



CMS

ESRD Network Forum

Annual Meeting

April 4, 2006

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PRESENTATION GOALS

- **Quality Road Map Translated to the ESRD Network Program**

- **How does it all fit together?**
 - Strategic Goals
 - Mission of HCQIP
 - Tasks

- **Doing Our Part**
 - Influence of Networks (CPMs) on Clinical Outcomes
 - Public Reporting & QI Impact



ESRD Network Program Statutory Authority

- The 1972 Social Security Amendments (P.L. 92-603) extended Medicare coverage to individuals with ESRD
- The ESRD Network Organizations Program was established in 1978 (P.L. 95292) when Section 1881 was added to the Social Security Act



ESRD Network Program Statutory Authority

- The Omnibus Budget Reconciliation Act (OBRA) of 1986 established at least 17 ESRD Network areas designating a Network administrative organization for each area, a Network Council of renal dialysis and transplant facilities located in the area, and a medical review board



Contract Period

- One base year with two additional option years.
- In order to exercise the option, the Network must receive a satisfactory evaluation from the Project Officer and demonstrate ability to meet contract requirements and deliverables.



ESRD Network Program Funding (Per Statute)

- Withholding 50 cents per patient, per dialysis treatment from the composite rate payment made to the dialysis facilities
- Equivalent withholding amount for each managed care ESRD patient
- No increase since effective in 1989
- 2006 apportionment is \$24,650,000
- In 2005, average 1yr ESRD Network base contract was \$1,045,362.



ESRD NETWORK PROGRAM VISION

To create a renal network
of caring to ensure that
the right, quality care
for the individual
is provided every time.





Network Program Strategic Goals

- Improve the quality and safety of dialysis.
- Improve the independence, quality of life, and rehabilitation through transplantation, use of home self-care modalities, in-center self-care through the end of life.
- Improve patient perception of care and experience of care, and resolve patient's complaints and grievances.



Network Program Strategic Goals Continued

- Improve collaboration with providers with recognition of the differences among providers and the associated possibilities and capabilities.
- Improve the collection, reliability, timeliness, and use of data to measure processes of care and outcomes; maintain Patient Registry; and to support the ESRD Network Program.



HEALTH CARE QUALITY IMPROVEMENT PROGRAM (HCQIP) MISSION

Patient Centered:

- Care delivery and processes of care are focused on patient needs, concerns, values, and expressed priorities. Care givers are empathetic and care is provided in a compassionate, responsive manner.





HCQIP Mission

Effective:

- Care givers use scientific knowledge, evidence-based guidelines and best demonstrated practices to offer individuals with ESRD the best available care. Care givers use this medical advice and consider the individual preferences of patients to derive effective care plans.



HCQIP Mission

Safety:

- Patients receive safe care in ESRD facilities. Systems of care are designed to allow staff to anticipate and minimize adverse events, learn from system failures, and seek system improvements. Care givers trained to recognize and anticipate errors and recover from them.



HCQIP Mission

Efficient:

- National and local resources are used efficiently to deliver high quality care. Only those administrative and production costs that ensure high quality care are included.



HCQIP Mission

Equitable:

- Care provided to an individual with ESRD does not vary in quality because of personal characteristics or socio-economic status.



HCQIP Mission

Timely:

- Dialysis facilities have processes in place to measure and minimize unnecessary delay in provision of services; healthcare interventions occur neither too soon nor too late.



Contract Structure

- **Background**
- **Task 1 – Network Quality Improvement Program**
- **Task 2 – Community Information and Resources**
- **Task 3 – Administration**
- **Task 4 – Information Management**
- **Task 5 – Special Projects**



Network Contract Background

- **Contract Purpose**
- **Statutory Mandate**
- **ESRD Network Program**
- **Strategic Goals**
- **Health Care Quality Improvement Program (HCQIP)**
- **Applicable Federal Requirements**
 - Confidentiality
 - Conflict of Interest



Network Quality Improvement Program – Task 1

- **National Vascular Access Goal**
- **CPM (At least one)**
- **Network Quality Improvement Projects (As resources permit)**
- **Facility Specific Quality Improvement Projects**
- **Quality Improvement Work Plan**
- **Reporting**



National Vascular Access Goal

- Using the third quarter of 2005 as baseline, each Network is expected to reduce its quality deficit by 20% during each contract year
 - unless the number is less than the floor of 1 percentage point or
 - greater than the ceiling of 4 percentage points.
- Goal (1) all the facilities & (2) set of facilities not associated with a LDOs
- CMS reserves the right to change the methodology used to set Network-specific targets in subsequent years



National Vascular Access Goal

- **Participation In National Breakthrough Initiative:**
 - Required to participate in Breakthrough Initiative coalition meetings
 - To actively engage in activities with at least one subgroup of the Breakthrough Initiative Coalition

- **Work with QIO(s), and other partners, to:**
 - Promote utilization of CMS-approved vascular access quality improvement programs, tools, and activities not already available through the NCC.
 - Achieve ESRD treatment changes at a system level; including process improvement so that hospitals adopt standards of care that promotes the use of AV fistulas such as vessel preservation, evaluation, and mapping (creation or referrals), and discharge planning



National Vascular Access Goal

- **Opportunity:**

- Life Saving
- Cost Saving
- National Impact
- CKD through Partnership

- **Barrier:**

- National Patient Level Data (Use Data Subcommittee)



CPM (At least one)

- Develop & conduct QIPs based on one or more of the established set of CPM(s) for adequacy of dialysis, anemia management, or other CPM(s) developed or adopted by CMS
- QIP(s) shall be developed and implemented in conjunction with the Network's Medical Review Board (MRB)
- **Opportunity:**
 - Proved history of improvement
- **Barrier:**
 - 100% National Information (100% possible for Network project –Data Subcommittee)



Network Quality Improvement Projects (As Resources Permit)

- Work with Medical Review Board, Network Council, Patient Advisory Committee and other partners, as appropriate (e.g., QIO(s), providers' affiliations and associations, beneficiary groups, etc.)
- To determine specific quality improvement projects, which advance the purpose and strategic goals and are directly aligned with the areas of most need and potential impact for quality improvement within the Network area.
- Activities may differ from Network to Network
- Other QI activities may be tailored to specific target areas, such as geographic area, provider group (dialysis), or other specific domains.
- Networks can undertake activities in areas that are pre-approved as Agency areas of priority, or with prior approval from Project Officer, including QIP undertaken with partners.
- Data through Sub-Committee



Network Quality Improvement Projects

- **Paramount Reason for Being**

- **Opportunity**
 - Distinct Competence
 - Responsive
 - Regional, State, Area Specific
 - Target Population
 - Objective

- **Barrier**
 - National Comparison Data
 - Network Resources



Facility Specific Quality Improvement Projects

- Assist ESRD providers and facilities (either individually or in groups) in the development and implementation of facility-specific, quality improvement activities to improve their patient care processes and outcomes

- Upon request and/or upon identification of poor performance or a specific need
 - Either at the Network level or facility level
 - Based on the results of the annual CPM data collection, other data reports, analysis of complaint and/or grievance information, or results of a site survey, patient survey, or other investigation



Facility Specific Quality Improvement Projects

- **Opportunity**
 - Distinct Competence
 - Best Positioned
 - Objective

- **Barrier**
 - Comparison Data



Quality Improvement Work Plan (Network Strategic Road Map)

- No later than 60 calendar days after the beginning of the contract year
- Developed in conjunction with the MRB
- Address plans for achievement of all elements of the Network's Quality Improvement Program, including measurement and re-measurement criteria for each activity
- Designed from available data sources in such a way as to allow for rapid cycle improvement
- Developed to foster continuous quality improvement to improve timeliness, effectiveness, efficiency, and management control.
- Adherence to the Plan & use of a process for rapid evaluation and adjustments, is a key part of the review
- Part of Quarterly Report unless exception (e.g. duration of activity) reported separately



Reporting

- **As Directed or Permitted by CMS:**
 - The Network shall monitor, track, and disseminate regional provider and facility specific clinical outcomes data (such as the CPM data)
 - To identify opportunities to improve care within the network area or within a specific facility
 - Dialysis corporation specific clinical outcomes data



Community Resources and Information -Task 2

- **New Patients**
- **Patients**
- **Provider/Facilities**
- **Technical Advice**
- **Emergency/Disaster Preparedness & Response**
- **Grievances & Complaints**
- **Coalitions**



Community Resources and Information -Task 2

- Use information that is already available
- Distribute information through the most effective and efficient approaches possible
- Where it is more efficient and effective to do so *can* (where appropriate) subcontract with appropriate renal partners to fulfill some or all of these patient information requirements
- Utilize the Patient Advisory Committee and Network Council where applicable in fulfilling these requirements

**KEEP IN MIND
CONFLICT OF INTEREST &
CONTRACT REQUIREMENTS!**



Emergency/Disaster Preparedness & Response

- Facilitate and assist providers/facilities in developing plans for local emergencies/disasters
- Maintain a phone system to ensure Network staff members can be contacted as necessitated by the emergency
- In the event of local disasters, track availability of services and assist patients in identifying dialysis facilities that can provide ESRD services
- Track and make available to the public the open and closed status of the facilities in the effected area
- As directed by CMS, provide information to family members and treating facilities on where a patient previously/currently is receiving services to assist in location of individuals and the exchange of critical medical information
- Participate in national and/or regional calls with providers, emergency workers, and other essential persons to ensure coordination and that the needs of individuals with ESRD are being met
- As appropriate, coordinate activities with providers and other emergency workers to ensure access to dialysis



Grievances & Complaints

- Assume a proactive role in the prevention, facilitation, and resolution of complaints and grievances, including implementing educational programs that will assist facility staff in handling difficult situations
- Conduct trend analysis of reported situations to detect regional, local, or facility specific patterns of greater concern



Grievances & Complaints

- **Opportunity:**
 - Patient Centered Care
 - Trending
 - Quality Improvement Projects
 - Facility QI Projects

- **Barrier:**
 - National/Comparison Data
 - Confidentiality



Coalitions

It is expected the Network shall be able to:

- Build partnerships with new entities
- Expand and enhance existing partnerships
- Create greater ownership by partners in coalition
- Utilize other available resources by having coalition partners bring resources to the table or identify others with resources
- Engage in innovative problem solving by collaborating with coalition partners on jointly shared problems



Coalitions

In fulfilling this requirement, it is expected that the Network shall:

- Create a coalition that promotes collaboration among members (exchanges that aim to enhance the capacity of the other)
- Established vision, mission, goal(s), and operating procedure(s) for the coalition, jointly agreed to by coalition members
- Established agenda for coalition meetings, and that meeting minutes will be taken and distributed to coalition members
- Identify and recruit key partners and engage in active participate in coalition activities
- Expand available resources by having partners bring & use resources
- Engage in collaborative problem solving of jointly shared problems, resulting in innovative solutions that lead to problem solving actions



Administration – Task 3

- **Organizational Structure & Committees**
- **Network Staff**
- **Internal Quality Improvement (IQI) Program**
- **CMS Meetings**
- **Collaborations with S. & Cert., and QIOs**
- **Sanctions & Referral**
- **Administrative Reports**



Organization Structure

- Network Council (renal providers in Network area)
- Board of Directors (**at least one patient**)
- Medical Review Board of Committee (**at least one patient** and each professional discipline – physician, registered nurse, social worker, & dietician)
- **Patient Advisory Committee**
- Other Committees



Network Staff

- Executive Director
- Quality Improvement Director
- Data Manager
- Patient Service Coordinator
(Masters in Social Work)
- **Community Outreach Coordinator**
- Sufficient Support Staff



Internal Quality Improvement (IQI) Program

- **Network distinct competence**

- **Opportunity:**
 - Rapid cycle improvement
 - Efficient, effective, & responsive
 - Peer-to-peer resource/experience sharing

- **Barrier:**
 - Change, new process



Collaborations with Partners (S & C, QIOs, Others)

- **Other entities mission**

- **Opportunity:**
 - Efficient, effective, & responsive
 - Chronic Kidney Disease

- **Barrier:**
 - Conflict of interest



Information Management Task 4

- **System Capacity**
- **Database Management**
- **Collection, Completion, Validation, Submission, and Maintenance of Forms**
- **Processing Forms**
- **Data Validations for Electronic Submission of 2728**
- **Tracking System**
- **Data Discrepancies & Data Corrections**
- **Renal Transplant Data**
- **Report on Renal Status**
- **Coordination of Renal Related Info.**
- **Network Core Data Set**
- **Testing**



Information Management

■ Opportunity:

- Additional Data for QI Purposes (KNOWLEDGE)
- Reduced Facility Burden
- Efficiency, effectiveness, accuracy, timeliness

■ Barrier:

- **RESOURCES**
- **Time**



EYE ON THE BALL

- **Must Remain Committed**
- **Think Long Term**
- **Think Smart**
- **Inclusive**
- **Responsive**
- **Find Alternatives**
- **Accommodations**
- **Understanding, empathy**





Special Projects

Task 5

- **USRDS**
- **Other Federal Agencies**
- **As Defined by CMS**



Network Influence

- **Information Management**
- **CPM**
- **Fistula First Dashboard**
- **Dialysis Facility Compare (DFC)**
- **Facility Specific Reports**
- **Provider Specific Reports**



Example of Information Management Work Impact

- **Real-time registry of over 400,000 ESRD patients in over 4,500 dialysis centers and sustain an accuracy rate of 90% or better for all forms.**
- **In 2004, (avg. 3 IM specialists):**
 - Processed 101,792 Medical Evidence forms,
 - 69,426 Death Notifications,
 - 4,829 Annual Facility Surveys,
 - 221,881 Patient Events
 - 181,395 CPM forms, and
 - 28,650 Personnel and Provider Changes

Total of 609,973 forms



CPM – QI Impact

- **Highlights from the 2003 CPM project:**
 - 87% of patients received adequate hemodialysis (defined as URR > 65%) – up from 43% in 1994
 - 90% of blacks and 91% of whites received adequate hemodialysis – up from 35% and 46%, respectively in 1994
 - 80% of patients had a mean hemoglobin > 11 – up from 46% in 1994
 - 6% of blacks and 6% of whites were severely anemic (hemoglobin < 10%) – down from 10% & 6% in 1994



National QI

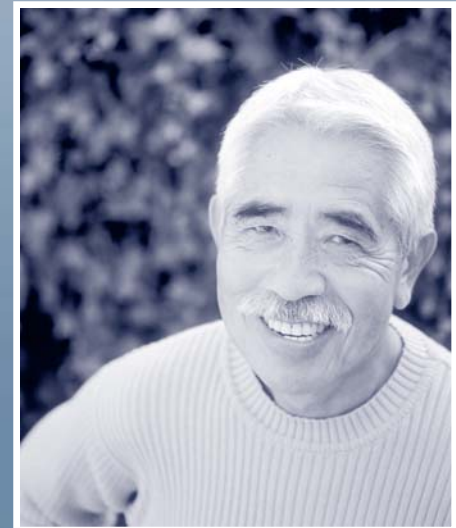
- **At the ESRD Network project initiation the national average for AVFs were 29% for incident patients and 31% for prevalent patients.**
- **The current rate of AVF national average for prevalent patients is 41.2%.**



Other QI Impact

- **Facility Specific Reports**
- **Provider Specific Reports**
- **Dialysis Facility Compare (DFC)**

THANK YOU



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