



**ESRD
Network 9/10**

ESRD Network 4, Inc.



THE RENAL NETWORK, INC.

Network Council Webex
January 13, 2010

AGENDA

- ◉ Welcome
- ◉ Network 4, 9 and 10 Merger
- ◉ Network Program Re-Design
- ◉ Quality Improvement Initiatives
- ◉ CROWNWeb Update
- ◉ Network Council Annual Meeting
- ◉ Other Business

NETWORK MERGER

George Aronoff, MD

Paul Palevsky, MD

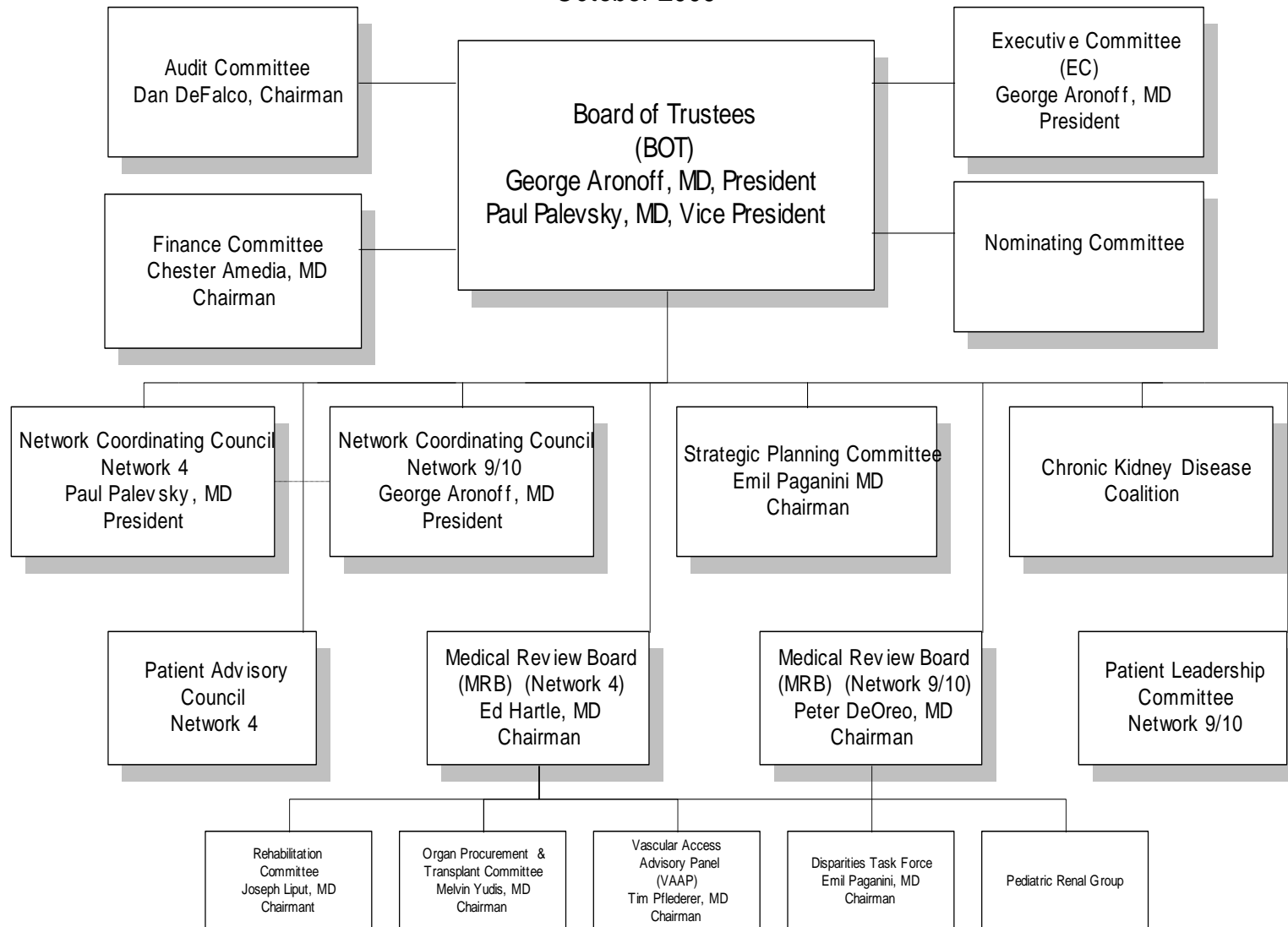
MERGER: TIMELINE

- ⦿ Joint Board Webex - August 2009
- ⦿ Business Plan Development - September 2009
- ⦿ Notice to CMS - September 2009
- ⦿ Transition Plan - November 2009
 - 12 Months
 - Goal - prepare for next RFP
 - Standardize programs
 - Performance - Exceed expectations!
- ⦿ Board Approval - December 5, 2009
- ⦿ Novation Agreement - December 2009
- ⦿ Notice to PA Attorney General - December 2009

The Renal Network, Inc.

Committee Organizational Chart - Exhibit 7

October 2009



TRN COMMITTEES

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)

BOARD OF TRUSTEES MEMBERS

⦿ Officers

- George Aronoff, MD, President (KY)
- Paul Palevsky, MD, Vice-President (PA)
- Ben Pflederer, MD, Secretary (IL)
- Chet Amedia, MD, Treasurer (OH)

⦿ Categorical Representatives

- Peter DeOreo, MD, MRB Chair 9 &10 (OH)
- Ed Hartle, MD, MRB Chair 4 (PA)
- Joe Scodro, Legal (IN)
- Dan DeFalco, Financial (IL)
- Robert Krebs, Financial (IL)
- Jay Wish, MD, Past President (OH)
- Emil Paganini, MD, Chairman, Strategic Planning (OH)

BOARD OF TRUSTEES MEMBERS

⦿ Patient Representatives

- Richard Ayers (OH)
- John Cannady (PA)
- Pam Combs (IN)
- James Dineen (OH)
- Barbara Gronefeld (OH)
- Diana Headlee-Bell (PA)

⦿ Physician Representatives

- Susan Bray, MD (PA)
- Paul Crawford, MD (IL)
- Robert Gerhardt, MD (PA)
- Stephen Korbet, MD (IL)
- Joseph Liput, MD (PA)
- Gordon McLennan, MD (OH)
- Charles Sweeney, MD (IL)
- Pradip Teredesai, MD (PA)
- Melvin Yudis, MD (PA)

BOARD OF TRUSTEES MEMBERS

⦿ Administrator Representative

- Keith Mentz (IN)
- Fali Sidhva (PA)
- Michelle Taylor (PA)

⦿ Nurse Representative

- Kathy Olson, RN

⦿ Social Worker Representative

- Bonnie Orlins, MSW

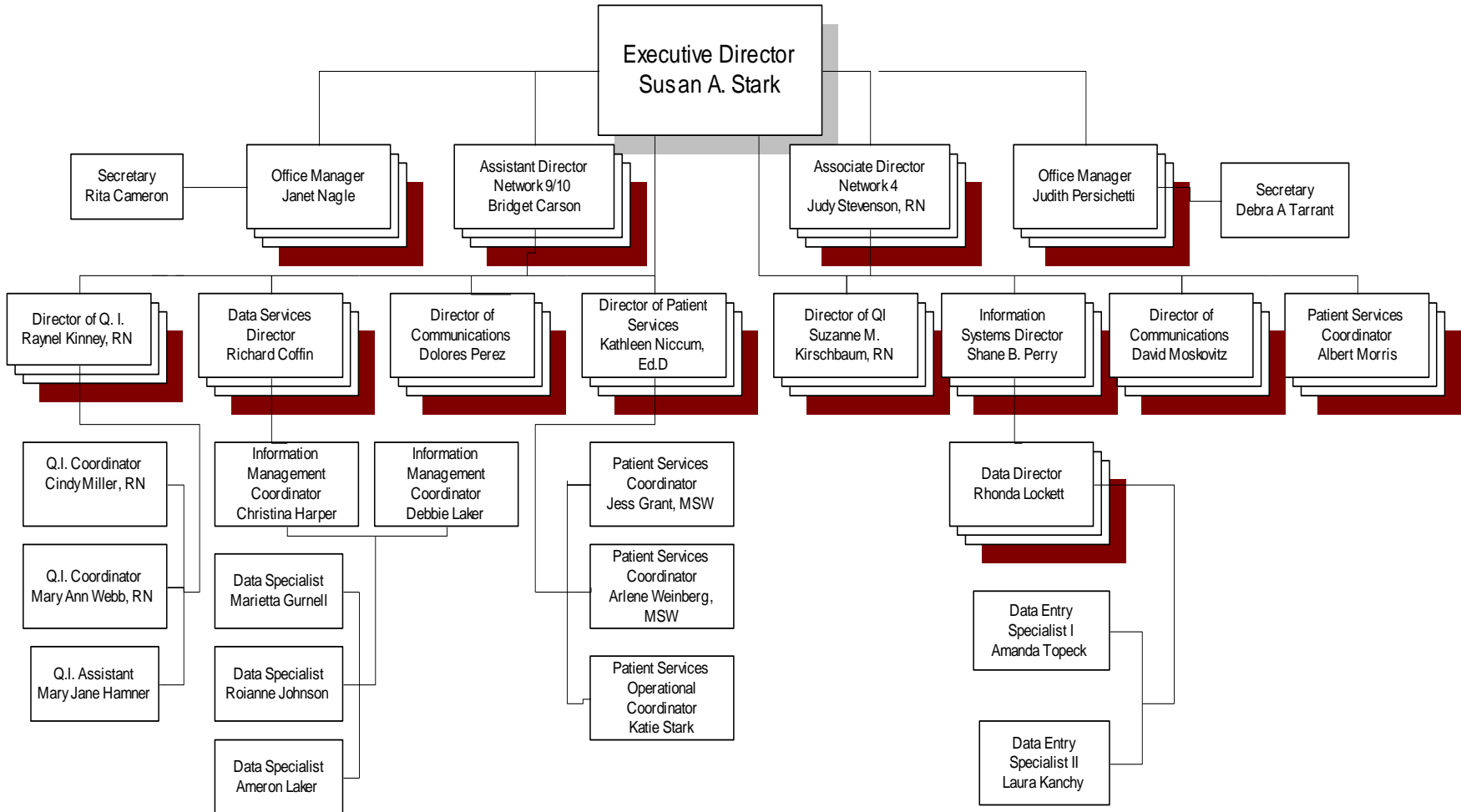
⦿ Technician Representative

- Mark Parks, CHT

⦿ Dietitian Representative

- Linda Ulerich, RD


TRN - STAFF ORGANIZATIONAL CHART



TRN STAFF

EXECUTIVE DIRECTOR

◆ Susie Stark

- ◆ Started with The Indiana End-Stage Renal Disease Network - August 1980
- ◆ Acquired Network 9 Contract - July 1988
- ◆ Acquired Network 10 Contract - July 1996
- ◆ Special Project Contracts
 - ◆ National CPM Project
 - ◆ Transplant Referral CPMs
 - ◆ Long Term Care Dialysis
 - ◆ Involuntary Discharge & Barriers to Dialysis
- ◆ Fiscal Management
\$95,000 (1985)  \$2,500,000 (2009)

TRN STAFF

ASSOCIATE DIRECTOR

Judy A. Stevenson

- Started with Network 4 in May 1988 as Quality Improvement Director
- Contract was held by University of Pittsburgh Medical Center
- Network 4, Inc. began July 1, 2003
- Assumed Executive Director November 2006
- CMS evaluations of Network are excellent
- Very good relationship with providers

NETWORK RE- DESIGN 2010 AND BEYOND

Susie Stark
Judy Stevenson

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

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) - 3 intervention efforts
 - Anemia management - 1 intervention effort
- ◎ 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

REDESIGN PRODUCTS

- ⦿ QI projects will demonstrate attribution of improved outcomes
 - Failure to accomplish the QI project goal is a failure of the project
 - Project failure can affect end of contract evaluation
- ⦿ Complaint and grievance efforts will demonstrate effectiveness in processes and outcomes - not just individual, but at system-wide level
 - Decrease involuntary discharges
 - Increase positive grievance outcomes

REDESIGN PRODUCTS

- ⦿ Administrative tasks will be performed in the most effective and efficient manner
 - New patient packets
 - Distribution of educational information
 - Only CMS-approved coalitions with objective outcomes allowed



CONTRACT PROCESS

- ◉ No competition among ESRD Networks not in the best interest of the ESRD beneficiaries
- ◉ CMS exploring the feasibility of competing some or all contracts in the next cycle
- ◉ Next Network Contract begins January 1, 2011

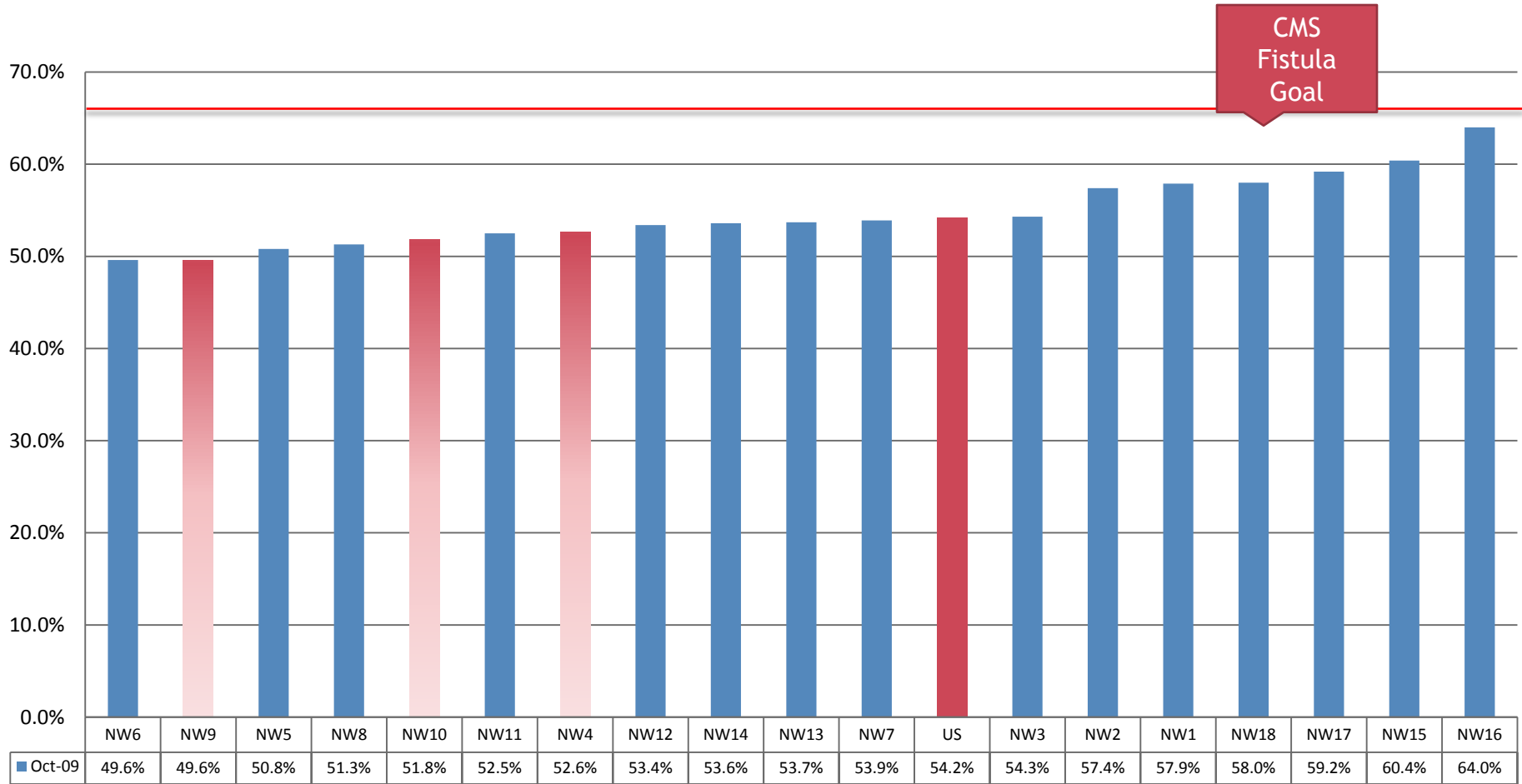
QUALITY IMPROVEMENT INITIATIVES

Peter DeOreo, MD

QUALITY IMPROVEMENT WORK PLAN PROJECTS

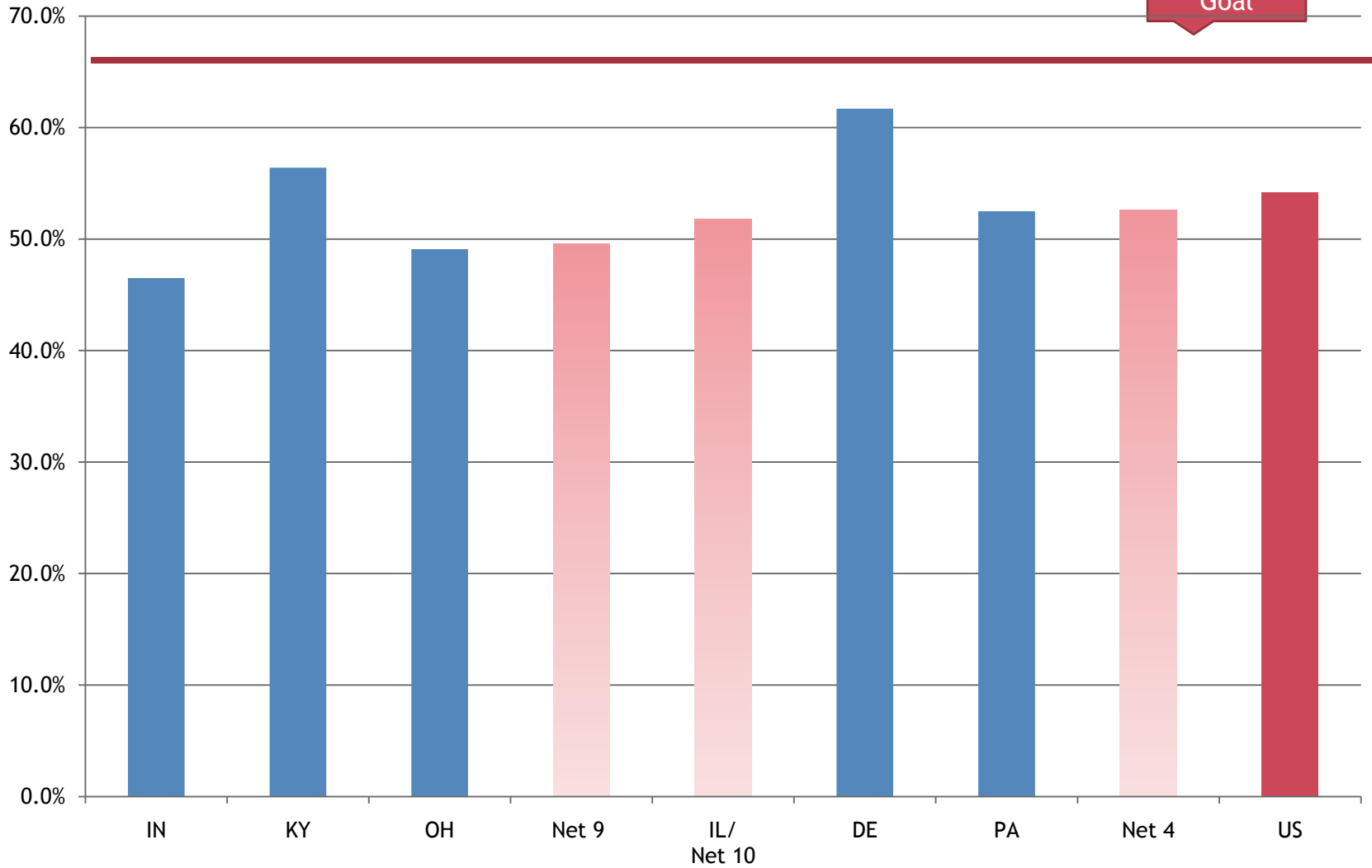
Contract Task	Network 4	Networks 9 and 10
Task 1- Vascular Access	Target - <50% Fistula Target - >18% Catheter	Catheter Reduction Community Partnerships Changing Pt Culture Root Cause Analysis
Task 2 - CPM	Anemia Mgmt -  10-12hgb	Anemia Mgmt -  10-12hgb
Task 3- Network Specific	Increase Immunizations	Phosphorus Control
Task 4 - Facility Specific	Decrease Catheters	Target: Hemodialysis Adequacy Poor Performers

AVF Rates for October 2009



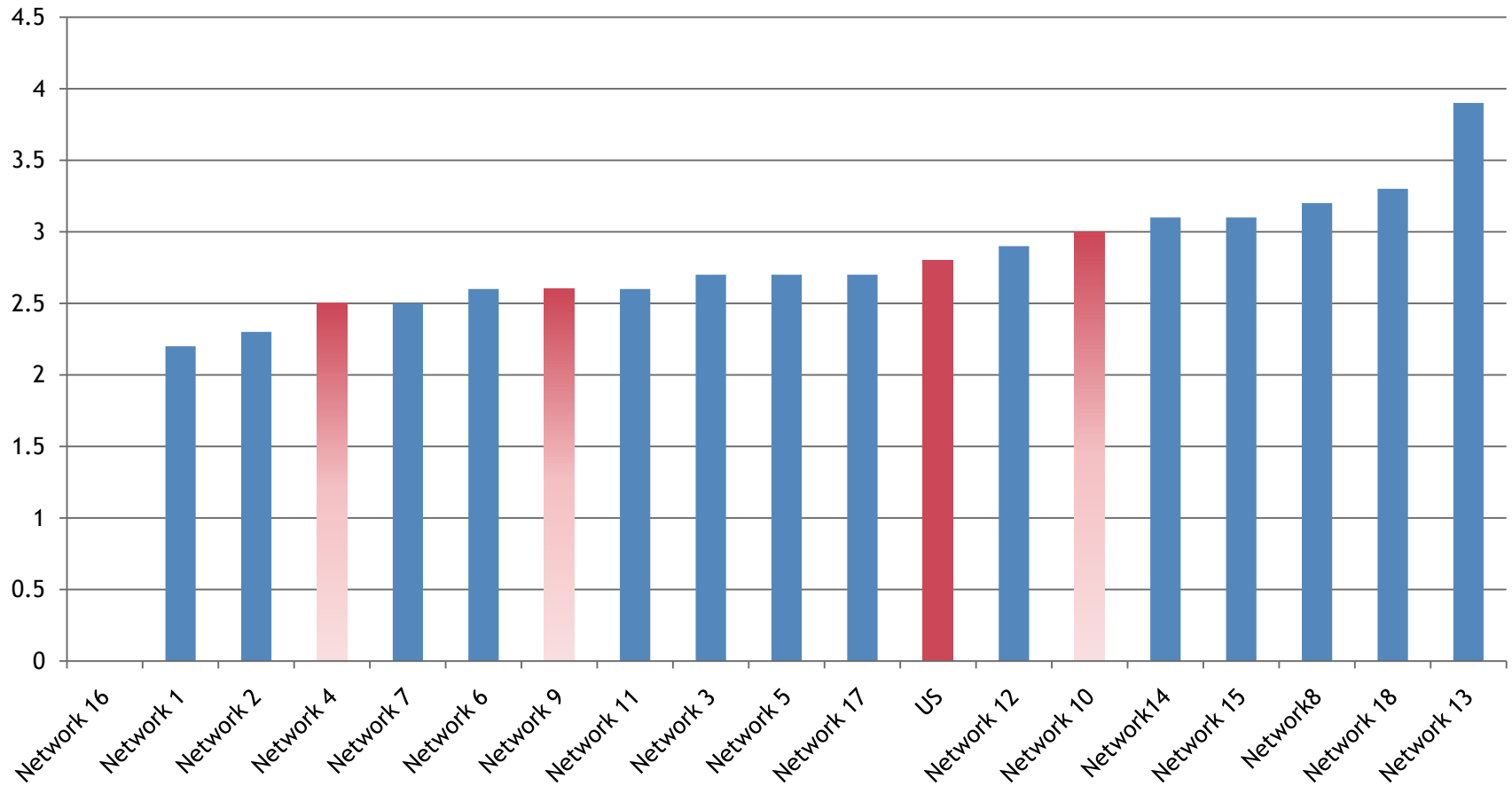
AVF Rates for October 2009

CMS
Fistula
Goal



PERCENTAGE POINT INCREASE IN PREVALENT AVF RATES

NOVEMBER 2008 - OCTOBER 2009



CHALLENGE:

*INCREASE PREVALENT
FISTULA RATE BY 4
PERCENTAGE POINTS BY
MARCH 2010*

VASCULAR ACCESS PERFORMANCE TARGETS

	Network 4	Network 9	Network10
Fistula Rate - 3/31/09	51.1%	47.8%	49.3%
CMS Goal - 3/31/10	54.1%	51.5%	53%
Percentage Point Increase Needed	3	3.6	3.2
Fistula Rate - 10/31/09	52.6%	49.6%	51.8%
Variance From Goal	-1.5	-1.9	-1.2

VASCULAR ACCESS PERFORMANCE IMPROVEMENT PLAN

- ⦿ Medical Director Accountability
- ⦿ Facility Root Cause Analysis
- ⦿ Quality Improvement Projects
 - Catheter Reduction
 - Community Partnerships
 - Changing Patient Culture
- ⦿ Site Visits
- ⦿ Maturation
- ⦿ Dual Access

DATA RECONCILIATION

- ⦿ Concern: Validity of Vascular Access Data

- ⦿ Action:

- Report to all Dialysis Facilities
 - November vascular access rates
 - Total number of patients reported
- Dialysis Facilities will be asked to -
 - Review each patient to be sure correct access is reported for ALL patients
 - Report corrected/validated vascular access rates to Network
 - Report corrections to corporate
- Network will -
 - Correct facility data in the National dashboard

SURGEON REPORTING

- Network staff preparing a surgeon report
 - Includes facility-specific fistula and catheter rates
 - Compares to
 - City
 - State
 - Network
 - US
- Report will be sent to all dialysis facility Vascular Access Coordinators
- Medical Directors will be asked report to send to all surgeons they refer to
- Medical Director/Surgeon Webex Meeting
 - February 11, 2010
 - 12:00pm ET

HOW TO INCREASE PREVALENT FISTULA RATES

- Medical Director leads vascular access team
- Rapid referral to the surgeon for access evaluation
- Vein Mapping mandatory
- Only fistulas to be placed
- Follow up at 2-4 and 6 weeks to evaluate maturity
- Access monitoring and quick intervention to salvage fistulas
- Surgeons must be creative placing fistulas
- Develop specific protocols to be followed
- Education for staff and patients

Create a culture for fistulas!

NETWORK TECHNICAL ASSISTANCE AVAILABLE

- ◉ Assist in problem solving
- ◉ Data analysis
- ◉ QAPI design and implementation
 - Templates
 - Statistical consultation
- ◉ Resources for resolving patient-provider conflict
 - assist in grievance resolution
 - Involuntary discharge
- ◉ Patient Education Literature
- ◉ Staff Education and Training

VASCULAR ACCESS TEMPLATES & TOOLS

- QAPI Meeting Minutes Templates are available at www.therenalnetwork.org in the QAPI Templates section found under the “QI” tab. *Templates Courtesy of Danville Dialysis*
- Vascular Access Needs Assessment & Barriers Questionnaire tools can be found at www.therenalnetwork.org
Click on Quality Improvement tab then choose the “QAPI Templates” then click on Vascular Access
- Catheter Reduction Toolkit
<http://esrdnetworks.org/mactoolkits/download>

TERMINATION OF MEDICARE COVERAGE

§488.604

- ⦿ (a) ...failure of a supplier of ESRD service to meet one or more conditions for coverage set forth in part 494 will result in the termination of Medicare coverage
- ⦿ (b) ... [can be] based solely on supplier's failure to participate in Network activities and pursue Network goals as required at §494.180(i) of this chapter

CROWN WEB

Susie Stark

Judy Stevenson

CMS UPDATE - CROWNWEB

- CROWNWeb - Implementation delayed until Summer 2010
- Phase 2 - testing continues with 10 dialysis facilities in each Network
- Annual Facility Survey for 2009 to go forward as usual
- All Network reporting requirements remain in effect until further notice

PHASE 2 ISSUES

1. Missing clinical information in batch
2. Overwriting of NW demographics by batch
3. Overwriting start dates and new patient information in batch
4. Duplicate patient creation

CMS - CROWNWEB

⦿ For Now -

- Be sure your facility is registered for a QIPS account
 - Go to www.qualitynet.org
 - Click the ESRD tab
 - Register a *Security Administrator* for QIPS Account
- Continue to submit data as you have been doing
- Be sure your 2728, 2746 and PARs are submitted on time!

2010 ANNUAL MEETING

George Aronoff, MD

2010 ANNUAL MEETING NETWORKS 4, 9 AND 10



- ⦿ April 29, 2010
- ⦿ Hershey Lodge, Hershey, PA
- ⦿ Program Highlights
 - Network Re-Design
 - Economic Impact of MIPPA
 - 5 Diamond Safety Program
 - Assessment & Symptom Management
 - End-of-Life Care in the Dialysis Unit
 - Home Therapies
- ⦿ Dialysis Facility Awards

2010 ANNUAL MEETING NETWORKS 4, 9 AND 10

- ◉ Register online - www.therenalnetwork.org in February
- ◉ Hershey is easily accessible through the Harrisburg, PA airport
- ◉ Continuing education credits will be provided



QUESTIONS?

George Aronoff, MD

Paul Palevsky, MD