Agenda

- ESRD Medicare Program Overview
- Island Peer Review Organization (IPRO)
- IPRO ESRD Network Program
- 2016-2020 ESRD Statement of Work (SOW)
- How Can You Find Us?
Prior to Medicare

- 1963 - Patients with End Stage Renal Disease (ESRD) were selected by a committee to receive treatments
- 1967 - Multiple dialysis clinics began opening nationwide
ESRD Medicare Program

- 1972 - ESRD Entitlement Program was established
- 1976 - Conditions for Coverage (CfCs) released
- 1978 - Congress authorized 32 Network Organizations to oversee the quality of care in ESRD treatment
  - Over 24,000 dialysis patients and 763 facilities
- 1988 - Centers for Medicare & Medicaid Services (CMS) reduced the number of Network Organizations to 18
  - 98,432 dialysis patients and 1,701 facilities
ESRD Medicare Program

- 1998 - ESRD Clinical Performance Measures (CPMs) developed based on the K-DOQI Clinical Practice Guidelines
  - 362,172 dialysis patients and 5,197 dialysis facilities
- 2003 - Fistula First Breakthrough Initiative (FFBI)
- 2008 - Updated ESRD Conditions for Coverage released
- 2008 - CROWNWeb publicly introduced
- 2011 - ESRD Prospective Payment System
- 2012 - ESRD Quality Incentive Program (QIP) implemented
- 2015 - ESRD Seamless Care Organizations (ESCOs) formed
  - Over 600,000 dialysis patients and 6,400 dialysis facilities
Island Peer Review Organization (IPRO)
Island Peer Review Organization (IPRO)

- Not-for-profit organization founded in 1984
- Holds federal, state, local government, and private-sector contracts
- Provides healthcare assessment and improvement services
- Headquartered in Lake Success, NY
IPRO ESRD Contracts

- Current ESRD contracts held by IPRO
  - IPRO ESRD Network of New England (Network 1)
    - Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont
  - IPRO ESRD Network of New York (Network 2)
    - New York State
  - IPRO ESRD Network of the Ohio River Valley (Network 9)
    - Indiana, Kentucky, and Ohio
  - Kidney Community Emergency Response (KCER)
  - ESRD National Coordinating Center (ESRD NCC)
IPRO ESRD Network Program
Mission Statement

The Mission of the IPRO End Stage Renal Disease (ESRD) Network Program is to promote health care for all ESRD patients that is safe, effective, efficient, patient-centered, timely, and equitable.
IPRO ESRD Network Service Areas

Proudly serving 73,087 ESRD Patients
1,024 Dialysis Facilities
42 Transplant Centers
## IPRO ESRD Network Service Areas by Network

<table>
<thead>
<tr>
<th>Network</th>
<th>Prevalent ESRD Patients</th>
<th>Dialysis Facilities</th>
<th>Transplant Centers</th>
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<tbody>
<tr>
<td>Network 1</td>
<td>13,492</td>
<td>186</td>
<td>15</td>
</tr>
<tr>
<td>Network 2</td>
<td>27,955</td>
<td>268</td>
<td>13</td>
</tr>
<tr>
<td>Network 9</td>
<td>31,640</td>
<td>570</td>
<td>14</td>
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<tr>
<td>Total Networks</td>
<td>73,087</td>
<td>1,024</td>
<td>42</td>
</tr>
</tbody>
</table>

*Data Source: CROWNWeb*
ESRD Network Responsibilities

- Improve quality of care for ESRD patients
- Encourage patient engagement
- Support ESRD data systems and data collection
- Provide technical assistance to ESRD patients and providers
- Evaluate and resolve patient grievances
We’re Here to Help

- We have tools to help carry out quality improvement projects
  - Catheter Reduction
  - Infection Control (NHSN)
- We provide technical assistance
  - Patient Safety
  - Disruptive Patients
  - Vocational Rehabilitation
- We send electronic Newsletters
  - *Provider Insider* (professional audience)
  - *Kidney Chronicles & The PAC Speaks* (patient audience)
We’re Here to Help

- We sponsor educational opportunities
  - Face-to-Face Meetings
  - Webinars
  - Conference Calls
- We share data
  - Comparative Network, state, and facility level
  - Incidence, prevalent, and demographic statistics
  - Annual Report
We’re Here to Help

- We assist with patient grievances
  - Evaluate and resolve grievances using a patient centered approach
  - Follow CMS guidelines, document all Network steps of grievance resolution, and adhere to timeframes
  - Perform quality of care reviews using an interdisciplinary approach (MSW / RN)
  - When necessary, refer cases to the Grievance Committee or Medical Review Board for review
Agreements of Participation

- Medicare regulations (42 CFR Part 494.180.V772) require ESRD facilities to participate in Network activities and pursue Network goals.

- Network goals based on ESRD Statement of Work (SOW)
  - Current SOW contract cycle is January 1, 2016 to November 30, 2020.
  - Required signatures by February 15, 2016.
  - Other key contacts required.
Facility Responsibilities

- Participate in Network Quality Improvement Activities (QIAs)
- Inform patients of available Network resources
  - Grievance resolution
  - Educational materials
  - Peer-to-peer mentoring
- Notify the Network of major events
  - Facility emergencies
  - Leadership changes
- Respond to inquiries and requests for information
Facility Responsibilities

- Timely submission of data
- Keep facility personnel information updated in CROWNWeb
- Discuss challenges/barriers

**Communicate with the Network**
Facility Responsibilities: Emergency Response

- Preventive action is the best defense against health and safety hazards
- All facilities should...
  - Have emergency plans that are frequently reviewed and tested
  - Partnerships with local responders (OEM)
  - Provide patient and staff education on policies and procedures
  - Communicate with the Network and Department of Public Health about:
    - Open/closed status
    - Changes in treatment schedules
    - Unaccounted for patients
Facility Responsibilities: ESRD Data Collection Systems

- ESRD Designated Data Collection Systems
  - CROWNWeb – **New Data Management Guidelines**
  - National Healthcare Safety Network (NHSN)
- ESRD Outcome Reports
  - Quality Incentive Program
    - [https://cportal.qualitynet.org/QNet/pgm_select.jsp](https://cportal.qualitynet.org/QNet/pgm_select.jsp)
  - Dialysis Data
    - [http://www.dialysisdata.org](http://www.dialysisdata.org)
- In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAPHS)
  - [https://ichcahps.org/](https://ichcahps.org/)
## Facility Responsibilities: ESRD Data Submission Schedule

<table>
<thead>
<tr>
<th>Data System</th>
<th>Task</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>CROWNWeb</td>
<td>PART Verification</td>
<td>By 5th business day of each month</td>
</tr>
<tr>
<td></td>
<td>CMS-2728</td>
<td>Within 10 business days of Date Regular Chronic Dialysis Began</td>
</tr>
<tr>
<td></td>
<td>CMS-2746 Forms</td>
<td>Within 14 days of the date of death</td>
</tr>
<tr>
<td></td>
<td>Resolve Notifications and Accretions</td>
<td>Within 15 days of issuance</td>
</tr>
<tr>
<td></td>
<td>Add Key Personnel</td>
<td>Within 5 business days of staff changes</td>
</tr>
<tr>
<td>NHSN</td>
<td>Event Data</td>
<td>Quarterly</td>
</tr>
<tr>
<td></td>
<td>Healthcare Personnel (HCP)</td>
<td>By May 15&lt;sup&gt;th&lt;/sup&gt;</td>
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</table>
2016-2020 ESRD Statement of Work

http://esrd.ipro.org/about-us/what-we-do
ESRD Patient-Centered Approach

**AIM 1**
- Better Healthcare for the ESRD Individual
- Innovation Pilot

**AIM 2**
- Better Health for the ESRD Population
- Support ESRD QIP
  - Support CROWNWeb
  - Support NHSN

**AIM 3**
- Patient-Centered Approach
- Reduce Cost of ESRD Care

Patient and Family Engagement
## Aim 1: Better Care for the ESRD Individual

<table>
<thead>
<tr>
<th>Domain</th>
<th>Sub-domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient &amp; Family Engagement</td>
<td>• Foster patient and family engagement at the facility level</td>
</tr>
<tr>
<td></td>
<td>• Involve patient SMEs in patient experience of care and HAI QIAs (vaccination &amp; BSI)</td>
</tr>
<tr>
<td></td>
<td>• Involve patients/families/caregivers in CMS meetings</td>
</tr>
<tr>
<td></td>
<td>• Support the ESRD National Coordinating Center (NCC) Patient and Family Engagement Learning and Action Network (N PFE-LAN)</td>
</tr>
<tr>
<td>Patient Experience of Care</td>
<td>• Evaluation and resolution of grievances</td>
</tr>
<tr>
<td></td>
<td>• Conduct QIA to improve facility grievance processes</td>
</tr>
<tr>
<td></td>
<td>• Promote the use of the In-Center Hemodialysis Consumer Assessment Healthcare Providers and Systems (ICH CAHPS) survey</td>
</tr>
<tr>
<td></td>
<td>• Address issues identified through data analysis</td>
</tr>
</tbody>
</table>
## Aim 1: Better Care for the ESRD Individual

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<tr>
<th>Domain</th>
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</thead>
</table>
| Promote Patient-Appropriate Access to Outpatient Dialysis Care | • Decrease Involuntary Discharges and Involuntary Transfers (IVDs/IVTs)  
• Address patients at risk for IVD/IVT and Failure to Place (F2P)  
• Report data on access to dialysis care monthly |
| Vascular Access Management                  | • Reduce catheter rates for prevalent patients  
• Support facility vascular access reporting  
• Spread best practices  
• Provide technical support in the area of vascular access |
| Patient Safety: Healthcare Acquired Infections (HAI) | • Support NHSN  
• Establish HAI LAN  
• Reduce rates of dialysis events (BSI/Sepsis)  
• Increase HBV & pneumococcal vaccination rates |
## Aim 2: Better Health for the ESRD Population

<table>
<thead>
<tr>
<th>Domain</th>
<th>Sub-domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Health Focused Pilot Project (PHFPP)</td>
<td>Reduce Identified Disparity through:</td>
</tr>
<tr>
<td></td>
<td>• Project A: Reducing Hospital Utilization</td>
</tr>
<tr>
<td></td>
<td>• Project B: Improve Transplant Referrals</td>
</tr>
<tr>
<td></td>
<td>• Project C: Promote Appropriate Home Dialysis</td>
</tr>
<tr>
<td></td>
<td>• Project D: Support Improvement in Quality of Life</td>
</tr>
<tr>
<td></td>
<td>• For Option Year (OY) 3 – OY4 all Network will conduct <a href="#">Project A</a>; additional Network selected project may occur</td>
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## Aim 3: Lower Cost of ESRD Care

<table>
<thead>
<tr>
<th>Domain</th>
<th>Sub-domain</th>
</tr>
</thead>
</table>
| Support for ESRD Quality Incentive Program (ESRD QIP) and Performance Improvement on ESRD QIP Measures | • Assist facilities in understanding and complying with ESRD QIP processes and requirements  
• Conduct QIA to assist facilities in improving their performance on ESRD QIP measures  
• Assist CMS in monitoring the quality of and access to dialysis care  
• Assist patients and caregivers in understanding the ESRD QIP |
| Support for Facility Data Submission to CROWNWeb, NHSN, and/or Other CMS Designated Data Collection System(s) | • Provide support for CROWNWeb NHSN, other CMS data systems as directed  
• Conduct data quality QIA for NHSN with hospitals and dialysis facilities  
• Provide necessary CROWNWeb functions as directed by SOW |
2016-2020 SOW Quality Improvement Activities

- AIM 1: Better Care for the ESRD Individual
  - Grievance
  - ICH-CAHPS
  - Vascular Access: Long Term Catheter Reduction
  - Healthcare Associated Infections – Vaccinations
    - Hepatitis-B
    - Pneumococcal Pneumonia
  - Healthcare Associated Infections - Bloodstream Infection (BSI) Reduction
2016-2020 SOW Quality Improvement Activities

- AIM 2: Better Health for the ESRD Population
  - Care Coordination with focus on reducing hospitalization (2019 & 2020)
- AIM 3: Lower Cost of ESRD Care
  - Quality Incentive Program (QIP) – Hypercalcemia (2016)
  - NHSN Data Quality QIA
Grievance QIA

- **Domain**
  - Patient Experience of Care

- **Scope**
  - Minimum of 10 facilities

- **Objectives**
  - Improve utilization of the facility level grievance process
  - Classify and rank grievances based on area of concern
  - Decrease facility’s average score

- **Goal**
  - 20% relative improvement by October 2016
ICH-CAHPS QIA

- **Domain**
  - Patient Experience of Care

- **Scope**
  - 10% of Network population (minimum of 20 facilities)

- **Objectives**
  - Identify lowest score component from the ICH CAHPS survey
  - Promote interventions for the problem area(s) identified
  - Re-administer identified component to assess improvement

- **Goal**
  - 5% relative improvement by October 2016
Long Term Catheter Reduction QIA

- **Domain**
  - Vascular Access Management

- **Scope**
  - Facilities with >10% long-term catheter in use

- **Objective**
  - Decrease the number of patients dialyzing with a CVC ≥ 90 days

- **Goal**
  - 2% reduction by October 2016
Vaccinations QIA

- **Domain**
  - Patient Safety: Healthcare-Associated Infections (HAIs)

- **Scope**
  - 10% of low-performing facilities (maximum of 25 facilities)

- **Objectives**
  - Review Hepatitis-B and pneumococcal pneumonia vaccination rates
  - Develop RCA of barriers
  - Achieve at least 60% vaccination rates for each measure

- **Goal**
  - 2% point increase over baseline by September 2016
Bloodstream Infection (BSI) Reduction QIA

- **Domain**
  - Patient Safety: Healthcare-Associated Infections (HAIs)

- **Scope**
  - 20% of Network facilities

- **Objective**
  - Reduce BSI rates in outpatient dialysis facilities using CDC intervention materials

- **Goal**
  - 5% relative reduction of pooled mean BSI rate by second quarter of 2016
AIM 2 QIA - Option 1: Reduce Hospitalization

- **Domain**
  - Population Health Focused Pilot Project (PHFPP)

- **Scope**
  - 20-25 dialysis facilities
  - 5-7 hospitals

- **Objectives**
  - Improve transitions of care between the dialysis and hospital setting

- **Goal**
  - 2 point reduction in hospitalization rate per 100 persons
AIM 2 QIA - Option 2: Home Dialysis Referrals

- **Domain**
  - Population Health Focused Pilot Project (PHFPP)

- **Scope**
  - 5% of Network population

- **Objectives**
  - Increase home dialysis referrals in qualified patients
  - Identify disparity (i.e., race, ethnicity, location, gender, or age)

- **Goal**
  - 5% point increase in overall referrals by September 2016
  - 1% decrease in disparate gap by September 2016
Quality Incentive Program (QIP) QIA

- **Domain**
  - Support for ESRD Quality Incentive Program (ESRD QIP) and Performance Improvement on ESRD QIP Measures

- **Scope**
  - 10 or more facilities with poorest performance in Hypercalcemia

- **Objectives**
  - Perform RCA; Develop PDSA cycle; Implement PDSA plan
  - Target of > 25% improvement or exceed QIP threshold

- **Goal**
  - ≥ 8 facilities complete PDSA cycle by September 2017
NHSN Data Quality QIA

- Domain
  - Support for Facility Data Submission to CROWNWeb, NHSN, etc.

- Scope
  - Minimum of 20 facilities and 5 hospitals

- Objectives
  - Identify dialysis facilities without EMR access and affiliated hospitals
  - Implement activities to improve communication of key information between hospitals and facilities using RCA and the PDSA cycle

- Goal
  - June 2017; October 2017
How Can You Find Us?
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# IPRO ESRD Network of The Ohio River Valley (Network 9)

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<th>Email</th>
</tr>
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<tbody>
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http://tinyurl.com/IPROESRD
Please Take the Webinar Evaluation
For more information:

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