

2008 CMS/ESRD Network Annual Meeting  
Post Conference Report





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## INTRODUCTION

The Network Coordinating Center (NCC) has served the 18 ESRD Networks by providing centralized coordination and support for the operation of the ESRD Network Program since 1999. The NCC's primary responsibilities include: collecting, maintaining and disseminating ESRD information; coordinating national activities including training initiatives; facilitating special projects; and providing administrative support services.

A hallmark of the NCC Statement of Work is the coordination and planning of the CMS/ESRD Networks' Annual Meeting. This meeting annually brings together key staff from CMS and the 18 ESRD Networks as well as members of the renal community. It is a venue for the Networks to highlight their accomplishments and for CMS to highlight the future direction of the Program. It also provides educational opportunities for all disciplines.

The ESRD Network of New York (Network 2) commenced its work as the NCC contractor on September 30, 2007. The contract period ends June 30, 2008. All information regarding this meeting was transferred and successfully communicated to Network 2. The Planning Committee was reconvened. The NCC team negotiated changes in meeting space and increased hotel sleeping accommodations. The main ballroom capacity was not negotiable and limited the meeting to 250 attendees.

On February 19–23, 2008, the CMS/ESRD Network Annual Meeting took place in Baltimore, Maryland at the Renaissance Harborplace Hotel. The Annual Meeting was a collaborative undertaking among the Centers for Medicare & Medicaid Services (CMS), the NCC and the 2008 Planning Committee.

This report was submitted to Kathleen M. Egan CMS Project Officer for the NCC contract on May 8, 2008.

## PLANNING COMMITTEE

The Planning Committee was critical to strategizing and planning the 2008 Annual Meeting agenda and activities. Involvement and feedback from committee members is imperative for a successful meeting. The Planning Committee included representatives from CMS, the NCC and the ESRD Networks. Some members stepped down from the committee and several were added as Network 2 took over the NCC contract.

In addition to the Planning Committee and Network personnel, the NCC would like to acknowledge Samantha Richardson Director, Division of Quality Improvement Policy for Chronic and Ambulatory Care, Office of Clinical Standards and Quality, CMS. As a member of CMS leadership, Samantha was available to answer questions and also provide direction on the meeting format where necessary.

The 2008 Planning Committee Members were as follows:

NETWORK REPRESENTATIVES		
Planning Committee Member	Affiliation	Committee Position
Darlene Rodgers, BSN, RN, CNN, CPHQ	Executive Director, Networks 15 and 17	2008 Program Chair
Susan Caponi, BSN, RN	Executive Director, Network 2	2008 Program Co-Chair 2009 Program Chair (Elect)
Noel DeCampo, RN, MSN/Ed	Quality Improvement Director, Network 17	Quality Improvement Director Alternate Representative
Roberta Bachelder, MA, BS	Patient Services Manager, Network 1	Patient Services Coordinator Alternate Representative
Margo Clay	Data Manager, Network 15	Data Manager Lead Representative
Matthew Howard	Information Systems Director, Network 15	Data Manager Alternate Representative
Vickie Peters, MSN, MAED, RN, CPHQ	Executive Director, Network 18	Fistula First Breakthrough Initiative Program Director
Dean Morris, MSSA, LSW	Patient Services Coordinator, Network 4	Patient Services Coordinator Lead Representative
Michele L. Spillane	Project Manager, Network 2	Network Coordinating Center, Project Manager
Charlene Harvey/Laura Wright	Contract Coordinator, Network 2	Network Coordinating Center, Contract Coordinator
Kelly Mayo, MS	Executive Director, Network 7	2009 Program Co-Chair (Elect)
Lana Kacherova	Quality Improvement Director, Network 18	Committee Member
Jerry Fuller, MSW, LCSW	Executive Director, Network 8	2007 Program Chair



CMS REPRESENTATIVES		
Planning Committee Member	Affiliation	Committee Position
Jackie Abt, RN, MS	Government Task Leader, Quality Infrastructure Support; Division of Quality Improvement Policy for Chronic and Ambulatory Care, Office of Clinical Standards and Quality	Committee Member
Mary King	Government Task Leader: Division of Quality Improvement Policy for Chronic and Ambulatory Care, Quality Improvement Group, Office of Clinical Standards and Quality	Committee Member
Theresa Casey	Division of Quality Improvement Policy for Chronic and Ambulatory Care, Quality Improvement Group, Office of Clinical Standards and Quality	Committee Member
Kathleen M. Egan, RN, MSN	Project Officer NWs 1-3, NCC, Network Information Technology Support (NWITS)	Committee Member
Demetra Denmon	Project Officer NWs 15-18 and Fistula First Breakthrough Initiative (FFBI)	Committee Member
Lynn Riley, RN, MA	Clinical Standards Group, Office of Clinical Standards and Quality	Committee Member
Thomas Dudley, MS, RN	Quality Management and Health Assessment Group, Office of Clinical Standards and Quality	Committee Member
Vicki Schlining	Government Task Leader, Network Information Technology Support; Information Systems Group, Office of Clinical Standards and Quality	Committee Member



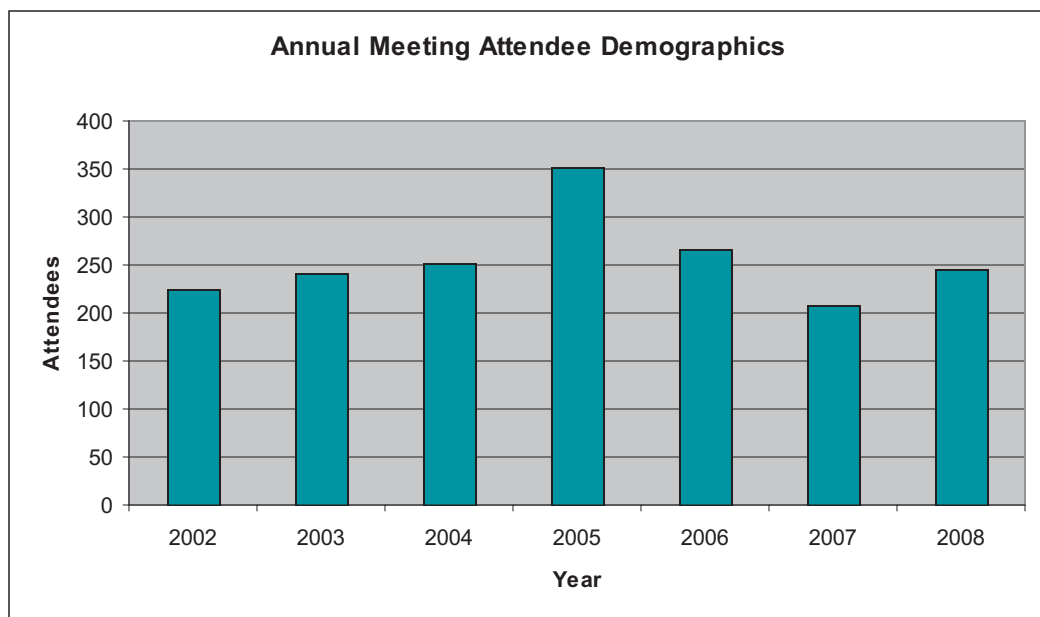
The NCC would like to acknowledge the role in which FMAQI: The ESRD Network of Florida (Network 7) played in planning for the conference. FMAQI assisted the Planning Committee in many ways, one of which was to take on the task of creating a video montage for the Opening Session. Network 7's Matthew McDonough Quality Infrastructure Support Communications Coordinator, June Tran Business Analyst, and Bonnie Noble Business Analyst also hosted the CROWNWeb Display booth that was located adjacent to the meeting registration desk. The display was a main attraction for all attendees, as there was a steady stream of interested individuals reviewing the information and asking questions.



## ATTENDANCE

The 2008 CMS/ESRD Network Annual Meeting had a total of 252 attendees. By contract with the hotel, attendance was limited to 250 registrants. The final on-site count was 245 attendees.

Registration Category	Count
Pre-Registered Attendees	252
On-Site Registrants	7
On-Site Pre-Registered No Shows	14
<b>Total Annual Meeting Confirmed Registrants</b>	<b>245</b>



## MEETING THEME

The 2008 Annual Meeting theme was “Creating a Network of Caring Through Quality; Forward to the Future: Ensuring Quality Driven Kidney Care”. This theme was thought to reflect the focus of the Network Program in the coming year. The theme was incorporated into many aspects of the meeting through session topics and discussions.



## MEETING PROGRAM

The Opening Session featured an ESRD video montage presented by the Program Chair, Darlene Rodgers, Executive Director Networks 15 and 17, and the Program Co-Chair Susan Caponi, Executive Director, Network 2. The video provided highlights from the inception of dialysis in the 1940's through the present time using historical documents as well as pictures provided by the Network historians. This historical video of the ESRD Program was meant to be an enthusiastic thank you to all the Networks for the work that has been done. It was received with laughs, tears and ultimately a standing ovation. Attendees began requesting copies of the video almost immediately after it was played.

This idea for the video project grew out of brainstorming by the 2008 Planning Committee. The project was brought to life by Matthew McDonough of Network 7, with support from Kelly Mayo, Executive Director of Network 7.

Video highlights include:

### 1940- 1960's

- The term 'dialysis' first used in the Netherlands
- Early home dialysis
- Using dialysis equipment and treatment of ESRD
- Dialysis machines over time
- Life and Death Committee formed
- The Medicare Program signed into law on July 30, 1965, by President Lyndon B. Johnson
- Former President Harry S. Truman received the first Medicare card as the first Medicare beneficiary

### 1970's

- Medicare End Stage Renal Disease (ESRD) Program signed into law and 32 ESRD Networks created
- Department of Health Education and Welfare changed its name to the Department of Health and Human Services

### 1980's

- Omnibus Budget Reconciliation Act Authorized a national ESRD Registry
- United States Renal Data System (USRDS) established
- ESRD Networks reorganized into 18 Networks
- Funding for Networks was established at .50 cents per dialysis treatment
- The Forum of ESRD Networks established
- Amendment to the Social Security Act specified confidentiality and the extent of Network liability
- Networks initiated medical case reviews to respond to poor quality care
- Networks conducted USRDS data validation studies

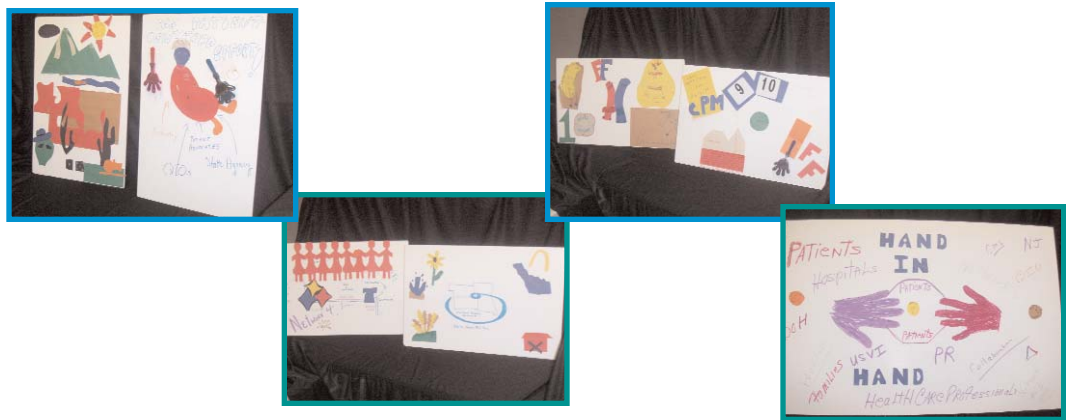
## 1990's

- Shift from quality assurance to quality improvement oversight began
- Health Care Financing Administration (HCFA) announced its intent to institute a new approach for the ESRD Program
- The Health Care Quality Initiative, later named Health Care Quality Improvement Program (HCQIP)
- Networks partnered with HCFA to incorporate HCQIP into 1991-1994 Statement of Work
- Quality Improvement Committees formed

## 2000 to Present

- The Standard Information Management System (SIMS) is being used in all 18 Networks
- Dialysis Facility Compare tool launched on [www.medicare.gov](http://www.medicare.gov)
- Successful coalitions have been developed in all Networks, with focuses including chronic kidney disease, disaster preparedness, Fistula First, end of life, immunization, and transplantation

The Opening Session also included a poster activity, in which attendees were provided with materials to create posters that best reflected their Network, Agency or Organization.



The first day continued with an inspirational presentation by Keynote Speaker, Bertice Berry, PhD. Dr. Berry is a sociologist, author, lecturer and educator. Interestingly, when the NCC first contacted Dr. Berry about participating in this year's meeting, she had recently received news that a close friend was in need of a kidney transplant. Dr. Berry's presentation was both compassionate and informative. In addition to sharing her own personal experiences, she provided valuable tools to help individuals gain control of their own destiny. Dr. Berry and her sister have since both signed on to be tested as potential kidney donors.



Another highlight of the week's activities was CMS Keynote Speaker Barry Straube, MD, who presented a wealth of information on topics ranging from healthcare transparency initiatives to the rising costs of ESRD patient care. Attendees had the chance to participate in a question and answer period at the end of Dr. Straube's session.



An Awards and Recognitions Ceremony was held on the first afternoon of the meeting to honor Network representatives who have either achieved milestones in their careers or have made valuable contributions through their participation in the ESRD Program. Representing CMS leadership to host this event was Terris King, Deputy Director, Office of Clinical Standards and Quality. Mr. King opened with general comments congratulating those nominated and expressed appreciation to all for their contributions.

Award winners at this year's ceremony:

- Staff members from Networks 1-18, honored for their contributions to the CROWNWeb System
- Rowena Elliott, recognized for her outstanding work and also for her appointment as National Secretary to the ANNA Board
- Terry Conner, retiring after 39 years of service to the federal government
- Patricia Philliber, Network 13 Executive Director, retiring after 27 years in the ESRD Program
- A special recognition was presented to Demetra Denmon, CMS Project Officer for her continued support of the NCC contract helping ensure a smooth transition, and also for her leadership role as Co-Chair of the Quarterly Progress Report Project Team



The program also offered 10 breakout sessions on the following topics:

- Conditions of Coverage – Transplant
- CROWNWeb
- Proposed Conditions for Coverage – General Overview, Patient Assessment and Quality Assessment Performance Improvement
- Proposed Changes for the National ESRD CPM Project
- QI Training for Network QI Personnel
- Writing Business and Technical Proposals
- Automating Your Quality Improvement Process
- Creating Partnerships Mental Health Resources
- Emergency Preparedness for QI Personnel
- VRE and MRSA and the Impact on the Dialysis Community

Participation in each of the program sessions was open to all attendees, providing a forum for attendees to learn, network, and collaborate with their colleagues and peers.

The 2008 CMS/ESRD Annual Network Meeting included two summit meetings that had previously run independently: Fistula First Breakthrough Initiative (FFBI) National Coalition Summit Meeting and the Kidney Community Emergency Response (KCER) Coalition Summit. This offered Annual Meeting attendees the opportunity to participate in the KCER and FFBI Summits without additional travel costs.

### **Fistula First Breakthrough Initiative National Coalition Summit Meeting**

The FFBI Summit was held on the second day of the Annual Meeting with approximately 75 attendees. The summit began with a welcome address presented by Vickie Peters, Executive Director Network 18 and continued with a Plenary Session titled “Forward to the Future”, Task Group Updates addressed Community Education, Practitioner Education and Training, Marketing/Communications, Program Operations, Clinical Practice, and Quality Measurement/Information. Another session provided attendees examples of ESRD Network best practices, with examples coming from Networks 4, 14 and 16. This program was well received by attendees, who gave it an overall rating of 4.57 out of a possible 5.

### **Kidney Community Emergency Response (KCER) Coalition Summit**

The KCER Summit held on the third day of the CMS/ESRD Network Annual Meeting, attracted approximately 120 attendees. 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 Summit addressed such topics as technical assistance available in the event of an emergency or disaster and how persons with kidney disease can prepare for an emergency. The meeting was rated 4.51 out of a possible 5.



## MEETING MATERIALS DISTRIBUTED

Attendees each received the following materials on-site:

- Custom hotel key card with the CMS and NCC logos
- Presentation binder with pen
- Annual Meeting tote bag and luggage tag

The binder included all presentations for the week. A number of attendees noted how helpful it was that all materials were included in the binder ahead of time.

The attendees appreciated the organization of the materials and the professional presentation of the binder.



## COMMUNICATIONS

The success of any meeting is largely dependent upon the dissemination of effective pre-meeting announcements and subsequent follow-up communications. During the contract transition, Network 18 provided Network 2 an e-mail list including approximately 760 Annual Meeting contacts. The NCC reached out to the ESRD community via e-mail communications and Web postings. To kick off the communication campaign, a “save the date” e-mail was sent in November of 2007 to the predetermined contact list. Four additional e-mail communications were distributed, including such important information as the RegOnline link, hotel information, and periodic agenda updates.

While successful communication with speakers is important to any event, it was also a key component in ensuring that all materials were received in a timely manner.

2008 CMS/ESRD Network Annual Meeting Communication Schedule	
Type of Communication	Communication Sent Date
Save the Date	November, 2007
Agenda/Online Registration Link	January 4, 2008
Agenda/Online Registration Link	January 11, 2008
Agenda Update/CEU Information/Online Registration Link	January 23, 2008
2008 Meeting Presentations Posted to the NCC Web site	March 7, 2008



## POST-MEETING COMMUNICATIONS

At the close of the Annual Meeting, the NCC announced that all session presentations would be available on the NCC Web site within 10 days. On March 7, all presentations were added to the web site, and links to the registrant roster and meeting evaluation form were also included.

Once all materials were live on the NCC web site, an email communication was sent to all attendees linking them directly to the site.

In addition to posting the presentations on line, the NCC also processed 30 presentation request forms, and mailed out a CD containing all of the conference presentations.

## PROGRAM EVALUATION

CMS and the NCC provided a detailed evaluation form for all 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 evaluations were received, representing a 29% return rate, with an overall meeting rating of 4.3. In order to solicit additional feedback and input the NCC posted the meeting evaluation form on the NCC web site.

The NCC received positive feedback from the attendees both on site and post conference, in addition to recommendations for next year such as the type of badge holder to be used, session topics for future meetings and suggestions on the meeting format (e.g., open with a motivational speaker, as this sets an upbeat tone for the meeting).

Additional feedback included the following:

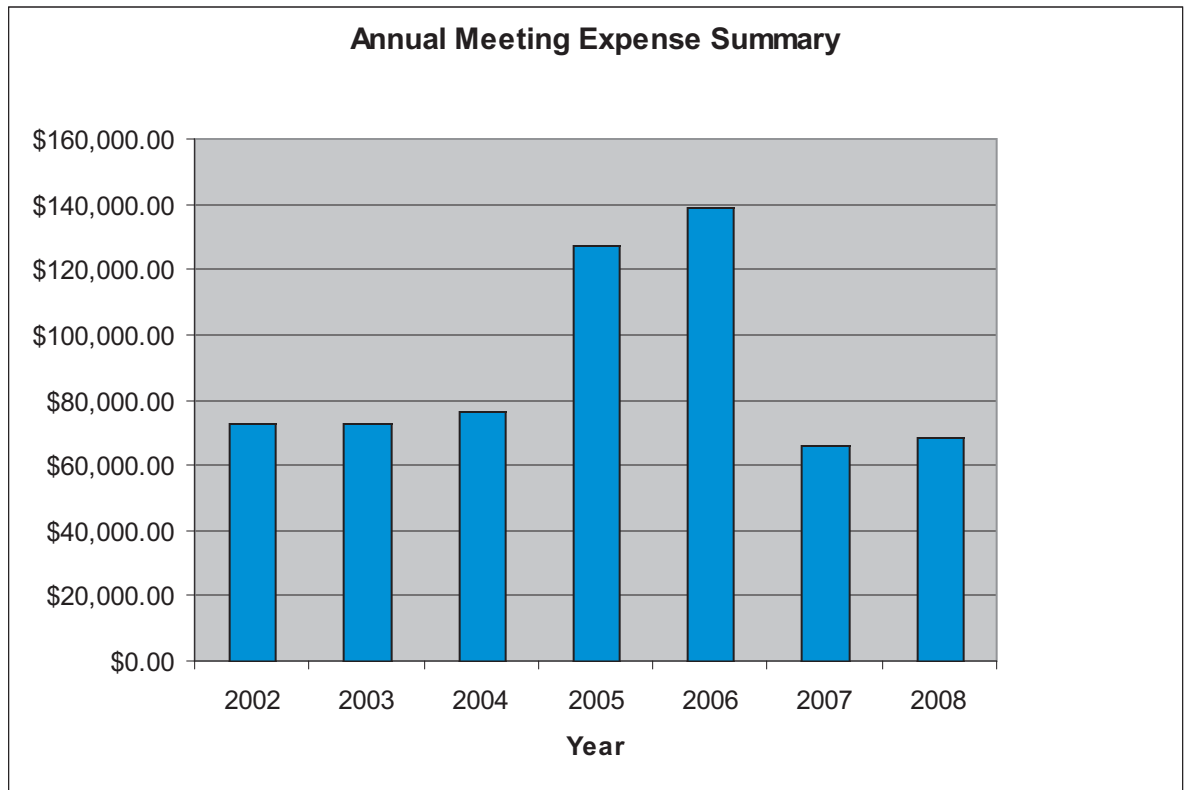
- “I would suggest that next year the conference have a goal to ban all acronyms and buzz words. It would make it much easier to understand the context. Pretend we are all new patients and your are sharing this information with us.”
- “3 days only for conference is recommended. Increasing the program to include more topics related to Patient Service Coordinators: Patient issues, mental health. I also recommend that more breakout sessions be geared towards specialist groups.”
- “Day is too long, need to skip the lunch presentations, attendees need to stretch legs, get out of room and make phone calls.”
- “Auditory system did not work well; not loud enough.”
- “Took 2 days to get temperature in room regulated, then back to cold. People coming/going having own side bars very distracting. Location/hotel/food wonderful.”
- “When questions were raised in the early session, questions were deferred to another time, when not everyone could attend.”

## FINANCIAL STATEMENT

To help ensure that the meetings are held in the most cost-efficient manner, the NCC will track and trend meeting financials overtime to determine return on investment (ROI) and trends in associated costs.

The NCC has already identified a number of ways to reduce expenditures in the future. One method consists of receiving competitive bids from at least three outside audio/visual (A/V) companies. The intention is to obtain a meeting package that will be comparable to, if not better than, the package the hotel would offer as part of the hotel contract agreement.

A comprehensive financial breakdown has been provided to Kathleen M. Egan, Project Officer for the NCC.



*Due to available data for time period 2002-2007, Expense Summary does not include Pre and Post Meeting Expenses.*

*All 2008 Pre and Post Meeting Expenses have been recorded and will be reported from this point forward.*



## VALUE ADDED

In an ongoing effort to deliver only the best to the ESRD community, the NCC has incorporated a number of value-added features into the 2008 Annual Meeting.

- **Online Registration:** Online Registration was made available to provide attendees with a single source for registration and meeting information.
- **Presentation Binders:** The binders received by attendees contained session presentations broken out not only by day, but also by session. For example, this year the CMS/ESRD Annual Meeting was also the host of the KCER and FFBI Summits. Located in each binder was a separate tab for each summit. This made it easy for attendees to reference the appropriate materials.
- **Online Meeting Evaluation Form:** In order to effectively capture audience feedback, the NCC made the meeting evaluation form available online.
- **Presentation CDs:** The NCC provided attendees with the opportunity to request a copy of presentations. A Meeting Presentation Request Form was available to all attendees onsite. The NCC received 30 presentation requests. All CDs were created in-house by the NCC.

## RECOMMENDATIONS FOR 2009

The NCC has received several recommendations for the 2009 meeting including the feedback detailed above. One further suggestion focused on how CEUs (Certified Educational Units) are awarded. The NCC will investigate a service next year that would allow attendees to complete an online evaluation form and print their own CEU certificate. This would not only be more time-efficient but would improve the percentage of completed evaluations.

The NCC has been asked to seek four venue proposals for the 2009 Annual Meeting, two located in Baltimore, Maryland and two in Washington, DC. The NCC is currently reviewing available sites for the 2009 Annual Meeting.