



One. Mission.

Joint Network Council Meeting

ESRD Network 2021 Launch

June 17, 2021

Presented by ESRD Networks 10 and 12



Agenda

- Welcome and Introduction of Qsource ESRD Team
- Role and Expectations of the Network Council
- Overview of Qsource ESRD Programs/Demographics
- 2021 Quality Improvement Activities and Network Participation
- Patient Engagement and Patient Experience of Care
- Information Management
- Emergency Preparedness

Meeting Goal: Kick-off 2021 contract work by engaging stakeholders to drive improvement in ESRD patient quality of life

Qsource ESRD Network Team



Stephanie
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Executive



Roma
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Quality Improvement



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Patient Services & Marketing

Network Council

Role

Collaborate with the ESRD Network to achieve goals set by the Centers for Medicare & Medicaid Services (CMS) and our leadership boards

Members

- Dialysis Facilities
- Transplant Centers
- Community Partners
- ESRD Patients
- Medical Review Board and Board of Directors

Expectations



ESRD Network Program Overview



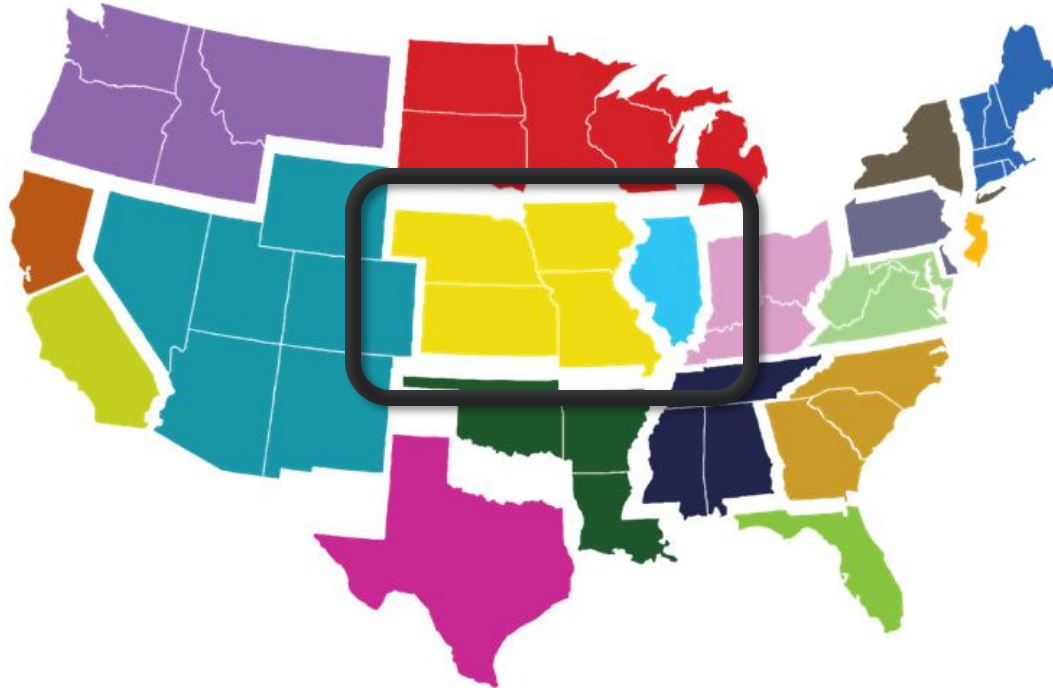
The End Stage Renal Disease Network Organization Program (ESRD Network Program) is a national quality improvement program funded by CMS, a federal agency of the U.S. Department of Health and Human Services.

Following passage of the 1972 Amendments to the Social Security Act, in response to the need for effective coordination of ESRD care, hospitals and other health care facilities were organized into networks to enhance the delivery of services to people with ESRD.

In 1978, Public Law 95-292 modified the Social Security Act to allow for the coordination of dialysis and transplant services by linking dialysis facilities, transplant centers, hospitals, patients, physicians, nurses, social workers, and dietitians into Network Coordinating Councils, one for each of 32 administrative areas.

In 1988, CMS consolidated the 32 jurisdictions into 18 geographic areas and awarded contracts to 18 ESRD Network Organizations, now commonly known as ESRD Networks. The ESRD Networks, under the terms of their contracts with CMS, are responsible for: supporting use of the most appropriate treatment modalities to maximize quality of care and quality of life; encouraging treatment providers to support patients' vocational rehabilitation and employment; collecting, validating, and analyzing patient registry data; identifying providers that do not contribute to the achievement of Network goals; and conducting onsite reviews of ESRD providers as necessary.

Qsource ESRD Networks Service Area



 ALASKA	 PUERTO RICO	 U.S. VIRGIN ISLANDS
 HAWAII	 GUAM and MARIANA ISLANDS	 AMERICAN SAMOA

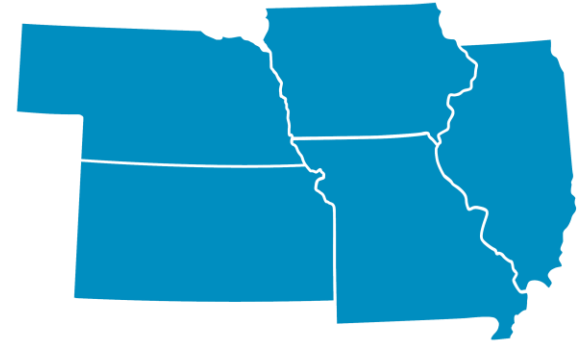
ESRD Network Regions Overview

687 total dialysis facilities

38,450 dialysis patients

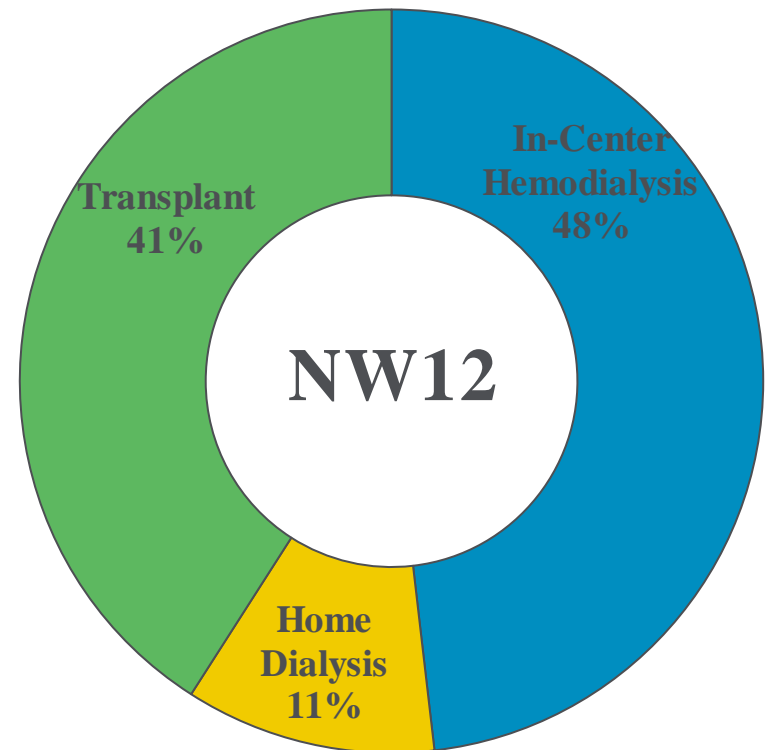
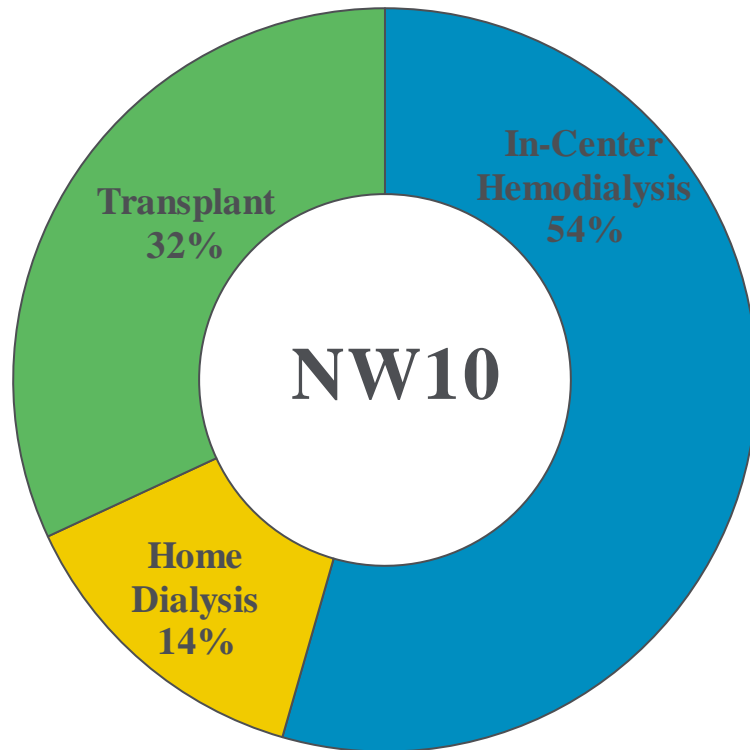
21 transplant centers

21,909 kidney transplant patients

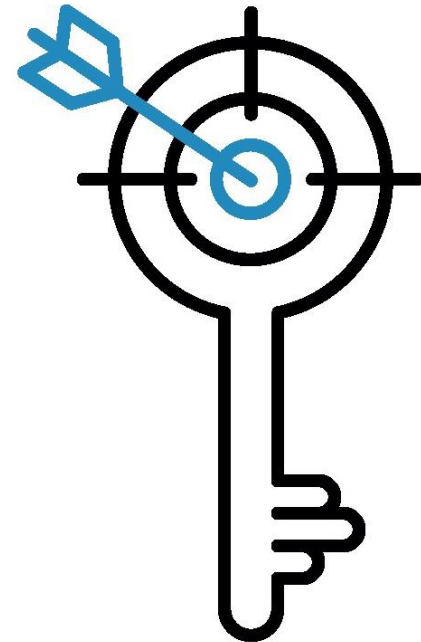


	Illinois (NW10)	Iowa	Kansas	Missouri	Nebraska	(NW12)
Medicare-Certified Dialysis Facilities	350	68	65	164	40	337
Prevalent Dialysis Patients	21,134	2,888	3,270	9,183	1,975	17,316
Medicare-Certified Transplant Facilities	9	2	1	8	1	12
Prevalent Transplant Patients	9,908	2,332	1,863	5,955	1,851	12,001

Renal Replacement Therapy Breakdown



2021 Quality Improvement Activities and Facility Participation



2021 CMS ESRD Areas of Focus

CMS ESRD contract has specific initiatives designed to achieve results in improvement in the care for ESRD patients.

Quality
Improvement
Activities

Community
Coalitions

Emergency
Preparedness
and Response

Resolving
Grievances and
Access to
Care Issues

ESRD Quality
Reporting System
(EQRS) Data
Quality

Quality Improvement Activities

Improvements Over a Five-Year Period (2021 to 2026)



↑ 50%

PFE: QAPI



↑ 50%

PFE: Life Plan



↑ 25%

PFE:
Peer Mentoring

National Long-Term Goals



Behavioral
Health

↑ depression
screenings
75%

↑ treatment
50%



Nursing Home
Focus

↓ catheter
infections
40%

↓ peritonitis
20%

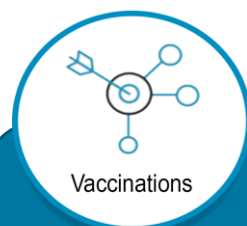
↓ blood
transfusions
20%



Hospitalizations

↓ COVID
hospitalizations

↓ hospital
admissions,
30-day
unplanned
readmissions,
and outpatient
ED visits
20%



Vaccinations

flu for patients
and staff
90%

PPSV 23 90%

↑ 70%
PPSV boosters

↑ 70%
PCV 13

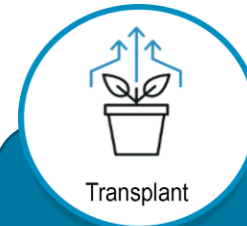


Home Dialysis

↑ incident
home dialysis
60%

↑ moving to
home dialysis
30%

↑ rural using
telemedicine
20%



Transplant

↑ transplant
waiting list
20%

↑ kidney
transplants
30%

Nursing Home Focus

Base Year Goals

- Achieve a 2% decrease in the rate of dialysis patients receiving dialysis at nursing homes being given a blood transfusion.
- Achieve a 4% decrease in the hemodialysis catheter infection rate, in dialysis patients receiving home dialysis at nursing homes.
- Achieve a 2% decrease in the incidents of peritonitis in dialysis patients receiving home dialysis in nursing homes.

Behavioral Health

Base Year Goals

- Achieve a 15% increase in the percentage of patients accurately screened as having depression for the Quality Incentive Program (QIP).
- Achieve a 10% increase in the percentage of patients within the QIP subset of patients identified as having depression and received treatment by a mental health professional.

Vaccinations

Base Year Goals

- Achieve an increase to 85% of dialysis patients receiving an influenza vaccination.
- Ensure a minimum of 90% of dialysis facility staff receive an influenza vaccination annually.
- Achieve a 10% increase in the number of dialysis patients receiving a PCV 13.
- Achieve an increase to ensure 87% of dialysis patients receive PPSV 23.
- Achieve an increase to ensure 80% of dialysis patients **over 65 years old** receive a PPSV 23.
- Achieve a 10% increase in the number of patients receiving a booster PPSV 23.
- Ensure a minimum of 80% of dialysis patients receive COVID-19 vaccination.

Reduction of Hospitalizations

Base Year Goals

- Achieve a 5% decrease in the number of COVID-19 hospitalizations in the ESRD patient population with focus on comorbidities: hypertension, obesity or diabetes.
- Achieve a 2% decrease in national hospital admissions from the Priority Diagnosis Categories.
- Achieve a 2% decrease in the national hospital 30-day unplanned readmissions from the Priority Diagnosis Categories.
- Achieve a 2% decrease in the national outpatient emergency department visits from the Priority Diagnosis Categories.

Priority Primary Diagnosis Categories (26 ICD-10 Codes)



Anemia
Management



Blood Pressure
Management



Cardiac related



Endocrine
related



Fluid Balance
related



Infection
related



Mineral
Metabolism



Vascular
related

- A4101 Sepsis due to Methicillin Susceptible Staphylococcus aureus
- A4102 Sepsis due to Methicillin Resistant Staphylococcus aureus
- A4150 Gram-negative sepsis, unspecified
- A4181 Sepsis due to Enterococcus
- A419 Sepsis, unspecified organism
- D649 Anemia unspecified
- E1110 DM Type 2 with ketoacidosis without coma
- E1122 Diabetes type 2 with diabetic chronic kidney disease
- E162 Hypoglycemia, unspecified
- E871 Hypo-osmolality and hyponatremia
- E875 Hyperkalemia
- E876 Hypokalemia
- E8770 Fluid overload unspecified
- E8779 Other fluid overload
- I120 Hypertensive chronic kidney disease stage 5 or end-stage renal disease
- I161 Hypertensive Emergency
- I169 Hypertensive Crisis, Unspecified
- I214 Non-ST elevation myocardial infarction (N STEMI)
- I2510 Atherosclerosis heart disease of native coronary artery without angina pectoris
- J810 Acute pulmonary edema
- R079 Chest pain, unspecified
- T80211 Bloodstream infection due to central venous catheter
- T82838 Hemorrhage due to vascular prosthetic devices, implants and grafts
- T82858 Stenosis of other vascular prosthetic devices, implants and grafts
- T82868 Thrombosis due to vascular prosthetic devices, implants and grafts
- T8571 Infection and inflammatory reaction due to peritoneal dialysis catheter

Home Modality

Base Year Goals

- Achieve a 10% increase in the number of incident ESRD patients starting dialysis using a home modality.
- Achieve a 2% increase in the number of prevalent ESRD patients moving to a home modality.
- Achieve a 2% increase in the number of rural ESRD patients using telemedicine to access a home modality.

Transplant

Base Year Goals

- Achieve a 2% increase in the number of patients added to a kidney transplant waiting list.
- Achieve a 2% increase in the number of patients receiving a kidney transplant.

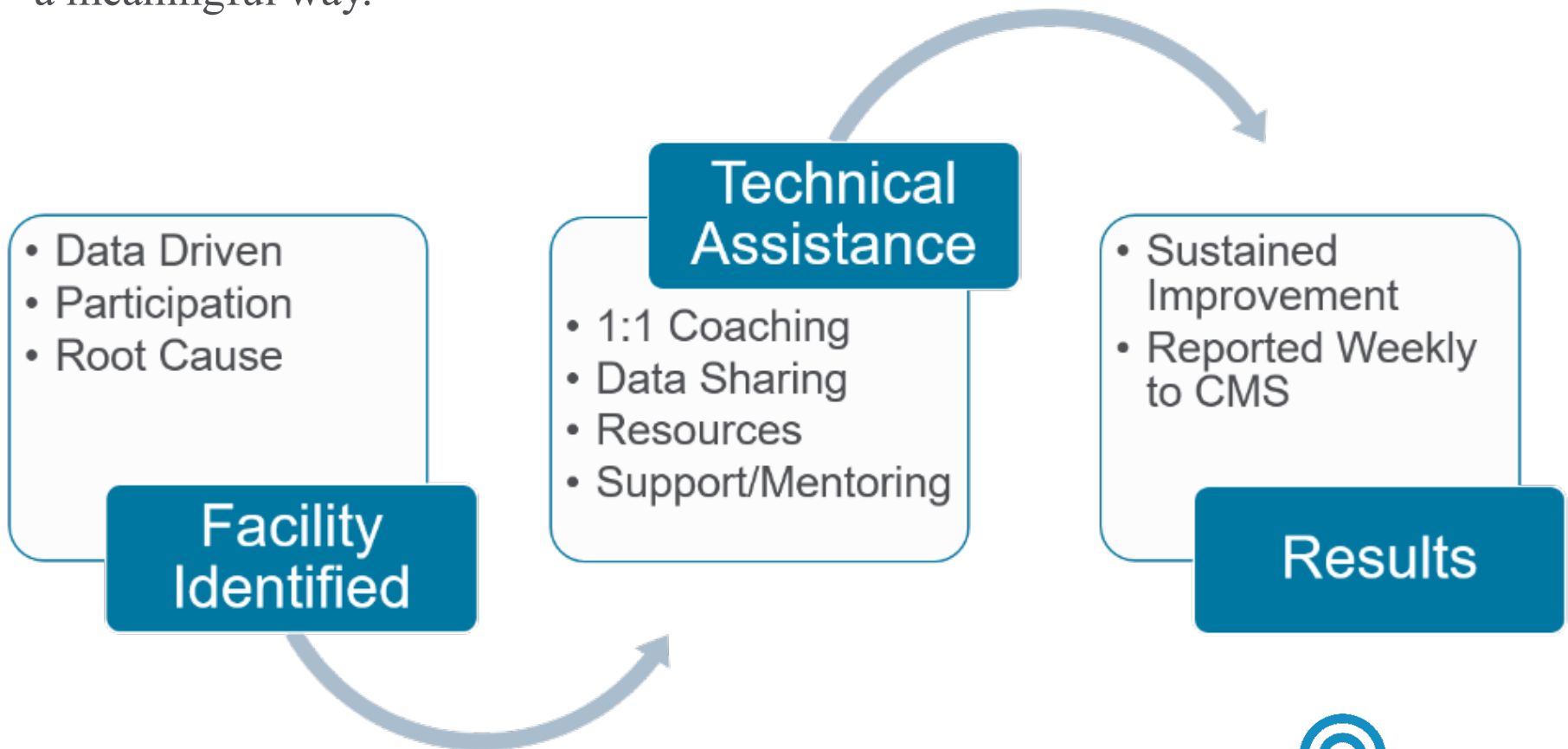
Quality Improvement Activity Overview

All Quality Improvement Activities will:

- Require a Commitment Attestation and Environmental Scan (due by June 25)
- Have activities and interventions to support QIA participation
- Coalition Calls – a collaboration to share best practices and provide support to drive change
- Promote use of Patients Educating, Empowering, Representing, and Supporting (PEERS) In Action, patient peer program, at each facility
- Incorporate CMS Patient Engagement Goals
- Complete monthly facility assessments
- Utilize facility specific QIA progress report to track your participation

Quality Improvement Activities: Technical Assistance

QI team will reach out to facilities directly to provide support and education needed to help facilities achieve results, spread best practices, and drive change in a meaningful way.



How Regional Leadership Can Stay Involved

The role of regional leadership is vital in the sustainability of CMS goals and facility cooperation with the ESRD Network:



Communicate



**Invite the
Network**



**Share Best
Practices**



**Encourage
Participation**

How the Network will Support your Success



**Monitor and
Analyze**



**Partner With
Community**



**Conduct Site
Visits**



**Provide
Assistance**



**Partner With
Stakeholders**



Communicate



**Identify
Performers**

Community Coalitions to Drive Improvement

CMS defines coalitions as:

bodies of stakeholders within a community dedicated to defining a healthcare issue within the designated community, producing a root cause analysis to identify areas for improvement, committing to work as a group to achieve quantitative aims, and implementing specific actions tied to the identified root causes that are designed to improve healthcare outcomes within the community.



Coalition Overview

7 Coalitions

1. Behavioral Health
2. Patient Safety
3. Home Dialysis
4. Transplant
5. Transition of Care
6. Nursing Home Care (blood transfusions)
7. Patient Engagement/Experience of Care

Key Stakeholders for Recruitment

- Empowered patients
- Nephrologists
- Primary care providers
- Dialysis facility staff of all modalities
- Psychologists
- Psychiatrists
- Transplant staff
- Dialysis facility staff from all modalities
- Nursing home staff
- Large and small dialysis organizations regional

2021 Patient Services Updates



How We Will Support You



- Patient Experience of Care
 - Evaluate and resolve grievances
 - Assist with facility concerns and provide guidance
 - Address at-risk and involuntary discharges and transfers
- Patient and Family Engagement
- Champion the PEERS In Action program
- Support the development of patient education resources and outreach

Grievances

How does CMS define Grievance?

“A written or oral communication from an ESRD patient or patient representative..., alleging that an ESRD service received from a Medicare-certified provider **did not meet the grievant’s expectations** with respect to safety, civility, patient rights, and/or clinical standards of care.”



Grievances

- Facility Policy and Procedures must describe all available grievance procedures to the patient.
 - Internal Process
 - Network
 - State Survey Agency

- The procedure is clear that the patient has a right to directly file a grievance with the Network (or State Survey Agency) without first using the facility's grievance process.

Source: ESRD Conditions for Coverage (V465, V466, V467, V765)

Involuntary Discharges & Transfers

V766 and V767: The governing body must ensure that all staff follow the facility's patient discharge and transfer policies and procedures.

Involuntary discharge or transfer should be **rare** and **preceded** by a demonstrated **effort** on the part of the interdisciplinary team to address the problem in a mutually beneficial way.

Patient and Family Engagement

Base Year Goals



Achieve a 10% increase in the number of facilities that successfully integrate patients and families into QAPI.



Achieve a 10% increase in the number of facilities that successfully assist patients to develop a life plan.



Achieve a 5% increase in the number of facilities that successfully develop and support a peer-mentoring program.

PEERS in Action

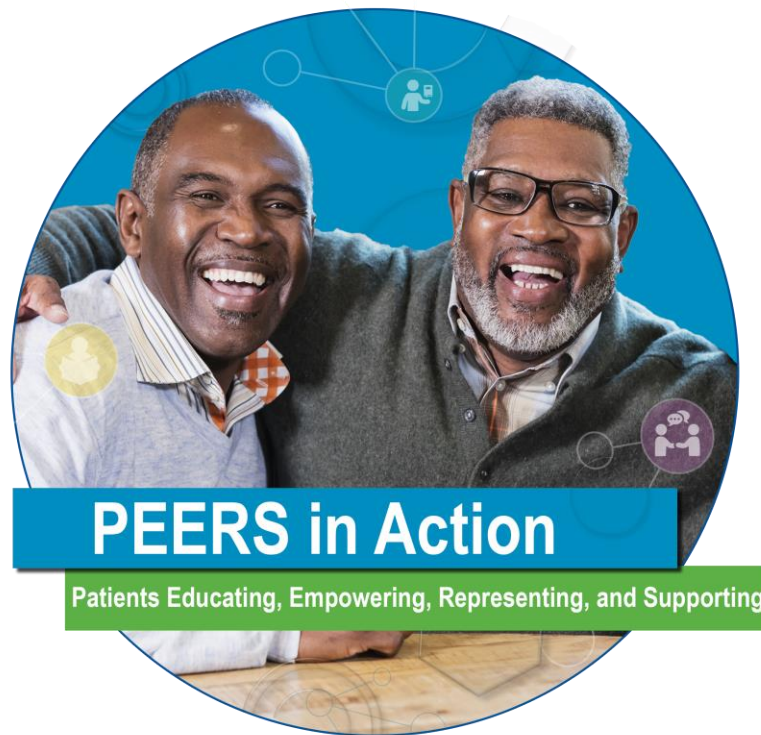
We changed our name!

PEERS in Action are **P**atients **E**ducating, **E**mpowering, **R**epresenting and **S**upporting.

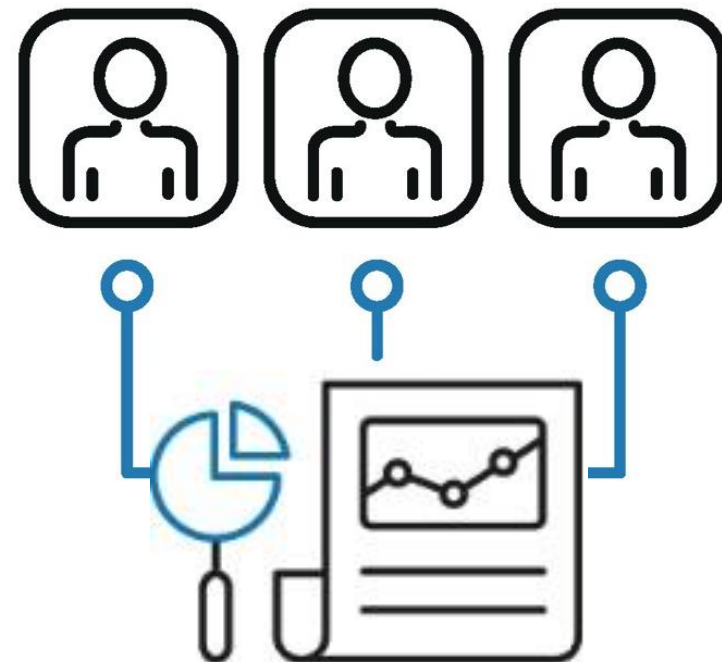
Goal: Each facility is to have one active patient to help staff with patient engagement including:

1. Peer-to-Peer Support
2. Quality Improvement Activities
3. Participate in Facility QAPI Meetings

Visit the Network website to learn more, including how to recruit PEERS, activities for inclusion, PEERS Connection Call schedule and MORE!



2021 Data Department Update



Information Management

Improve the data quality of the patient registry in the ESRD Quality Reporting System (EQRS).

20% Annual Audit
of data systems to
ensure the accuracy
of the information
entered on all
CMS-2728 and
CMS-2746 Forms

Keep
Facility
Personnel in
EQRS
Current and
Complete

2% Increase for Base Year

- Rate of patient admission records from dialysis facilities entered within five days
- Rate of initial CMS-2728 forms submitted from dialysis facilities and transplant centers within 45 days
- Rate of CMS-2746 forms submitted from dialysis facilities within 14 days of the date of death

EQRS Personnel Updates

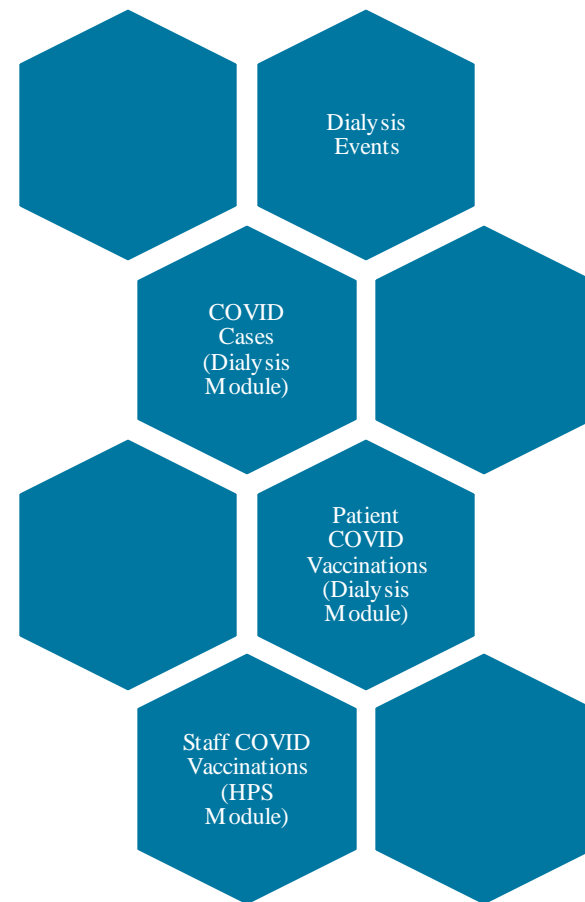
- The Network staff uses personnel contact information from EQRS (ESRD Quality Reporting System) to contact facilities
- Facilities are responsible for keeping the Personnel Section of EQRS current with accurate facility staff information for the below job titles at minimum:
 - Facility Manager/Administrator
 - Facility Data Contact
 - Facility Disaster Contact
 - Facility Representative
 - Facility Social Worker and Dietitian
 - Facility Medical Director
 - Nephrologist
 - Facility Head Nurse/Nurse Supervisor

National Healthcare Safety Network (NHSN)

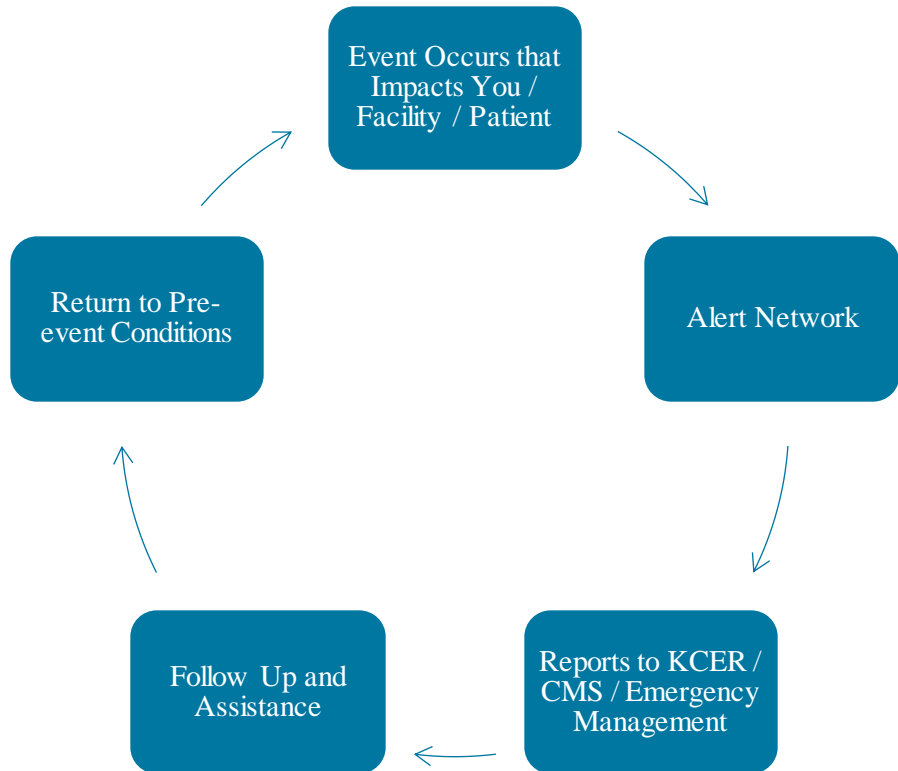
Every Medicare-certified dialysis facility should be enrolled and reporting data through NHSN.

Coming Soon: Guidance on submitting Home Dialysis events (e.g., peritonitis).

For Infection Control, Prevention and Assessment: CDC Audit forms data may be entered through the Prevention Process Measures. These optional data submissions may be helpful for infection control tracking and reporting.



Emergency Preparedness and Response







- Preparation and planning is expected at the facility level (per Conditions for Coverage)
- Communication to the Network can occur prior to an expected event or after
- The Network monitors for events, provides information and support
- Network takes active role in pandemic surveillance and support

Contact Us!

Nw10-emergency@qsource.org

Nw12-emergency@qsource.org

Questions, Comments, and Immediate Action Steps

-  Submit a facility QI Commitment Attestation and Environmental Scan
-  Complete Network Customer Satisfaction Survey
-  Update EQRS Facility Personnel for Accuracy
-  Contact any members of our team should you have questions or concerns

Contact Us By Department



General email: esrdnetwork12@qsource.org



Quality Improvement Department: qsource-qidept@qsource.org



PEERS program: qsource-peers@qsource.org



Data Department: esrddatadept@qsource.org



Emergency Preparedness:

- Nw12-emergency@qsource.org
- Nw10-emergency@qsource.org