communications Tracking Report.	
(Data available through May 31, 2011).	

NCC WEBSITE

The NCC continues to post and make available information on its website.

Beginning July 1, 2010 through May 31, 2011 (data available through May) the NCC:

- Posted 51 CROWN Memos plus three attachments (10-0522 to 11-0572)
- Updated the CROWN Memo Master list on 34 occasions.
- Updated the Fistula First Dashboard v1.4. on 11 occasions
- Posted updates to the CyberTyger Newsletter on 9 occasions.
- As per Buccaneer request and with CMS approval, Posted six files relative to ESRD Network Workstation Information (materials removed 4/29 at CMS' request).

In this contract period, the NCC noted a 65% increase in Visits and a 23% increase in Visitors compared to the previous reporting period (July 1, 2009-June 30, 2010) as illustrated in *Figure 3* (*visitor* tracking is defined as a one-time visit to the site, as compared to *visits* which are a frequent occurrence).

FIGURE 3 Network Coordinating Center Website Total Visits Tracking July 2008 – May 2011			
Type	July 1, 2008–June 30, 2009	July 1, 2010–June 30, 2011	% Change
Visitors	7,939	9,750	+22.81%
Visits	95,870	158,470	+65.30%
Source: Google Analytics Web Tracking Report. (Data available through May 31, 2011).			

On February 7, 2011, the NCC launched a **NEW** redesigned website (www.esrdncc.org). The redesign represented our first significant upgrade since September 2007. It was our intention to make the information available more easily accessible and to improve the overall user experience for site visitors.

The primary enhancements to the new site included:

- Exciting **NEW** look and feel
- **NEW** audience-specific navigation links with handy dropdown menus, making it easy for site users to quickly find the information they need, whether they are a provider, patient, Network, etc.
- **NEW** Tools tab, providing quick access to information like Summary Annual Reports, ESRD events, and additional Web resources
- **NEW** improved navigation within each section of the site, employing intuitive right-side navigation links specific to the audience for those pages
- **NEW** streamlined Network login access to CROWN Memos and Cyber Watch Resources
- **NEW** more cohesive presentation of New ESRD Patient Orientation (NEPOP) information, including improved historical information.

In redesigning the NCC website, we incorporated valuable feedback provided by the ESRD Networks, other members of the renal community, and CMS representatives.



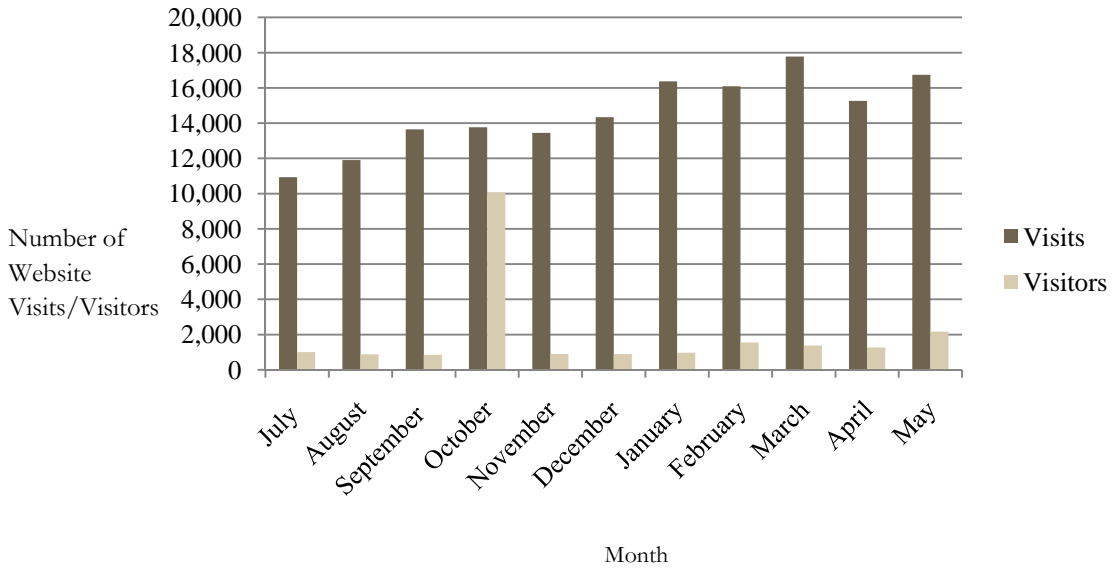
NCC Website
September 1997–January 31, 2011



NCC Website
as of February 1, 2011

As indicated in *Figure 4* (NCC Website Tracking), traffic increases/decreases as content is developed/added, and notifications are sent to direct users to the NCC website. The NCC has been able to determine based on available data that 89% (data available through May 31, 2011) of visits to the site this contract year were a result of direct traffic. Direct traffic indicates persons who navigated to the NCC Website on their own without using a search engine (Google, Yahoo, etc.) or referring site (link from an alternate location).

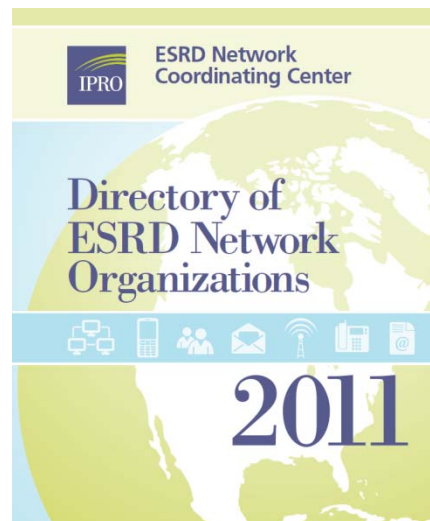
FIGURE 4
NCC Website Tracking
Contract Year 2010–2011



SOURCE: Google Analytics Reporting. (Data available through May 31, 2011).

2011 DIRECTORY OF ESRD NETWORK ORGANIZATIONS

In 2007, the NCC worked with IPRO's eServices group to implement a web-based process to allow Networks to update their contact information directly online. Within this contract year we expanded this offering to include CMS representative contact updates. Implementation of the online update feature has led to a dramatic increase in the speed of the updating process by reducing the manual effort required to collect data and has improved overall accuracy of the information collected by eliminating manual data reentry. To further assist in capturing all Network updates and as requested by several ESRD Networks, the NCC will also provide instructions for utilizing and updating the online utility to the applicable Network Office Manager, in addition to the Executive Director. This will assist in acquiring all applicable changes in a timely fashion.



The NCC also performed an online survey with the Networks to obtain their feedback on the *2010 Directory of ESRD Network Organizations*. This survey was created and distributed in the Fall of this contract year to solicit ideas and feedback from the Network user community. From this survey, the NCC received suggestions for improvements that included:

- removing redundant Board Member information,
- modifying the production cycle to the CORE contract schedule (renewal/updates every three years),
- replacing the feedback form from the appendix with an electronic survey.

The NCC evaluated and discussed these recommendations with its COTR and determined that removal of the duplicative page entries would further assist in decreasing overall production costs through a decreased page count. Additional cost savings performed by the NCC since acquiring the contract in 2007 are illustrated in *Figure 5*.

FIGURE 5
Network Coordinating Center Costs

2008–2011 Directory of ESRD Network Organizations

	2008 Directory	2009 Directory	2010 Directory	2011 Directory
Total Print Cost	\$7,089.58	\$6,069.16	\$3,210.00	\$4,029.75
Quantity Ordered	300	225	150	199
% Change Compared to Previous Year	—	-14.39%	-54.72%	25.54%
Cost Per Book	\$23.63	\$26.97	\$21.40	\$20.25

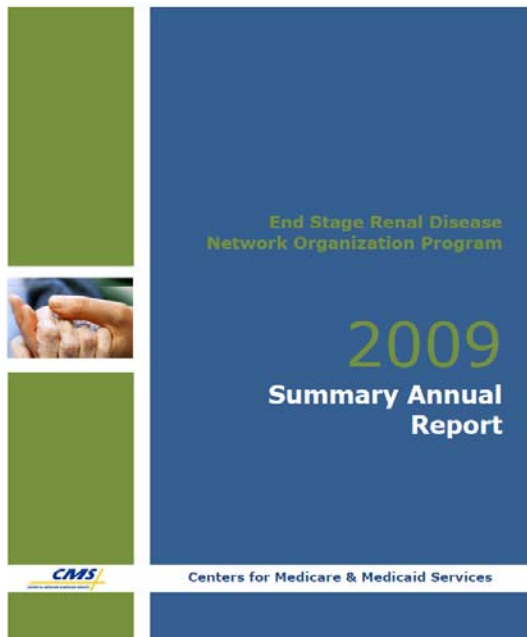
Source: Network Coordinating Center Budget Tracking 2008–2011

Notes: Network 2 was awarded the NCC Special Study in 2007. The 2008 Directory of ESRD Network Organizations was the first Directory to be produced by Network 2. The NCC reformatted the 2011 Directory pages and cover design to sustain repeat use.

2009 SUMMARY ANNUAL REPORT

The NCC Project Kick-Off Meeting was held at the CMS Boston Regional Office in August of 2010 and served as an opportunity for the 2009 Summary Annual Report Development Team to convene.

The Development Team meeting included participation from Joseph Merighi, Lead Author; Kathleen Egan, RN, MSN, CMS COTR (NCC COTR through January 1, 2011); Michele Spillane,



NCC Project Manager; Jeanine Pilgrim, NCC Contract Coordinator; and Sue Caponi, BSN, RN, NW 2 Executive Director. Ms. Judy Kaplan, Editor for the Report was unable to participate due to scheduling conflicts. During the meeting the Development Team reviewed the 2009 *Data Overview Form*, and made note of additional changes to be implemented. Updates included category additions such as information pertaining to transplant, AVF maturation, and national initiatives performed by the Networks. In addition, specific topics for inclusion in the 2009 Report were reviewed and discussed. Modifications to the Report outline included the removal of CPM data, the expansion of transplant data and initiatives, and a new category defined to isolate “hot topics” or topics of interest within the ESRD Networks. The CPM data section was removed as this is no longer an active project.

On behalf of the Development Team, CMS distributed the 2009 *Data Overview Form* with coinciding CROWN Memo in the month of September. With delivery of the form to the Networks, a deadline of October 8, 2010 was applied for the NCC to receive the completed forms. Once received, the NCC began to update all 22 tables represented in the Report, and provided the completed tables to the Lead Author for review and feedback. Upon receipt of feedback the NCC implemented requested changes and redistributed revised files to the Development Team. The Development Team with CMS support has decided to provide data points for six consecutive years.

As part of the Development Team’s Work Plan, the NCC worked with the CMS Special Studies; Kidney Community Emergency Response (KCER) Coalition, Renal - Requirements, Communication and Training Team (R-RCT), the Network Information Technology Support (NWITS) contractors in order to obtain updated content for the 2009 Report. The NCC also contacted a CMS Central Office Leader to assist with updates to the Data Management Systems section.

The NCC met by teleconference with the Lead Author and Development Team regularly during the writing process and was able to discuss the project, status of actions, and/or to seek clarification at the time.

Accomplishments that were met in producing the Summary Annual Report included:

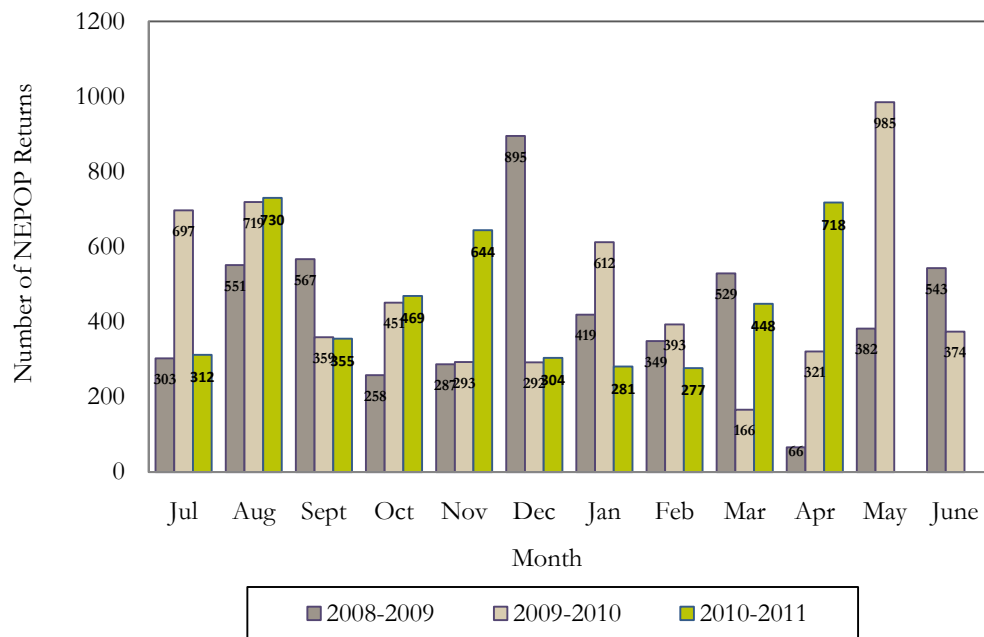
- SAR Cover letters and distribution roster provided to COTR for approval
- 2009 report figures and tables provided to Development Team for review, feedback, and approval
- NCC worked with contacts of the CMS Special Studies for updated content to include the following sections:
 - NCC
 - Data Management Systems
 - Kidney Community Emergency Response (KCER) Coalition
 - Network Information Technical Support (NWITS)
 - Renal-Requirements Support and Training (R-RCT)
- 2009 Cover design options were reviewed and approved for use in the Report.
- Work plan updates and distribution
- NWITS Special Project section completed
- R-RCT Special Project section completed
- R-RCT article citations requested and later received
- NCC submitted section on State Survey Agencies and Partnerships
- Network data clarifications required re: FTEs and AVF rates
- Figure 14 revised; new figure created for FFBI
 - Analytical research required for creation of the new FFBI figure.

The NCC on behalf of the Development Team, and in accordance with its deliverable schedule, completed its work on the 2009 Network Organization Program Summary Annual Report. The Report was submitted to CMS for review and approval on April 29, 2011. The NCC will schedule periodic follow ups with CMS to determine the status of the Report within the approval process.

NEPOP/NEMO

The NCC and the ESRD Networks have continued to utilize the New ESRD Mailing Organizer (NEMO) system to process New ESRD Patient Orientation Packet (NEPOP) returns received monthly. The implementation of the NEMO tool in 2008 has automated the previously manual process and streamlined and improved the accuracy of the NEPOP distribution. Through the facilitation of the NEMO software, both the number of patient address corrections and the overall NEPOP return rate have decreased over the past four contract periods. Since NEMO inception the address corrections rate has decreased by 16.50% and the national NEPOP return rate has decreased by 3.76%.

FIGURE 6
NCC NEPOP Monthly Return Totals
 July 1, 2010–April 30, 2011



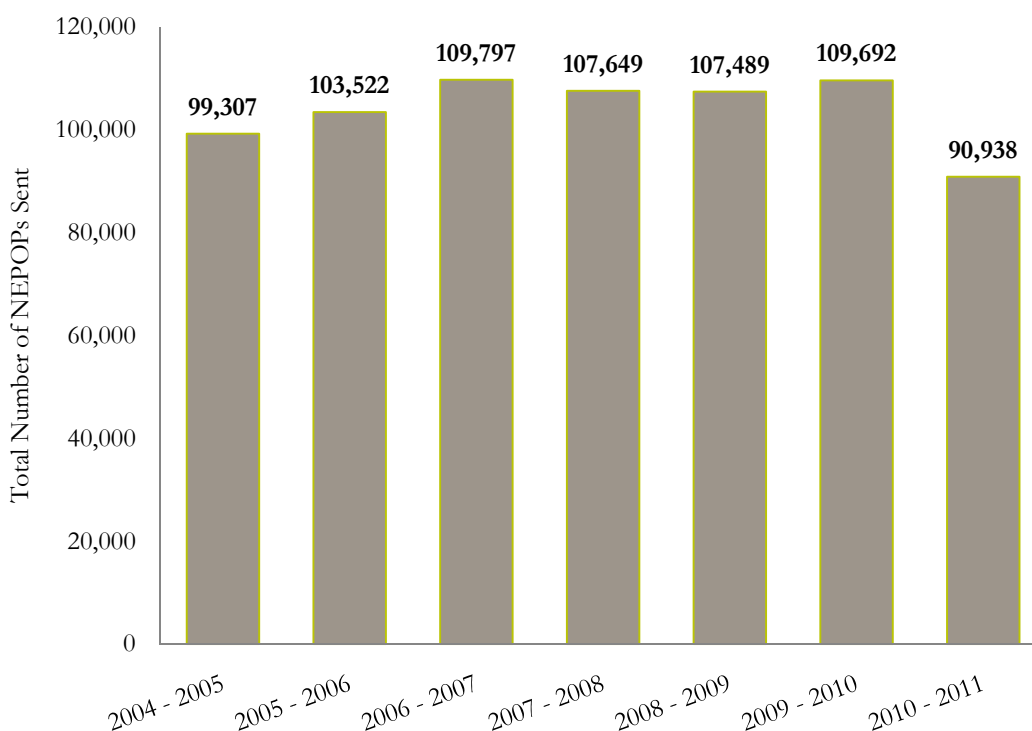
SOURCE: NCC NEPOP Tracking Report
 (Data available through April 30, 2011).

On average the NCC distributes over 8,000 NEPOP packets per month to newly diagnosed ESRD patients. Since contract award to Network 2 in 2007, the NCC has assisted with distribution of over 415,000 NEPOPs as illustrated in *Figure 7*. To further enhance the NEPOP mailing accuracy and in an effort to lower national return rates, the NCC implemented use of the United States Postal Service (USPS) National Change of Address (NCOA) address validation software.

The NCC now performs USPS NCOA software analysis on all new patient addresses; allowing patient records to be compared with the USPS system and updated if a recent address change or mail forward request has been received by the respective USPS facility.

This process does not inhibit a NEPOP being mailed to the patient but rather will flag the patients' record to be notated within the NEMO system.

FIGURE 7
NCC NEPOP Annual Sent Totals
July 1, 2010–April 30, 2011

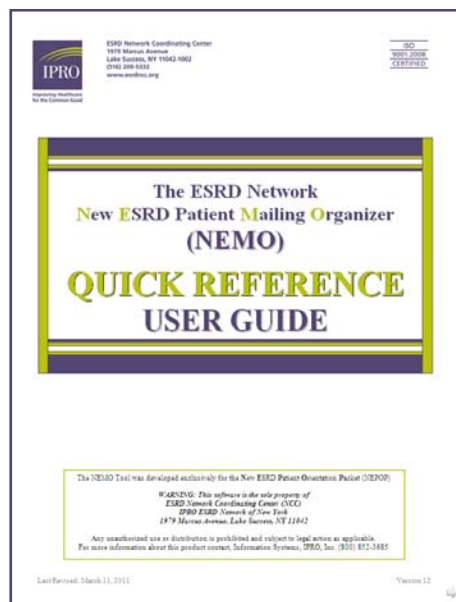


SOURCE: NCC NEPOP Tracking Report.
(Data available through April 30, 2011).

Through recent system enhancements the NCC has continued to increase Network satisfaction with the NEMO system and overall accuracy of the NEPOP processes. Upon Network request, the NCC has implemented additional NEPOP return category selections within the NEMO system. These new return categories include *Incarceration*, *Moved out of the Country*, *Discontinued Treatment*, and *Unable to Locate Patient*. Upon executing these system changes the NCC has experienced a decrease in the frequency of Network issues and concerns regarding processing unique patient situations.

Additionally, during the Networks monthly RMF submission, the NCC no longer receives supplemental files accompanying the Networks' databases, with requests for action or updates to be performed by the NCC. The incorporation of direct Network feedback has assisted the NCC in continuing to build strong relationships and collaborations with the ESRD Network community.

The NCC updated and reformatted the existing NEMO system User Guide during this contract cycle. The updated NEMO User Guide tools were disseminated to the ESRD Network community on March 11th. The NCC also developed a *Quick Reference User Guide* that provided Network NEMO Users with step-by-step instructions and applicable screen images on processing the monthly RMF. Each step described in the User Guide is accompanied by an example of the NEMO screen image and a detailed description of its function.



Additionally, an *Appendices* document was also created containing detailed descriptions of additional system functions and features. The NCC maintains a *Glossary of Terms* that offers NEMO processors definitions and detailed descriptions of all NEMO terms used within the User Guide. These tools have been made available to the ESRD Network community on the NCC Website.

During the development of the updated NEMO User Guide a concise *Process Checklist* was also created that includes necessary steps in completing the monthly processing. The NCC's intent for this overall *Process Checklist* is to provide a brief list that NEMO Users can review and reference quickly to ensure all the necessary steps have been completed in processing the monthly NEMO RMF database updates.

In an effort to promote awareness and understanding of the NEPOP/NEMO processes the NCC conducted a NEMO system Refresher WebEx on April 27th. This WebEx included participation from ESRD Network Data Managers, Network NEMO Users/NEPOP Processors and CMS COTRs. The NCC's goal for the WebEx was to garner Network feedback and comments relative to the newly developed NEMO tools. The WebEx session also provided the ESRD Network community an opportunity to have open dialogue and share best practices and success stories in utilizing the NEMO tools in completing their monthly NEPOP processing. The NCC's agenda for this WebEx included a review of the recently updated NEMO User Guide, a discussion of the newly developed Process Checklist and a presentation of results from a recent NEMO Network Satisfaction survey.

During the NEMO Refresher WebEx the NCC received positive feedback from the Networks regarding the updated NEMO User Guide and new "Process Checklist". For example, one Network indicated that they were unaware of a NEMO function and upon reviewing the updated User Guide they were prompted to review the NEMO "Completed Corrections" worksheet.

Another Network commented that the new “Process Checklist” was helpful in completing the monthly processing and provided a concise overview of the process.

The NEMO Network Satisfaction survey results indicated that the majority of the Networks are satisfied with the NEMO system, NEPOP process and NCC Customer Service. The NCC noted favorable responses for all 10 survey questions, with over 65% of the Networks either responding Strongly Agree or Agree to the majority of survey questions.

Through the completion of this survey, the NCC was able to identify two areas in which immediate corrective actions could be applied. In response to concerns identified by the Networks, the NCC implemented the following corrective actions:

- The automated submission reminder that is generated by the NEMO system and sent to all Network processors on the 9th of each month has been removed from the NEMO processes. Instead, the NCC will directly contact Networks that have not yet submitted their monthly RMF database, with a reminder of the deliverable date of the 10th of each month.
- In addition to the continuing use of out-of-office e-mail notifications, the NCC immediately began applying out-of-office notices to staff voicemail recordings. These notifications inform callers that the intended NCC representative will be out of the office and includes the duration of absence as well as who to contact in an emergency or for immediate assistance. The implementation of this protocol will mitigate any concerns in a break in communication between the Networks and the NCC staff.

FISTULA FIRST BREAKTHROUGH INITIATIVE (FFBI)



On July 1, 2010 the NCC received a non-competitive RFP that included work as the lead for the FFBI. With CMS approval the NCC and the Network 2 Executive Director began preliminary discussions with the incumbent Network 5 contractor to begin the transition process.

The NCC developed a transition plan incorporating all relevant details associated with transitioning work between contractors. The NCC assumed full responsibility of FFBI work effective March 1, 2011.

As previously indicated, the NCC held its Post Award Meeting in August at the Boston Regional Office. During the 3-day meeting, a full day was set aside to discuss the FFBI and the NCC's role both during and after the transition. Participants for this portion of the meeting included:

- Susan Caponi, BSN, RN
- Kathleen Egan, RN, MSN
- Akosua Ghailan
- Jeanine Pilgrim
- Michele Spillane
- SoftDev Inc. – FFBI Planning
- Jess Markt, Consultant – FFBI Planning

Marianne Neumann, RN, CNN, clinical lead for FFBI was hired in September of 2010. Ms. Neumann is a nephrology nurse with extensive experience in various roles of ESRD care.

The FFBI transition continued to progress well with full responsibility for the FFBI Website by the NCC beginning as of October 1, 2010. All web postings have been managed by the NCC since that date.

SoftDev Inc. was brought on as a consultant to work with the clinical lead in providing data analysis for the initiative. SoftDev communicated with Network 5's data manager to enhance comprehension of existing projects and proposals to further ensure a smooth transition. Conference calls between Network 5 and the NCC were held to evaluate ways in which existing data can best be utilized for future FFBI projects. Data Analysis performed by the FFBI group included 2007 and 2009 Surgeon Data Claims analysis. Data sets identified for each ESRD Network were disseminated and documentation was provided to each for interpreting the data. Full responsibility for the FFBI Data Workgroup began on December 16, 2010.

The FFBI Clinical Lead attended various meetings and conferences throughout this year to further share the FFBI message, vision and goals.

Participation included the following meetings, seminars and/or conferences:

- Leadership Development Institute sponsored by the Oncology Nurses Society (ONS); Atlanta, Georgia
- Fistula First Surgeon Training Workshop; Chicago, IL
- “Dialysis Access: From Mapping to Maintenance”; New York, New York
- Renal Physicians Association Annual Meeting; Washington, DC
- ANNA National Meeting; Boston, Massachusetts
- National Kidney Foundation Spring Clinical Meeting; Las Vegas, Nevada
- 2010 CMS QualityNet Conference; Baltimore, Maryland

The FFBI, inclusive of six work groups, is dedicated to furthering the vision of CMS to optimize the placement of AV fistula in suitable hemodialysis patients while reducing central venous catheter use.

The FFBI consists of the following workgroups:

- Data
- Clinical Practice
- Community Education
- Health Policy
- Website
- Marketing & Development

FFBI SUPPORT SERVICES PROVIDED TO THE ESRD COMMUNITY

The FFBI also provides learning sessions held via teleconference for the ESRD Network Quality Improvement Directors. During this past contract year, the FFBI (Network 2) provided training to the Network Quality Improvement Directors on the following topics (presenters listed):

FIGURE 8	
NCC/FFBI Quality Improvement Director Training Sessions–Topics and Presenters	
Session Title	Presenter
Surgical CPT Codes for Vascular Access	Dr. Sean Roddy
Engaging CKD & ESRD Care to Achieve Optimal AVF Placement	Dr. Rex Mahnensmith
<i>Nephrology News & Issues</i>	Mark Neumann, Editor
ANNA Save-the-Vein-Project	Tim Ray, DNP, CNP, CNN-NP
SOURCE: FFBI Conference Call and WebEx Tracking	
(Data available through May 31, 2011).	

In addition to its work with the various workgroups and ESRD Networks, the FFBI also supports the national ESRD community. Community requests are received by the NCC/FFBI and are recorded and tracked to provide information on trends and frequently asked questions. Contacts made through the FFBI this year were categorized and totaled as followed:

FIGURE 9	
NCC/FFBI Support Services Provided to the ESRD Community	
March 1, 2011–May 31, 2011	
Category	# of Requests
Request for Cannulation DVD	5
Request for Atlas DVD	6
Website Assistance	7
Permission Request to link/obtain info from FFBI	2
Data Request- Outside/Community	5
Data Request- Inside/CMS/Networks	2
Clinical Question	3
Technical Assistance- Website	2
Request to add information Website	4
Requests from Networks	8
Volunteer Services offered	4
Total Requests:	48
SOURCE: FFBI Website and Communications Tracking	
(Data available through May 31, 2011).	

FFBI WEBSITE

The NCC continues to post and make available information on the FFBI website. Posted materials to the FFBI website since transition of the contract in March include:

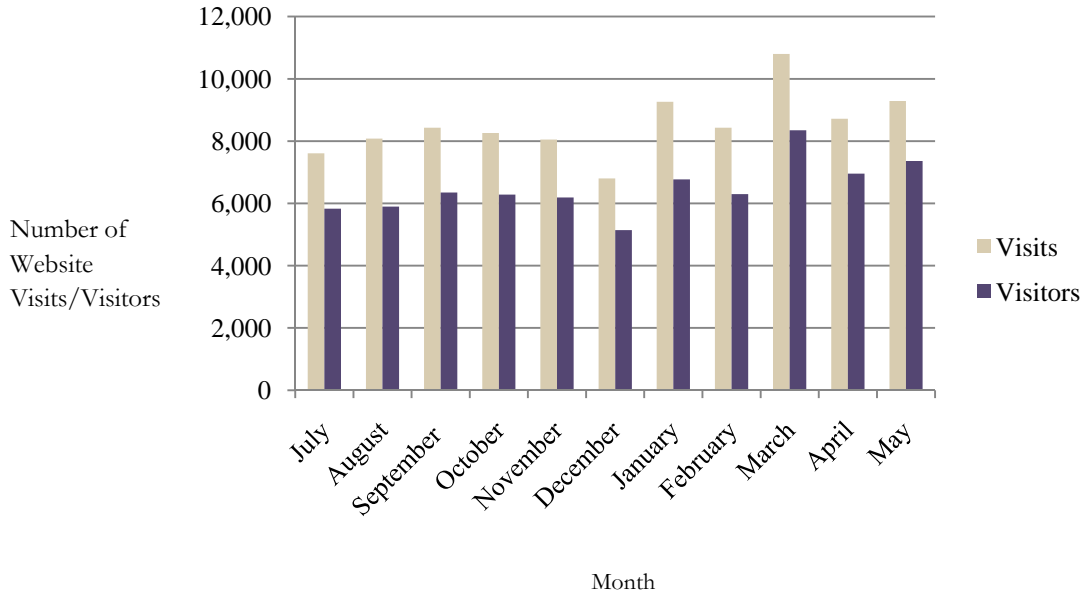
- Prevalent Network Data
- Prevalent US Data
- Incident Network Data
- Incident US Data
- Posted July 2003 - September 2010 Graphs
- Posted Fistula First Dashboard
- FFBI Strategic Plan Tracker
- Posted a Patient Education Guide.
- Updated the CKD Wallet Card.
- Updated Change Concept #10.
- Update Vascular Access
- Updated the July 2003-March 2011 Graphs.
- Posted new article related to *Buttonhole Infections*; updated Change Concept #8
- Posted new article related to *Hubbing News*; updated Change Concept #8
- Updated content for Change Concept #13
- Updated the Quick Links section of the FFBI Website homepage.
- Upon request, removed two links that were no longer available from the Quick Links section.
- Updated the 5 Diamond Program link on the FFBI website to provide a direct link to the 5 Diamond National site.
- Updated the webmaster link within the Accessibility Policy section of the FFBI Website.



As indicated on the NCC/FFBI Website Tracking Chart, traffic increases/decreases as content is developed/added, and notifications are sent to direct users to the FFBI website. Since the contract transition became effective in March, the NCC noted a -15% decrease in Visits and a 45% increase in Visitors as illustrated in the figure below (*visitor* tracking is defined as a one-time visit to the site, as compared to *visits* which are a frequent occurrence).

The NCC has been able to determine based on available data that 21% of visits to the FFBI site since the contract transition were a result of direct traffic. Direct traffic indicates persons who navigated to the FFBI Website on their own without using a search engine (Google, Yahoo, etc.) or referring site (link from an alternate location).

FIGURE 10
NCC Tracking of the FFBI Website
Contract Year 1 2010–2011



SOURCE: Google Analytics Reporting.
 (Data available through May 31, 2011).

Network 2 has completed its fourth consecutive NCC contract cycle. Through four years of experience working with the eighteen ESRD Networks, CMS Officials, renal advocacy groups and the overall renal community, we have gained significant insight into the operation of the ESRD Network Program and its role in support of CMS’ vision: “the right care for every person, every time.” We will continue to leverage this experience to improve the services we provide during the upcoming contract term and will utilize our experience to resolve any potential concerns or challenges that may arise.