What You Need to Know About CMS Priorities, Goals and Quality Improvement

June 13, 2023
Meeting Reminders

Agenda

• IPRO ESRD Network Program
• Quality Improvement
  • National Initiatives (Goals, Education, Interventions)
• Patient Services
  • Emergency Management
  • Patient Experience of Care
• ESRD Data Management
• Closing Remarks
IPRO ESRD Network Program

Sue Caponi, MBA, BSN, RN, CPHQ, CPXP
Vice President/CEO ESRD Network Program
Executive Director
IPRO Overview

Capabilities

• Healthcare quality improvement-focused entity for nearly **40 years**
• Successful Quality Innovation Network - Quality Improvement Organization (QIN-QIO) since the first Scope of Work in **1984**
• End-Stage Renal Disease (ESRD) Network since 2006
• External Quality Review Organization (EQRO) in **13 states** and Puerto Rico
• Independent Review Organization (IRO) in **20 states**
• Data experts working with providers and patients driving quality improvement and more

• **350 professionals** includes physicians, registered nurses, epidemiologists, biostatisticians, data analysts, medical record reviewers, health policy experts, programmers, systems analysts, Web technology experts and marketing/communications specialists
• Nationwide healthcare quality experts evidenced by our work in **36 U.S. states** and territories
• Network of more than **500 board-certified physician consultants**
• **URAC Accredited** IRO since 2000
• **ISO 9001:2015**
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.
Administration Team
Phone: 516-686-9790

Susan Caponi, MBA, BSN, RN, CPHQ, CPXP
Vice Present/CEO ESRD Program Executive Director

Victoria Cash, MBA, BSN, RN, CPHQ
Executive Director
Quality Improvement Lead

Danielle Daley, MBA, CPHQ, CPXP
Executive Director
Emergency Incident Commander
Patient Services Lead

Laura Edwards
Contract Manager
ESRD Statement of Work (SOW)
5-Year Contract Cycle

• Contract Cycle: June 1, 2021 – April 30, 2026
• Option year 2 ends April 30, 2024
• Supports achieving quality improvement (QI) goals
• Networks deploy interventions that target patients, dialysis/transplant providers, other providers, and other stakeholders
• QIAs incorporate a focus on health equity and vulnerable populations
• Contract modification with OY2
  • Modification began on May 1, 2023
  • Large focus on facility site visits to drive improvement
  • Increased focus on health equity
  • New measures included: weight management, submitting outdated 2728 Forms, and a new, aggregated measure for Pneumonia vaccinations.
• There are 26 QIA Goals in Option Year 2, including the same four PFE Goals
IPRO ESRD Network Service Area
National Coordinating Center Dashboard Date: 5/25/2023

National ESRD Program

640,560
Dialysis Patients

353,531
Transplant Patients

9,603
Dialysis Facilities

281
Transplant Centers

Network 1
CT, MA, ME, NH, RI, VT
Dialysis Patients: 14,689
Facilities: 197
Transplant: 15

Network 2
NY
Dialysis Patients: 28,415
Facilities: 362
Transplant: 14

Network 3
CT, MA, ME, NH, RI, VT
Dialysis Patients: 14,689
Facilities: 197
Transplant: 15

Network 4
IN, KY, OH
Dialysis Patients: 11,755
Facilities: 224
Transplant: 12

Network 5
OH, IN, KY, GA, NC, SC
Dialysis Patients: 9,935
Facilities: 149
Transplant: 9

Network 6
GA, NC, SC
Dialysis Patients: 50,086
Facilities: 709
Transplant: 11

Network 7
OH, NY, PA, DE, MD, WV
Dialysis Patients: 27,389
Facilities: 389
Transplant: 18

Network 8
OH, IN, KY, GA, NC, SC
Dialysis Patients: 9,935
Facilities: 149
Transplant: 9

Network 9
OH, KT, IN
Dialysis Patients: 32,356
Facilities: 620
Transplant: 15

IPRO ESRD Program

125,546
Dialysis Patients

1,948
Dialysis Facilities

53
Transplant Centers
CMS Expectations
Network Responsibilities

- Create a collaborative environment to improve care
- Assist CMS in understanding the needs of patients
- Provide assistance to ESRD patients and providers
- Encourage patient engagement
- Evaluate and resolve patient grievances
- Collect data to measure quality of care
- Emergency preparedness and disaster response
CMS Expectations
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 closures/altered treatment schedules
  • Staffing or supply shortages
• Respond to inquiries and requests for information
• Timely submission of data
• Keep facility personnel information updated in the IPRO ESRD Facility Information Management System
• Discuss challenges/barriers
Quality Improvement Team

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Project Lead - Hospitalizations, Nursing Home, and Clinical Quality of Care Cases

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Community Outreach Coordinator
Patient Facility Representative Alliance

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Assistant Director
On-Site Technical Assistance

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On-Site Technical Assistance

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Project Lead - CKD and Behavioral Health/Depression

Michelle Prager, MSW, LSW
Project Lead - Home Modalities and Telemedicine

Caroline Sanner, MSN, RN-BC, CPHQ
Assistant Director
Project Lead - Transplantation
May 2023-April 2024 Updates and Initiatives
Program Objectives

1. Improve Behavioral Health Outcomes
2. Improve Patient Safety and Reduce Harm
3. Improve Care in High Cost/Complex Chronic Conditions
4. Reduce Hospitalizations and Outpatient Emergency Room Visits
5. Improve Nursing Home Care in Low Performing Providers
How Do We Effect Change?
Multifaceted Approach

Network-Wide

1. **Daily** problem solving and idea sharing
2. **Weekly** data driven technical assistance per CMS definition
3. **Monthly** IPRO Learn interventions
4. **Quarterly** Best Practice and MRB Calls
5. **Bi-Annual** Community Coalition Cycles
6. **Annual** Network Council Call
How Do We Effect Change?
Multifaceted Approach

Community Coalitions

1. Focused selection of facilities based on demographics and past performance
2. 6-month engagement in a quality improvement focus area
3. Root Cause Analysis and Plan-Do-Study-Act
4. Resource dissemination and monitoring of performance with tailored feedback
5. Daily technical assistance
6. Patient integrations into the QI process
Root Cause Analysis (RCA)
First Step in Problem Solving

• Identify your high-level problem
• Ask the 5-whys
  • Sometimes it can take <5 or >5
• Once you ask your whys, you are led to your root cause
• The root cause will be the barrier that you work on overcoming/solving throughout the project life cycle
Plan-Do-Study-Act (PDSA)

• What is a PDSA cycle?
  • For improving a process or carrying out a change
  • Utilizes internal and external customers to determine what change is needed and generates feedback on success
On-Site Technical Assistance

• Some facilities will have an on-site visit by the Network
• Site Visits will include:
  • Review of your data outcomes and areas of improvement
  • Quality improvement assistance
  • Resource and intervention planning to mitigate barriers
• Site visits are focused on providing help to facilities to address quality barriers and to increase a health equity focus. They are not audits
Quality Improvement Objectives and Key Results

Katie Chorba, MSN, RN
Assistant Director

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Assistant Director
Improve Behavioral Health Outcomes
Increase Remission of Diagnosis of Depression

Goal

• Increase the percentage of patients who have received treatment by a mental health professional after screening positive for depression, as identified in the Quality Incentive Program (QIP) attestation
  • Data from this measure is based on EQRS data and Medicare claims
  • “Receiving treatment” is based only on Medicare claims data
Improve Behavioral Health Outcomes

Interventions

**What Is Telemental Health?**

Telemental health is the use of telecommunications or videoconferencing technology to provide mental health services. It is sometimes referred to as telepsychiatry or telepsychology. Research suggests that telemental health services can be effective for many people, including, but not limited to those with attention-deficit/hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD), depression, and anxiety.

As the need to provide virtual mental health care services has increased, providers are finding ways to use phone and videoconferencing technology to bring therapy, evaluations, interventions, and medication management to individuals where they are.

**Learn about factors to consider when using telemental health.**

**Potential Benefits**

- Convenience: Telemental health appointments don’t require travel and often have less time off work and smoother logistics consideration for things like transportation or disasters. Patients also can schedule appointments with less advance notice and allow flexible hours.

- Broader reach: The technology is available to people who may not have had access to mental health services previously, including those in rural areas and emergency care situations.

- Power barrier: For those who may have been hesitant to look for mental health care in the past, telemental health is a more accessible option.

- Access to technology: As telemental health services become more accessible, providers have become more comfortable with technology, with some switching to entirely virtual practices.

**Potential Drawbacks**

- Access to technology: Services may be limited by lack of internet connection and devices.

- Quality issues: Many levels of technological quality can affect how services are provided and received.

- Cost: Evolving technology means updating equipment, platforms, and networks for patients.

- Privacy concerns: Some virtual platforms have privacy concerns. Individuals also may need to be more cautious when sharing sensitive personal information with a provider in a situation where others might hear.

- Insurance coverage: The rise in telehealth during the 2020 COVID-19 pandemic has led to policy changes to make telehealth acceptable to more people. However, it is not known how long such flexibilities will stay in place, and understanding what services are available can be complicated. Coverage and provider licensure requirements vary from state to state.

**STOP the STIGMA Surrounding Depression**

Most of the help measures delay patients do not seek help for depression or other mental health issues due to the fear of stigma and shame. It is common for those seeking treatment, housing, care, money, and employment will feel that fear. Employment, and even their support systems.

Endorses patients are already overwhelmed and are facing stigma and additional issues. While it is a difficult choice. Whether to see the signs of stigma or policy, healthcare providers need to have a better understanding of why stigma exists, and how to prevent these patients feeling stigmatized and feeling their ability to show them concern.

**Learn the Facts**

An article published by the American Psychiatric Association states that stigma comes from a lack of understanding or fear. There is a longstanding practice patterned in the study, particularly when it comes to depression and other forms of mental health issues. Figure has identified the three different types of stigma.

The chart below illustrates each one and gives an example of how it relates to delay patients.

- **Public stigma:** Involves the negative or discriminatory attitudes that others have about mental health issues.

- **Self-stigma:** Involves the negative attitudes individuals hold themselves in their own mental illness.

- **Institutional stigma:** Systematic stigma involves policy, including those of government and private organizations, which includes interpersonally and interstitiously facing opportunities for people with mental health issues. Examples include lower funding for mental health issues research or lower mental health service utilization in other hard-to-reach areas.

**Stigma Comparison Chart**

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Public</th>
<th>Self</th>
<th>Institutional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>Patients with mental health issues are stigmatized</td>
<td>Self and institutional stigma</td>
<td>Staff are not trained to handle issues such as depression, anxiety, or substance abuse</td>
</tr>
<tr>
<td>Discrimination</td>
<td>Staff do not treat &quot;lab&quot; patients as they would otherwise</td>
<td>They feel compelled to hide their depression or anxiety due to fear of being judged</td>
<td></td>
</tr>
<tr>
<td>Effect</td>
<td>Staff are less patient</td>
<td>Feeling of isolation may arise, non-adherence with treatment increases, may lead to relapse</td>
<td></td>
</tr>
</tbody>
</table>

**Click Here to Access 211**

*If you are looking for mental health services, resources, or services, 211 can help you linked to services in your area.*
Improve Patient Safety and Reduce Harm
Improve Health Outcomes and Access to Care in Vulnerable Populations

Goal

• Decrease hemodialysis catheter infection rates among dialysis patients receiving home dialysis while in a nursing home*
• Decrease peritonitis infection rate among dialysis patients receiving home dialysis while in a nursing home
  • Data for this measure is based on EQRS and Medicare claims

* Only applicable to Networks that have patients that dialyze in a nursing home
Improve Nursing Home Care in Low Performing Providers
Decrease the Rate of Blood Transfusions in ESRD Patients Dialyzing in a Nursing Home

Goal

- Decrease the rate of blood transfusions of ESRD patients dialyzing in a nursing home*
  - Data is based on EQRS and Medicare claims

* Only applicable to Networks that have patients that dialyze in a nursing home
Improve Patient Safety and Reduce Harm/Improve Nursing Home Care in Low Performing Providers

Interventions
Reduce Hospitalizations and Outpatient ED Visits
Inpatient Hospitalizations, 30-Day Readmissions, and ED Visits

Goal

- Decrease in the rate of hospital admissions*
- Decrease in the rate of hospital 30-day, unplanned readmissions*
- Decrease in rate of emergency department visits*
  - Data is based on Medicare claims data

*Caused by a primary diagnosis category, defined by CMS
Reduce Hospitalizations and Outpatient ED Visits

Interventions

Healthy Feet are Happy Feet!

Foot problems are a serious risk to people with diabetes. But you can help keep your feet healthy if you follow these simple guidelines:

- Wash your feet every day with warm or cool water. Dry them thoroughly.
- Trim your toenails regularly. Cut straight across the nail and gently smooth edges with a file.
- Protect your feet with proper shoes and socks. Wear thick socks in cold weather. Wear slippers in the house.
- Keep your feet dry and avoid walking barefoot.
- Check your feet monthly for cuts, sores, or infections.
- Use a mirror to check your toes and look for blisters.
- Avoid walking barefoot in the house.

How are you feeling today?

It's important to check in with your doctor or healthcare provider if you need assistance with your health care. If you have any questions, contact your healthcare provider or visit their website.

Green Zone

Actions you should take:

- No problems.
- No infections.
- No ulcers.
- No gangrene.
- No amputations.

Yellow Zone

Actions you should take:

- Increased pain with walking.
- Increased swelling.
- Increased redness.
- Increased warmth.
- Increased tenderness.

Red Zone

Actions you should take:

- Call your primary care provider.
- Call your diabetes educator.
- Call your diabetes specialist.
- Call your wound care specialist.
- Call your pharmacy.
- Call for a hospital admission.
- Call for an urgent appointment.
- Call for a home visit.
- Call for emergency medical services.
Improve Care in High Cost/Complex Chronic Conditions
Improve Education and Access to Home Modalities

Goal

• Increase the number of incident patients starting on a home modality
• Increase the number of prevalent patient transitioning to home modality
• Increase the number of rural ESRD patients using telemedicine while on a home modality
Seeing Yourself in a Positive Light with a Peritoneal Dialysis Catheter (continued)

What other ways to help you cope with peritoneal dialysis?

- Consider the benefits of peritoneal dialysis over the changes to your body image and list ways you can work through the challenges you’ll be dealing with when you start peritoneal dialysis. That may include taking to your partner about your catheter and how you both feel about it. You might also want to talk to your friends and family about how you feel. And, if possible you may want to talk with someone who is currently on peritoneal dialysis.

- Remember you are the person you were prior to being diagnosed with kidney disease. You will be the same person while on dialysis.

- When you have a negative thought about your self-image, stop and identify that thought. You can write it down if you would. Is this thought helpful or harmful? If this thought is harmful, replace this thought with something that is positive.

If you have not considered peritoneal dialysis due to some of these concerns, please talk with a member of your dialysis team who can help you find the right response to answer your questions.

To file a grievance, please contact us:

IPRHD End-Stage Renal Disease Program
Corporate Office: 1779 Marcus Avenue, Lake Success, NY 11042-3072
- Patient Services: (516) 231-0767 • Toll-Free: (800) 238-3773
- Email: patientnetwork@findus.org • Web: end-stage.org

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Improve Education and Access to a Home Modality
Interventions
Improve Care in High Cost/ Complex Chronic Conditions
Improve Education and Access to Transplantation

Goal

• Increase the number of patients added to the kidney transplant waitlist
• Increase the number of patient who receive a kidney transplant
Improve Education and Access to Transplantation

Interventions

Introducing... Kidney Transplant Compare

Welcome to IPRO’s Kidney Transplant Compare!

Navigating the sections below to learn about kidney transplant, search and compare transplant centers, and compare those transplant centers to find the best one for you!

Learn About Kidney Transplant
Search and Save Transplant Facilities
Compare Saved Transplant Facilities
Facility Directory
Contact IPRO

Putting patients and family members in the driver’s seat of their transplant journey

Choose the Best Transplant Center For YOU.
1. Learn the basics of kidney transplant and find FREE patient resources. Consider your life plan and decide if kidney transplant is the best treatment option for you.
2. Search, filter, and save transplant centers that you are interested in based on their location, patient selection criteria, support services, and results.
3. Compare the transplant centers you are interested in to choose the best option for you.

Reduce Weight-Related Medical Ineligibility for Transplant: A Change Packet Approach

The IPRO/CPRD Network Program, working with registered dietitians, has created this change packet to identify and implement navigation strategies to address the barriers to transplant access to patient weight. Recognizing that the pursuit of and success in weight reduction is incumbent on the patient’s investment and motivation in making the change, your facility’s workflows can go a long way in supporting a motivated patient to achieve success in eliminating this barrier to transplant.

How to get started:
A decision to adopt and maintain a weight loss program requires a willingness to make a lifestyle change, a process that takes time and requires support. As the registered dietitian works with each patient and their care plan, important elements include setting goals, tracking progress, and addressing patient barriers. The strategy involves focusing on weight reduction, with the patient’s weight loss plan as a valuable part of their plan of care. Following a weight loss process at the facility-level can help to reduce barriers to transplant. It is important to engage with social work personnel and to develop a weight loss plan that ensures the patient is adhered to and monitored for success.

While goals for health and weight loss are important, it is also important to note:
1. The patient is receiving assistance from a program such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
2. Whether the patient can progress to the stage of a diet test? Does the patient have an electrolyte imbalance, anemia, or a deficiency? Understanding these aspects of the patient’s current situation will help to ensure the best weight loss plan to meet the specific needs of the patient.

If the patient has any questions or concerns related to reducing weight-related medical ineligibility are included in Table 1.
Improve Care in High Cost/ Complex Chronic Conditions
Healthy Living - A Preventative Health Approach

Goal

• Decrease the average body weight in ESRD patients identified as obese
• Ensure dialysis patients are fully vaccinated for COVID-19 including boosters*
• Ensure dialysis staff are fully vaccinated for COVID-19, including boosters*
• Increase the number of ESRD patients who receive the flu vaccination
• Increase the number of ESRD staff who receive the flu vaccination
• Increase the number of ESRD patients who are fully vaccinated for pneumococcal pneumonia

*As determined by the CDC or CMS
Healthy Living
Interventions

Protect yourself. Get the Vaccines You Need!

Vaccination is a safe, effective way to protect yourself from serious illness.

Vaccines recommended for dialysis patients:
Annual Flu Vaccine • Pneumonia Vaccine • Hepatitis Vaccine • COVID-19 Vaccine

Annual Influenza (Flu) Vaccine
- Influenza, also called the flu, is a contagious and serious respiratory disease.
- As a dialysis patient, you may get the flu you are more likely than others.
- Each year there are different types of flu vaccines available and some are better than others, the flu vaccine is the best for preventing flu.
- A good way to get a flu vaccine will protect you from getting the flu.
- According to the Centers for Disease Control and Prevention (CDC), influenza vaccine is a safe and effective way to prevent flu in people of all ages.

Pneumonia Vaccine
- Pneumonia is an infection of the lungs that causes inflammation and swelling in one or both lungs. People worldwide each year.
- Pneumonia is caused by bacteria and can lead to serious infections.
- Pneumonia infections are the leading cause of death from bacterial infections in the United States.
- The pneumococcal vaccine prevents it from helping many types of harmful bacteria.
- You should receive a pneumococcal vaccine every five years.
- You can receive this vaccine any time of the year.

Hepatitis Vaccine
- Hepatitis is a group of liver diseases caused by viruses that can lead to serious illness.
- Hepatitis B is a chronic disease that can lead to liver failure.
- Hepatitis B is spread through contact with blood or body fluids from someone who has the virus.
- Hepatitis B patients are at greater risk for developing liver cancer caused by hepatitis B.
- Hepatitis B vaccination is usually given in a series of three to four injections or doses over a six-month period.

How Vaccines Prevent Diseases
- Vaccines work by stimulating the body's immune system to produce antibodies against the disease. These antibodies help protect against disease in the future.
- Vaccines help the body recognize and fight the vaccine-preventable disease in the future.
- New vaccines help provide immunity by stimulating an immune response that is not harmful and does not cause disease.
- It does, however, cause the immune system to develop the response to fight off the disease in the future.

A Change Package
To Increase Vaccinations
Key Change Ideas for Dialysis Facilities to Drive Local Action

Released 2022

Get Vaccinated
Save Lives

My Vaccination Record
with adult vaccination recommendations for persons with kidney disease and those on dialysis

Name__________________________

*As recommended by Centers for Disease Control and Prevention (CDC)
Patient and Family Engagement
Improve Patient and Family Engagement at the Facility Level

Goal

• Increase the number of facilities who integrate patients and families into QAPI meetings
• Increase the number of facilities that assist patients to develop a life plan
• Increase the number of facilities that develop and support a patient-patient support program
Patient and Family Engagement

Interventions

Incorporating the Patient's Voice into your Facility's Monthly QAPI Meetings

Congratulations on becoming a Patient Facility Representative!

IPRO Learn is an online learning platform that provides facilities, patients, and caregivers a centralized place for all ESRIQ Network-related quality improvement project information, education, and best practice strategies. It was created to help empower patients to work collaboratively with their facilities to improve their quality of care and overall quality of life.

To Access the IPRO Learn PFR Alliance Page:
- Open your web browser to https://learn.ipro.org
- Click on "Create a New Account"
- Review and select "I Agree to IPRO Terms of Use"
- Create a personal login and password
- Search and select your facility (CCN and Name are below)
- Click on "Create my new account"
- Check your email for a verification link

To Log in to the IPRO PFR Alliance Page:
- Click the following link: https://learn.ipro.org/login
- Log in to your new account
- Once logged in, select the Patient Facility Representative Alliance tab.
- Enter the Enrollment Key (listed below)
- Click on "Enroll me"

If you need assistance, send an email to ESRIQNetworkProgram@ipro.us with "PFR IPRO Learn Question" in the subject line.

Facility CCN
[Format: XXX-XXXX-XXXX-XXXX, No spaces, no dashes]

Facility Name

IPRO Learn Enrollment Key:

IPROPRF
Health Equity and Culturally and Linguistically Available Services (CLAS)

Goal

- Deploy health equity interventions to the entire population
- Improve communications in areas with low health literacy
- Develop a CLAS Implementation Action Plan
- Work with dialysis organization to implement National CLAS standards
  - CLAS are services that are respectful of and responsive to each person's cultural and communication needs
Patient Services Overview

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Executive Director
Patient Services Team
Phone: 516-231-9767
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Shezeena Andiappen, MSW
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Patient Services Specialist

Agata Roszkowski, LMSW
Patient Services Manager

Julia Dettmann, BSW
Patient Services Specialist & Emergency Manager
Vocational Rehabilitation
Getting Patients Back to Work and/or School

• Social Security Administration Ticket to Work [https://choosework.ssa.gov/](https://choosework.ssa.gov/)
• Job Accommodation Network (JAN) [https://askjan.org/](https://askjan.org/)
• National Kidney Foundation
  • Returning to Work While on Dialysis [https://www.kidney.org/newsletter/dialysis-returning-to-work](https://www.kidney.org/newsletter/dialysis-returning-to-work)
• Life Options Rehabilitation Program
• Network VR resources [https://esrd.ipro.org/patients-family/patient-education/vocational-rehab/](https://esrd.ipro.org/patients-family/patient-education/vocational-rehab/)
Emergency Preparedness, Mitigation, & Response

Network Responsibilities

• Networks are the foundation of ESRD Emergency Management in collaboration with the Kidney Community Emergency Response (KCER) national response coordination contractor
• Networks monitor conditions that impact a facility’s ability to provide service to dialysis patients
• Networks establish relationships with state emergency management officials and healthcare coalitions
• During an emergency, Networks:
  • Work to identify challenges and barriers impacting patients and facilities
  • Collaborate with emergency response stakeholders at the local level to re-establish interrupted services
What is an Emergency?
Emergencies can be Local, State Level, Regional or National

- Facility Closed/Altered (Water, Power, Structural)
- Public Health Issues (COVID-19)
- Weather Event (Local, State or Regional)
- Man Made Event (Terrorism, Saline Shortage)
- Transportation Event (Bridge Collapse, Company Closure)
- Communications Event (Phone/Internet Outage)

“A serious, unexpected, and often dangerous situation requiring immediate action”
Emergency Operational Status Reporting
Facility Responsibilities

- REPORT Closed/Altered Status
  https://redcap.ipro.org/surveys/?s=R8K7RWETHM
Critical Assets Survey (CAS)
Facility Responsibilities

- Collected annually
- Preparedness capabilities and dialysis facility resources
- Available to be updated through the IPRO ESRD Facility Information Management System https://c1abd801.caspio.com/dp/4ebb7000068d9ae2c0504631875a

Data Used By/For:

- Network Emergency Management Mitigation
- State Health Department
- Office of Emergency Management (OEMs)
- Healthcare Coalitions
- Facility Emergency Planning
The ESRD Emergency Hub Mobile App
Alerts in Real Time

• A FREE collection of resources and tools created by kidney care and emergency management experts.
• The information you need to stay safe and healthy during any emergency.
• Always at your fingertips on your smartphone or tablet.
• Easily create, store, and find your treatment information, emergency resources, and needed phone numbers.
• In an emergency, receive critical information in real time, based on your location, and from trusted sources.
The ESRD Emergency Hub Mobile App
Staff and Patient Education

- Display flyers on educational boards or high traffic areas of facility
- Provide staff education on why the app is important to promote to patients
- Discuss with staff and patient the information needed to complete the My Vital Dialysis Information
- 3-minute video provides overview of the mobile app
  - Available on YouTube: https://www.youtube.com/watch?v=hyA_KPaSN8I
  - Stream video on TV in lobby or chairside
Patient Experience of Care

Agata Roszkowski, LMSW
Patient Services Manager
National Initiatives
Improve the Patient Experience of Care

• Educate patients and dialysis facility staff about the role of the Network in resolving grievance and access to care issues

• Provide a focused audit of all grievance and access to care cases

• The Network’s case review responsibilities include investigating and resolving grievances filed with the Network and addressing non-grievance access to care cases
Network Role in Patient Experience of Care
The Network may assume one or more of the following roles in addressing a grievance filed by an ESRD patient, an individual representing an ESRD patient, or another party:

• **Facilitator**: Mediate concerns raised by patients and facilities.
• **Expert Investigator**: Investigate concerns raised by patients
• **Educator**: Provide patients and facilities with tools and resources to improve the patient experience of care.
• **Advocate** for the access to care of all ESRD patients
• **Referral Source**: Provide patients and facilities on all sources to report concerns.
• **Quality Improvement Specialist**: Support the improvement of facility processes to improve the overall quality of care for all patients.
Grievances
Upon the receipt of a grievance, the Network will classify the case as one of the following:

• **Immediate Advocacy:** Concerns that are non-clinical in nature and do not require a complex investigation; resolved in 10 calendar days or less

• **General Grievance:** Concerns that are non-clinical in nature but require complex investigation and review of records; resolved in 60 calendar days or less

• **Clinical Quality of Care:** Concerns that involve clinical or patient safety issues and requires a clinical review of records by a renal nurse and/or the Medical Review Board; resolved in 60 calendar days or less
What is “Access to Care”? 

It refers to:

• Dialysis patients having permanent and stable access to their dialysis treatments with continuity of care from an interdisciplinary healthcare team

Why is it important to preserve it?

• Dialysis is life-saving treatment for the ESRD community
• Without an outpatient facility, patients are forced to dialyze emergently at the hospital removing regular continuity of care
• Mortality rates are increased for patients without access to regular dialysis.
• Patients who go to the hospital expecting immediate treatment or better care not knowing they will not receive dialysis unless their labs show elevated lab values
Access to Care
Upon the receipt of an access to care concern, the Network will classify the case as one of the following:

- **At Risk Involuntary Discharge**: Concerns related to possible patient discharge
- **Involuntary Discharge (IVD)**: Immediate or 30 day IVD. Volume monitored by the Network
  - Patient is informed in writing their treatment will be terminated from their current facility
- Two types of IVD cases:
  - 30-Day Termination
  - Immediate Termination
Access to Care
Before considering an involuntary discharge (IVD), a facility’s interdisciplinary team (IDT) should:

• Conduct a thorough assessment of the situation
• Develop a plan to address any problems or barriers the patient may be experiencing
• Note: Discharging a patient for “non-compliance” is not an acceptable reason for discharge per the Centers for Medicare & Medicaid Services (CMS) Conditions for Coverage (CfC)
• Notify the Network PRIOR to discharge any potential IVD and notice provided to patient
• Assist the patient with placement
Involuntary Transfer (IVT)

• Patient is given written notice they will be transferred to an alternate facility

Reasons for the IVT
• Patient’s nephrologist no longer will provide care and acquires an alternate nephrologist who rounds at a different facility
• Patient’s facility is no longer in-network with their insurance
• The facility can no longer meet the patient’s medical need
• Improper coding in EQRS
Preventing Discharges
How We All Win

• Patients will feel respected and will share openly due to mutual trust
• The entire team will have a shared responsibility for a positive patient experience of care
• Discharges can be decreased and/or prevented allowing the patient to have continuity of care more of a chance of success
Preventing the Involuntary Discharge of Dialysis Patients

• Check your organization's process for specific guidance
• It is to be used as an example or guide for work that should be documented prior to consideration of an IVD
• Necessary documents may be adjusted to meet the specific needs of the facility, patient, and reason for discharge

Patient Education and Support

• As required by the conditions for coverage, all patients must be educated on the grievance process and the various options when filing a grievance.

• Provide ongoing individualized education as well as displaying the Network "Speak Up!" poster in a common area that patients and visitors have access to (such as the unit lobby).
Decreasing Patient-Provider Conflict (DPC) Toolkit

- Revised in December 2022
  - Heath Equity
  - Self Awareness
  - De-escalation Techniques
  - Suggested safety measures

https://esrd.ipro.org/decreasing-patient-provider-conflict-dpc/
ESRD Data Management

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Assistant Director
Data and Analytics Team

Helpdesk: https://help.esrd.ipro.org/support/tickets/new

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Preventing Security Violations
CMS Requirements

• Sending PHI/PII to the Network via email is a security violation
• All security violations are reported to CMS
• Network cannot open external secure attachments
• Train new & remind staff on policy

https://help.esrd.ipro.org/support/solutions/articles/9000197680-phi-pii-preventing-security-violations
ESRD Quality Reporting System (EQRS)
CMS-Required Participation & Collaboration

• EQRS Facility Information: shifts, ownership, services, days/hours
  • Determines eligibility for Quality Improvement Activities (QIAs)
• Patient data accuracy = priority
  • Determines patient benefits, waitlist status, health outcomes
  • Impacts facility performance in QIAs
• Weekly EQRS Cleanup Reports sent
• *New* Data Compliance QIAs:
  • 2728 Forms > 1 Year Past Due
  • 2728 Forms < 1 Year
  • 2746 Forms

**2728 Enhancements**
Being Finalized by CMS

Expanded/additional fields:
- Gender Identity / Pronouns
- Increased Race Categories
- Advanced Directive
- Health Literacy
- Housing / Transportation
- Caregiver Support
- Pt Understanding of Modality Options
IPRO ESRD Facility Information Management System
Network-Required Participation and Collaboration

- [https://c1abd801.caspio.com/dp/4ebb7000068d9ae2c0504631875a](https://c1abd801.caspio.com/dp/4ebb7000068d9ae2c0504631875a)
- Personnel Updates
  - Newsletters, notifications, Monthly QIA & Cleanup Reports
- Network Agreement
- Critical Asset Survey: Emergency preparedness
IPRO Learn
Network-Required Participation and Collaboration

• Monthly IPRO Requirement
• [https://esrd.iprolearn.org/](https://esrd.iprolearn.org/)
  • Login: CCN
  • PW: Assigned to each facility
• Self-reported QI activities
• Sharing best practices in Discussion Forums
• Accessing Toolkits
Quality Measures & Performance Scores
Timely + Accurate Data = Better Patient Outcomes → Higher Scores

- Quality Incentive Program (QIP) uses EQRS:
  - Clinical Data, AVF/LTC Rates, Hospitalizations
  - Depression Screenings
  - Waitlisting for Transplant
  - ICH CAHPS
  - NHSN: BSI, Dialysis Events, Med-Reconciliation
- Performance Score Certificate (PSC)
- Five-Star Quality Rating System
- Care Compare
Network Flyer *New*
Did You Receive It?

- Sent to facility contacts listed in the IPRO ESRD Facility Information Management System
- Includes CMS Certification Number (CCN) and Facility Name
- Important Network phone numbers and links
Important Links For Facilities

Bookmark and Share

- IPRO ESRD Facility Information Management System: [https://c1abd801.caspio.com/dp/4ebb7000068d9ae2c0504631875a](https://c1abd801.caspio.com/dp/4ebb7000068d9ae2c0504631875a)
- IPRO Helpdesk Knowledge Base: [https://help.esrd.ipro.org/support/home](https://help.esrd.ipro.org/support/home)
  - Submit a Helpdesk Ticket: [https://help.esrd.ipro.org/support/tickets/new](https://help.esrd.ipro.org/support/tickets/new)
- IPRO ESRD Network Program Website: [https://esrd.ipro.org/](https://esrd.ipro.org/)
- IPRO Facebook: [https://www.facebook.com/IPROESRDNetwork](https://www.facebook.com/IPROESRDNetwork)
- IPRO Twitter: [https://twitter.com/IPROESRDNetwork](https://twitter.com/IPROESRDNetwork)
- IPRO LinkedIn: [https://www.linkedin.com/in/iproesrdnetwork/](https://www.linkedin.com/in/iproesrdnetwork/)
- IPRO YouTube: [https://www.youtube.com/@iproesrdnetworkprogram](https://www.youtube.com/@iproesrdnetworkprogram)
- IPRO Instagram: [https://www.instagram.com/ipro_esrd_network/](https://www.instagram.com/ipro_esrd_network/)
Important Links For Facilities

Bookmark and Share

• EQRS: https://eqrs.cms.gov/globalapp/
• Quality Incentive Program (QIP): https://dialysisdata.org/
• 5-Star Quality Rating: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS