



Network 7 Update

Collaborating to Improve ESRD Care

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Florida Renal Administrators Association 2014 Annual Meeting

Delray Beach, FL

July 25, 2014

Objectives

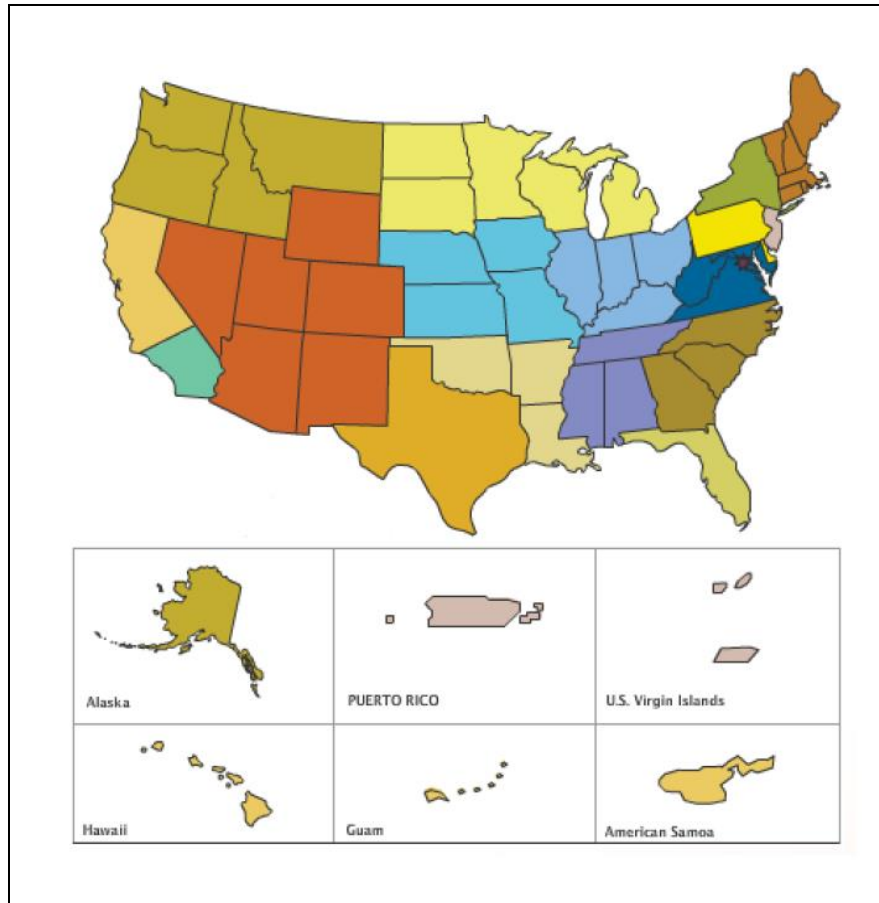


- End Stage Renal Disease (ESRD) Network 7 Overview
 - Centers for Medicare & Medicaid Services' (CMS') Three AIMs
 - Network Demographics
 - Patient Engagement Activities
 - Quality Improvement (QI) Activities
- Review Fistula First Catheter Last Outcomes
 - Identify Technical Assistance and Educational Resources



ESRD NETWORK PROGRAM

ESRD Network Regions 1-18



ESRD Network Areas	
Network	Geographic Area
1	CT, MA, ME, NH, RI, VT
2	NY
3	NJ, PR, VI
4	DE, PA
5	DC, MD, VA, WV
6	GA, NC, SC
7	FL
8	AL, MS, TN
9	IN, KY, OH
10	IL
11	MI, MN, ND, SD, WI
12	IA, KS, MO, NE
13	AR, LA, OK
14	TX
15	AZ, CO, NM, NV, UT, WY
16	AK, ID, MT, OR, WA
17	American Samoa, Guam, HI, Northern CA, Northern Mariana Islands
18	Southern CA

CMS Network Program AIM 1



- Better Care for the Individual through:
 - Patient and family engagement;
 - Improved patient experience of care;
 - Appropriate access to care;
 - Vascular access management; and
 - Improved patient safety/reduction of healthcare-acquired infections.

CMS Network Program AIM 2



- Better Health for the ESRD Population
 - Population Health Innovation Pilot Project
 - Increase hepatitis B and pneumococcal vaccinations

CMS Network Program AIM 3



- Reduce Costs of Care by Improving Care
 - Assist facilities to understand and comply with the ESRD Quality Incentive Program (QIP).
 - Assist patients to understand the ESRD QIP.
 - Support facility data submission to CROWNWeb, National Healthcare Safety Network (NHSN), and other designated systems.

ESRD Network Role: Patients



- The Network is responsible for:
 - Ensuring representation of patients and care partners in shared decision-making.
 - Promoting person-centeredness and family engagement.
 - Protecting access to and quality of dialysis care, especially among vulnerable populations.

ESRD Network Role: Facilities



- The Network is responsible for:
 - Identifying opportunities for quality improvement.
 - Promoting all modalities of care to promote patient independence and improve clinical outcomes.
 - Facilitating processes to promote care coordination between different care settings.
 - Ensuring accurate, complete, and timely data collection and reporting by facilities in accordance with national standards and the QIP.

ESRD Network Role: Networks



- Coordination across all Networks, including:
 - Standardization of procedures to address patient grievances and collect data for CMS; and
 - Sharing of best practices to improve quality of care.

ESRD Network Role: CMS



- Acting on behalf of CMS, including:
 - Conveying information to facilities, e.g., communications regarding the ESRD QIP; and
 - Transmission of relevant information to CMS to assist with monitoring and evaluation of policy and program impacts.

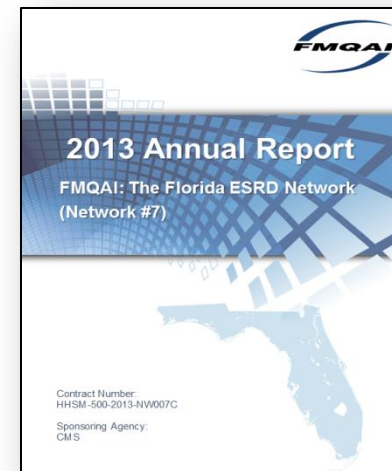


NETWORK DEMOGRAPHICS

2013 Network 7 Demographics



- Incident patients = 7,224 (+3.1%)
- Prevalent patients = 26,431 (+4.2%)
- Self-care dialysis = 3,100 (+11.0%)
 - Hemo = 539 (+17.4%)
 - CAPD = 401 (-6.5%)
 - CCPD = 2,157 (+13.4%)
- Kidney transplants = 959 (-0.1%)
- Patient deaths = 4,790 (+1.2%)
- Vocational rehabilitation (VR) = 1321 (+102%)*
- Dialysis facilities = 387 (+5.2%) and 4 pending certification
- Transplant centers = 7



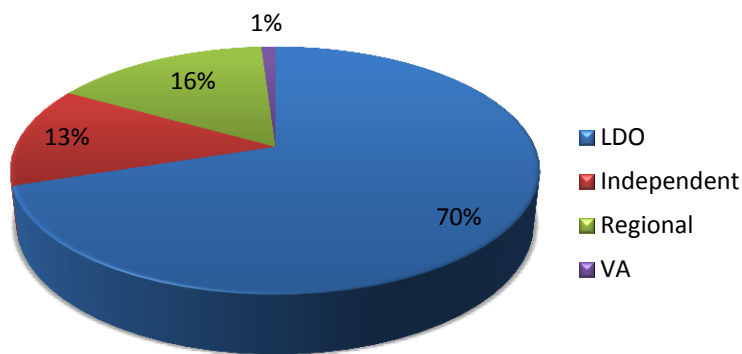
www.fmqai.com/ESRD.aspx

**VR related patient data reporting in CROWNWeb improved in 2013*

Source: Network 7 2013 Annual Report

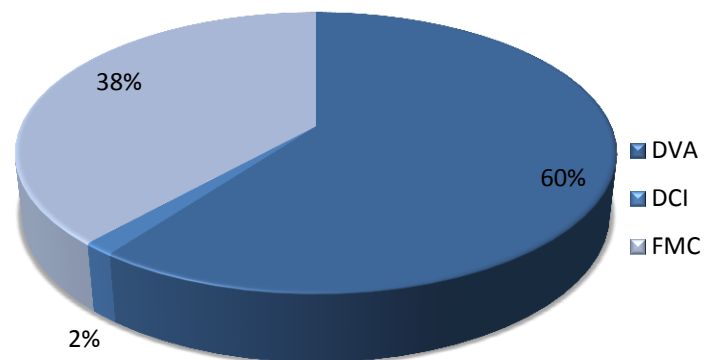
Provider Affiliation

Proportion of ESRD Facilities by Provider Type



Source: 2013 CMS-2744
Facility Survey
Date: April 2014

Large Dialysis Organization Distribution



Source: CROWNWeb
Date: April 2014



PATIENT ENGAGEMENT ACTIVITIES

Patient Engagement Activities



- Patient Subject Matter Experts (SMEs)
- Learning and Action Networks (LANs)
 - Patient Engagement LAN
 - Healthcare-Acquired Infection (HAI) LAN
- Patient Experience of Care
 - Grievance Investigation
 - Immediate Advocacy
 - Quality of Care review
 - Decrease Involuntary Discharges (IVD), Involuntary Transfers (IVT), and Failure to Place (FTP)



QUALITY IMPROVEMENT (QI) ACTIVITIES

2013 QI Activities



- Increase patient invitations to and participation in Plan of Care (POC) meetings (36 facilities)
- Increase patient knowledge of treatment options (70 facilities)
- Address patient dry weight variance (6 facilities)
- HAI LAN
- Vascular Access Projects (focus groups & statewide)
 - Increase arteriovenous fistula (AVF) in-use rates
 - Reduce long-term catheter (LTC) > 90 days LTC rates

2014 QI Activities



- Increase patient invitations to (32 facilities) and participation in (47 facilities) POC meetings.
- Increase patient knowledge of treatment options. (44 facilities)
- Improve facility staff communication and professionalism. (5 facilities)
- Improve patient hepatitis B and pneumococcal vaccination rates. (12 facilities)
- Increase use of HAI – Centers for Disease Control (CDC) Audit Tool. (72 facilities)
- Improve AVF in-use/LTC rates. (43 facilities/statewide)



FISTULA FIRST CATHETER LAST (FFCL)

FFCL Focus Group Projects



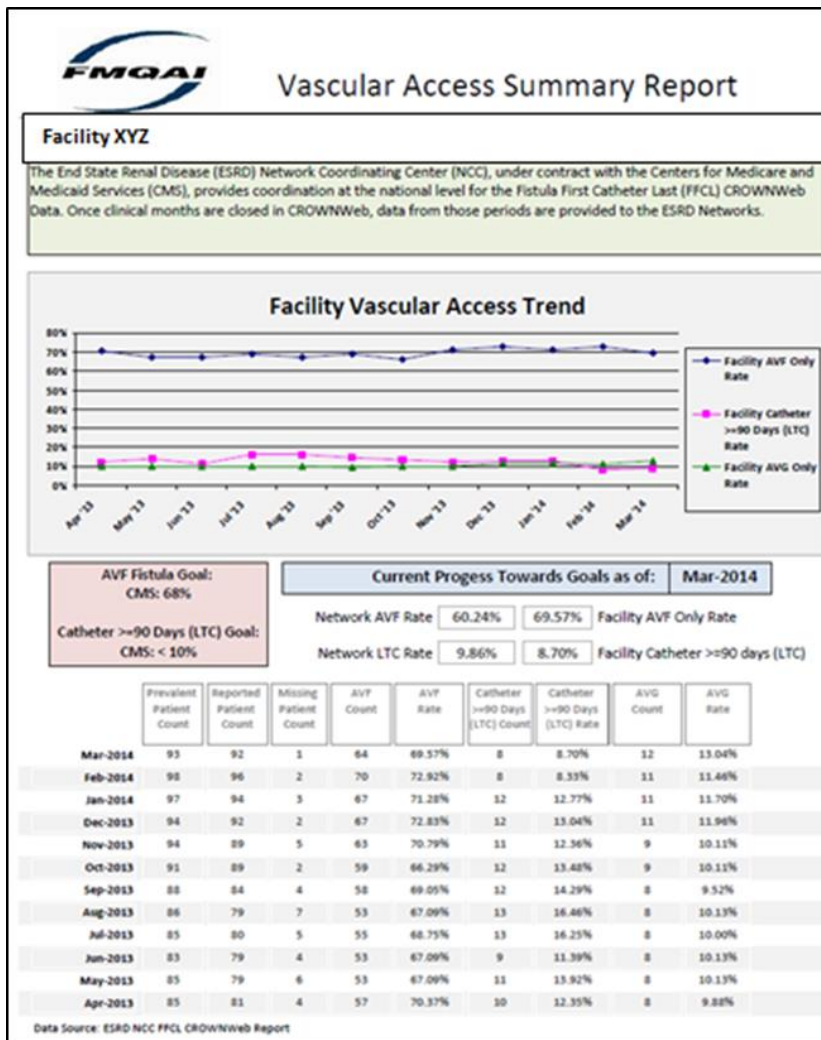
- Focus Group Facility Selection
 - Performance worse than Network average
 - Significant performance decline in past 12 months
- Interventions
 - Root cause analysis and improvement plans
 - Sharing challenges and solutions via teleconferences
 - Patient questionnaire regarding permanent access refusal and links to videos of patient stories
 - Quarterly facility specific comparison of self-reported data vs. CROWNWeb

FFCL Statewide Activities





- Technical assistance and share best practices
- Education and presentations
 - Patient and provider quarterly newsletters
 - Website
 - CE courses
 - Vascular access toolkits
 - Annual Forum and community workshops
- Facility Performance Profiles
 - Compare state and facility rates
 - Facility-specific AVF and LTC outcomes by month
 - CROWNWeb missing patient counts

Facility Performance Profile



Vascular Access Goals and Results



CMS Network 7 Goals		
AVF In-Use	October 2013	October 2014
Goal	60.7%	61.74%
Achieved	60.3%	60.24%* 
LTC in-Use	October 2013	October 2014
Goal	11.9%	12.96%
Achieved	12.88%	13.48%* 

* As of March 2014

Action Needed

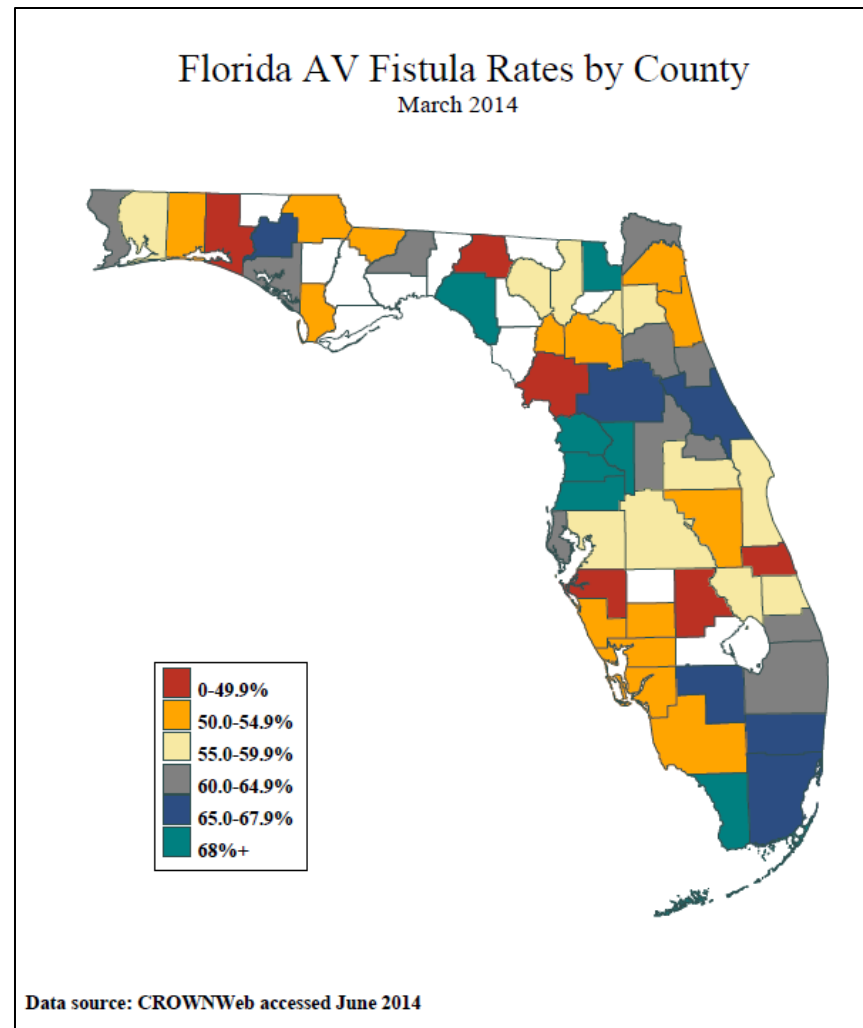


- Provide resources, support, and leadership.
- Construct system level changes, including a vascular access management program.
- Ensure vascular access data (internal or Network reports) is reviewed in Quality Assessment and Performance Improvement (QAPI) meetings.
- Develop and implement improvement plans, review progress, and adjust as needed.
- Utilize available Network and FFCL resources.
www.esrdncc.org/index/fistula-first-catheter-last

Network 7 AVF-in Use Rates

March 2014

60.24%





TECHNICAL ASSISTANCE

Network Technical Assistance



- Understanding ESRD QIP measures
- National Healthcare Safety Network (NHSN) reporting and CDC tools
- QI project development
- CE courses for patient care technicians, nurses, and other staff
- Network Communications
 - Newsletters, e-mails, and fax blasts
 - Website resources www.fmqai.com/ESRD.aspx



QUESTIONS & ANSWERS

2014 Annual Forum



The Florida ESRD Network is pleased to announce
online registration and payment is now available for the



Gaylord Palms Hotel & Convention Center
6000 West Osceola Parkway, Kissimmee, Florida
November 19-21, 2014

A block of rooms at the Gaylord Palms is available through **October 1, 2014** at a discounted rate of \$149. Contact Reservations at (877) 382-7299, and identify yourself as being with the **2014 Annual Forum FMQAI/Network 7 Group**. Click the link below to book your reservations online. Reserve your room early, as the block sold out quickly last year.

Please join the Network at the 2014 Annual Forum as we
Deliver the Pitch for Quality Care of ESRD Patients!

Contact Kolina Ford for more information: kford@nw7.esrd.net

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