

# ESRD Network Coordinating Center 2009 Annual Report



Contract Period  
July 1, 2008 – June 30, 2009

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## FOREWORD

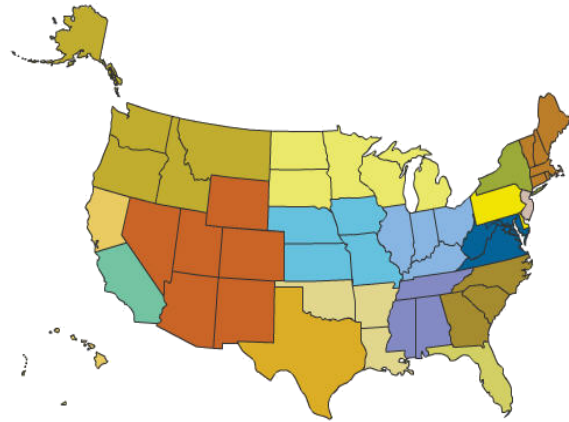
In 2003, the End Stage Renal Disease (ESRD) Network Coordinating Center (NCC) began serving the 18 ESRD Networks and CMS by providing centralized coordination, and support for the operation of the ESRD Network Organization Program (ESRD Network Program).

The NCC's support of the ESRD Networks includes activities such as compiling ESRD related information, archiving reports, and the distribution of new ESRD patient packets. 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. *Figure 1* illustrates the geographic distribution of the ESRD Networks.

The Network Program encompasses more than 5,000 ESRD facilities that are dedicated to the care of over 358,000 patients.\*

The ESRD Network of New York (Network 2) began serving as the NCC contractor September 30, 2007 and continues to do so under its current Statement of Work (SOW) through June 30, 2009.

This Annual Report is submitted by the NCC and pertains to the contract period of July 1, 2008, to June 30, 2009. The Report demonstrates the level of effort made by the NCC in accomplishing CMS goals and demonstrates the NCC's continued commitment to serving the ESRD Networks as well as the external renal community.



**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

Note: An interactive map can be found on the NCC Web site at: <http://www.esrdncc.org>

\*Based on data from the Executive Summary of the Centers for Medicare & Medicaid Services End Stage Renal Disease Network Organization Program 2007 Summary Annual Report.

## INTRODUCTION

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The ESRD Network Program encompasses the 18 ESRD Networks and their geographical territory. As outlined within CMS goals, the Networks manage the procedures and services provided by dialysis facilities across the United States in order to ensure patients are receiving proper care. These actions are required under the ESRD Network Quality Improvement Program (QIP) and Section 1881(c) of the Social Security Act. The Social Security Act outlines the terms to which the Network Program must adhere.

NCC responsibilities, performed under contract guidelines, are broken down into four major Tasks:

**Task 1: ESRD Network Program Efficiency and Effectiveness.** The NCC provides support to the 18 ESRD Networks and CMS through coordinating and hosting conference calls, providing meeting services, and tracking and compiling Network reports including both Quarterly and Annual Reports. The NCC archives all materials relative to the aforementioned activities in a central repository. The NCC also provides educational resources to the entire ESRD community via its Web site.

**Task 2: ESRD Network Training and Enhancement Initiatives.** The NCC as directed by CMS provides training and support for Network Program goals. One key responsibility is coordination of the CMS/ESRD Networks' Annual Meeting. Annually, the NCC along with the selected Planning Committee put forth substantial effort into planning a successful meeting that will provide the ESRD community with essential information that can be utilized by the Networks as well as the external renal community.

**Task 3: ESRD Information and Education Support.** A primary function of the NCC in accomplishing Task 3 is the collection and archiving of data obtained from individual Networks. An example of such data includes the New ESRD Patient Orientation Packet (NEPOP) process. By the sixth workday of each month, an electronic file of all new ESRD patients and their addresses is received by the NCC, mailing labels are created by Mailing Services Inc. (MSI), and materials are mailed to all new ESRD patients who have been identified by CMS Form-2728 submission during the previous month. To streamline the data collection process and increase the accuracy of reporting NEPOP returns, in 2008 the NCC launched a computer program called New ESRD Mailing Organizer (NEMO) which it began developing in 2007.

**Task 4: ESRD NCC Reporting.** The NCC also provides support to the Networks by monitoring and archiving all Network Quarterly and Annual Reports. The archived reports are made available to all ESRD Networks, CMS representatives, and the ESRD community upon request. The NCC also provides services and documents the initiatives of the ESRD Networks as expressed in the SOW. Standard reports are prepared under CMS guidelines. One such report is the Summary Annual Report (SAR) of the ESRD Network Program, which condenses patient and facility/provider data and, the activities of the 18 ESRD Networks into one document. The SAR provides the renal community and the government

with up-to-date information on the state of ESRD care in the United States, as well as the efforts made by the Networks to serve patients and facilities across the United States.

Each of the aforementioned tasks combines to aid the 18 ESRD Networks in their goal to improve the quality of life for patients with ESRD.

The objective of this Annual Report is to report on the activities of the NCC in accomplishing CMS goals, report on its service to the Network Community, and its service to the renal community as a whole. This Report encompasses the contract period of July 1, 2008, through June 30, 2009 and is approved by the CMS Project Officer. Distribution of this report occurs through a posting to the NCC Web site. A separate e-mail alert is sent to the Network Executive Directors and the Renal Community when the posting is completed.

## **TASK 1**

### **ESRD NETWORK PROGRAM EFFICIENCY AND EFFECTIVENESS**

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*The NCC continues to promote efficiency and effectiveness through the completion of activities as outlined in the SOW. These activities include assisting and supporting the ESRD Networks and their activities, with approval from CMS for any project or activity that requires additional resources.*

#### ***Meetings and Conferences***

The NCC coordinates and supports the Networks' meeting services and conferencing needs as required by Task 1 of its SOW. For the 2008-2009 contract year, the NCC received no special requests for meeting services nor was it budgeted to honor such requests. The NCC, however, was instrumental in the planning of the 2009 CMS/ESRD Annual Meeting. The planning and organization process for the meeting began as early as April 2008 with scheduled biweekly conference calls. The meeting venue and other logistics were negotiated at the conclusion of the 2008 meeting to take advantage of discounted early registration rates and hotel special offers. The NCC made arrangements to ensure that space would be available should additional session requests come forth.

Additional space was required for several smaller meetings held in conjunction with the 2009 CMS/ESRD Annual Meeting, including the Kidney Community Emergency Response (KCER) Coalition Summit. The KCER Summit was held the morning of the last day and attracted more than 100 attendees from the ESRD Networks and stakeholder community. The Summit provided an overview, updates of coalition activities, and feedback from team leaders. The overall objective of the Summit was to continue to develop a coordinated preparedness and response framework for the kidney community in the event of any type of emergency or disaster. The meeting was rated 4.32 out of a possible 5.

Additionally, the NCC received a request from the Business Operations Staff (BOS) of CMS' Office of Clinical Standards and Quality for a session with Executive Directors. This session provided helpful information and tools to utilize when creating and submitting business proposals and cost reports. This CMS-requested session was presented by Danielle Andrews, MHA, and Clarissa Whatley, MPA, of BOS.

In March 2009, CMS requested that the NCC incorporate a two-hour Fistula First Breakthrough Initiative (FFBI) session into the program. This additional session required the reorganization of several speakers and time changes. The FFBI contract was awarded to Network 5 in late February 2009 and the session served as a kickoff for the contract while also providing specific details regarding the FFBI.

Support services for the aforementioned meetings included (but were not limited to) room allocation and setup, A/V support, registration, agenda distribution, eblast communications, and other onsite meeting services.

To fulfill CMS requirements the NCC asked the Networks to evaluate and provide feedback regarding the Annual Meeting. The NCC is proud to report that the Networks provided an overall 4.39 out of 5 rating on the 2009 CMS/ESRD Annual Meeting evaluations. Encouraging and supportive comments from the evaluation also highlighted the Networks' gratitude. Some comments recorded included: "Great conference, I will be able to take home beneficial information" and "I enjoyed the motivational presentations, thank you." Several recommendations for improvements were suggested and the NCC documented these suggestions with the intent to evaluate and implement them in the future.

### ***Special Projects***

Within the 2008-2009 contract year, both the NCC and CMS received inquiries from the Networks on updating and redistributing the Decreasing Dialysis Patient-Provider Conflict (DPC) Toolkit. The DPC Project was originally created in 2005 by a national task force that was funded by CMS and supported by the Forum of ESRD Networks, ESRD Network of Texas, ESRD Network of the Upper Midwest, Inc., Southeastern Kidney Council, and The Renal Network.

In order to review and update the toolkit, a subcommittee was formed consisting of representatives from the ESRD Networks, CMS and the NCC. A relationship was also reestablished between the NCC and Bolger, the corporation that was part of the original distribution to update the kit. A Summer 2009 release date is anticipated for the 2<sup>nd</sup> Edition of the DPC toolkits.

Another special project the NCC took part in and a recent addition to the NCC schedule of deliverables is the posting of CROWN Memos, CyberTyger newsletters, CPM timelines and the Fistula First Dashboard information to the NCC site. Although these actions are not currently a part of the SOW, CMS has requested the NCC allocate resources for these postings.

All applicable content was successfully relocated from eSource.net to the NCC Web site on December 16, 2008.

### ***Network Quarterly and Annual Reports***

The NCC continues to assist the Networks with the archiving of individual Quarterly and Annual Reports. The NCC in its role also tracks receipt of all reports, and files the approved report within a secure filing system. Information contained within the archived reports is available for use by the Networks, CMS and the general public upon request. The NCC also utilizes the information extracted from the Network reports to create the ESRD Network Program Summary Annual Report.

Over the past six months, the NCC has made several improvements to the Quarterly and Annual Reports tracking spreadsheet it provides to its CMS Project Officer. One of the most recent enhancements is a new column for CMS Comments, which is used by the Network Project Officers to record revisions, extensions or extenuation circumstances surrounding the approval of the reports. The NCC keeps a log of the date in which the NCC was sent the Quarterly and Annual Reports as well as the sender's information, and any

comments. This information is recorded via the tracking spreadsheet. Changes to the tracking spreadsheet were implemented at the recommendation of the NCC Project Officer and have been effective in enhancing the reporting system. The NCC is responsible for sending this tracking spreadsheet biweekly to its Project Officer, who then evaluates it to ensure that all the reports are being submitted in a timely manner and to trend any patterns in the approval process.

Unfortunately, some Quarterly and/or Annual Reports have been sent to persons in Network 2 who are not affiliated with the NCC. This has caused delays with the tracking system and issues with inconsistent information on when the reports were sent to the NCC. In noting such discrepancies the NCC is in the early planning stages of creating an electronic uplink for Networks to submit their reports. This addition would further enhance the tracking process. This automated system would resolve the issues with reports being sent to non-NCC staff as well as the concerns with inconsistent date sent/received information. The new system would require either the Project Officer or Network staffs to upload the approved report each month for receipt by the NCC.

The spreadsheets, along with the actual reports, are stored at the NCC in a central filing system located on a secure server.

### ***Conference Calls***

Under the 2008-2009 NCC SOW, the NCC was required to support the activities of the ESRD Networks, including the scheduling and hosting of conference calls. During the 2008-2009 contract year, the NCC continued to assist the Networks with their conference call needs. Such services provided by the NCC include securing a dedicated toll-free line for the call, and distribution of call details such as participant code, chair code (where applicable), and meeting agenda.

In securing conferencing needs through the NCC the Networks are required to submit an agenda and minutes in support of the call.

Conference calls hosted by the NCC include the following groups:

- the PSC quarterly conference call
- the Data Managers' monthly call
- the 2009 CMS/ESRD Annual Meeting Planning Committee conference call
- the 2007 Summary Annual Report Planning conference call
- various ad hoc conference call requests from both CMS and the Networks.

There were a total of 105 conference calls arranged and secured by the NCC for the 2008/2009 contract (data available through April 2009).

The NCC has noted an increase in Network requests for conference calls during the second contract year. The NCC also notes that this increase is likely due to the NCC's role and responsibility becoming known throughout the Networks.

To ensure that there are no conflicts with requested conference calls, the NCC keeps a log of all calls. This log clearly details the requested calls, requesting party, duration of call, and the conference line assigned to each request. This log can easily be referenced and used to identify any and all potential conflicts.

The electronic backup documentation (agenda and minutes) sent to the NCC in support of these calls, as well as the conference call log itself are stored in a central filing system located on a secure server.

## TASK 2

# ESRD NETWORK TRAINING AND ENHANCEMENT INITIATIVES

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*The NCC works with CMS to develop and apply training and improvement initiatives that enhance ESRD Network Program goals. A hallmark of this task is the planning and successful implementation of the CMS/ESRD Networks Annual Meeting.*

### ***2009 CMS/ESRD Networks Annual Meeting***

On April 6-8, 2009, the NCC successfully implemented a national meeting titled “Navigating through Uncharted Waters: A Unified Approach to ESRD Care,” Each year as a primary deliverable in the SOW, the NCC plans and implements the CMS/ESRD Networks Annual Meeting. This meeting brings attendees from CMS, ESRD Networks, as well as beneficiaries, and key stakeholders from the renal community. Although the NCC was successful in planning, executing, and managing the meeting, there were challenges to overcome.

The NCC faced a particular challenge when it was informed that a request for a food waiver would be required for the 2009 meeting. Upon notification of the food waiver requirement, the NCC and IPRO immediately began to secure such a waiver. In early April the NCC and IPRO were notified that although information was submitted documenting the lowest cost option for the meeting, the food waiver was denied. This decision caused the NCC and IPRO to pause and reassess the logistics of the meeting. It was decided by the NCC in concert with its corporate entity IPRO that to charge for food at this juncture would be disruptive to the flow of the meeting. IPRO decided it would cover food and beverage costs for the meeting.

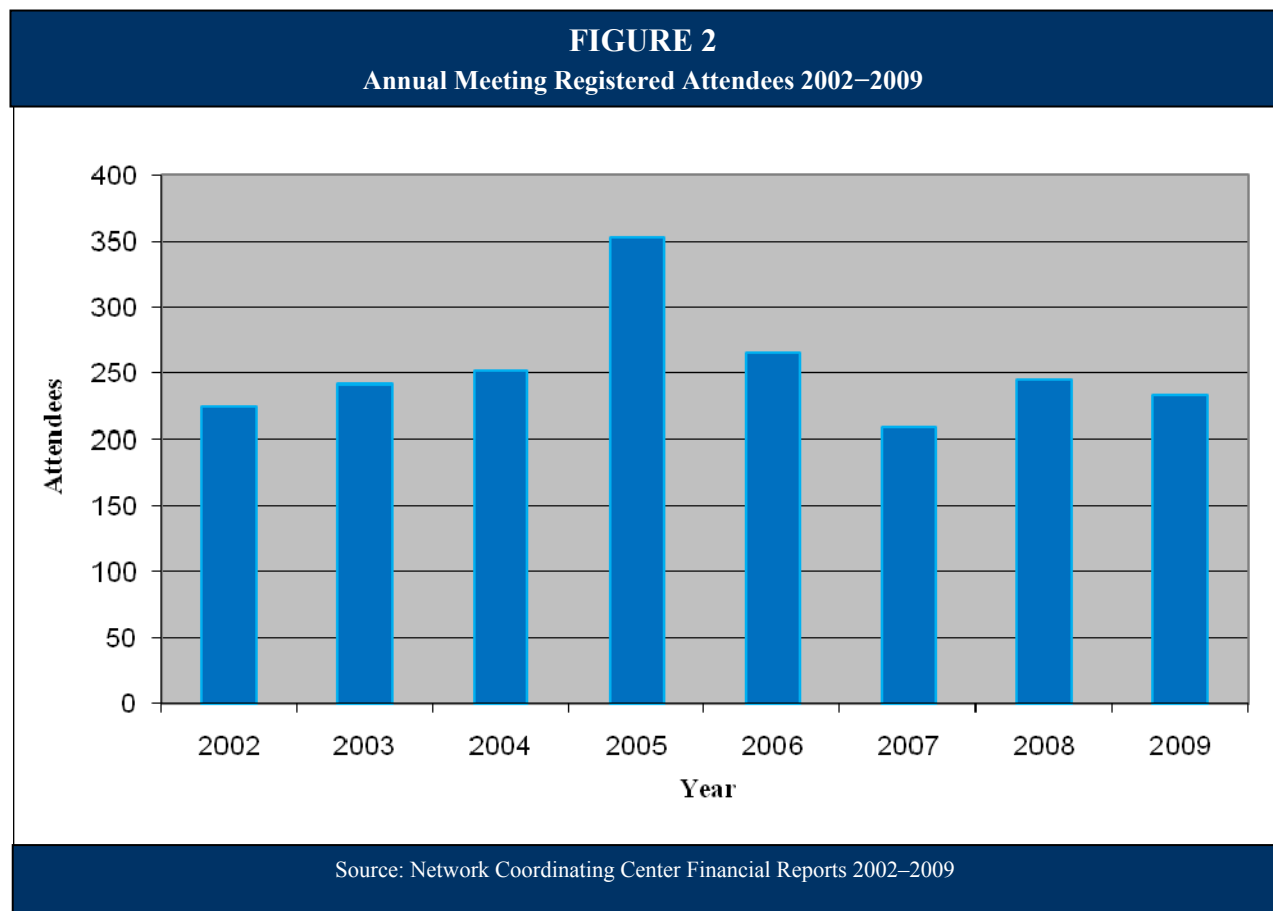
The 2009 Annual Meeting was held at the Renaissance Harborplace Hotel located in Baltimore, Maryland on April 6-8, 2009. The meeting provided an opportunity for the Networks to highlight their accomplishments and for CMS to discuss the direction of the Network Program, in particular the ESRD Redesign. This venue also provided educational opportunities on CROWNWeb, Conditions for Coverage and the role and best practices of the Patient Services/Community Outreach Coordinators.



Additional educational opportunities included the KCER Summit which was held the morning of the last day and attracted more than 100 attendees from the ESRD Networks and stakeholder community. The Summit provided an overview and updates of coalition activities. The Summit also provided feedback from team leaders.

The Annual Meeting had a total of 234 attendees. *Figure 2* compares attendance for the most recent eight meetings. Attendance decreased slightly from 242 in 2008 to 234 in 2009, or less

than 5%. The NCC was contacted by several Networks shortly before the start of the meeting that had planned to attend but could no longer due to proposal obligations and the overlap in the timing of contractual requirements.



In order to determine the effectiveness of the meeting program, a detailed evaluation form was provided for attendees to complete. The form included separate evaluations for each session topic with ratings ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). A total of 75 meeting evaluations were received, representing a 32% return rate, accounting for an overall rating of 4.39 on a Likert scale.

In support of CMS' **Going Green** initiative, the Planning Committee notified attendees that paper meeting materials would not be offered. All presentations were posted to the NCC Web site one month prior to the meeting for attendees to download. The NCC encouraged participants to bring their laptop or other mobile device for use on site.

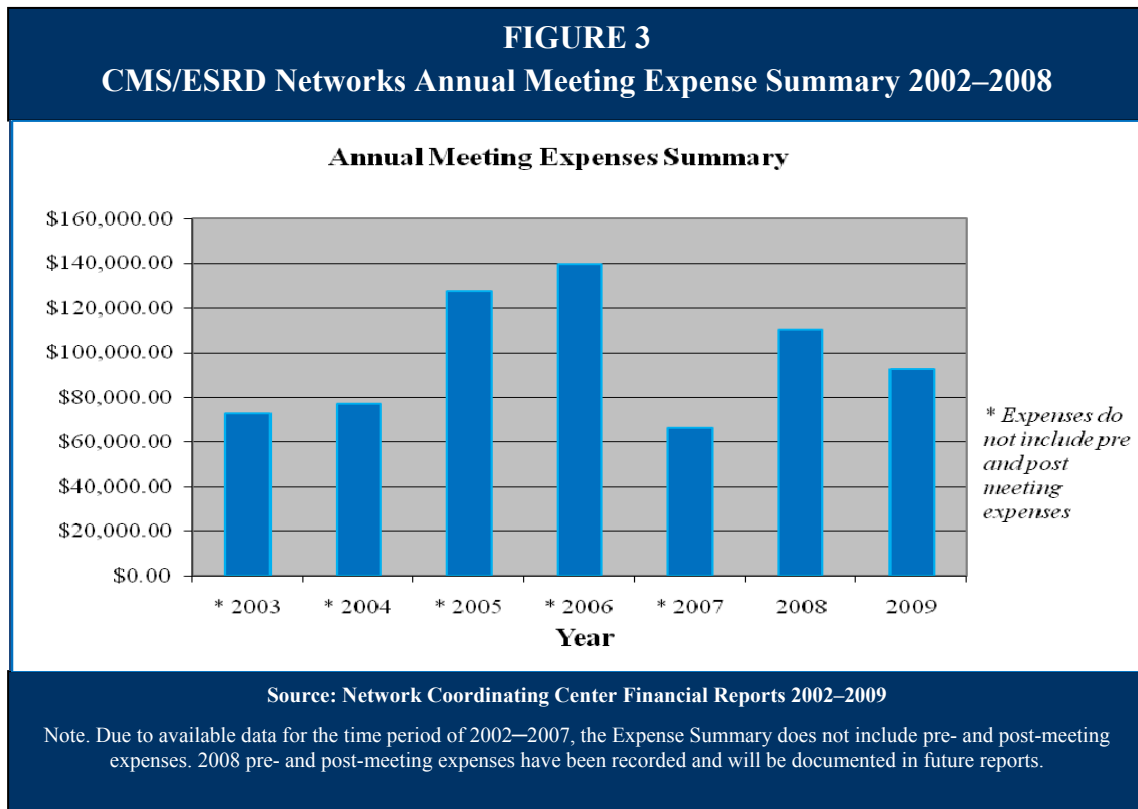
At the close of the Annual Meeting, the NCC announced that all session presentations would be available on its Web site. All attendees were informed on April 9, 2009 that all presentations were on the NCC Web site and available for download at their convenience. Based upon the quick upload of all presentations, the NCC received complimentary feedback from several attendees.

Attendees each received a 2009 program brochure upon arrival that included:

- Planning Committee Roster
- Three Day Agenda
- Speaker Biographies
- Renaissance Harborplace Hotel Floor Plan

The program brochure was provided in a pocket folder, and also contained the meeting evaluation form.

To help ensure that conferences are held in the most cost-efficient manner, the NCC tracks meeting expenses over time to determine the return on investment, as well as trends in associated costs. *Figure 3* summarizes Annual Meeting expenses over the course of seven consecutive years. In comparison to previous years, the NCC has been able to bring down the cost to run the Annual Meeting, without compromising the quality and integrity of the program.



A number of ways to reduce expenditures in the future have already been identified. One method consists of receiving competitive bids from at least three outside audiovisual companies. The goal is to obtain a meeting package that is better than the package the hotel offers as part of its contract agreement. Another method requires booking meeting venues up to two years in advance in order to obtain decreased site fees and favorable hotel room rates. Repeat business also encourages venues to extend additional services and discounts.

## TASK 3

### INFORMATION AND EDUCATION SUPPORT

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*A signature task under this heading includes the timely and accurate distribution of NEPOP materials to new ESRD patients. The NCC creates and coordinates ESRD patient education, events, and projects by collaborating with organizations to create and circulate materials that are to be distributed by the Networks to patients. Under SOW guidelines, the NCC archives the ESRD-related information it collects from the Networks, CMS staff, and/or other parties.*

#### ***New ESRD Patient Orientation Packets (NEPOP) and New ESRD Mailing Organizer (NEMO)***

The timely distribution of the new ESRD patient orientation packets (NEPOP) remains a priority of both the Networks and the NCC.

During the 2008/2009 contract year, the NCC revamped the existing NEPOP process to include a New Patient Mailing Organizer (NEMO) to alleviate many of the challenges experienced with the existing manual NEPOP process.

NEMO was created to ensure that all data collected during the NEPOP process is accurate and can be accounted for. The NEMO tool is divided into two independent programs that depend on each other for data. These programs are:

- The NEMO Warehouse which resides at the NCC. It processes, tracks, organizes and trends all NEPOP data.
- The NEMO Return Mail File (RMF) which is used by the Networks to update and correct all returned information. The corrected information is sent to the NCC and is imported to the NEMO Warehouse so that the information can be processed.

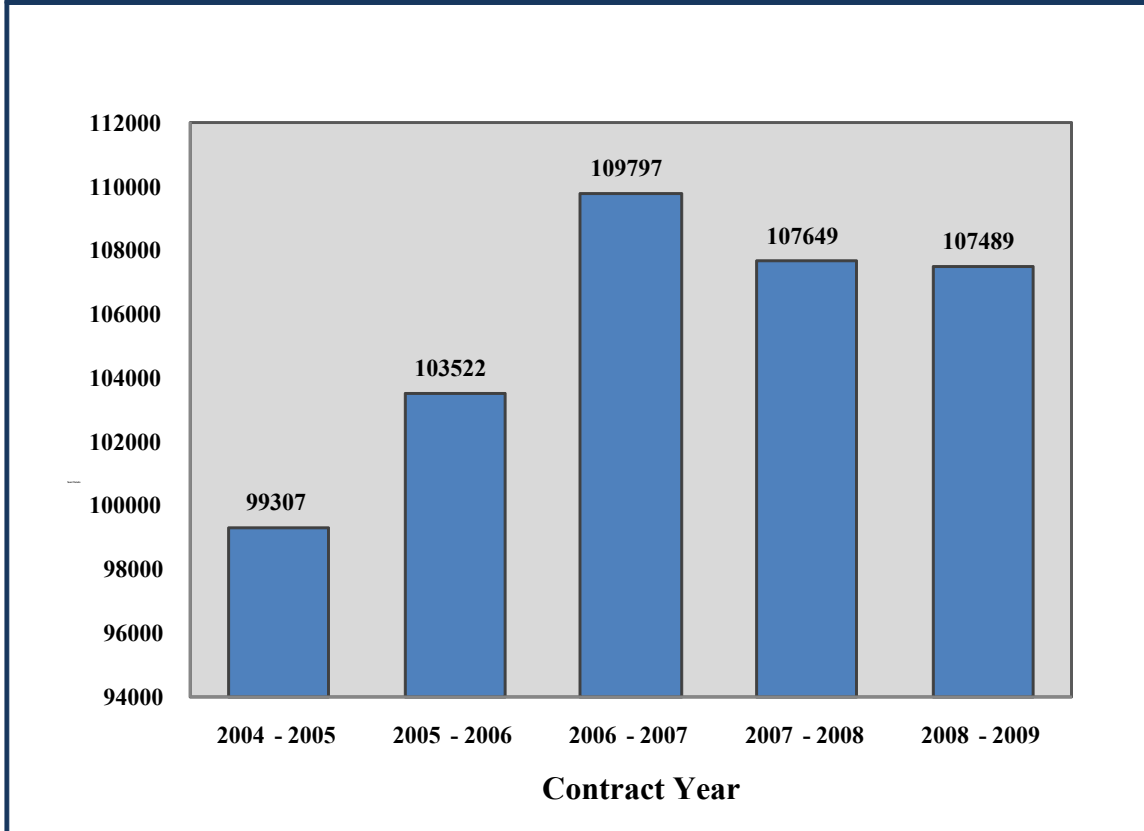
NEMO is a software application that runs on a Microsoft Access platform and utilizes barcode scanners to increase accuracy. The tool tracks, organizes, and trends all NEPOP data. While NEMO was created to streamline and automate many existing NEPOP processes, NEMO itself does not replace or restructure the existing deliverable schedule.

The NCC documented all activities during the testing phases of NEMO that began in May 2008. The Networks involved with the NEMO test phases collaborated to ensure that NEMO benefitted the NEPOP process at implementation.

The NCC provided adequate training, starting with several WebEx sessions on September 11, 17 and 19, 2008. An eblast was sent to all Networks informing them of the scheduled WebEx sessions. These sessions introduced the NEMO tool to the Networks through a detailed demonstration and a follow up Q&A session. The Networks were thus able to express any initial concerns or improvements they would recommend, which were immediately addressed and implemented where applicable. The NCC also created a User Guide which was distributed to all Network Data processors as well as uploaded to the NCC Web site.

Over the past six months, since the initial launch of NEMO, the Networks have made additional recommendations for improvements to the NEMO tool. The NCC has thus developed an internal process to handle these suggestions and has since implemented several recommended improvements. The NCC documented all recommendations made and the actions taken.

**FIGURE 4**  
**Network Coordinating Center NEPOP Sent Totals**

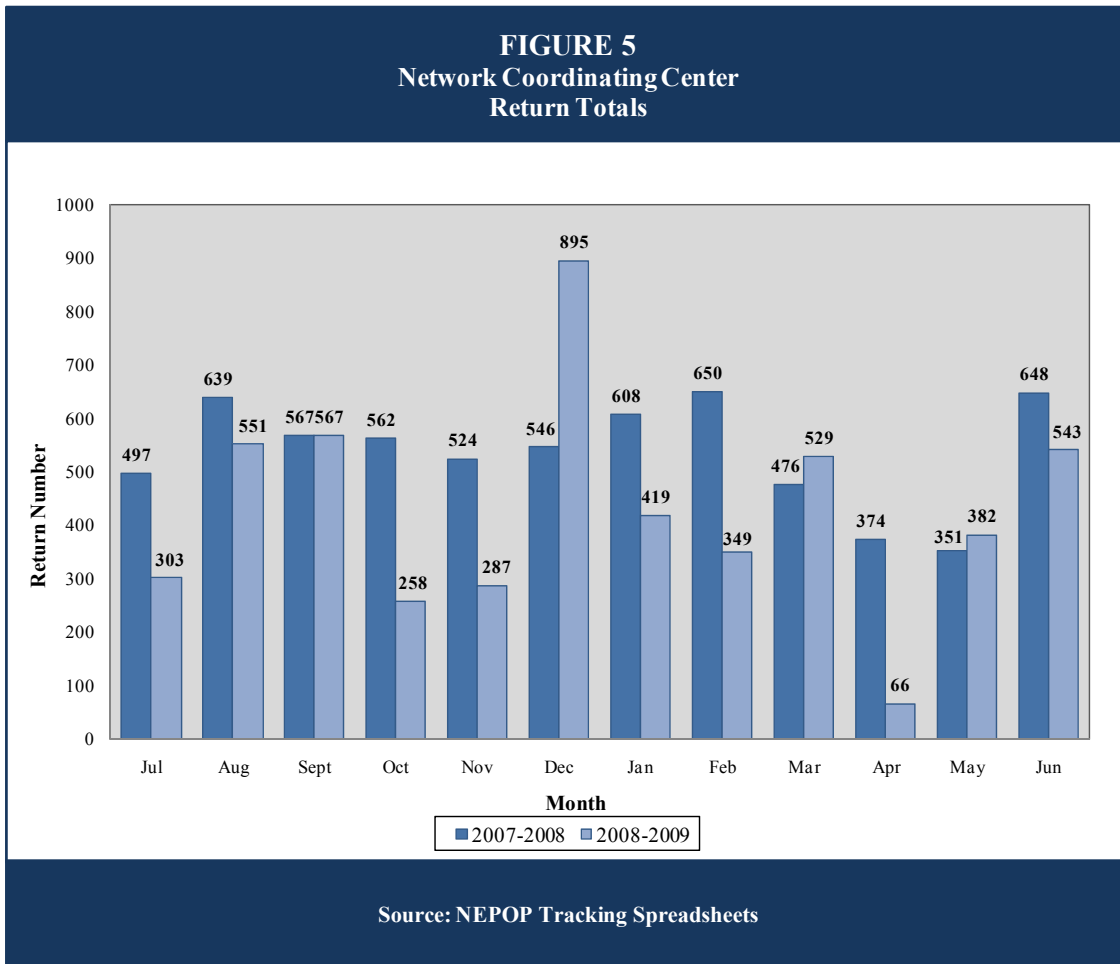


Source: NEPOP Tracking Spreadsheets

In monitoring the NEMO tool, the NCC was able to determine that there were still several Networks that were not using the tool as it was intended. The NCC immediately sought to rectify remaining concerns with NEMO and update the NEMO Return Mail File (RMF) by providing NEMO one-on-one open discussions in March and April. These discussions enabled the NEPOP processors to openly discuss any concerns they may have had regarding the NEMO tool.

During the NEMO one-on-one sessions, the NCC discussed the following:

- RMF bloopers (indicates functions in the tool that are not being performed correctly)
- NEMO enhancements
- Future updates such as the Quarterly Tracking Report as well as the “Cannot Locate/Lost to Follow-up” process
- The importance of accurate address updates and the current “Cannot Locate/Lost to Follow-up/Discontinued” process being used to update the RMFs.



The NCC has noticed a number of data accuracy improvements with the NEPOP process since the launch of NEMO. An example of a visible improvement is the ability to determine when a new patient is entered and the time in which the NEPOP is received. This function was previously not available with the manual NEPOP process.

For the 2008/2009 contract year, the NCC mailed out a total of 107,439 NEPOP packages from the start of the contract year to June 2009. Based upon the total number of packets distributed, the NCC was able to determine there was an average return rate of 4.8% and an average death rate of 0.1%. This return rate represents a decrease over last year's return rate

of 6.4%. This decrease in returns correlate directly to the improvements made to the NEPOP process through the implementation of NEMO.

The tracking of NEPOPs allows the NCC to report on all NEPOP activities throughout the contract year and track rate of return. Prior to NEMO, NEPOP information was not adequately tracked and NEPOP trends were based only on return activity. Currently, with NEMO, the trends are actively tracked for packages sent, undeliverable returns, death notification, non-delivery, and repeat mailings. All these factors affect the NEPOP totals and are presently included in all tracking and reporting of NEPOP information by the NCC.

The NEPOP totals and deliverables are reported to the NCC's Project Officer via the NCC Monthly report.

### ***2009 Directory of ESRD Network Organizations***



The 2009 Directory of ESRD Network Organizations was further enhanced and printed copies were distributed to all Networks and CMS Central and Regional Offices. In the previous contract period, the NCC had created an online uplink that allowed Network Executive Directors to update their Network-specific information in a timely manner via the NCC Web site. This added feature has streamlined the updating process. Another feature of the Directory was the addition in 2008 of individual sections for ESRD Network Contacts, KCER Coalition Contact Information, Network Special Projects, and Renal-Related Organizations/Corporate Dialysis Organizations. To further improve upon this enhanced offering, the 2009 directory added a section that places CMS contacts within

its own tab for easy accessibility. Also included were two forms previously updated by the NCC: an evaluation form that has allowed the NCC to track feedback and a re-order form. Both forms were included in the 2009 Directory.

## Network Coordinating Center Web Site

The NCC Web site provides useful resources and networking capabilities to the renal community. The NCC does so by making available pertinent information and links to the ESRD Network Program. The NCC expanded its role and responsibilities in December 2008 with the transfer of content formerly located at eSource.net to the NCC site.

Contents relocated from eSource.net include:

- CROWN Memos (2002-Present day)
- Fistula First Dashboard(s)
- CyberWatch newsletters
- CPM Timeline

**End Stage Renal Disease Network Coordinating Center**

The End Stage Renal Disease (ESRD) Network Coordinating Center (NCC) provides centralized coordination and support for the [ESRD Network Program](#). The NCC's primary responsibilities include collection, maintenance and distribution of ESRD information; coordination of national activities, including training initiatives; facilitation of special projects, and administrative support services, such as the planning of meetings and summary reports for ESRD Networks and CMS' ESRD Network Program.

Choose a network: (Roll mouse over map to select your state)

ESRD Network Coordinating Center  
1979 Marcus Ave, Suite 105  
Lake Success, NY 11042

Due to the sensitive nature of information contained in both the CROWN Memos and CyberWatch newsletters, the NCC has these items located under a password-protected portion of its site.

Since the initial transition of materials, the NCC has posted:

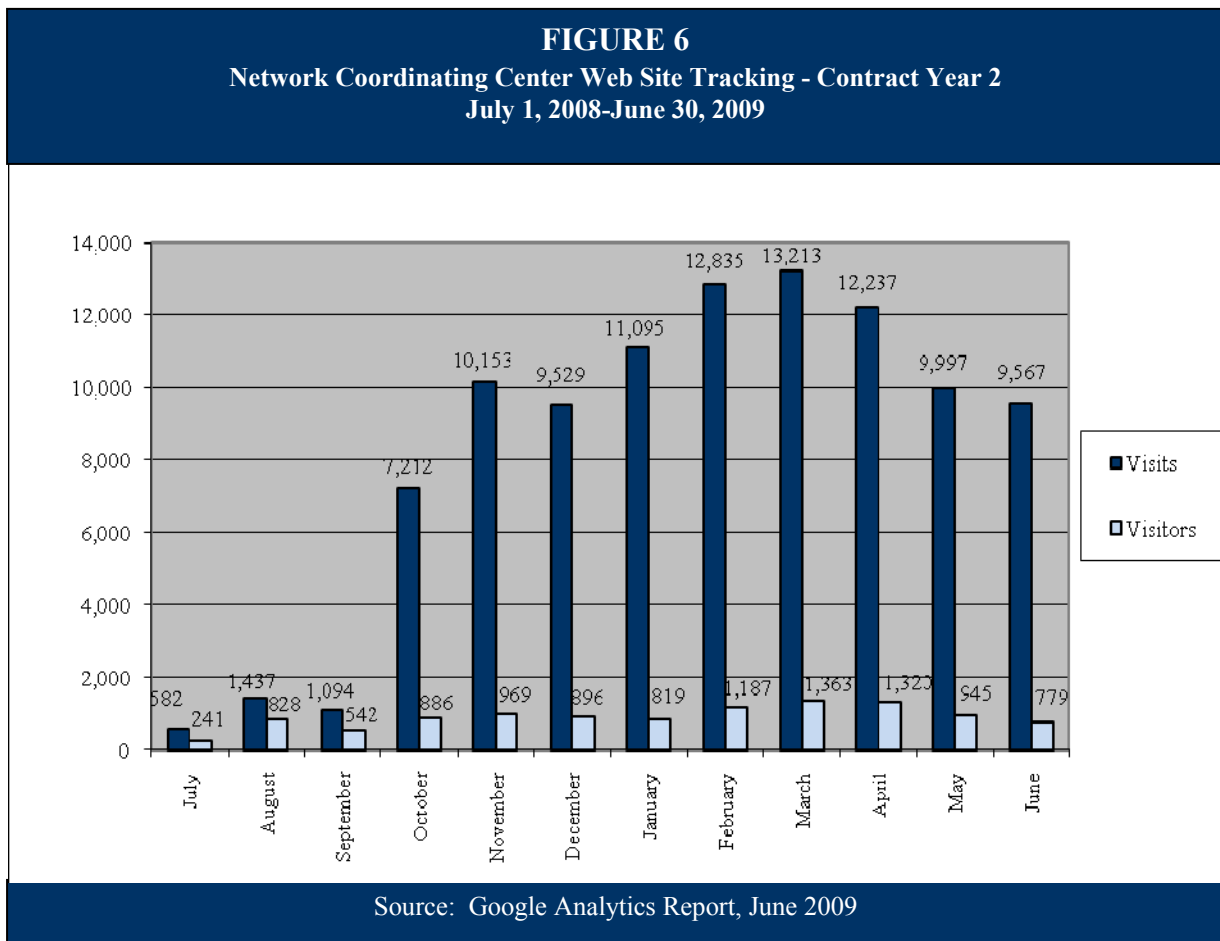
62 CROWN Memos  
3 Fistula First Dashboards  
7 CyberWatch newsletters  
2 CPM Timelines.

This project of transferring data from the eSource Web site was requested by CMS and is not currently funded or included in the current NCC SOW.

The NCC routinely monitors visits to the NCC Web site in order to gauge traffic patterns and trends. This information is subsequently reported to CMS in the NCC Monthly Status Update.

Web reports for the 2008/2009 contract period indicate a steady increase in traffic flow to the NCC site since it was revamped in September 2007 and volume continues to grow as enhancements and features are added.

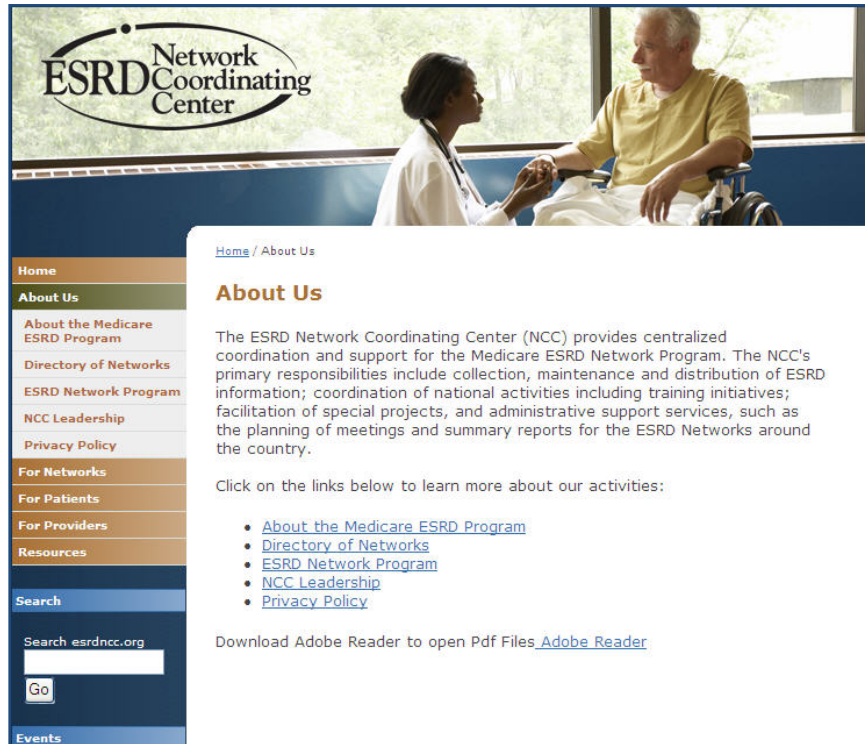
Figure 6 is a breakdown of NCC Web site activity and traffic. Tracking reports are configured to determine if a visit to the site is a one-time (Visit) or frequent occurrence (Visitor). Once a user navigates to the site, any return visits are recorded to establish a pattern of repeat visits. Using available reporting features the NCC is also able to determine how a visitor reaches the site whether by typing in the site address (Direct Traffic); being directed from other sites (Referring Sites), such as a Network link; or by typing in a related word or phrase into a search engine, such as Google or Yahoo (Search Engines).



#### **Additions to the NCC Web Site**

In contract year 2008/2009, the NCC continued adding content and making links available on its Web site for the public. Additional links in 2008/2009 include the National Kidney Foundation (NKF), the Renal Support Network, CROWN Memos, Fistula First Dashboard, CyberWatch newsletters and CPM timelines.

In building its relationship with external renal organizations the NCC partnered with NKF to promote its Coffeehouse Conversations™ series that offer free WebEx events to the ESRD community. WebEx topics ranging from changes in the ESRD Conditions for Coverage to creative ways to promote organ and tissue donation on the local level were included in the series. NKF is a major voluntary health



organization dedicated to preventing kidney disease, improving the health and well-being of individuals and families affected by kidney disease, and increasing the availability of all organs for transplantation.

As mentioned above under Task 1, CMS wanted to determine how the NCC could support the migration of content from eSource.net to the NCC Web site.

Associated tasks include:

- Creating password-protected portion of the NCC site
- Transfer of data to include:
  - Crown Memos from 2002– Present day
  - Fistula First Dashboard and eligible/ineligible facility information
  - CyberWatch newsletters
  - CPM timelines
- Scheduling WebEx demonstrations to review NCC progress with the Network Information Technology Support contractor and CMS representatives
- Distribution of communications informing ESRD community of changes and updates.

The NCC Web site is regularly updated and maintained by NCC staff, with support from IPRO's Online Services.

All Web content on the NCC site conforms to the standards for accessibility and usability stipulated under Section 508 of the Rehabilitation Act and the Department of Health and Human Services Section 508 Implementation Policy. The site is updated and enhanced on a consistent basis, and is continually monitored to guarantee compliance.

## ***Requests for Information and Literature***

The NCC responds to requests from the Networks and the public for information from existing and archived NCC or Network documents. In addition to providing timely responses to these queries, the NCC also refers requesters to the correct point of contact or supplies electronic or hardcopies of the requested documents. When appropriate, the NCC also refers requesters to the NCC Web site to search for and locate the requested information.

*Figure 7* shows examples of the various ways the NCC receives queries for requested information. These requests are very diverse and can include but are not limited to the following:

- Availability of current ESRD data as provided in the latest Summary Annual Report
- Request for DVD from 2008 meeting
- Number of dialysis facilities in the United States
- 2010 CMS/ESRD Annual Meeting date and venue
- NEPOP brochure requests

<b>FIGURE 7 Information and Literature Request Totals</b>	
<b>Type of Requested Information</b>	<b># of Requests</b>
E-mails through the NCC Web site	11
E-mails to NCC staff	7
Requests via Network staff	9
Requests via regular mail	1
Requests via NEPOP mail	2
Telephone requests	7

## **TASK 4**

### **ESRD NCC REPORTING**

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*As part of the SOW, the NCC designs, prepares, customizes, and maintains standard reports for the ESRD user community. In addition to this Annual Report, the following reports are prepared by the NCC for CMS Central and Regional Offices, the ESRD Network Program, and/or the renal community.*

#### ***ESRD Network Program Summary Annual Report***

The Summary Annual Report (SAR) provides detailed summaries of the Networks' role in improving patient-centered care as outlined in the SOW.

The process used to develop the 2007 SAR started with direction from CMS. The NCC then formed a Summary Annual Report Development Team to assist with the creation and production of the 2007 report. The Development Team consisted of members from the ESRD Networks, CMS, and the NCC, as well as an outside consultant from the Boston University School of Social Work. Continuing the efforts put forth in the 2006 report, the Development Team attempted to upgrade both the content and organization of the report to present the information so that it is understandable to people who are not completely familiar with ESRD (including members of Congress). To this end, we have edited the descriptive narrative information contained in previous reports.

During data collection, the table population process remained labor intensive, as the data gathered from the 18 Network Annual Reports continues to require manual extraction and the information contained within was not consistently represented. As a direct result, the NCC along with the Development Team has begun to plan for a more electronic approach to capture this data for future reports.

The 2007 SAR was completed and submitted to CMS for final review in May 2009. The report is currently going through the CMS clearance process.

#### ***Project Management Plan***

The Project Management Plan (PMP) details the management and completion schedule of all contract deliverables and upcoming activities described under CMS guidelines and outlined in the SOW. The PMP included specifics on administrative tasks, special activities, information sharing, and educational support.

During the 2008/2009 contract period, the PMP was updated to include specific deliverable information such as if the task listed is a contract deliverable, contract deliverable due date, resources associated with each task, and a comprehensive outline of tasks associated with the SOW.

The PMP is updated on a continual basis. The first draft is submitted to the CMS Project Officer 45 days after receipt of the contract award.

## ***NCC Monthly Status Report***

As required in the SOW, the NCC submits Monthly Status Reports electronically to the CMS Project Officer within 15 working days after the first of each month. The NCC Project Manager prepares the reports utilizing information obtained from NCC duties performed within the reporting period, participation on weekly conference calls, and discussions amongst the NCC team members. The Monthly Status Report includes each completed deliverable and activity conducted in support of the Tasks and Subtasks that are detailed in the SOW.

Should the NCC experience a delay with a deliverable or a challenge associated with meeting the deliverable, this information would be documented in the Monthly Report.

Within this contract period the NCC at the recommendation of its CMS Project Officer created and added three appendixes to the monthly report. These appendixes include the NEPOP Tracking by Network with a Return Rate and NEPOP Contract Totals since 2007. These two appendixes detail the NCC's role in tracking and archiving NEPOP-related data. A final addition was the NCC Web site and Communication Log that details all NCC eblast communications to the Networks, CMS and the external renal community as well as updates and postings to the Web site.

Modifications to the Report are discussed on NCC conference calls with the CMS Project Officer and Government Task Leader. Until recently the team had met weekly; as of May 2009 this has changed to monthly.

## ***Financial Report***

A comprehensive financial report is submitted to CMS within 45 days of the closing cycle.

The Financial Report includes all NCC expenses and outlines the funds that are remaining/used for the contract period. In addition the NCC tracks all invoices, check requests, and travel details in its financial report.

## ***Internal Quality Improvement (IQI) Plan***

As part of Task 4 of the SOW, the NCC is responsible for producing and maintaining a written Internal Quality Improvement (IQI) Plan. Although the IQI Plan was submitted on time; the CMS Project Officer has requested the plan be reviewed to evaluate its intended use and how it is to be of assistance to the NCC in monitoring the deliverable schedule.

The NCC and the CMS Project Officer plan to discuss the goal of the IQI further at a later date.

The plan is submitted to CMS for review 60 days after the contract period begins.

## ***NCC Network Annual and Quarterly Status Report Tracking***

On a biweekly basis, the NCC provides CMS with a report of all the Networks' CMS-approved Quarterly and Annual Reports. The purpose of these reports is to document the NCC's receipt as well as to account for the approval process of all Quarterly and Annual Reports.

The NCC saves and archives these reports on a central secure server and the reports are used by the NCC, the Networks, and the public for referencing needs. The tracking spreadsheet is then sent to the NCC Project Officer for review.

## ***Post-CMS/ESRD Annual Conference Report***

At the request of the CMS Project Officer during the 2007–2008 contract period, the NCC created a Post-Conference Report. This request has since become a deliverable in the NCC SOW for contract year 2008-2009.

This report provides a broad overview of the planning and implementation of the Annual Meeting as well as information on the program agenda. The Post-Conference Report also contains information concerning attendee participation, evaluation, and lessons learned.

The Post-CMS/ESRD Annual Conference Report is submitted to the CMS Project Officer 60 days after the Annual Meeting concludes and is posted on the NCC Web site within five business days of CMS approval.