



**Network Coordinating  
Council  
February 17, 2011  
Meeting Minutes**

The Network Coordinating Council of The Renal Network, Inc., representing ESRD Networks 4, 9 and 10, met via Webinar on Thursday, February 17, 2011.

**Council Meeting Attendance:** See attached

**Presenters:** George Aronoff, MD, President  
Peter DeOreo, MD, MRB Chair/Networks 9 & 10  
James Edward Hartle, MD, MRB Chair/Network 4  
Susan Stark, Executive Director  
Bridget Carson, Assistant Director  
Raynel Wilson, RN, CNN, CPHQ, Quality Improvement Director, Network 9&10

**Staff Attending:**

Judy Stevenson, Associate Director for Network 4  
Judy Persichetti, Officer Manager, Network 4  
Dean Morris, Patient Services Director, Network 4  
Kathi Niccum, Ed.D., Patient Services Director, Network 9 & 10  
Suzanne Kirschbaum, RN, CNN, Quality Improvement Director, Network 4  
David Moskovitz, RN, BSN, QI/Community Outreach Coordinator  
Shane Perry, Director of Information Systems, Network 4

The meeting began with a chart showing the demographics for The Renal Network, encompassing Networks 4, 9, and 10. The chart showed a total of 60,601 patients, 1,003 facilities and 43 transplant centers within the six-state area of The Renal Network, Inc., as of December 31, 2010.

**CMS Leadership & Priority Aims.** Discussion was held on the change in philosophy which appears to be taking place within CMS, brought about by the appointment of Dr. Don Berwick as CMS Administrator. Discussion was held on the Triple Aim Model which Dr. Berwick is promoting for the agency. The Triple Aim strives to achieve: better care for individuals, better care for populations, and lower costs through improvement. In the renal community, CMS wants to use this philosophy at the chronic kidney disease (CKD) stage through end-stage renal disease (ESRD). The care should be patient-centered, reduce disparities and align the public and the private sectors. CMS is looking to the National Priorities Partnership (NPP)

recommendations and the HHS National Strategy to help achieve the goals of the Triple Aim. The NPP recommendations include the following:

- Engage Patients and Families
- Improve Safety and Reduce Harm
- Ensure Receipt of Well Coordinated Care
- Palliative and End of Life Care
- Equitable Access to Affordable Care
- Reduce Overuse and Waste
- Improve Population Health
- Infrastructure Support

To achieve these changes, the public and private sector stakeholders will have to buy-in to this philosophy. ESRD Networks will need to develop new relationships with physicians, physician group practices and quality improvement organizations give the Networks access to the CKD population, and funding will need to improve.

Next steps toward achieving the triple aims include

- Engage in discussions and seek approval from CMS
- Review the legislative mandate authorizing the ESRD Network Program
- Engage in discussions and seek buy-in from the individual Networks and the relevant stakeholders
- Create multi-stakeholder workgroups to develop plans, with phased roll-out, for the support infrastructure priority recommendations (list the support priorities)
- Conduct prioritizations exercises for the implementation priorities and create criteria for conducting the priorities, e.g. cost and frequency burden, potential for improvement, difficulty in conducting the improvement
- Consider establishing a “steering” committee to facilitate continued buy-in and action.

**5 Diamond Patient Safety Program.** The 5 Diamond Patient Safety Program was developed by Networks 1 and 5 and offered to other Networks as a resource package. It contains an overview of patient safety and 12 modules which each focus on a particular aspect of safety.

The program goals:

- To build a patient safety culture in every dialysis unit
- To promote patient safety values
- To create an awareness of patient safety issues
- To help dialysis units learn more about specific areas of patient safety

Modules/topic areas covered:

- Patient Safety Principles (the only mandatory module)
- Decreasing Patient & Provider Conflict

- Emergency Preparedness
- Flu Vaccination
- Hand Hygiene & Infection Control
- Medication Reconciliation
- Missed Treatments
- Health Literacy
- Patient Self-Managed Care
- Sharps Safety
- Slips, Trips & Falls
- Stenosis Surveillance

The program is web-based and self-guided for the user. All of the components of the program (overview and modules with a comprehensive set of resources for each topic area) are available on the Network website. For each module completed successfully, the facility earns a “diamond” certificate. Once 5 “diamonds” are earned the facility is designated as a 5 Diamond Facility.

The Network will schedule additional orientation sessions in the coming months to provide a more in-depth look of the program and encourage non-participating facilities to sign-up.

**CROWNWeb.** CROWNWeb is still being piloted. Implementation of Phase 3, which CMS is calling CW2.0, has been postponed until April 2011 to enable the development of a new QualityNet Identity Management System to streamline the security process. Current users will be converted to the new identity management system when it’s available. This system will use multifactor authentication methods for security.

For the present time, Networks 4, 9 and 10 have met the CMS requirement for acquiring units to participate in CW2.0; more than 60 units across TRN will be using CROWNWeb. National implementation, called CROWNWeb 3.0, is slated for summer 2011.

Many changes and requests for enhancement that were made in Phases 1 and 2 will be implemented. The appearance of the screens and the flow of the information will be improved. It is expected that CROWNWeb will enable the collection of data for additional Clinical Performance Measures (CPMs), and offer more reports for users and access to the data for ESRD Networks.

Additional training should be offered approximately six weeks prior to the release date, and will be available online. The CROWN Help Desk continues to be the primary point of contact for items related to:

- Application functionality
- Business processes
- Batch data support & delegation of authority forms

- Hardware/connectivity issues
- Enhancement request
- QIPS ID & Password support
- Knowledge base

Other web resources for CROWNWeb users include:

- [www.ProjectCROWNWeb.org](http://www.ProjectCROWNWeb.org)
- [www.CROWNHelpDesk.com](http://www.CROWNHelpDesk.com)
- [www.QualityNet.org](http://www.QualityNet.org)
- [www.TheRenalNetwork.org](http://www.TheRenalNetwork.org)
- [www.ESRDNetwork4.org](http://www.ESRDNetwork4.org)

**Disparities Project Report.** This is a cooperative project among several of the ESRD Networks and academic institutions. The project aims are:

- To determine characteristics of facilities which will have reduced payments under proposed changes
- To determine characteristics of patients at those facilities

The Networks have pooled aggregate, de-identified datasets to produce raw files with 189,973 patients and 2,928 facilities showing URR and Hgb data for 2007 & 2009. The data set is limited by these factors:

- Age 18+ years
- In-center, self & frequent in-center hemodialysis modalities
- Facilities with 30+ outpatient HD pts

The data showing patient, facility and geographic variables were merged and analyzed. This analysis has produced a Computed Total Performance Score per CMS Medicare Fact Sheet July 26, 2010. This analysis goal is to show the factors which may cause a facility to fare poorer, termed being “at-risk,” once bundling is fully implemented. The data analysis should be completed by spring, and the goal is for the Networks to work with at-risk facilities to improve outcomes.

**Quality Improvement Overview:** CMS mandates that the ESRD Networks develop projects in four specific task areas, as follows:

#### **Task 1a: Vascular Access**

Network 4 has the following projects to satisfy Task 1a Requirements:

- Providers AVF rate 55-62% (Promising Stars)
- Placement and Assessment of Fistula-Providers AVF <55%

Network 9 and 10 have the following projects to satisfy Task 1a Requirements :

- Placement and Assessment of Fistula (<55%)
- Promising Stars Focus Group (55-62%)
- (ALL Catheter Reduction - >27%)

**Task 1b: Clinical Performance Measures (CPM)**

- Network 4: Anemia Management
- Network 9 and 10: Increasing Serum Phosphorus Percentages

**Task 1.c: Network Specific**

- Network 4: Increase Patient Hepatitis B Immunizations
- Network 9 & 10: Improving Dialysis Patient Influenza Immunization Rates

**Task 1.d: Facility Specific Interventions**

- Network 4: Decrease Catheters >90 Days
- Network 9 & 10: Catheter Out/Fistula for ALL Catheter Rate

Details on each of these projects were discussed; information can be found on the PowerPoint Slide Set (attached).

In Fistula First Performance Targets the following goals were discussed:

<b>Vascular Access Performance Targets – December 2010</b>			
	<b>Network 4</b>	<b>Network 9</b>	<b>Network 10</b>
Fistula Rate 3/31/2010	54.1%	51.1%	54.2%
CMS Goal 3/31/2011	56.5%	54.1%	56.6%
December 2010 Rate	57.1%	53.6%	56.6%
<b>Variance from Goal</b>	<b>+.06 – Met Goal</b>	<b>-.5</b>	<b>0.0 Met Goal</b>

**Recovered Function Statistics:** Data indicate that all ESRD Networks are experiencing an increase in the percentage of patients recovering kidney function when trending data from 1999 through 2009. Data trended included patients recovering function within one year, and patients recovering function within 90 days. Networks 4, 9 and 10 data follow this trend (see charts below).

<b>Percentage of Patients Recovering Function within 90 Days</b>			
<b>NW</b>	1999	2009	$\Delta$
<b>4</b>	1.9%	4.2%	2.3%
<b>9</b>	2.5%	5.6%	3.1%
<b>10</b>	2.0%	3.8%	1.8%
<b>Nation</b>	2.2%	4.8%	2.6%

<b>Percentage of Patients Recovering Function within 1 Year</b>			
<b>NW</b>	1999	2009	$\Delta$
<b>4</b>	2.7%	6.4%	3.6%
<b>9</b>	4.1%	7.8%	3.7%
<b>10</b>	3.3%	5.4%	2.1%
<b>Nation</b>	3.5%	6.8%	3.3%

This is an issue for several reasons. When there are acute patients dialyzing as chronic, the denominator of the population eligible for fistula placement is erroneously inflated. Additionally, to knowingly refer an acute patient for chronic outpatient treatment is fraud.

CMS allows hospitals and outpatient centers to enter into contractual arrangements, where the chronic unit dialyzes the acute patient, and the billing goes through the hospital system. However, these arrangements must be made by the facility and the hospital; the arrangements may be cumbersome to develop and there is no preordained method for a dialysis unit to follow in setting up such a contract.

**Transplant Referral Projects:** There are three transplant projects currently going on within Networks 4, 9 and 10; each is aimed at increasing referral to transplant.

- 1.) **Explore Transplant** will be presented by Amy Waterman, PhD of Washington University, St. Louis. This program uses a train the trainer approach, preparing dialysis facility staff

on approaching patients about the option for transplant. Dr. Waterman is presenting this workshop in Network 4 and may expand it to facilities in Network 9 and 10 if grant funding is available. Currently, the workshop is being offered in Philadelphia on March 30 and in Pittsburgh on April 12.

**2.) Transplant Navigator.** Dr. Ash Sehgal is working on an NIH-funded trial called the Transplant Navigator project. This project would hire and train transplant patients to work within a transplant center to guide patients through the transplant referral system. Data will be collected to determine the impact on referrals.

**3.) Transplant Project Collaborative.** The objective of this project is to increase awareness of dialysis facility staff and develop processes that lead to increased transplant referral rates. It is a cooperative activity among Networks 4, 9, 10, 11 and 12 and the CMS Regional Office in Kansas City. Education will be offered via webinar in the areas of the explore transplant program, the transplant navigator, and donation options. This program is still in development.

**Patient Services Report.** Dr. Niccum reviewed the statistics on Network interventions for patients at-risk of discharge. The goal of the interventions is to provide assistance to help prevent an involuntary discharge from being made. The Network data show that, when the Network intervenes at an early stage, the number of involuntary discharges is reduced.

Interventions include resources for:

- Adherence issues/ Toolkit
- Mental health issues
- Coping skills for patients
- Anger management
- Discussed Conditions for Coverage
- Staff education
- Follow up

Where an involuntary discharge has been made, the Network can provide these resources:

- Discuss Conditions for Coverage
- Coping skills for patients
- Mental Health issues
- Anger management
- Advocate for patient rights
- Educate staff
- Reference DPC material

The Patient Services Department in Network 4, 9 and 10 are developing the following educational resources of general interest:

- Exercise Resources

- Rehabilitation Brochure
- FF Gold Standard Poster & Stories
- Professionalism from the Patient's Viewpoint

These will be distributed to the dialysis programs as they are completed.

There being no further business, the meeting was adjourned.

**These minutes prepared and submitted by:**

***Bridget Carson***

**Bridget Carson, Assistant Director**

**Attachment 1**

**The Renal Network, Inc.  
Network Coordinating Council  
Meeting Attendance – February 17, 2011**

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Elmhurst, IL

Carol Lewis  
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Julie Guss

362549 - FMC Heart of Ohio  
Marion, OH

Shirley Grube  
39-2759 - American Renal Associates  
McKees Rocks, PA

Tonya Jones  
142586 - Davita  
springfield, IL

Lynna Childers  
362579 - Fresenius Medical Care  
Lancaster, OH

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NIS

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DaVita Columbus Downtown  
Beavercreek, OH

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Robert Packer Hospital NIS  
Sayre, PA

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HazelCrest, IL

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36-2654 - Innovative Dialysis Systems  
Defiance, OH

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39-2605 - FMC Temple - Ontario  
Phila, PA

Carmen Pitman  
360163 Christ Hosp.

Carolyn Griffin  
36-2535 - DaVita  
cambridge, OH

Ralph Blasi  
36003F - Cincinnati VA Dialysis Unit  
Cincinnati, OH

Kelly Kennedy  
362-716 - DaVita  
Grove City, OH

Carol Collins  
362584 - Innovative Dialysis of Toledo  
Toledo, OH

Marci Burton  
Lexington, KY

Paige Nielsen  
362624 - Wildwood Dialysis Center  
Toledo, OH

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Fresenius 362609  
Westlake, OH

Karen Fields  
262508 - Affiliated Hospitals Dialysis Centers  
Creve Coeur, MO

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Louisville, KY

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Bradford, PA

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39-2557 - GSH Dialysis, Inc.  
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392537 - DaVita  
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142676 - dialysis  
Glen Ellyn, IL

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36-2754 - DaVita Detroit Road Dialysis  
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Physicians Choice Dialysis NIS  
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Dee Johnston  
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Christine Moroski  
362749 - Villa of Great Northern by DaVita  
Fairview Park, OH

Amy Markland  
1821035650 - Liberty dialysis  
Wilmington, DE

Dennis Muter  
DaVita Midwest 362592  
Springfield, OH

LeAnn Rudge  
392760 - Prodigy Dialysis  
Johnstown, PA

Christine Bronner  
362681 - US Renal Care  
cincinnati, OH

Steve Wilson  
262553 - AHDC fenton  
Fen ton, MO

Beverly Blatnik  
Davita/ Camp Hill Dialysis NIS  
Mechanicsburg, PA

Terry Hall  
DCI 362643  
Portsmouth, OH

Dana Dangerfield  
39-2509 - Diversified Specialty Institute, Inc  
Philadelphia, PA

Carol Jones  
15003R - VA Medical Center  
Indianapolis, IN

Vera Levchuk  
VA hospital  
Wilkes-Barre, PA

Amy Salisbury  
DCI  
Portsmouth, OH