

NETWORK RE-DESIGN 2010 AND BEYOND

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NETWORK 4, 9 & 10 MERGER



Merger: Timeline

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- Summer 2009 – Board Exploration and Approval to Pursue
- September 2009 –
 - ▣ Business Plan Development
 - ▣ Notice to CMS
- November 2009 - Transition Plan Development
 - ▣ 12 Months
 - ▣ Goal – prepare for next RFP
 - ▣ Standardize programs
 - ▣ Performance - Exceed expectations!
- December 5, 2009 – Boards Approve Business Plan/Merger
- December 2009 –
 - ▣ Notice to PA Attorney General
 - ▣ Novation Agreement to CMS
- March 2010 – CMS “Approval”
- April 1, 2010 – Merger Complete

TRN Committees

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Merged

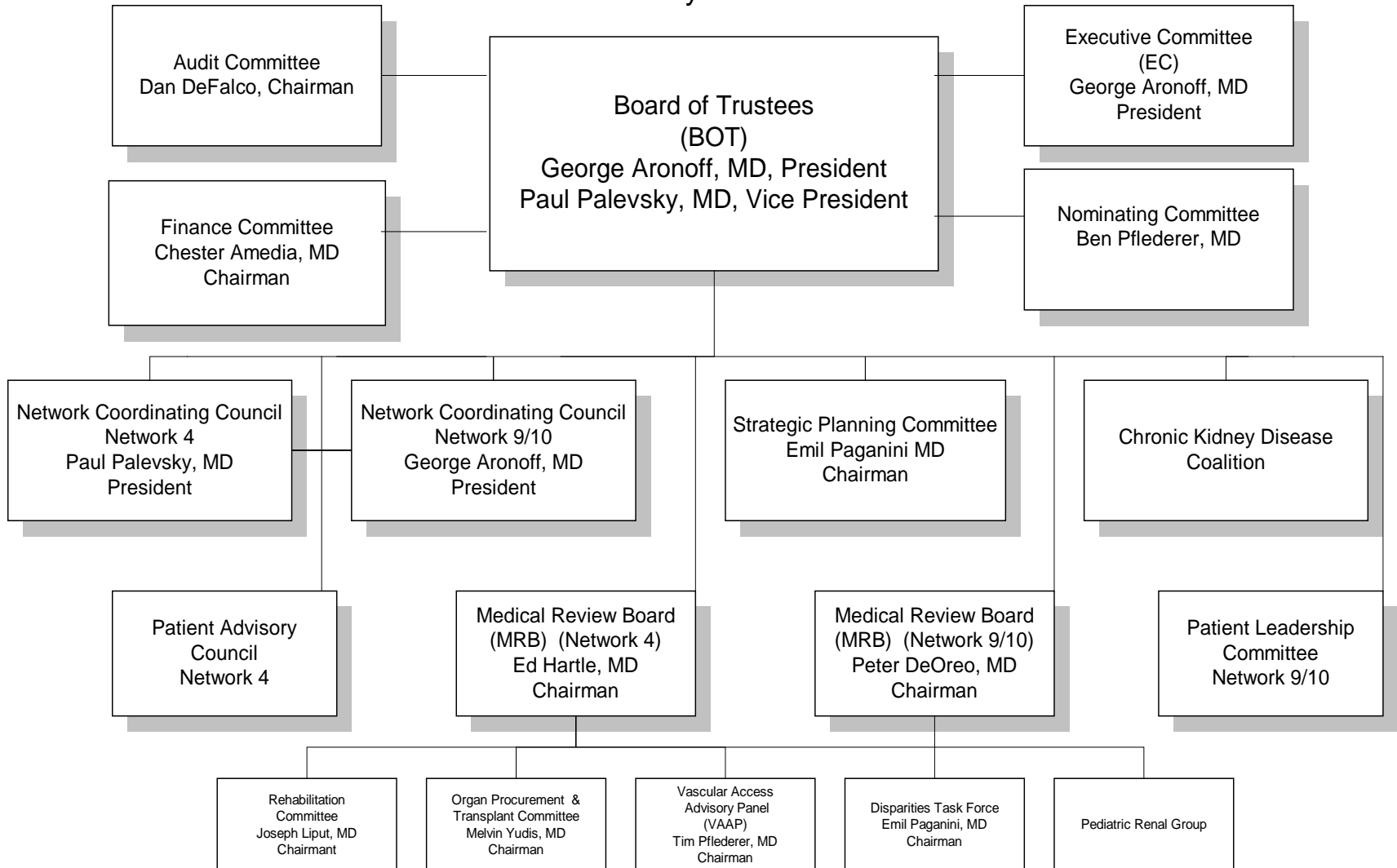
- ◆ Board of Trustees
- ◆ Executive Committee
- ◆ Nominating Committee
- ◆ Finance Committee
- ◆ Audit Committee
- ◆ Strategic Planning Committee
- ◆ Chronic Kidney Disease Coalition
- ◆ Pediatric Committee
- ◆ Organ Procurement & Transplant
- ◆ Rehabilitation

Independent

- Medical Review Boards
- Patient Advisory Committees
- Network Councils (transition period)

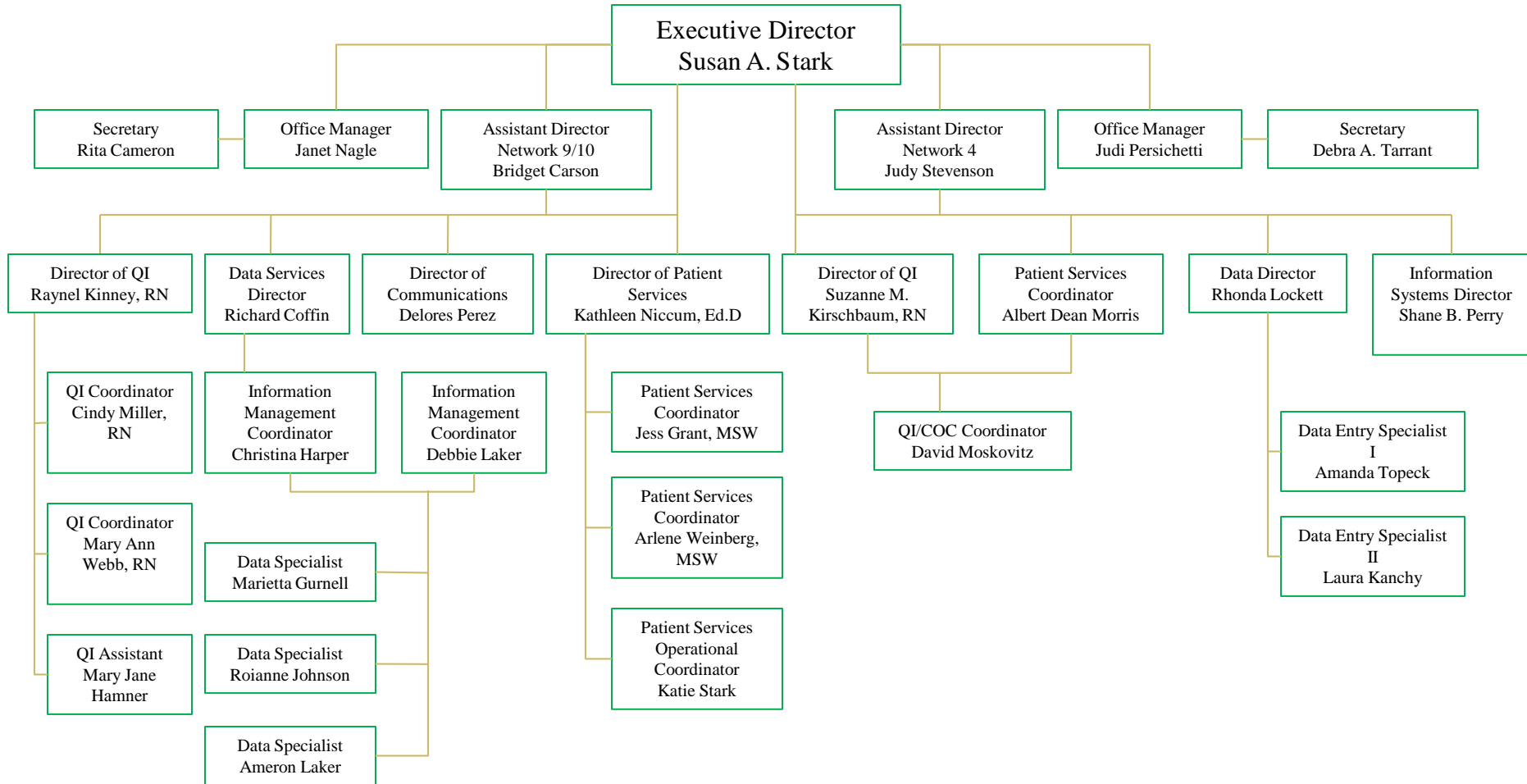
The Renal Network, Inc. Committee Organizational Chart

January 2010



TRN – Staff Organizational Chart

April 1, 2010



5/11/2010

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CMS: NetworkProgram Re-Design

Overview

- Report released October 21, 2009
- Comments due November 12, 2009
- Addressed to “Renal Community Stakeholder”
- Two-part report
 - ▣ I: Overview (28 pages)
 - ▣ II: Findings and Recommendations (66 pages)
- Few references provided
- Next Network Statement of Work (SOW) to take effect January 1, 2011 –
- Implementation **POSTPONED** to July 1, 2012

The Approach

- 25-member CMS Redesign Team
- Data-gathering
 - Self-education
 - Data collection
 - External Stakeholder meetings
 - Literature Reviews
 - ESRD Network site visits
 - Review of Quality Measures
 - Analysis and Recommendations

The Objective

- Comprehensive, critical assessment of Network program to transition to greater strength in:
 - Value
 - How beneficiaries and stakeholders assess what they are getting as output for resources put into the program
 - Added value: CMS' ability to attribute results achieved to efforts of contractor
 - Attribution: Causal link of actions to outcomes
 - Oversight
 - Improved Outcomes

Redesign Priorities

- ***Highest Priority:*** Thematic approach to the SOW with ***meaningful performance measures***
- ***Second:*** Increase program funding
 - ▣ 50-cent funding has not changed since set in 1989
 - ▣ Current value with CPI: \$1.40
 - ▣ Increased funding needed for
 - ESRD Population growth
 - Institute preventive measures
 - MIPPA-related support
 - Bundled payment
 - Quality Incentive program
 - Monitoring impact of program changes
- ***Third:*** Legislative modifications

Thematic Approach

- I: Beneficiary-centered care
 - ▣ Patient complaints and grievances
 - ▣ Involuntary discharges
 - ▣ Emergency preparedness
- II: Clinical Quality Improvement
 - ▣ Vascular access (catheter reduction)
 - ▣ Anemia management
 - ▣ Adequacy of Dialysis
- III: Reporting and Analyzing Dialysis Data for MIPPA

Network Redesign

- Guiding Principles
 - ▣ Demonstrate Value
 - ▣ Demonstrate Attribution
 - ▣ Improve Dissemination and Coordination of a Quality Improvement Culture
 - ▣ Contribute to Improved Outcomes

Network Redesign

Potential Focus Areas:

- Patient Education and Self-Empowerment
- Access to Care
- Physical Environment
- Infections
- Hospitalizations
- Disparities
- Quality Measures
 - Anemia Management
 - Adequacy of Dialysis
 - Vascular Access
- Grievances and Complaints
- Involuntary Discharge

New CPMs to Be Developed By TEPs

- Anemia Management (Target value for Serum Ferritin, Target value for Transferrin Saturation)
- Mineral Metabolism (Target value for Calcium, Target value for Phosphorus)
- Vascular Access Infection Rate (Catheter Infection Rate)
- Pediatric Adequacy (Hemodialysis [HD], Peritoneal Dialysis [PD])
- Pediatric Anemia (Anemia Management)
- Fluid Weight Management

Recommendations

- Performance-based Statement of Work
- Thematic approach focusing on areas of concern
 - Beneficiary protection (IVD, C&G)
 - Reduction disparities (dialysis & transplant)
 - Illness and injury prevention (immunization)

Recommendations

- Performance-based Statement of Work (Cont)
 - Data-driven QI program
 - Root cause analysis
 - Measurable outcomes
 - Rapid Cycle
 - Clear expectations of Network outcomes
 - Improvement in patients referred to VR
 - Number referred for modality other than in-center hemodialysis
 - CPM expectations
 - Clear goals
 - Consequences if Networks don't improve

Recommendations

- Improve Network Role with Beneficiaries and Families
 - ▣ Restructure Network governance for balance of professional and consumer representation
 - ▣ Collaborate with patient advocacy community to increase patient participation

Recommendations

- Improve Network Role with Beneficiaries and Families
 - ▣ Every patient should know
 - Network name
 - Network contact information
 - Network complaint and grievance processes
 - Network support information
 - Network patient advocates' role and process
 - Network patient advocates' point of contact

Recommendations

- **Meaningful Performance/Quality Measures**
 - ▣ CMS prioritizes and selects measures from list
 - ▣ Networks likely target bottom low-performing facilities for technical assistance
 - ▣ Networks held to specific performance targets

Quality Measures

- Decrease Standardized Hospitalization Rate (SHR) by 2% per year with 5-year goal of 10%
- Decrease vascular access infection rates by 2%
- Maintain $\leq 5\%$ patients with Hgb < 10 g/dL
- Maintain $\leq 35\%$ of patients with Hgb > 12 g/dL
- Vascular Access
 - Continue prevalent AVF goals based on 66%
 - “If any Network can’t achieve 66% improvement, this should be grounds for competing their contract”
 - Identify patients in CROWN that don’t have AVF and work with those populations
 - All interventions must be based on FFBI findings
 - Consider measuring/decreasing catheter use

Quality Measures

- Increase influenza & pneumococcal immunizations by 10% per year
- Increase hepatitis vaccination by 5% per year
- Consider a mineral metabolism special study to set future goals
- Post-bundled payment measures
 - Potential for decrease in quality of care as providers try to work in costs constraints and protect their profit margins
 - 95% of patients nationally with URR>65%
 - <2% increase in patients with Hgb<10g/dL
 - Increase in number of facilities with worse than expected Standardized Mortality Rates (SMR)

Quality Measures

- Emergency preparedness
 - ▣ Assist facilities with emergency planning
 - ▣ Track available services via CROWN
- QA & Performance Improvement (QAPI)
 - ▣ Continue current
 - Help facilities with QAPIs
 - Select poor performers
 - Foster QI
 - Provide assistance and education

FUTURE Measures

- Fluid Management
 - Needs root cause analysis
- Vocational Rehabilitation
 - Network goals consistent with program intent
 - All Networks appear to have opportunity to improve employment rates & processes
 - Education on treatment options
 - Expand patient care plan to include VR
 - Baseline now and target 10% improvement

FUTURE Measures

- Facility Staff Satisfaction
 - ▣ Possibly measure and track staff resignation rates
 - ▣ Not clear how Networks can improve care through staff satisfaction QI effort
 - ▣ Small scale special study to inform CMS
- Nutrition
 - ▣ Further study needed to identify interventions

Recommendations

- Complaints and Grievances – Current
 - SOW offers little guidance
 - < 1% of patients file a formal grievance
 - “Complaint” and “Grievance” definitions not clear
 - Patient fear of reprisal
 - Lack of uniformity across Networks
 - Confusion on how Network policy links to facility policy
 - Confusion on when SSA should be notified

Summary of Findings

□ Complaints and Grievances - Future

▣ Measures

- 90% grievances closed in 90 days (current)
- 90% “outlier grievance facilities” (not defined) receive intervention

▣ Definitions

- Category I Grievance: simple dialogue is expected to resolve issue
- Category II Grievance: dissatisfaction with administrative issues or manner services provided
- Category III Grievance: potential violation of obligation posing substantial health/safety threat

Recommendations

- Complaints and Grievances – Future
 - Align with QIO beneficiary protection procedure
 - Provide step-by-step instructions
 - Category I resolved and patient notified by letter within 15 days
 - Category II and III:
 - Reviewed by Grievance Committee within 30 days
 - If no further investigation, notify patient within 45 days of filing
 - If further investigation, notify patient within 7 days of committee
 - Resolve within 90 days of filing

Recommendations

- Involuntary Discharges - Current
 - Lack of data on reasons for discharge
 - Underlying reasons that have been offered
 - Lack of necessary psychosocial intervention
 - Patient education
 - Staffing and workload
 - Undesirable physical environments
 - Lack of vocational rehabilitative services

Recommendations

- Involuntary Discharges - Future
- *Access information on what patients know about rights and how informed*
- *Track/trend demographic causal data to develop interventions*
- *Process/Outcomes*
 - % patients referred for social work counseling / psychosocial services
 - % patients requesting educational information from Network
 - % social worker time committed to social work
 - % patient grievances associated with physical environment of the facility
 - % patients referred for vocational rehabilitative services
 - % patients discharged for disruptive/abusive behavior.

Recommendations

- *Goals for Improvement*
 - Consistent and timely referral of at-risk patients to psychosocial services
 - Truly informed patients with access to facility and Network educational materials
 - Social workers having the ability to perform the duties representative of their skill
 - Physical environments of facilities meeting with patient satisfaction
 - Assisting patients with the capability of working or returning to/attending school
 - Reducing the incidence of discharges due to disruptive/abusive behavior through effective interventions.

Recommendations

□ *Measurement*

- A review of assessment/plan of care and reassessment for referral to psychosocial services to any involuntarily discharged patient.
- A review of how patients are deemed to have “received” dialysis education.
- A review of any complaints and grievances associated with the patient being involuntarily discharged should be conducted.
- A review of vocational rehabilitative services offered to a patient who has been involuntarily discharged.
- A review of the ongoing interventions utilized to address the involuntary discharge of a repeatedly disruptive/abusive patient.

Recommendations

□ Health Care Disparities

□ Current

■ Racial disparity

- CKD Prevalence
- Morbidity
- Mortality
- Preventive care
- Transplant
- Diabetes management and lower extremity amputations

Recommendations

- Health Care Disparities – Future
 - Networks should take a more active role
 - Help providers with health care disparities and cultural competency
 - Target patients with poorly controlled diabetes who are members of minority/ethnic groups
 - Use social marketing to promote behavior changes among patients and providers
 - Promote HgbA1c measurement
 - Increase minority racial/ethnic groups on transplant wait list

Recommendations

- Technology, Processes, Data Infrastructure
 - Transitioning to new infrastructure
 - Integrate and enhance quality initiatives
 - Add value
 - Increase transparency (eg 100% CPM reporting)
 - CMS can move away from claims data for reporting quality outcomes
 - CROWN Web will provide comprehensive facility-specific data for targeted interventions

Recommendations

- National and Facility-Specific Reports
 - ▣ Currently provide Networks with data needed to develop QI projects and improve outcomes
 - ▣ No recommendations for future

Recommendations

□ Increase Value

▣ Current

- Current SOW doesn't allow Networks to demonstrate in programmatic/system-wide level
- Networks primarily evaluated on whether deliverables received by CMS

▣ Future

- Reducing hospitalization by 2% = \$200million in savings to Medicare

Recommendations

- Demonstrate attribution
- Current
 - ▣ Success of the Fistula First project
 - ▣ Most Networks can show improvement in CPMs
 - ▣ Network QI Project documentation
- Future
 - ▣ Root cause analysis to target facilities
 - ▣ Evidence-based interventions
 - ▣ Comparison group methodology
 - ▣ Richness of administrative and clinical data available to the Networks will allow for case-mix adjustment

Recommendations

- Expand oversight
- Current
 - ▣ Are deliverables on time
 - ▣ Networks engaged in QI activities?
- Future
 - ▣ Assess quality of deliverables
 - ▣ Was root cause analysis used?
 - ▣ Were evidence-based interventions used?
 - ▣ More frequent measurement
 - ▣ Were patient outcomes improved?

Recommendations

- Legislative changes
 - Current gaps/deficits in current Network legislation
 - Funding amount not increased
 - Preventive measures to slow/eliminate progressing from CKD to ESRD
 - Management of Stage 4 CKD
 - Vocational rehabilitation or other rehabilitative services
 - Coordination of beneficiary care
 - Timely transplant referral
 - Criteria by which entity can become ESRD Network
 - Plan: Assemble workgroup to develop statutory update

Contract Process

- No competition among ESRD Networks may not be in the best interest of the ESRD beneficiaries
- CMS exploring the feasibility of competing some or all contracts in the next cycle

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Questions?