



Georgia



North Carolina



South Carolina

IPRO ESRD Network of the South Atlantic — Empowering More than 50,500 Renal Patients in 3 States



End-Stage Renal Disease
Network of the South Atlantic

network6.esrd.ipro.org

Provider Insider

AN ELECTRONIC NEWSLETTER FOR RENAL CARE PROFESSIONALS

October 2020

The Provider Insider is a monthly electronic newsletter for Renal Care Professionals that provides general information, upcoming events, and educational resources that are beneficial to both patients and providers within the ESRD community we serve.

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COVID-19 Resources for Patients and Professionals

COVID-19 resources can be accessed on the Network website by clicking on an icon below.

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Upcoming Events

See what's happening this [month](#).

Alerts and Recalls

Visit the [KCER Coalition website](#) for the latest alerts and recalls.



October 12-17, 2020 is National Dialysis Technician Recognition Week

Each year, the National Association of Nephrology Technicians / Technologists (NANT) recognizes hemodialysis technicians for the vital contributions they make to the nephrology field. Click [here](#) to download resources you can use in your facility to express appreciation.



Now Accepting Board and Committee Nominations

Every year, nominations are accepted for the election of new - professional and patient - members to serve on the IPRO ESRD Network of the South Atlantic ESRD Divisional Board, Medical Review Board, and the Grievance Committee.

The strength of the Network starts with collective leadership. If you or someone that you know is interested in enriching their participation in the ESRD community, please nominate them today!

The Network is currently accepting nominations for the following disciplines:

- Nephrologists
- Nurses
- Social Workers
- Dietitians
- Facility Administrator
- Technicians
- Surgeons (Vascular Access and Transplant)

To submit a nomination, please complete the following:

- Review the [Duties & Responsibilities](#) of board and committee members
- [Click here](#) to complete the online nomination form**
- Submit nomination by **Saturday, October 31, 2020**

**If nominating someone other than yourself, please discuss the nomination with the suggested individual prior to submission.

Please note the term of office will begin December 1, 2020.

If you require any additional information, please call IPRO ESRD Network of the South Atlantic at 919-463-4500.

Thank you.



AAKP Recognizes IPRO ESRD Network of the South Atlantic for Service to the Kidney Patient Community

The IPRO End Stage Renal Disease (ESRD) Network of the South Atlantic has been selected as the 2020 recipient of the American Association of Kidney Patients (AAKP) Dominick Gentile, MD, Memorial Award – an AAKP National Legacy Award.

Recognizing extraordinary services and programs that significantly benefit the kidney patient community, the award is being given to the IPRO ESRD Network of the South Atlantic for its work on the [“Enhanced Patient Engagement to Improve Patient-Centered Outcomes Among Chronic Kidney Disease Project;”](#) an AAKP-led [Patient-Centered Outcomes Research Institute \(PCORI\)](#) Dissemination grant; its longstanding leadership in promoting the important work of the [Southeastern Kidney Transplant Coalition](#); and its ongoing commitment to serving the kidney patient community of Georgia, North Carolina and South Carolina.

Click [here](#) to read the full press release.



“Welcome to Medicare” Preventive Visit and Yearly “Wellness” Visits

Individuals new to Medicare should schedule a [“Welcome to Medicare” preventive visit](#). Medicare Part B covers a **FREE** comprehensive screening within the first 12 months of having Part B.

Individuals who have had Medicare Part B for longer than 12 months can get a **FREE** yearly [“Wellness” visit](#) once every year to develop or update a personalized prevention plan.

Patients pay nothing if their doctor or other qualified healthcare provider accepts assignment. The Part B deductible doesn’t apply. However, patients may have to pay coinsurance, and the Part B deductible may apply, if doctors or other health care providers perform additional tests or services during the same visit that are not covered under the preventive benefits.

When making the appointment, patients should let the doctor’s office know a “Welcome to Medicare” preventive visit would like to be scheduled. It is also important to know [what to bring to the “Welcome to Medicare” preventive visit](#).

Quality Improvement Initiatives



Flu Season is Here! Time to Get Patients Vaccinated

Getting a flu vaccine is more important than ever during the 2020- 2021 flu season to protect yourself and the people around you from the flu, and to help reduce the strain on healthcare systems already responding to the COVID – 19 pandemic.

To achieve the maximum benefit and most coverage for the entire flu season it is recommended that the flu vaccine be administered prior to the end of October. Vaccinations may cause a temporary rise in the body temperature causing concerns during the COVID screening process. When possible flu immunizations for incenter hemodialysis patients should be administered on Fridays and Saturdays before their “weekend period” to avoid this screening confusion.

Centers for Medicare & Medicaid Services (CMS) mandates that 85% of the census in each dialysis facility be vaccinated for the flu by December 31st, 2020. The Network will be collecting this data to assure completion of this measure and report the findings to CMS for review. The patient can receive an immunization at the ESRD facility, nursing home/long term care facility, outpatient health care provider or local pharmacy.

Resources for Patients and Providers:

- ["You are at high risk for flu complications"](#)
- [People at High Risk for Flu Complications \(CDC\)](#)
- [Vaccination Finder](#)

Surface Disinfection in Dialysis

It is in these challenging times that we are reminded why infection prevention is imperative in the prevention of disease transmission. The Network is expanding the “Back to Basics” campaign by providing audit tools for surface disinfection. The proper use of medical disinfectants is essential to ensure the medical environment and instruments do not transmit infectious pathogens to patients.

Research indicates failure to comply with evidence based principles of infection prevention /control and disinfection guidelines has led to infectious outbreaks in dialysis facilities and healthcare settings. Additionally, the audit tool is intended to promote recommended practice for infection prevention and can be used by the facility to observe and assess staff practices.

Important factors impacting effective disinfection practices include:

- Using the correct EPA registered disinfection agent and the proper procedure for sterilization or disinfection of patient-care equipment.
- Pre-cleaning of soiled objects is required for disinfection to be effective.
- Following the manufacturer's recommended contact time also known as wet time (the time a disinfectant needs to stay wet on a surface to ensure efficacy).
- Observation and assessment of staff to promote recommended practice and effective infection prevention and control behaviors.

The "Back to Basics" [Surface Disinfection Toolkit](#) includes printable resources, an audit, an educational video all aimed at assisting facilities to effectively monitor surface disinfection in their facilities.. We also encourage facilities to include patients in these efforts providing them with the CDC chairside audit to observe disinfection at their station. Suggestions for opportunities to share these materials and audit results would be in your team huddles, staff meetings and interdisciplinary team meetings.



Easing Patient Fears About Vascular Access Appointments

One common barrier identified through the End Stage Renal Disease (ESRD) community is that patients and care partners are scared to go into a doctor's office or hospital for appointment or procedures. Dialysis patients are a very high risk population. Facility staff have spent countless months during the pandemic educating patients and care partners on their increased vulnerability to COVID-19.

Ways to encourage patients to make and keep vascular access appointments:

- Address patient and care partners fears about the spread of COVID-19
- Remind patients and care partners that there is screening that happens at all medical

facilities

- Educate on the limited access that visitors have to medical facilities to reduce spread of COVID-19
- Educate patients and care partners on the effectiveness of wear masks to all appointments
- Address the additional environmental cleaning practices implemented at all medical facilities



Tips and Resources to Keep Your "Healthy at Home" Campaign Moving Forward!

To assure your facility will receive credit for every successful patient transition to a home modality take a moment to review your CROWNWeb documentation. Make sure the modality selection has been changed to home hemodialysis or peritoneal dialysis and that the **primary dialysis setting** has been changed to home. The Centers for Medicare & Medicaid Services (CMS) utilizes the primary dialysis setting as the metric for home initiations. Using the attached job aide review and verify you have correctly completed the documentation for all of your patients who have transitioned to home.

If you are a facility without a home program and have referred a patient to a home modality you will get credit for the home initiation if the patient dialyzes in their home within 30 days of the referral. After 30 days the home training clinic will take credit for transitioning that patient. Please review the [Updating the Patient Treatment Modality in CROWNWeb](#) tool to ensure the facility gets credit for the home referral.

New Resource Available! On August 25, 2020, the IPRO ESRD Network program presented a professional webinar, ["Let's Start Healthy at Home"](#), to promote campaign professional resources, discuss the benefits of home dialysis and promote telehealth during the pandemic and beyond. Utilizing telehealth as a home patient ensures the patient is provided quality care while remaining in the safety of their home.

The featured speakers for this program included: Dr. Michael Kraus, Dr. Brent Miller, Michelle Carver RN, and Patient advocate Vanessa Evans. Physician and nurse strategies for success and best practices related to telehealth were shared while Ms. Evans provided the patient perspective on the utilization of telehealth.



Take Credit for All You Do - Documenting and Verifying Patients on the Transplant Waitlist

Each month the ESRD Network releases a Quality Improvement Activity (QIA) Summary Report Card to each dialysis facility that summarizes progress toward goals. The Network advises each facility to review this data to make sure that data that is being reported from the United Network of Organ Sharing (UNOS) matches with your facility records. The following steps assist dialysis facilities in troubleshooting data errors:

1. Identify all patients newly added since January 2020 to date that you have knowledge of being added to the transplant waitlist by a transplant center. (Note that patients being multi listed only count with their first waitlisting status date).
2. If you find any discrepancies in the total cumulative number of patients that you should receive credit for, call the corresponding Transplant Center to make sure the patient(s) is still active in the waitlist. An important information to discuss with the transplant center representative is if the patient information is correct and both entities have the same data (ie: dialysis center, SSN, address, DOB, etc.)
3. If all the above steps are completed and there is still a data discrepancy or you have not received your facility summary report, please contact the ESRD Network for further assistance at nw6qi@esrdnetwork.freshdesk.com.

Need Help Educating Patients? New Resource Available!

The National Forum of ESRD Networks has released the [ESRD Patient Transplant Toolkit: Is a Kidney Transplant Right for Me?](#) This toolkit helps patients navigate the steps towards kidney transplantation, from a patient perspective. Please review and share this toolkit with patients and staff.



Join the Network for a Webinar Focusing on Addressing and Preventing Involuntary Discharges

On October 21, 2020, the Network will host a webinar presentation about access to care concerns. We will focus on interventions to prevent involuntary discharges and best practices for navigating difficult patient situations.

Event Details:

Addressing and Preventing Involuntary Discharges

Date: October 21, 2020

Time: 3pm-4pm

[Registration](#)

Reviewing the CMS End Stage Renal Disease Conditions for Coverage

The CMS End Stage Renal Disease Conditions for Coverage provides dialysis facilities instructions for acceptable reasons for involuntary discharge. Involuntarily discharging a patient from dialysis should always be the last course of action. Prior to considering an involuntary discharge, facility staff should review this policy.

Please review the CMS Conditions for Coverage Interpretive Guidance along with your organization's policies before considering discharging a patient. Your ESRD Network patient services representatives are here to help provide guidance in preventing involuntary discharges and providing you with resources to help our ESRD community.

[CMS Conditions for Coverage Interpretive Guidance: V766 & V767](#)



Support Care Coordination for Dialysis Patients - BETTER Kidney Care Act

The Bringing Enhanced Treatments and Therapies to End Stage Renal Disease (ESRD) Recipients (BETTER) Kidney Care Act (H.R. 8254/S. 4574) was recently introduced by Senators Todd Young (R-IN) and Kyrsten Sinema (D-AZ), along with Representatives Earl Blumenauer (D-OR) and Greg Smith (R-MO). **This bill would enhance access to care coordination services for patients currently living with ESRD. It could also help with services not covered by Medicare such as dental care and transportation.**

Coordinated care is essential for improving the overall care and health of ESRD patients. Specifically, better care coordination could mean help for patients with scheduling doctors' appointments, reviewing their medication regimen, dealing with dialysis access site problems, addressing other comorbidities, taking preventive steps to avoid hospitalization, and much more. By establishing a system in which one entity takes responsibility for the overall care of their dialysis patients, the BETTER Kidney Care Act would help to keep individuals healthy, prevent unwanted complications, and reduce overall healthcare costs.

ACTION ALERT: Please get dialysis staff, patients, and family members / care partners involved by having them ask legislators to cosponsor the BETTER Kidney Care Act today! Share the following link to enter contact information in support of the bill.

BETTER Kidney Care Act (H.R. 8254/S. 4574): [Urge Congress to Support Integrated Care for Dialysis Patients Here](#)



Navigate and Combat Stress During a Mental Health Crisis

It has been no surprise that with the onset of a global pandemic people are experiencing a variety of emotions and feelings especially in these unprecedented times. Not only has it affected the everyday population, frontline healthcare workers also have an increased amount of stress put upon them as they have continued to care for individuals affected by COVID-19.

More than ever it is so important to cultivate healthy self-care routines to help manage our

mental health in times of crisis. We also need to be aware of the warning signs and risks associated with the onset of a mental health crisis. The National Alliance on Mental Health (NAMI) is an organization which spreads awareness and provides education on mental health and suicide prevention. One of their resources [Navigating a Mental Health Crisis](#) outlines the warning signs and what action to take in the event of a mental health crisis.

Learning self-care and coping strategies can help manage stress and the pressure. The SC Department of Mental Health and its Office of Suicide Prevention have created the resource [Combat Stress with Self-Care](#). The resource also includes contact information for support through the [National Suicide Prevention Lifeline](#).



Peer Mentoring Through Empathic Listening

Peer Mentoring creates a scenario where mentors can develop and lead a conversation with their mentee. Through conversational discourse mentors can highlight the positive elements of the mentee's experiences throughout their dialysis journey. Moreover, mentors engaging in empathic listening can help create a rapport that is based on mutual understanding and trust. Empathic listening can help the mentors understand the issues their mentees have associated with their dialysis treatment by being fully immersed in the perspective of the mentee. Empathic listening can help the mentor proactively engage with the mentee to find effective solutions to their ongoing difficulties as an ESRD or CKD patient. Please use the following tools to assist with empathetic listening.

- [Seven Tips for Empathic Listening](#)
- [Getting the Conversation Started](#)

[Peer-to-Peer Mentoring Program Guidelines](#) support the following goals:

- Improving patients' access to support services and educational resources
- Enhance patients' goal setting and decision making skills
- Develop patient self-management skills
- Increase patients' ability to manage their complex illness

Click [here](#) to access the IPRO E-University Peer Mentoring Training.

Data Systems & Reporting



Stop Admitting patients as “Transient” in CROWNWeb Effective September 30, 2020

The Centers for Medicare & Medicaid Services (CMS) is targeting the release of the End-Stage Renal Disease (ESRD) Quality Reporting System (EQRS) in November. In preparation for the transition of CROWNWeb to EQRS, **CMS asks that facility users stop admitting patients as “Transient” in CROWNWeb effective September 30, 2020.**

Data Entry Steps:

- Select “Transfer In” as the Admit Reason
- Select “No” in the Transient Status field
- Discharge the patient when he/she dialyzes at another facility

For further information on Transient Patient Admissions in EQRS, please click [here](#).

Guidance for Submission of CMS-2728/CMS-2746

This message is being provided on behalf of the Centers for Medicare & Medicaid Services (CMS) and the Division of Kidney Health (DKH).

The purpose of this announcement is to provide clarification related to Form CMS-2728 End-Stage Renal Disease (ESRD) Medical Evidence Report Medicare Entitlement and/or Patient Registration Form and Form CMS-2746 Death Notification Form.

In November 2019, the Office of Management and Budget (OMB) approved revisions to CMS-2728 and CMS-2746. At this time, those revisions are not yet reflected in CROWNWeb; however, the most current forms will be made available with the planned implementation of the updated ESRD Quality Reporting System (EQRS). In the interim, CMS will continue to accept both versions of the forms.

If you have any questions regarding this announcement, please email the ESRD National Coordinating Center at nccinfo@hsag.com with the subject line: CMS-2728/CMS-2746.

New 2728 / 2746 Forms (Effective in EQRS)

- [2728 Form \(dated 10/2018\)](#)
- [2746 Form \(dated 10/2018\)](#)

Important: Please sign up for new EQRS training

On November 9, 2020, Centers for Medicare & Medicaid Services (CMS) will incorporate the roles and functionality of its legacy CROWNWeb system into the End-Stage Renal Disease (ESRD) Quality Reporting System (EQRS). This rollout will introduce new steps users must follow to submit facilities' administrative and patients' treatment-related data directly to CMS. Learn more by registering for the EQRS New User Training on October 29, 2020 or November 4, 2020. Information is available via the Training Calendar.

Please do not miss this training to be prepared for EQRS release on November 9th.

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IPRO End-Stage Renal Disease Network of the South Atlantic, the ESRD Organization of Georgia, North Carolina, and South Carolina, prepared this material under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. CMS Contract Number: HHSM-500-2016-00006C.