

NETWORK NEWS

Information For Northwest Renal Network
(ESRD Network 16) Facilities and Providers
In Alaska, Idaho, Montana, Oregon and Washington

June 2008



The Network completes year two of its current three year contract with the Centers for Medicare and Medicaid Services this month. The 2007 Annual Report will be posted to the Network website in July. Highlights of recent activities include:

Fistula First Breakthrough Initiative

This Network area continues to lead the nation in prevalent AV Fistula (AVF) rates, reaching 61.9% as of March 2008, the most recent Fistula First Dashboard data available at publication. Technical education and comparative reporting initiatives focused on outreach to nephrologists, surgeons and clinical staff.

Clinical Performance Measures (CPM)

Several new quality improvement projects underway focus on improving CPM outcomes. These include projects on increasing AVF use, reducing complications of the buttonhole cannulation technique, reducing long-term catheter use, and improving serum albumin concentrations.

Patient Services

Members of the new Patient Advisory Committee provided input to the Network regarding patient focused activities and areas of concern to patients. Several Network products were updated to meet consumer needs better, including the patient poster for display in treatment facilities, the Consumer News newsletter, website resources for patients, and the Network's complaints and grievances protocol. A Vocational Rehabilitation Toolkit and Consumer Education Plan were developed as well.

Emergency Preparedness and Response

The Network developed outreach materials and held a meeting for providers and emergency responders to address the needs of the ESRD patient population. Network staff actively participated on workgroups of the national Kidney Community Emergency Response (KCER) Coalition.

Information Management

The Network participated in conference calls, reviews of system requirements and a technical expert panel meeting as part of the CMS development of the CROWNWeb system scheduled for implementation in February 2009.

Inside this issue:

<i>Dialysis Facility Reports</i>	2
<i>Dialysis Facility Compare</i>	
<i>Network Council and Facility Representatives</i>	3
<i>Patient input to Network Activities</i>	3
<i>Patient Assessment Tools</i>	4
<i>Managing Challenging Situations</i>	4
<i>Transplant Evaluation and Tracking</i>	5
<i>Assessing Patients for Home Options</i>	6
<i>Emergency Preparedness and Response</i>	6
<i>CROWNWeb</i>	7
<i>Welcome Network Staff</i>	8
<i>New Web Pages eBulletins</i>	8
<i>Network Contact Information</i>	8

DIALYSIS FACILITY REPORTS

CMS has indicated that 2008 Dialysis Facility Reports (DFR), prepared by the University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) and Arbor Research Collaborative for Health, will be sent to the ESRD Networks in July to forward to each facility's Medical Director and Administrator of record by early August . (If there has been a change to your facility's Administrator or Medical Director recently, please contact the Network to provide the updated information).

The 2008 DFR will include information regarding the purpose of the report and the inclusion criteria for the calculation of the Dialysis Facility Compare (DFC) measures. It will also inform facilities how to submit comments on their DFC measures to a secure website, including comments that they want their State Survey Agency to receive in addition to their facility reports, and general comments about the DFR that they wish to share with UMKECC. It is anticipated that the State Survey Agencies will receive copies of the DFRs and facility comments in the fall, with facility information posted to the DFC website in November 2008.

Arbor Research Website for DFR feedback, 7/14/08-9/7/08:
<https://secure.arborresearch.org/esrdmeasures>.

DIALYSIS FACILITY COMPARE

Dialysis Facility Compare (DFC) is part of the Centers for Medicare and Medicaid Services website. DFC allows patients to search for Medicare-certified dialysis facilities based on a city, state, or specific zip code. DFC provides data about dialysis facilities* including facility characteristics such as address and phone number, types of dialysis offered, facility ownership, whether a facility offers dialysis shifts after 5 pm, and number of dialysis treatment stations. DFC also has information about quality measures such as adequacy of dialysis, anemia management and patient survival.

***Note:** DFC attempts to include all Medicare-certified dialysis facilities; however, it may take several months for newly-approved facilities to appear on this site. Also, there are a few dialysis facilities operating without Medicare certification, and these facilities are not listed.

Dialysis Facility Compare Website: www.medicare.gov/Dialysis

YOUR OPINION MATTERS TO THE NETWORK

You will find a voluntary feedback form with this issue. Last year the key issues identified from the provider community included increasing patient involvement in and awareness of Network activities, ideas for specific educational materials, and a desire to have increased contact with and understanding of the Network. Since then, we have improved and expanded patient focused activities and patient involvement in the Network, and we are updating educational resources and website content. The article on the next page also describes our plan to conduct web-ex meetings periodically to update providers on our activities and obtain feedback. In the meanwhile, please send us your comments on the form.

FAQ- NETWORK COUNCIL / FACILITY REPRESENTATIVES

What is the Network Council? The Social Security Act, Section 1881 (C) - (c)(1)(A)(i)- designated “network administrative organizations” which, in accordance with regulations of the Secretary, included establishment of a “network council of renal dialysis and transplant facilities located in the area.” Each Network may have different processes in place regarding who constitutes the Council membership as well as their roles, but all Networks must adhere to the basic regulations. The complete Social Security Act, which includes information on Medicare coverage, the patient registry, Networks and providers, is located on-line at:

http://www.ssa.gov/OP_Home/ssact/title18/1881.htm

Who are the members of this Network’s Council? Each Medicare-certified ESRD treatment facility in the Northwest Renal Network area has one representative to the Council. When the facility submits their facility roster to the Network, the person listed as the Facility Representative is considered their member of the Council. The facility must notify the Network if this person has changed.

What are the responsibilities of the Facility Representative? This role includes assisting the Network in identifying the ongoing needs of the renal community, and making recommendations to the Network on programs, activities and approaches to identified needs and issues. The Facility Representative also is the key person responsible for assuring their facility is participating with Network-directed goals and activities as required by Federal regulation and voting in the elections for the Network Board of Directors.

How can Council members give input to the Network? The Network receives ongoing feedback from council members via their phone and email contacts with Network staff. Starting in 2007, the Network implemented an annual process of sending a voluntary input form to Network Council members (enclosed with this issue). The Network is currently in the planning process to hold periodic Network Council web-ex meetings in the future, to provide reports on Network activities and receive input from the community.

PATIENT INPUT INTO NETWORK ACTIVITIES

Northwest Renal Network recognizes the central role of patients in its mission to promote optimal dialysis and transplant care. Patients provide essential input into the activities of the Network in a variety of ways. The Network has patients serving on both its Board of Directors and Medical Review Board. The patients participate fully in the various oversight and planning responsibilities, ensuring that the perspective of the patient is represented.

The Patient Advisory Committee (PAC) is an advisory committee to the Network, established in 2007. Their experiences and perspectives provide additional insight to the Network. The primary role of the PAC is to inform the Network and its Board about the needs of patients, to facilitate patient-centered care, and to provide input into Network activities.

The Network also seeks direct feedback from patients in order to evaluate the effectiveness and impact of particular activities. New processes have been implemented to obtain voluntary feedback from patients regarding satisfaction with Network services, as well as to provide input on the format, content and readability of the patient newsletter *Consumer News*. The Network uses the feedback to improve processes and methods of outreach to patients.

PATIENT ASSESSMENT TOOLS

The new Conditions for Coverage have increased emphasis in many patient focused areas. This section provides resources for patient assessments.

Consumer Assessment of Healthcare Providers and Systems (CAHPS):

The in-center hemodialysis survey (English/Spanish) and kit is available for download at the Agency for Healthcare Research and Quality website:

<https://www.cahps.ahrq.gov/cahpskit/ICH/ICHChooseQX.asp>.

Psychosocial Assessment Tools : A resource list of assessment tools, including the Kidney Disease Quality of Life survey and depression inventories, is located at :

<http://www.nwrenalnetwork.org/SW/PsychosocialTools.htm>.

Comprehensive Multidisciplinary Patient Assessment (CMPA) Example Questions *Social Work Focused Criteria*

This resource was developed by the National Kidney Foundation's Council of Nephrology Social Workers (CNSW) to assist facilities in complying with the patient assessment requirements in the new Conditions for Coverage. This resource along with other materials on the new Conditions for Coverage may be accessed at <http://www.kidney.org/professionals/webinar.cfm>.

MANAGING CHALLENGING SITUATIONS

DIALYSIS PATIENT- PROVIDER CONFLICT (DPC) TOOLKIT

This program includes tools to assist in conflict resolution, such as staff education materials on CD, decision trees and sample tracking tools for quality improvement projects.

All facilities in the country received a DPC toolkit a few years ago. Facility managers or social workers received the information. If your facility is unable to locate the toolkit, or if your facility has opened within the past few years, the Network has a limited number of copies remaining from the original CMS funded printing. Please contact us for a copy.

Many of the DPC Toolkit materials are also available at the ESRD Network Coordinating Center website, <http://www.esrdncc.org/index/decreasing-dialysis-patient-provider-conflict>.

CARE AGREEMENTS

The Network often assists members of the renal community in addressing challenging patient and provider situations. Many treatment providers use care agreements or “behavioral contracts” to address and manage challenging situations and patient behaviors. While not necessary or suitable in all situations, such agreements can be an effective tool for managing challenges. A tool to assist providers in determining when a care agreement may be helpful and how to structure an effective care agreement is located on the Network website at: <http://www.nwrenalnetwork.org/SW/CareAgree.pdf>.

Aaron Herold LICSW, Patient Services Coordinator, is available to assist both providers and patients with challenging situations. Please contact the Network for additional assistance.

TRANSPLANT EVALUATION AND TRACKING

Many ESRD patients would benefit physically, psychologically, and socially from receiving a kidney transplant. It is therefore important for them to be aware of their options to be evaluated for transplant. In order to ensure that patients are appropriately evaluated and referred in a timely manner, the Centers for Medicare and Medicaid Services has included additional requirements of dialysis facilities and transplant programs in recently published regulations.

Dialysis Facilities will be required by the new Conditions for Coverage of Suppliers of End Stage Renal Disease (ESRD) Services, as of October 14, 2008, to (text condensed):

- § Include in a patient assessment the evaluation of suitability for transplantation referral, based on criteria developed by the prospective transplantation center and its surgeon(s). If the patient is not suitable for referral, the basis for non-referral must be documented in the patient's medical record. (Pg 20479)
- § Include in the patient's plan of care:
 - (A) Plan for transplantation, if the patient accepts the transplantation referral;
 - (B) Patient's decision, if the patient is a candidate for transplantation referral but declines the referral; or
 - (C) Reason(s) for the patient's non-referral as a transplantation candidate. (Pg 20480)
- § Track the results of each kidney transplant center referral; monitor the status of patients who are on the transplant wait list; and communicate with the transplant center regarding patient transplant status at least annually, and when there is a change in transplant candidate status. (Pg 20480)

Transplant Programs are required by the Conditions of Participation for Hospitals to:

- § Provide a copy of its patient selection criteria to a transplant patient, or a dialysis facility, as requested by a patient or a dialysis facility. (Pg 15276)
- § For each patient who receives an evaluation for placement on a center's waiting list, the center must document in the patient's record that the patient (and in the case of a kidney patient, the patient's usual dialysis facility) has been informed of his or her transplant status, including notification of:
 - (A) The patient's placement on the center's waiting list;
 - (B) The center's decision not to place the patient on its waiting list; or
 - (C) The center's inability to make a determination regarding the patient's placement on its waiting list because further clinical testing or documentation is needed. (Pg 15276)

The Journey of Transplant Evaluation - Patient article discussing the transplant evaluation process. Northwest Renal Network - Consumer News: <http://www.nwrenalnetwork.org/P/NCN/NCNv1.1.pdf>

UNOS Resources: <http://www.transplantliving.org/community/publications/brochures.aspx>

Partnering With Your Transplant Team - A valuable 106 page booklet that includes topics such as waiting for a transplant, sources of financial support, transplant resources and more.

What Every Patient Needs to Know - A comprehensive brochure for transplant patients on all aspects of the transplant process.

ASSESSING CANDIDATES FOR HOME OPTIONS

The choice of modality affects every aspect of a patient's life – their diet, ability to maintain employment, freedom to travel, and how well they feel. Patients benefit from initial and repeated opportunities to learn about all of their treatment options. The non-profit Medical Education Institute, Inc. (MEI) developed a tool called MATCH-D to help nephrologists and dialysis staff identify and assess candidates for home dialysis therapies (PD and HHD). Another tool is the MEI educational DVD "*Home Dialysis: Your Life, Your Choice*," sent to Network facilities in October 2007.

You may access the MATCH-D tool at: <http://www.homedialysis.org/MATCH-D>

EMERGENCY PREPAREDNESS AND RESPONSE

Northwest Renal Network is part of a larger renal community that includes patients, providers, federal and state government agencies, professional associations, educational institutions, and renal related organizations. In addition to activities conducted independently, the Network also participates in collaborative activities with other members of the renal community. Emergency preparedness and response is one such area.

The Network is active in the national Kidney Community Emergency Response (KCER) Coalition, actively participating in several workgroups including:

Federal Response Team -The purpose of this team is to educate Federal agencies and state partners in the needs of ESRD patients. In addition, they will direct Federal resources for ESRD during a disaster response.

Pandemic Workgroup- This workgroup is designed to ensure continuation of services in the event of a major pandemic. In addition, they will be coordinating kidney community efforts with federal and state agency plans.

Staff Support Workgroup - This workgroup has been working on developing and maintaining a database of emergency / disaster volunteers from all disciplines. The workgroup will also be educating volunteers who will be deployed into disaster areas.

Physician's Assistance Workgroup – This workgroup focuses on providing nephrology expertise, and a means for deploying nephrologists, for the management of dialysis and transplant patients during a large-scale crisis. This group also focuses on providing assistance to physicians that are displaced by disasters.

Communication Response Team - This team is responsible for establishing communication tools and channels in order to provide information to ESRD patients, their families, and the public about how to prepare for an emergency, and during an emergency.

Facility and Patient Tracking Response Team - This team promotes provider dissemination of an emergency data set (medical records) to all patients at least annually in preparation for a disaster, supports the current on-line system to report open / closed facilities and participates in the development of standardized patient and facility tracking tools.

Information on more workgroups and excellent resources for patients and providers are available at the KCER Website: <http://www.kcercoalition.com/>

Background

As outlined in the 2008 Conditions for Coverage that were published in the Federal Register in April, CMS will require all dialysis facilities to use CROWNWeb starting on February 1, 2009. CROWNWeb is an Internet-based data entry and management system designed to track patient treatment and outcomes, centralize ESRD data, provide timelier reporting to ESRD facilities, and ultimately help to improve the lives of individuals with End Stage Renal Disease. It offers multiple advantages over the current predominantly-paper processes required by CMS today, including the electronic submission of ESRD data directly from facilities to CMS, the ability to have data electronically follow a patient from treatment to treatment at virtually any dialysis facility nationwide, and comparative reporting functionality that quickly compares a facility against its Network or the entire nation.

Data Input

CROWNWeb requires facilities to input 2728 and 2746 forms directly into an Internet-based form displayed on a web page, and submit the forms to CMS electronically (the Social Security Administration will still require a signed paper form). Additionally, CROWNWeb requires facilities to enter facility data, including staff, location, and operating hours, and enter ESRD treatment information for individual patients. In the event of an emergency or evacuation, other facilities can manage these patients by taking ownership of that patient and admitting the patient to the facility, and then accessing the patient's treatment history.

For release 1 of CROWNWeb, selected dialysis organizations (Fresenius, DaVita and DCI) will be submitting most data electronically at the corporate level from their internal electronic records. However, the individual facilities will still use the system for entering the 2728 and 2746 forms, as well as maintaining an accurate and ongoing patient and facility record.

Training

CMS is developing a comprehensive training program to assist facilities in the required transition to CROWNWeb. Training will be available both in a web-based training module format as well as one-day in-person training courses.

A major emphasis for the in-person trainings will be for facilities that will be entering all of their data manually, as they are not part of the designated providers submitting most data electronically. For this Network area, one-day trainings are tentatively scheduled in Seattle, WA, Portland, OR, and Billings, MT, in January 2009. Representatives of Idaho facilities may be able to attend trainings outside of our Network area in Salt Lake City, due to the geographic proximity. More information will be issued directly to dialysis facilities regarding training dates and registration at a later time.

CROWNWeb Resources

For additional materials and information on frequently asked questions, the training schedule, system requirements, and tutorials, please go to the FMQAI website at www.fmqai.com/ESRD/CROWNWeb/. If you'd like more information on the CROWNWeb system or have a specific question or concern, please send an email to CRAFT@nw7.esrd.net.

*Note: Transplant centers will not be required to use CROWNWeb at this time. Per CMS direction, these Centers will continue to create paper-based 2728 forms and submit them to their Network. The Network will then enter the form into CROWNWeb on the Center's behalf.

Special thanks to the QIS Team at FMQAI for their assistance with this summary update.

WELCOME NEW STAFF AT THE NETWORK

Please join us in welcoming three new staff members since the last issue of Network News.

Faye Thibodeaux joined us as the Administrative and Project Assistant in mid-March. She hit the ground running at one of our busiest periods of Network contract activities. She has a background in business consulting and office management .

Sharon Badger, RN joined us in April as our Quality Improvement / Community Education Coordinator. She is focusing on emergency preparedness and coalition work initially and looks forward to increasing her contact with the patient / provider community. She has a background in several clinical areas of nursing, as well as education and clinical management.

Shanna Rodarte is our newest staff person, joining us at the end of May as the Administrative and Data Assistant. She has a background in administrative support in dialysis facilities.

NETWORK eBULLETINS

FDA Warnings, Clinical Resources, Patient Resources, Educational Opportunities

The Network sends out short email bulletins on issues of interest and critical developments in the renal community. The bulletins are available to anyone in the renal community including patients, physicians, nurses, dietitians, social workers, and administrators.

If you would like to receive eBulletins from the Network, just send an email to:

nwrnbulletins@nw16.esrd.net.

NEW WEB PAGES UNDER CONSTRUCTION

The Network website has recently been updated to include distinct pages to centralize certain groupings of resources. From the links at the top of the opening page of our website, you may visit pages focusing on:

- ◆ Quality Improvement - Information on QI processes and action plans, Clinical Performance Measures, the Fistula First Breakthrough Initiative and an index of eBulletins regarding clinical issues.
- ◆ Data Forms – Information on CMS/Network forms, resources to assist with frequently asked questions and CROWNWeb information.
- ◆ For Patients - This previously existing link has been updated to centralize resources including educational materials, Network *Consumer News* newsletters, information on complaints and grievances, and an index of eBulletins regarding patient issues.

CONTACT US

Phone: (206) 923-0714

Patient-Only Toll Free Line: (800) 262-1514

Fax: (206) 923-0716

Visit our Website: www.nwrenalnetwork.org

Network News is published by **Northwest Renal Network** under contract #HHSM-500-2006-NW016C with the Centers for Medicare & Medicaid Services. The contents of this document do not necessarily reflect CMS policy. Opinions expressed in articles appearing in this newsletter are those of the authors, and no endorsement is implied on the part of Northwest Renal Network or its Boards and committees.