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
<table>
<thead>
<tr>
<th>Merged</th>
<th>Independent</th>
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<tbody>
<tr>
<td>Board of Trustees</td>
<td>Medical Review Boards</td>
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<tr>
<td>Executive Committee</td>
<td>Patient Advisory Committees</td>
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<tr>
<td>Nominating Committee</td>
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<tr>
<td>Finance Committee</td>
<td>Network Councils (transition period)</td>
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<td>Audit Committee</td>
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<td>Strategic Planning Committee</td>
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<td>Chronic Kidney Disease Coalition</td>
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<td>Pediatric Committee</td>
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<td>Organ Procurement &amp; Transplant</td>
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<td>Rehabilitation</td>
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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
Suzie 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)
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
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
Guiding Principles

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

<table>
<thead>
<tr>
<th>Contract Task</th>
<th>Network 4</th>
<th>Networks 9 and 10</th>
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<tbody>
<tr>
<td>Task 1 - Vascular Access</td>
<td>Target - &lt;50% Fistula</td>
<td>Catheter Reduction</td>
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<tr>
<td></td>
<td>Target - &gt;18% Catheter</td>
<td>Community Partnerships</td>
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<tr>
<td></td>
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<td>Changing Pt Culture</td>
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<tr>
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<td>Root Cause Analysis</td>
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<td>Task 2 - CPM</td>
<td>Anemia Mgmt - 10-12hgb</td>
<td>Anemia Mgmt - 10-12hgb</td>
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<tr>
<td>Task 3 - Network Specific</td>
<td>Increase Immunizations</td>
<td>Phosphorus Control</td>
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<tr>
<td>Task 4 - Facility Specific</td>
<td>Decrease Catheters</td>
<td>Target: Hemodialysis</td>
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<tr>
<td></td>
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<td>Adequacy Poor Performers</td>
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</table>
AVF Rates for October 2009

CMS Fistula Goal

<table>
<thead>
<tr>
<th>Site</th>
<th>% Rate</th>
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<tbody>
<tr>
<td>NW6</td>
<td>49.6%</td>
</tr>
<tr>
<td>NW9</td>
<td>49.6%</td>
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<tr>
<td>NW5</td>
<td>50.8%</td>
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<tr>
<td>NW8</td>
<td>51.3%</td>
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<tr>
<td>NW10</td>
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<td>NW11</td>
<td>52.5%</td>
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<td>NW4</td>
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<tr>
<td>NW12</td>
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<td>NW7</td>
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<td>US</td>
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<tr>
<td>NW3</td>
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<td>NW17</td>
<td>59.2%</td>
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<tr>
<td>NW15</td>
<td>60.4%</td>
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<tr>
<td>NW16</td>
<td>64.0%</td>
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Oct-09
AVF Rates for October 2009

CMS Fistula Goal

[Graph showing AVF rates for various states and the US, with CMS Fistula Goal indicated by a red line.]
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

<table>
<thead>
<tr>
<th></th>
<th>Network 4</th>
<th>Network 9</th>
<th>Network 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fistula Rate - 3/31/09</td>
<td>51.1%</td>
<td>47.8%</td>
<td>49.3%</td>
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<tr>
<td>CMS Goal - 3/31/10</td>
<td>54.1%</td>
<td>51.5%</td>
<td>53%</td>
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<tr>
<td>Percentage Point Increase Needed</td>
<td>3</td>
<td>3.6</td>
<td>3.2</td>
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<tr>
<td>Fistula Rate - 10/31/09</td>
<td>52.6%</td>
<td>49.6%</td>
<td>51.8%</td>
</tr>
<tr>
<td>Variance From Goal</td>
<td>-1.5</td>
<td>-1.9</td>
<td>-1.2</td>
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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
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!*
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
(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
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
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
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!
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