

PROGRESS NOTES

ESRD Network 9/10

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The 2004 Nephrology Conference...

was held June 10-11, 2004 at the Sheraton Chicago Hotel and Towers at 301 East North Water Street in Chicago. The BONENT exam was held on June 9th.

The conference was a big success with a total of 948 in attendance. Over 100 vendor representatives were also present. Over the two days, nine meetings were held with 39 speakers talking on a variety of subjects. The Fistula First project and vascular access were the predominant theme throughout the conference.

The following is a breakdown of the attendance at the meetings.

NEPHROLOGY UPDATE	328
DIETITIANS	54
SOCIAL WORKERS	61
TECHNICIANS	45
NURSES	157
PHYSICIANS	100
ADMINISTRATORS / MANAGERS	108
PEDIATRIC RENAL GROUP	50
MD/ADVANCED PRACTICE	
NURSE DINNER	40
BONENT EXAM	5

Each year, as part of the conference, the Network recognizes achievement among its members by presenting awards for individuals who have made outstanding contributions to the Network, and also to those facilities that have gone above and beyond the minimum to meet network reporting requirements, both in data and

quality assurance. The Quality Award Luncheon was held on Thursday, June 10th. Over 350 people attended the lunch.

Receiving the prestigious Dr. Hayes H. Davis Service Award, was Jeannette A. Cain,



Jeannette A. Cain, recipient of the Dr. Hayes H. Davis Service Award, at the 2004 Nephrology Conference Awards Luncheon.

B.S.R.N., M.S.M., C.P.H.Q. former Director of Quality Improvement for the Network. For nearly fourteen years, Jeannette helped the Network to break new ground in all areas of quality improvement and quality assurance.

This award honors Jeannette's invaluable contributions to the Network. Currently, Jeannette is affiliated with the Medical College of Virginia, part of the Virginia Commonwealth University. Working as a Clinical Nurse Analyst in Nursing Administration, Jeannette continues to challenge and inspire those around her.

Receiving the 2004 President's Award was Joseph M. Defazio, Assistant Professor at the Indiana University - Purdue University at Indianapolis, School of Informatics, New Media Program for his outstanding contributions to the Network's Patient Services Department. Working with both undergraduate and graduate student interns, Prof. Defazio has been instrumental in the creation of Kidney Patient News our patient-centered Web site (www.kidneypatientnews.org),

FISTULA FIRST Update

We are entering the second year of the CMS (Center for Medicare/Medicaid Services) national project “Fistula First”. The Vascular Access Advisory Panel (VAAP), in concert with The Renal Network, Inc., will continue to offer education and support services to the renal community.

The first year (2003-2004) of this important initiative included eleven Education Campaigns. Each campaign was designed to reflect the “Fistula First Change Package” as illustrated by the Patient Leadership Committee’s Fistula First calendar.

These campaigns targeted nurse managers, medical directors, and advanced practice nurses. The goal was to promote the spread of information and encourage each facility to develop a Fistula First program that will speak to their individual needs.

There were five “Learning Sessions” presented in five centrally located areas. These sessions, presented by The Renal Network and hosted by local medical professionals, provided ideas and debate to 316 renal professionals representing 24 of our 26 HSAs (Health Service Areas).

The plans for year two are well under way. Once again The Renal Network will host five learning sessions. However we will be expanding the learning session format to provide work sessions where local adopters can come together as a unit to further their goals for the Fistula First project.

These “Learning Sessions” will be more comprehensive and work oriented. There will be time for break out sessions, and question and answer periods. In this way renal professionals can come together to present and explore ideas and options such

as education tools, data collection tools, and information gathering. CMEs and CEAs will be awarded.

We will be introducing WebEx sessions. The WebEx is an interactive, real-time meeting using the Internet to view presentations while participating on a conference call. This tool enables participants to dynamically meet online allowing the renal community to come together in a unique and exciting way.

Our Web site, www.therenalnetwork.org, will continually be updated with the latest information and resource material.

A “Tool Kit” will be developed to promote early referral (stage 1-2 CKD). This will be distributed by The Renal Network to further the education and training of staff and patients.

Presently we have “Fistula First Champions” in Indianapolis, Indiana, Cincinnati, Ohio, and Columbus, Ohio. We believe as this project continues to grow that champions will emerge from many areas.

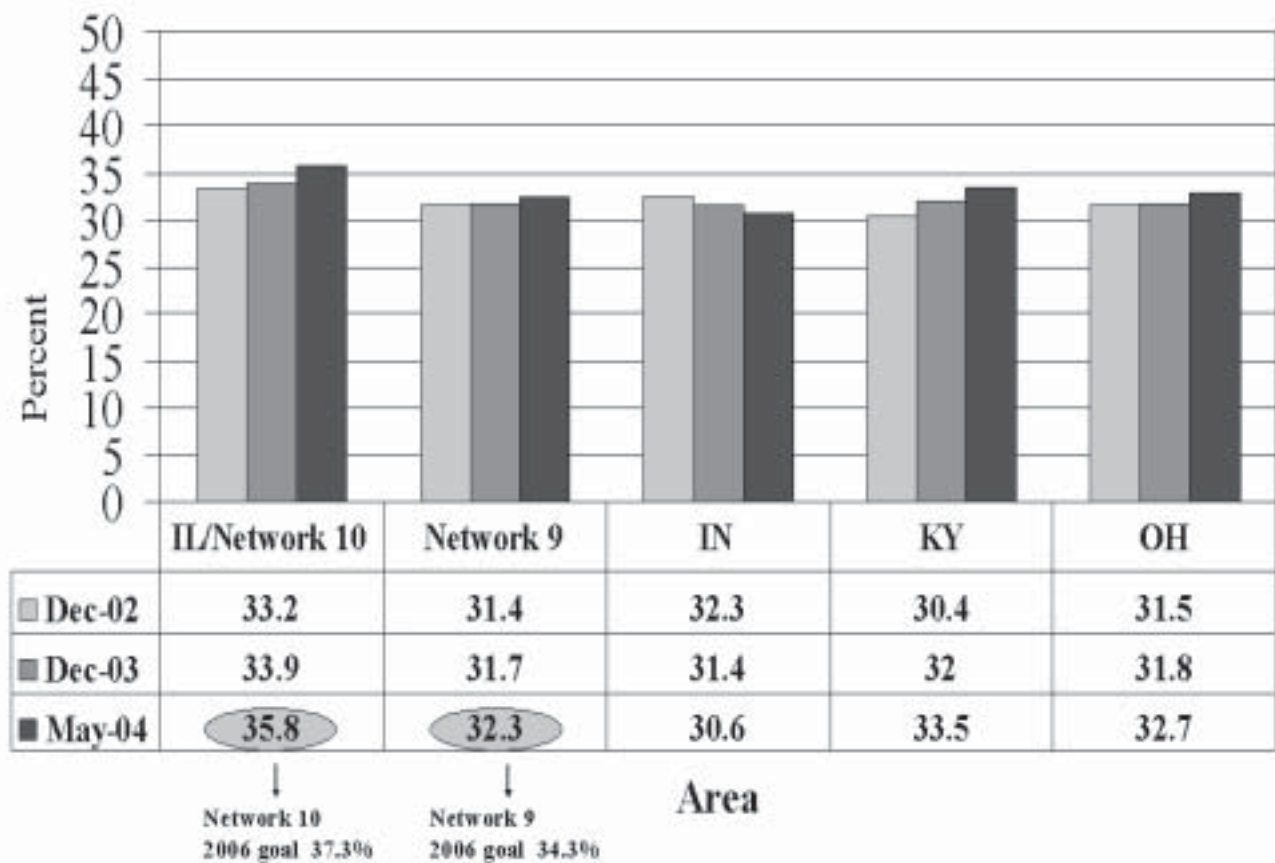
The current “champions” are hosting local initiatives to increase awareness of the Fistula First project, collecting and disseminating data on vascular access, and sharing ideas and concepts that are providing success in the area of fistula creation and preservation.

Our Vascular Access Advisory Panel (VAAP) is designing a “Centers of Excellence-Superior Achievement in Fistula Management” Award. This is an award that facilities may apply for, demonstrating by quality data, that the team concept is in place.

Raynel Kinney, RN, CNN, CPHQ, Quality Improvement Director of The Renal Network will continue to work with the national group to guide and direct this project in our four state area.

The vision of the VAAP of The Renal Network is for each facility to develop a well-rounded Access Management Program. We know that there is much yet to do. But with your input and dedication to this project the quality of life of the renal disease patients will continue to improve.

The Renal Network, Inc. Prevalent Fistula Rates December 2002 – May 2004



The above chart looks at The Renal Network’s prevalent fistula rates by network and by state. Clearly there has been marked improvement in some areas but there is still a lot of work to be done to achieve our goals.

Facilities Reporting \geq 40%

Kentucky

Caldwell County Dialysis, Princeton, KY

DCI- Frankfort, Frankfort, KY

FMC - Central Richmond, Richmond, KY

FMC - Louisville, Louisville, KY

FMC - Morehead, Morehead, KY

FMC - Prestonsburg, Prestonsburg, KY

Ohio

Alexis Dialysis Center, Toledo, OH

Davita - Seneca County Dialysis, Tiffin, OH

Dialysis Centers of Dayton - East, Dayton, OH

FMC - Central Ohio, Columbus, OH

FMC - Dialysis Services Mound Builders, Newark, OH

FMC - Heart of Ohio, Marion, OH

FMC - Portsmouth, Portsmouth, OH

Fremont Dialysis Center, Fremont, OH

Gambro Healthcare - Butler County, Franklin, OH

Gambro Healthcare - Columbus East, Columbus, OH

Gambro Healthcare - Lake County, Madison, OH

Gambro Healthcare - Monroe, Monroe, OH

Gambro Healthcare - Silverton, Cincinnati, OH

Gambro Healthcare - Western Hills, Cincinnati, OH

Hillmed Dialysis-Middleburg Heights, MiddleburgHeights,OH

Hillmed Dialysis Center - Rocky River, Rocky River, OH

Lima Memorial Hospital, Lima, OH

Middletown Regional Hospital Outpatient Dialysis, Middletown, OH

Putnam County Ambulatory Care Center, Glandorf, OH

Shelby County Kidney Center, Sidney, OH

Fistulas in December, 2003

Indiana

FMC - Dialysis of Central Ft. Wayne, Ft. Wayne, IN
FMC - Dialysis of Huntington, Huntington, IN
FMC- Merrillville Dialysis Center, Merrillville, IN
FMC - South Anthony Dialysis Center, Ft. Wayne, IN
RCG - Noblesville, Noblesville, IN,
RKC of Jasper, Jasper, IN
St. Elizabeth Dialysis at Clinton County, Frankfort, IN

Illinois

Davita - Dekalb Dialysis Unit, Dekalb, IL
Davita - Hyde Park Kidney Center, Chicago, IL
Davita - Lincolnland, Springfield, IL
FMC - Bridgeport, Chicago, IL
FMC - Champaign-Urbana Dialysis Center, Urbana, IL
FMC - Chicago Dialysis Center, Chicago, IL
FMC - Glenview Dialysis Center, Glenview, IL
FMC - Neomedica - Cumberland, Norridge, IL
FMC- Neomedica - Gurnee, Gurnee, IL
FMC - Neomedica - Rolling Meadows, Rolling Meadows, IL
FMC - Neomedica - South Holland, South Holland, IL
FMC - North America - Advocate, Niles, IL
Gambro Healthcare - Decatur East Wood, Decatur, IL
Gambro Healthcare - Effingham, Effingham, IL
Gambro Healthcare - Litchfield, Litchfield, IL
Gambro Healthcare - Macon County, Decatur, IL
Gambro Healthcare - Springfield Central, Springfield, IL
Gambro Healthcare - Taylorville, Taylorville, IL
Provena St. Mary's Hospital, Kankakee, IL
Quad Cities Kidney Center, Geneseo, IL,
RCG - MMB Dialysis, Macomb, IL
RCG - University Program, Chicago, IL
VA Medical Center - Lakeside, Chicago, IL

Vocational Rehabilitation Counselor Survey

The Renal Network sent a brief survey to the state vocational rehabilitation counselors in its four state area. Out of the 107 mailed, there were 23 responses representing 14 different agencies. The responses were from the following states:

Illinois	7
Indiana	14
Kentucky	2
Ohio	0

The counselors noted that CKD clients are primarily seeking assistance with going back to school and employment. When asked what would facilitate assisting clients with kidney disease, the need for pertinent medical records was stated the most frequently. When asked what hinders assisting CKD clients, the primary reason given was the difficulty in working with the dialysis schedule.

The primary suggestion the vocational rehabilitation counselors had for dialysis facilities and patients was that staff and patients needed more knowledge about vocational rehabilitation services.

Some comments indicated that there are few referrals from dialysis centers and other comments indicated that patients should know their ability level to help determine what they can and cannot do.

The Renal Network encourages you to share more information about vocational rehabilitation with your patients and to talk to the rehabilitation counselor in your area. The more information that you can learn about vocational rehabilitation services and the more the vocational rehabilitation counselors can learn about dialysis patients, the more the patients will benefit.

You may want to designate one issue of your facility's newsletter to rehabilitation and perhaps post information on your bulletin board.

You may also want to invite someone in to talk to patients about the "Ticket to Work Program" or going back to school to further their education. People could come in and talk to patients in the waiting room or at a support group meeting or an educational health fair. Call the Network if you need additional information.

CMS Cracks Down on HIPAA Non-Compliance

Payments Delayed For Electronic Payments That Don't Meet Standards After July 1

CMS Administrator Mark McClellan announced last week that CMS will penalize providers submitting Medicare claims that do not meet federal standards for electronic transactions by delaying payments for noncompliant claims. He said electronic claims submitted on or after July 1 that do not meet Health Insurance Portability and Accountability Act (HIPAA) standards will be treated as paper claims and will take two extra weeks to get paid.

"The great majority of electronic claims we are receiving meet the required HIPAA standards," McClellan said, "but for the those still not in compliance there is going to be a delay in getting their money. We are hoping this will motivate more filers to get into compliance soon."

The deadline for HIPAA compliance was last October but, because of poor compliance levels, CMS implemented a contingency plan enabling Medicare to keep processing non-compliant claims from providers unable to meet the target date. McClellan said 90 percent of providers are now in compliance.

The ESRD Modernization Act of 2004 (S.2614)

...was introduced in the United States Senate this July. The text of the bill is now available on-line from **Thomas**, a source for legislative information on the Internet, (<http://thomas.loc.gov/cgi-bin/query/z?c108:S.2614>).

The main provisions of the bill are:

I. MODERNIZING THE MEDICARE ESRD PAYMENT SYSTEM

- Establishment of annual update framework for the Medicare ESRD composite rate.

II. PATIENT EDUCATION, QUALITY, ACCESS AND SAFETY INITIATIVES

- Support of public and patient education initiatives regarding kidney disease.
- Medicare coverage of kidney disease patient education services.
- Blood flow monitoring demonstration projects.

III. FINANCING AND COVERAGE FOR ESRD PATIENTS

- Improving the home dialysis benefit.
- Institute of Medicine evaluation and report on home dialysis.

IV. SUSTAINABLE ECONOMICS

- Modification of physician surgical reimbursement for dialysis access procedures to align incentives for cost and quality.
- Demonstration project for outcomes-based ESRD reimbursement system.
- GAO study and report on impact of G-codes

Dialysis Facility Compare Web Site Updated

CMS is pleased to announce the release of Dialysis Facility Compare (www.medicare.gov/Dialysis/Home.asp) in the “next generation compare” format that provides users with simple navigation within the tool.

Users will be able to search for dialysis facilities by State, County, City, Zip or Name. Proximity searches are now available when searches are made on City or Zip.

In addition, a search can be narrowed to specific services offered by dialysis facilities. Users will find new text explanations and a more accessible reading level. Users can also search for additional web resources by population (CKD, Children, Transplant, etc.).

The 2004 Nephrology Conference... cont'd from p. 8

The following summarizes the number of facilities honored in each category.

<u>CATEGORY</u>	<u>HEMODIALYSIS</u>	<u>PERITONEAL</u>
ADEQUACY	102	17
ANEMIA	96	18
FISTULA RATE	56	
CATHETER RATE	3	
SUSTAINING MEMBERS	25	7

Mark your calendar...

for The 2005 Nephrology Conference to be held in Indianapolis, Indiana at the Indianapolis Marriott Downtown on Wednesday, May 25th and Thursday, May 26th.

The 2004 Nephrology Conference...cont'd from p. 1

educational materials, such as *Kidney Joe* an interactive CD-ROM game and the Vascular Access educational video shorts.



Joseph M. Defazio pictured with Kathi Niccum, Patient Services Director and Dolores Perez, Communications Director.

Prof. Defazio wrote, performed and produced the musical score for *The Uninvited Guest*, an animated video feature presentation on the impact of kidney disease on the family, which was premiered during the awards luncheon.

Also honored at the awards luncheon were the Trover Foundation Renal Dialysis Center receiving the Facility Award and

Tracee Bauer receiving the Patient Award --- each a part of the Robert Felter Memorial Award.

Approximately 187 facilities also received awards. CPM data from October-November-December of 2003 was submitted by 85% of our hemodialysis facilities and 69% of peritoneal. Those programs were eligible for awards.

To qualify for an award in the anemia category, a facility must have achieved a hemoglobin of $\geq 11\text{gm/Dl}$ in 85% or more of their patients.

For adequacy, a hemodialysis facility must have achieved a Kt/V of 1.2 in 95% or more patients.

Peritoneal programs attained goals for creatinine clearance and weekly Kt/V. Facilities were recognized for fistula rates of =40% and catheter rates =10%.

Sustaining members are dialysis programs receiving an award for at least three consecutive years.

Congratulations to all for a job well done!

See page 7 for a summary of the number of facilities honored in each category. Also see page 4 for a listing of the facilities that were recognized through the Network's Facility Quality Awards Program for achievement in fistula rates.

PROGRESS NOTES

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