Network 7 Update
Collaborating to Improve ESRD Care

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Florida Renal Administrators Association 2014 Annual Meeting
Delray Beach, FL
July 25, 2014
Objectives

• End Stage Renal Disease (ESRD) Network 7 Overview
  ▪ Centers for Medicare & Medicaid Services’ (CMS’) Three AIMs
  ▪ Network Demographics
  ▪ Patient Engagement Activities
  ▪ Quality Improvement (QI) Activities

• Review Fistula First Catheter Last Outcomes
  ▪ Identify Technical Assistance and Educational Resources
ESRD NETWORK PROGRAM
ESRD Network Regions 1-18

ESRD Network Areas

<table>
<thead>
<tr>
<th>Network</th>
<th>Geographic Area</th>
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<tbody>
<tr>
<td>1</td>
<td>CT, MA, ME, NH, RI, VT</td>
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<td>TX</td>
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<td>17</td>
<td>American Samoa, Guam, HI, Northern CA, Northern Mariana Islands</td>
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<td>18</td>
<td>Southern CA</td>
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CMS Network Program AIM 1

• Better Care for the Individual through:
  ▪ Patient and family engagement;
  ▪ Improved patient experience of care;
  ▪ Appropriate access to care;
  ▪ Vascular access management; and
  ▪ Improved patient safety/reduction of healthcare-acquired infections.
CMS Network Program AIM 2

• Better Health for the ESRD Population
  ▪ Population Health Innovation Pilot Project
  ▪ Increase hepatitis B and pneumococcal vaccinations
CMS Network Program AIM 3

• Reduce Costs of Care by Improving Care
  - Assist facilities to understand and comply with the ESRD Quality Incentive Program (QIP).
  - Assist patients to understand the ESRD QIP.
  - Support facility data submission to CROWNWeb, National Healthcare Safety Network (NHSN), and other designated systems.
ESRD Network Role: Patients

• The Network is responsible for:
  ▪ Ensuring representation of patients and care partners in shared decision-making.
  ▪ Promoting person-centeredness and family engagement.
  ▪ Protecting access to and quality of dialysis care, especially among vulnerable populations.

7/25/2014
ESRD Network Role: Facilities

• The Network is responsible for:
  ▪ Identifying opportunities for quality improvement.
  ▪ Promoting all modalities of care to promote patient independence and improve clinical outcomes.
  ▪ Facilitating processes to promote care coordination between different care settings.
  ▪ Ensuring accurate, complete, and timely data collection and reporting by facilities in accordance with national standards and the QIP.

7/25/2014
ESRD Network Role: Networks

- Coordination across all Networks, including:
  - Standardization of procedures to address patient grievances and collect data for CMS; and
  - Sharing of best practices to improve quality of care.
ESRD Network Role: CMS

- Acting on behalf of CMS, including:
  - Conveying information to facilities, e.g., communications regarding the ESRD QIP; and
  - Transmission of relevant information to CMS to assist with monitoring and evaluation of policy and program impacts.
2013 Network 7 Demographics

• Incident patients = 7,224 (+3.1%)
• Prevalent patients = 26,431 (+4.2%)
• Self-care dialysis = 3,100 (+11.0%)
  ▪ Hemo = 539 (+17.4%)
  ▪ CAPD = 401 (-6.5%)
  ▪ CCPD = 2,157 (+13.4%)
• Kidney transplants = 959 (-0.1%)
• Patient deaths = 4,790 (+1.2%)
• Vocational rehabilitation (VR) = 1321 (+102%)*
• Dialysis facilities = 387 (+5.2%) and 4 pending certification
• Transplant centers = 7

*VR related patient data reporting in CROWNWeb improved in 2013

Source: Network 7 2013 Annual Report
Provider Affiliation

Proportion of ESRD Facilities by Provider Type

Source: 2013 CMS-2744 Facility Survey
Date: April 2014

Large Dialysis Organization Distribution

Source: CROWNWeb
Date: April 2014
PATIENT ENGAGEMENT ACTIVITIES
Patient Engagement Activities

• Patient Subject Matter Experts (SMEs)
• Learning and Action Networks (LANs)
  ▪ Patient Engagement LAN
  ▪ Healthcare-Acquired Infection (HAI) LAN
• Patient Experience of Care
  ▪ Grievance Investigation
    o Immediate Advocacy
    o Quality of Care review
  ▪ Decrease Involuntary Discharges (IVD), Involuntary Transfers (IVT), and Failure to Place (FTP)
QUALITY IMPROVEMENT (QI) ACTIVITIES
2013 QI Activities

• Increase patient invitations to and participation in Plan of Care (POC) meetings (36 facilities)
• Increase patient knowledge of treatment options (70 facilities)
• Address patient dry weight variance (6 facilities)
• HAI LAN
• Vascular Access Projects (focus groups & statewide)
  ▪ Increase arteriovenous fistula (AVF) in-use rates
  ▪ Reduce long-term catheter (LTC) > 90 days LTC rates
2014 QI Activities

• Increase patient invitations to (32 facilities) and participation in (47 facilities) POC meetings.
• Increase patient knowledge of treatment options. (44 facilities)
• Improve facility staff communication and professionalism. (5 facilities)
• Improve patient hepatitis B and pneumococcal vaccination rates. (12 facilities)
• Increase use of HAI – Centers for Disease Control (CDC) Audit Tool. (72 facilities)
• Improve AVF in-use/LTC rates. (43 facilities/statewide)
FISTULA FIRST CATHETER LAST (FFCL)
FFCL Focus Group Projects

• Focus Group Facility Selection
  ▪ Performance worse than Network average
  ▪ Significant performance decline in past 12 months

• Interventions
  ▪ Root cause analysis and improvement plans
  ▪ Sharing challenges and solutions via teleconferences
  ▪ Patient questionnaire regarding permanent access refusal and links to videos of patient stories
  ▪ Quarterly facility specific comparison of self-reported data vs. CROWNWeb
FFCL Statewide Activities

• Technical assistance and share best practices
• Education and presentations
  ▪ Patient and provider quarterly newsletters
  ▪ Website
    o CE courses
    o Vascular access toolkits
  ▪ Annual Forum and community workshops
• Facility Performance Profiles
  ▪ Compare state and facility rates
  ▪ Facility-specific AVF and LTC outcomes by month
  ▪ CROWNWeb missing patient counts
Facility Performance Profile

Vascular Access Summary Report

Facility XYZ

The End Stage Renal Disease (ESRD) Network Coordinating Center (NCC), under contract with the Centers for Medicare and Medicaid Services (CMS), provides coordination at the national level for the Fistula First Catheter Last (FFCL) CROWNWeb Data. Once clinical months are closed in CROWNWeb, data from those periods are provided to the ESRD Networks.

Facility Vascular Access Trend

AVF Fistula Goal: CMS: 68%
Catheter >=90 Days (LTC) Goal: CMS: <= 10%

Current Progress Towards Goals as of: Mar-2014

Network AVF Rate 60.24% 69.57% Facility AVF Only Rate
Network LTC Rate 9.86% 8.70% Facility Catheter >=90 Days (LTC)

Prevalent Patient Count 93 92 1 64 69.57% 8 8.70% 12 13.04%
Reported Patient Count 92 92 2 70 72.92% 11 11.44%
Missing Patient Count 92 92 2 70 72.92% 11 11.44%
AVF Count 8 8 12 12.27%
AVF Rate 9.86% 8.70% Facility Catheter >=90 Days (LTC)
Catheter >=90 Days (LTC) Rate 13.04%
Catheter >=90 Days (LTC) Rate 11.44%
AVG Count 9 10 12.27%
AVG Rate 9.86% 8.70% Facility Catheter >=90 Days (LTC)

Data Source: ESRD NCC FFCL CROWNWeb Report

7/25/2014
# Vascular Access Goals and Results

## CMS Network 7 Goals

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<thead>
<tr>
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<th>October 2013</th>
<th>October 2014</th>
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<tr>
<td><strong>AVF In-Use</strong></td>
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<tr>
<td>Goal</td>
<td>60.7%</td>
<td>61.74%</td>
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<tr>
<td>Achieved</td>
<td><strong>60.3%</strong></td>
<td><strong>60.24%</strong></td>
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<tr>
<td><strong>LTC in-Use</strong></td>
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<tr>
<td>Goal</td>
<td>11.9%</td>
<td>12.96%</td>
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<tr>
<td>Achieved</td>
<td><strong>12.88%</strong></td>
<td><strong>13.48%</strong></td>
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*As of March 2014

Source: CROWNWeb Data
Action Needed

• Provide resources, support, and leadership.
• Construct system level changes, including a vascular access management program.
• Ensure vascular access data (internal or Network reports) is reviewed in Quality Assessment and Performance Improvement (QAPI) meetings.
• Develop and implement improvement plans, review progress, and adjust as needed.
• Utilize available Network and FFCL resources. www.esrdncc.org/index/fistula-first-catheter-last
Network 7 AVF-in Use Rates

March 2014
60.24%

Florida AV Fistula Rates by County
March 2014

Data source: CROWNWeb accessed June 2014
Network Technical Assistance

- Understanding ESRD QIP measures
- National Healthcare Safety Network (NHSN) reporting and CDC tools
- QI project development
- CE courses for patient care technicians, nurses, and other staff
- Network Communications
  - Newsletters, e-mails, and fax blasts
  - Website resources [www.fmqai.com/ESRD.aspx](http://www.fmqai.com/ESRD.aspx)
QUESTIONS & ANSWERS
The Florida ESRD Network is pleased to announce online registration and payment is now available for the 2014 Annual Forum.

**Step Up to the Plate**

Hit a Home Run in ESRD Care!

**Gaylord Palms Hotel & Convention Center**
6000 West Osceola Parkway, Kissimmee, Florida

**November 19-21, 2014**

A block of rooms at the Gaylord Palms is available through October 1, 2014 at a discounted rate of $149. Contact Reservations at (877) 382-7299, and identify yourself as being with the 2014 Annual Forum FMQAI/Network 7 Group. Click the link below to book your reservations online. Reserve your room early, as the block sold out quickly last year.

Please join the Network at the 2014 Annual Forum as we Deliver the Pitch for Quality Care of ESRD Patients!

Contact Kolina Ford for more information: kford@nw7.esrd.net
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