ESRD Network 16
HealthInsight
January 10, 2018

Katrina Russell, RN, CNN – NW16 Board Chair
Stephanie Hutchinson, MBA - Executive Director
Barbara Dommert-Breckler, RN, BSN, CNN - Quality Improvement Director
Lisa Hall, MSSW, LICSW - Patient Services Director
Leah Skrien - Information Management Director
Ashley Thomsen, RN, BSN – Quality Improvement Coordinator
Jewel Peterman, RN, BSN – Quality Improvement Coordinator
Purpose

• To familiarize attendees with the new Statement of Work for the ESRD Networks, and promote partnership with facilities to improve the quality of care for people who require dialysis or transplantation as a life-sustaining treatment
The 18 ESRD Network Contracts

IPA (QIO)
WVMI (QIO)
Health Services Advisory Group (HSAG) (QIO)
HealthInsight (QIO)
Q-Source (QIO)
Alliant (QIO)
HealthInsight is a private, nonprofit, community-based organization dedicated to improving health and health care, composed of locally governed organizations in four western states: Nevada, New Mexico, Oregon and Utah.

HealthInsight also has operations in Seattle, Washington, and Glendale, California, supporting End-Stage Renal Disease Networks (16 and 18) in the Western United States.
HealthInsight, con’t.

There is representation of ESRD Network 16 on the Corporate Board of HealthInsight, insuring that the issues and concerns of the dialysis community here in the Pacific Northwest are considered.

ESRD is integrated into overall direction of the HealthInsight including programs focusing on palliative care, hospitalization reduction, health information exchange, vaccination and diabetes.
Network Governance

Board of Directors

Chair – Katrina Russell, RN, CNN

Purpose: To set policy and direction for the Network and retain oversight responsibility.

• Responsible for the performance of the Network in meeting requirements of the CMS contract
• Provides financial oversight
• Reviews the Annual Report prior to submission to CMS
• Approves contract modification requests
• Reviews and approves any recommendations from the MRB for sanctions
Chair: John Stivelman, MD

Advisory panel to the Network on the care and appropriate placement of dialysis patients and oversight of Network CMS contracted activities***, per statutory requirements (1881© of the Social Security Act)

Composed of at least two patient representatives as well as representatives of the professional disciplines engaged in ESRD Care.

Provide input to the National Forum of ESRD Networks’ Medical Advisory Committee

Engage in other activities in the Network to improve ESRD care. (Water Manual)
Patient Advisory Council

- Comprised of 15 patients/caregivers, one must be a caregiver/family member
- Meets at least semi-annually
- Tasked to provide input into educational materials, offer a patient perspective in selection of QIAs and the development of interventions

“Nothing about me without me.”
Network Council

- Comprised of the Facility Administrator/Clinic Director or designee from every facility

- Network provides Annual Update and Environmental Scan

- Council serves as a springboard to relay critical issues experienced in the dialysis setting to CMS
Network 16 Demographics

Dialysis Patient Modalities as of December 31, 2016, by State

<table>
<thead>
<tr>
<th></th>
<th>AK</th>
<th>ID</th>
<th>MT</th>
<th>OR</th>
<th>WA</th>
<th>Total</th>
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<td>Home Peritoneal</td>
<td>117</td>
<td>339</td>
<td>133</td>
<td>558</td>
<td>854</td>
<td>2,001</td>
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<td>Percent</td>
<td>21.5%</td>
<td>24.0%</td>
<td>16.5%</td>
<td>12.6%</td>
<td>11.8%</td>
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<tr>
<td>Home Hemodialysis</td>
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<td>72</td>
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<td>309</td>
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<td>Percent</td>
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<td>3.4%</td>
<td>1.6%</td>
<td>2.4%</td>
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<td>1</td>
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<td>0.0%</td>
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<tr>
<td>Center Hemodialysis</td>
<td>424</td>
<td>1,043</td>
<td>644</td>
<td>3,797</td>
<td>6,220</td>
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<tr>
<td>Percent</td>
<td>77.9%</td>
<td>73.8%</td>
<td>80.1%</td>
<td>85.8%</td>
<td>85.8%</td>
<td>84.0%</td>
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<tr>
<td>Total</td>
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<td>1,414</td>
<td>804</td>
<td>4,427</td>
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<td>14,439</td>
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<tr>
<td>Percent</td>
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<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: 2016 Annual Report
Data from 2016 Annual Report

Network 16 Facilities by Ownership

- DaVita: 34.1%
- Fresenius Medical Care: 36.9%
- Independent/Regional Chains: 25.2%
- Dialysis Clinic, Inc.: 2.3%
- Military/VA: 1.4%
Network 16 Demographics

Patient Prevalence - Race

- White: 11,203
- Asian: 989
- Black or African American: 1,232
- Native Hawaiian or Other Pacific Islander: 525
- American Indian/Alaska Native: 425
- Not Specified: 0.3%

Patient Prevalence - Ethnicity

- Hispanic or Latino: 1,732
- Not Hispanic or Latino: 12,692
- Not Specified: 2

Data from 2016 Annual Report
Network 16 Demographics

Data from 2016 Annual Report
Year 2 Accomplishments

• Fully Staffed

• Successfully completed the OY 1 contract

• Catheters over 90 days: 9.73%

• EMR access of facilities: Approx. 42%

• Decreased Hospitalization: 2.4%
Reduce Long-term Catheters

- Facilities with >10% Long Term Catheter Rate were selected at Baseline, and a cohort was created based on data from April – September 2016
- Target is a 2% reduction of LTC Rate for each facility
- ESRD Networks’ Average LTC Baseline was 15.8%, and were able to reduce it to 14.5% as of September 2017 (-1.3%)

ESRD Networks' Average LTC Rate
From Baseline through September 2017
Increasing Vaccination Rates

- 10% of facilities with the lowest Vaccination Rate were selected at Baseline, and a cohort was created based on data from April – September 2016
- Target is to increase Vaccination Rates to 60% for Hepatitis-B and Pneumococcal Pneumonia
- ESRD Networks’ Average Hep B Baseline was 49.6%; increased in September to 66.6% (+17%)
- ESRD Networks’ Average Pneumo Baseline was 39.8%; increased in September to 65.1% (+25%)
Hospitalization Reduction Rate
Network A1 Project and NW A2 Pilot Project

- Facilities with the highest rate of Unplanned Hospitalizations were selected at Baseline, and a cohort was created based on data from January – September 2016
- Target is to reduce Hospitalization Rates by 2%
- ESRD Networks’ Average A1 Baseline was 16.0%; Networks reduced Hospitalizations to 13.4% (-2.6%)
- ESRD Networks’ Average A2 Baseline was 15.8%; Networks reduced Hospitalizations to 13.6% (-2.2%)

**M10-A1**: NW12, NW13, NW15 and NW17  
**M10-A2**: NW7, NW16 and NW18
Aim 2: Improving Transplant Referrals

- Target is to increase the Total Number of Transplant Referrals by 10% cumulatively while reducing Disparity by 1%
- ESRD Networks increased Transplant Referrals from **13.2%** at Baseline to **32.3%** in Sept 2017 (+19.1%)

**Cumulative Transplant Referral Rate**

**Total Number of Patients Referred for Transplant**

M10-B: NW1, NW2, NW3, NW4, NW6, NW9, NW10 and NW11
Aim 2: Increase Referrals to Home Dialysis

- Target is to increase the Total Number of Home Dialysis Referrals by 10% cumulatively while reducing Disparity by 1%
- ESRD Networks increased Home Dialysis Referrals from 8.1% at Baseline to 36.2% in Sept 2017 (+28.1%)
- ESRD Networks reduced Disparities in Home Dialysis Referrals by 4.4%
Network 16 Staff

- Stephanie Hutchinson, MBA, Executive Director
- Lisa Hall, MSSW, LICSW, Patient Services Director
- Leah Skrien, Information Management Director
- Barbara Dommert-Breckler, RN, BSN, CNN, Quality Improvement (QI) Director
- Jewel Peterman, RN, BSN, QI Coordinator
- Ashley Thomsen, RN, BSN, QI Coordinator
- Faye Thibodeaux, Administrative and Project Assistant
- Shanna Rodarte, Data Coordinator
Contract Overview

• 5 year Contract – Now in 3\textsuperscript{rd} Year (OY2)
• 4 Quality Improvement Activities
• Increased focus on Patient Engagement
• Collaboration with Stakeholders
• CMS is now requiring more facility participation
Patient/Family Engagement

• Provide technical assistance to facilities that will foster patient/family engagement at the facility level
Patient Experience of Care

• Evaluate and resolve grievances
  • Address issues identified through data analysis

• Appropriate Access to Care
  – Decrease involuntary discharges and transfers (IVDs/IVTs)
  – Address patients at risk for IVD/IVT and failure to place
  – Generate monthly access to dialysis care reports
In preparation for an emergency, ESRD Network 16 will:

- Encourage dialysis facilities to plan for emergency situations
- Provide technical assistance in the development of emergency plans
- Provide educational materials
- Develop an internal Network plan for preparedness and response
Facility Reporting Requirements

- Notify the Network of changes in facility operations
  - Schedule
  - Power
  - Water
  - Road access/transportation
  - Other

- Facility Closure/Interruption in Service form can be found on the website:
QIA 1: Patient Safety HAIs

• Contains 3 sub-projects
• National goal: *by 2023, reduce the national rate of blood stream infections in dialysis patients by 50% of the blood stream infections that occurred in 2016*
• Support NHSN
  – Assist Enrollment
  – Support Completion of NHSN Annual Training
  – Quarterly Data Checks
  – Monthly data Checks (QIP support)
Due to the NHSN data verification and the two QIA project around NHSN data, we are going to continue to require that facilities enter NHSN data by the close of the following month.

Example: January data must be entered by Feb 28th
• **Dialysis Event Training** is required for each facility by June 1st

• [https://www.cdc.gov/nhsn/dialysis/event/index.html](https://www.cdc.gov/nhsn/dialysis/event/index.html)
  - Under Training Spotlight
    - CE available
QIA 1 (a): Patient Safety HAIs – Reduce Rates of BSI

- Select at least 50% of facilities
- Demonstrate 20% relative reduction in semi-annual pooled mean in cohort with highest 20% of BSIs
- Implement all CDC core interventions with targeted facilities
- Perform root cause analysis with any facility that adopted all CDC core interventions but did not improve by at least 10%
QIA 1 (b): Patient Safety HAIs – Reduce Long Term Catheters

- Identify facilities with LTC rate above 15% in the pool of 50% of Network facilities
- Expectation is that the rate will decrease by at least 2 percentage points
- June 2017 is baseline period
QIA 1 (c): Patient Safety HAIs – Health Information Exchange (HIE)

• Assist at least 20% of the facilities in the pool of 50% of Network facilities to join an HIE or “another evidence-based highly effective information transfer system as approved by CMS to receive information relevant to positive blood cultures during transitions of care”
QIA 2: Improve Transplant Coordination

- National goal: *by 2023 increase the percentage of ESRD patients on the transplant waitlist to 30% from the 2016 national average of 18.5%*
- Include at least 30% of dialysis facilities within Network service area
- Demonstrate a 10 percentage point increase in rate of patients placed on a waitlist for transplant by September 30
QIA 2: Improve Transplant Coordination

• EACH project facility must track and report to CMS the number of patients in each of 7 steps each month:

  1. Patient suitability for transplant
  2. Patient interest in transplant
  3. Referral call to transplant center
  4. First visit to transplant center
  5. Transplant center work-up
  6. Successful transplant candidate
  7. On waiting list or evaluate potential living donor

• The LDOs are in negotiations with NCC to batch this data. Patient level detail needed
QIA 3: Promote Appropriate Home Dialysis

- National goal: by 2023 increase the percentage of ESRD patients dialyzing at home to 16% from the 2016 national average of 12%
- Include at least 30% of dialysis facilities within Network service area
- Demonstrate a 10 percentage point increase in rate of patients that start home dialysis training by September 30
QIA 3: Promote Appropriate Home Dialysis

• EACH project facility must track and report to CMS the number of patients in each of 7 steps each month:
  1. Patient interest in home dialysis
  2. Educational session to determine the patient’s preference of home modality
  3. Patient suitability for home modality determined by a nephrologist with expertise in home dialysis therapy
  4. Assessment for appropriate access placement
  5. Placement of appropriate access
  6. Patient accepted for home modality training
  7. Patient begins home modality training

• The LDOs are in negotiations with NCC to batch this data. Patient level detail needed
QIA 4: Population Focused Pilot QIAs (PHFPQs) Topics

1. (a) Improve Dialysis Care Coordination with a Focus on Reducing Hospital Utilization
   (b) Network Workgroup Focus on Reducing Hospital Utilization

2. Positively Impact the Quality of Life of the ESRD Patient with a Focus on Mental Health

3. Support Gainful Employment of ESRD Patients

4. Positively Impact the Quality of Life of the ESRD Patient with a Focus on Pain Management
QIA 4: Support Gainful Employment of ESRD Patients

- Demonstrate a 5% point increase in referrals to the Employment Network or Vocation Rehabilitation and 2% point improvement in the number of patients receiving these services by September 30 in 10% of the Network facilities.

- Address disparity in care
  - Age
  - Ethnicity
  - Facility Location (Urban vs. Rural)
  - Gender
  - Race
QIA Kick Off Webinars

- **Increasing Home Modality Kick Off Webinar** - Thursday, January 11 at 10:00AM – 11:00AM Pacific Time

- **Transplant and/or Vocational Rehabilitation Referral Kick Off Webinar** – Tuesday, January 16 from 10:00-11:30AM Pacific Time
  
  *Vocational Rehabilitation facilities will stay until 11:30AM*

- **Reducing BSIs Kick Off Webinar** - Thursday, January 18 at 10:00AM – 11:00AM Pacific Time
QIA Project Attestation

• **Attestation:** Acknowledge project participation by **January 19th, 2018.** The form must be completed by either the Facility Administrator or the Medical Director.
ESRD Quality Incentive Program (QIP)

- Facility compliance with QIP procedures
- Download and post Performance Score Certificate: Now Available

- CMS Training for CY2018 1/23 register at https://blh.ier.intercall.com/details/da4411a5510d47f4b06532c60ed91974
QIP 3.0 vs. Dialysis Data.org

**QIP 3.0 Login:** [www.qualitynet.org](http://www.qualitynet.org)
- Performance Score Reports (PSR): Report providing details on the facility’s Total Performance Score, including clinical quality measures as relate to QIP.
- Performance Score Certificates (PSCs): Certificate released/posted annually in the dialysis unit where patients can view summary details impacting facility’s Total Performance Score.

**Dialysis Data Login:** [www.dialysisdata.org](http://www.dialysisdata.org)
- Quarterly Dialysis Facility Compare (QDFC): Contains your facility’s Star Rating.
- Dialysis Facility Reports (DFRs): Summary of quality in facility using claims data as the main source. Often used by State Surveyors for review prior to visiting a facility. Also used by the Network to select facilities for Network Projects.

**Network 16**
Alaska, Idaho, Montana, Oregon, Washington
[www.nwm.org](http://www.nwm.org)
2744 Annual Facility Survey time is here. All Network 16 Facilities need to ensure accuracy of Calendar Year (CY) 2017 data in CROWNWeb.

Network 16/18 Annual Facility Survey (CMS-2744) Schedule:

- **January 1, 2018:** Facilities can begin generating their Annual Facility Survey (CMS-2744) in CROWNWeb for the Calendar Year **2017** and begin review and data cleanup
- **February 1, 2018:** All facilities generate and save CY 2017 CMS-2744
- **February 2018:** 2744 Individual Appointments for ESRD NW16
  
  [https://booknow.appointment-plus.com/9qg68xdg/](https://booknow.appointment-plus.com/9qg68xdg/)
- **March 31, 2018:** Final Due Date for submittal to the ESRD Network for approval
CROWNWeb

- CROWNWeb Data Management Guidelines from CMS
- Highlights include:
  - Shortened turnaround time for completing required CROWNWeb Activity
  - Requirement to update key personnel in CROWNWeb
  - PART verification due the 5th business day of the month
  - CMS Data Management Guidelines change 2728 due date to within 10 business days of Date Regular Chronic Dialysis Began
- Complete document available
  http://mycrownweb.org/assets/crownweb-dm/CROWNWeb_Data_Management_Guidelines_FINAL.pdf
  - Page 52 has Task List for Facility Users (Tier 1) along with due dates
**EQRS Facility Dashboard Released**

**Overview**

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**ICH CAHPS attestation period is open**
ICH CAHPS is not attested. To complete the attestation go to the [facility attestation page](#). This period ends on 02/28/2018.

**Clinical Depression Screenings**

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<th>Upcoming Screenings</th>
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**Pain Assessments**

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**Form 2744 Status**

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**Clinical Data**

<table>
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<th>Due in February</th>
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<td>6</td>
<td>11</td>
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CROWNWeb Clinical Updates 2018

- Ultrafiltration Rate
- Total Number of Dialysis Sessions During Clinical Month

January 23rd OCT Training: Attestation, Ultrafiltration, and Number of Dialysis Sessions Training Event

EIDM and QARM
Registration process for users to access CROWNWeb and QIP 3.0

- **EIDM**: Enterprise Identity Management System: Used to set up User Account (create login ID and password) to apply for access to QARM and its systems. An EIDM account must be created to access QARM, CROWNWeb and QIP 3.0

- **QARM**: QualityNet Authorization Role Management: Apply for access and determine roles in CROWNWeb and QIP 3.0

EIDM/QARM Registration Resources:
- [http://mycrownweb.org/education_/eidmqarm-training/](http://mycrownweb.org/education_/eidmqarm-training/)
- [https://www.nwrn.org/providers-and-professional-staff/im/crownweb.html](https://www.nwrn.org/providers-and-professional-staff/im/crownweb.html)
# Common CMS System Roles

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<tr>
<th>Role</th>
<th>System</th>
<th>System Description</th>
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<th>Login ID Looks Like</th>
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<tr>
<td>NHSN Administrator</td>
<td>NHSN</td>
<td>Report Dialysis Events; Staff Vaccinations</td>
<td>QARM, CROWNWeb QIP 3.0</td>
<td>Email</td>
</tr>
<tr>
<td>EIDM</td>
<td>EIDM <a href="http://Portal.CMS.gov">http://Portal.CMS.gov</a></td>
<td>Create account (including setting up user ID and password) to access QARM</td>
<td>EIDM CROWNWeb QIP 3.0.0</td>
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</tr>
<tr>
<td>QARM - Org Security Official</td>
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<td>Approve, Disable and Edit QIMS User Accounts</td>
<td>EIDM CROWNWeb QIP 3.0.0</td>
<td>User chooses during EIDM registration</td>
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<tr>
<td>CROWNWeb - Facility Administrator</td>
<td>QARM →CROWNWeb <a href="www.qualitynet.org">www.qualitynet.org</a></td>
<td>CMS Data System for Facility, Patient and Clinical Data</td>
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<td>QIP 3.0 - Point of Contact</td>
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<td>View/Edit/Comment on DFR and QDFC</td>
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Security

• All facility staff is responsible for preventing security violations and protecting patient data.

• PHI (Protected Health Information) and PII (Personally Identifiable Information) can NEVER be sent over email.
  – Includes SSN, Patient name or initials, birthdate, etc.

• All security violations are reported to CMS.
ESRD Network Bulletin

• Sign up for our ESRD Network blog posts at https://nwrnbulletins.wordpress.com/ and click on the “Follow” button in the lower right-hand corner.
Bulletin includes:

• Educational opportunities
• Patient-health events
• QIP Rules
• DFR/DFC release dates
• Approaching facility deadlines
We look forward to partnering with you in the new year.
Questions?

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BBreckler@nw16.esrd.net
LHall@nw16.esrd.net
LSkrien@nw16.esrd.net
Athomsen@nw16.esrd.net

Network 16 Office: 206-923-0714