

NETWORK *News*

Serving Renal Professionals in Alabama, Mississippi, and Tennessee

Network Facilities Invited to September AAKP National Meeting in Nashville

The Tennessee Kidney Foundation, Vanderbilt University Medical Center, and Network 8 are collaborating to support the American Association of Kidney Patients annual National Patient Meeting in Nashville September 25-27.

"Nashville is a national center of excellence for medical research, music and American culture and our collaborative partners have been exceptional in welcoming AAKP and kidney patients nationwide to come to their great city," stated Paul T. Conway, AAKP President and a transplant recipient. "We look forward to our time in Nashville and our discussions on how to improve both medical outcomes for kidney patients and the effectiveness of advocacy for more research and living donation."

"What a lot of people may not know is that one of every five attendees at AAKP is a healthcare professional," stated Network 8 director Jerry Fuller. "Since most of the content will be delivered by renal professionals, this

meeting offers an ideal way to receive work-related contact hour credits without having to travel outside our region," he said.

Network 8 postponed its 2015 annual meeting due to time constraints posed by the upcoming contract renewal process that began in January and will not be concluded for at least another 1-2 months. "With the new five-year contract proposal demanding so much staff attention, there simply wasn't enough time to produce a high-quality meeting that our attendees have come to expect," said Fuller.

"Having the AAKP conference right here in Network 8 is a huge bonus for both patients and providers, and by having a spot on the program committee, we have been able to suggest content that is congruent with what ESRD professionals are interested in," he said. "Exposure to that content in the presence of and through the eyes of patients is an experience that providers rarely have the opportunity to experience."

Three Networks form the Alliant Quality Kidney Collaborative (AQKC)

In 2011 Network 8 merged with Alliant Health Solutions (AHS), and in December 2014, that merger expanded when ESRD Networks 6 and 14 merged with Alliant to form the Alliant Quality Kidney Collaborative (AQKC).

In the first month of the Collaborative, staff members of the three Networks created a strategic plan for identifying and adopting promising practices across the three regions. Workgroups began standardizing processes in order to gain efficiencies in operations and to minimize the burden on providers in the seven-state region.

Under AQKC, the Networks are empowered to pursue the strategic objectives of CMS in a more efficient manner. AQKC members incorporate patient-centeredness as a core value in all quality improvement efforts, and the merger of the three Networks increases the capacity to deliver on this promise. Through our collective knowledge and expertise, the three AQKC Networks are better positioned to address areas of CMS Quality Strategy focus, such as patient and family engagement and health disparities.

What does this mean to your facility? The services we provide to you will not change. We remain in our same location and when you call the Network you will continue to hear the same familiar voices. With the help of our AQKC partners, we anticipate delivering a higher level of service and offering new ideas to improve your capacity to serve the patients in your locality.

You and your patients can learn more about AQKC by visiting our website at www.aqkc.org.

Who's calling, please?

Do you know your clinic's 6-digit Medicare provider number, also known as the CMS certification number (CCN)? It's the one that begins with 01 for Alabama, 25 for Mississippi, and 44 for Tennessee.

Network 8 currently provides support to over 400 dialysis and transplant facilities. Callers who leave a voicemail identifying the clinic using their corporation's **internal** clinic number (usually a four-digit number) have actually not identified themselves to us at all!

As a rule, Networks have no idea who clinic "1234" is because that is a number assigned by your corporation, not by CMS. If you need to leave a message, please help us get back to you more quickly either by giving us the 6-digit Medicare-assigned number or by identifying yourself and including the clinic name and the city/state in which your clinic is located (we actually have several cities and counties in our 3 state region that are identical).

We want to reach you with the information you need, so thanks in advance for helping us help you!

Promoting ICH-CAHPS participation benefits providers

The In-Center Hemodialysis CAHPS Survey is designed to assess the experiences of hemodialysis patients who receive care from dialysis facilities. It is intended to serve as a tool that facilities can use to measure and improve the patient-centeredness of their care, and therefore it is beneficial for facilities to promote patient participation during the survey administration period.

The ICH-CAHPS is a requirement of the ESRD QIP. It is administered by a third party vendor **twice a year**, usually in the spring and fall. The purpose is to help facilities in their internal quality improvement activities by measuring the subjective but critically important experience of specific aspects of dialysis care. The information from the survey can help you understand your patient population and identify and implement effective quality improvement interventions.

When you receive your results, take the opportunity to review the areas with low scores and use it as an opportunity for improvement. Develop an action plan to address the areas that need improvement and share improvement projects with your patients. When patients know that something is being done with the scores, it shows that you care, can motivate them to take the survey again, and can improve patient satisfaction. For more information on the ICH-CAHPS visit <https://ichcahps.org/>.

Don't give up on modality treatment options

As part of the Conditions for Coverage, patients routinely receive education about their treatment options. In spite of this, relatively low numbers of patients choose a modality that their own physicians would opt for if they faced similar treatment decisions. Some of this may be due to patient readiness to receive and act on the information, and some of it may be due to the time constraints faced by those assigned the job of educating patients.

There are many resources to assist with educating your patients so they can choose the best modality for them. Network 8 conducted a

Quality Improvement activity on exploring treatment modalities and developed materials to assist you with patient education. Please [visit our website by clicking here](#) to obtain patient friendly modality fact sheets. Facilities who have used this information found it easy to understand and very helpful with demonstrating to patients the pros and cons of the modality choices.

The non-profit Medical Education Institute, Inc. (MEI) developed Home Dialysis Central and provides education about the different home modalities for dialysis patients. Part of the Home Dialysis Central initia-

tive includes Match-D. The purpose of Match-D is to assist dialysis staff with identifying and assessing patients for a home modality. You can find these resources at www.homedialysis.org.

The reality is that most patients are going to remain in an in-center setting, but for those who are qualified for home training and can be encouraged to take the step, your efforts will be appreciated more than you will ever know.

My CROWNWeb is making a squealing noise

It's probably happened to everyone at some point or another. You're driving along and you notice a rattle or a squealing noise, or even worse, a burning smell coming from your car. Warning lights go off! You call a road service or a friend who knows about these things to come and help you. Sometimes, things go wrong with a car to the point that it has to be towed into the mechanic. Occasionally, things simply wear out or break and repairs have to be made. However, a lot of repairs can be avoided with some simple maintenance.

No, you didn't channel surf your way to "Car Talk." And, this isn't about cars. It's about some important steps that you can take to keep your CROWNWeb running smoothly. Here are some maintenance tips:

Verify your PART each month.

Yes, this is a CMS requirement. And, it will also help you resolve and prevent clinical data submission errors and other issues. The PART stands for Patient Attributes and Related Treatment. The information on the PART comes from the admission and discharge record as well as treatment records. You should navigate to the PART and filter for your current patients. Review the list and compare it to your records. On the PART screen you should be looking at several things. Are all of my patients there? Is their transient status correct? Do I have any transients on my PART that have been there for more than 30 days? Is the patient's modality correct? Is the listed patient's doctor correct? Are there any duplicates? (If a patient is listed

twice, do they have the same UPI – if so, they have a duplicate treatment record or have been admitted to your facility both as a transient and a permanent patient; if they have different UPIs you have duplicate patients.) A recent report shows that we will need to place increased monitoring in place to assist facilities in completing this requirement.

Check your Action List every week.

What is the Action List? Let's start by saying what it is not. It is not a list of missing forms. A lot of people think that missing forms are found on the action list. They're not. There is a missing forms report under Reports. That's where you will find a list of missing forms. The Action List is a list of differences between the information about your patients that is CROWNWeb and the information about those patients that is other programs that are connected to the ESRD program.

There are two types of Notifications: Identity Notifications and Event Notifications. Identity Notifications are created when there are differences in identity information such as First Name, Last Name, Social Security Number, Date of Birth, Gender, and Medicare Number (or HICN). Facilities have 30 days to resolve each action list item. Please note: Just because you make the change in CROWNWeb, the Action Item does not automatically resolve. You must accept, reject, or escalate the action item. If you accept (submit, ignore the warning,

and submit again) CROWNWeb will automatically update the information and close the notification. Please reject notifications about last name that want to add a suffix in the Last Name field. Most of the other identity notifications that have a source of Enrollment Database should be accepted.

Event Notifications for dialysis facilities are generally death notifications. Accepting these does not automatically update CROWNWeb. You must manually add the date of death and cause (if known, 99 for unknown) on the patient attribute screen. If the patient was your patient and died within 30 days of being treated in your facility, you must complete the 2746 form for the patient. The deadline, established by CMS for these forms is 14 days from the date of death. Occasionally, you will also receive an event notification about treatment start date. This typically occurs as a result of change in modality. I recommend that you review the patient's treatment record upon receipt of these notifications. If the treatment record is correct, reject the notification. Otherwise, make the needed corrections to the patient's treatment record.

Check Your Clinical Data Submission Every Month.

If your facility's clinical information is submitted by your corporation or through the National Renal Administrators Association, we refer to your facility as a batch submitting facility. Please note, that while you have delegated the authority to your corporation to submit data on your behalf, your facility is still responsible for the

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data that is submitted. Many corporations submit clinical data once a month (for the previous month) around the middle of the month. Know when your facility

(corporation) is submitting the clinical data. After it's submitted, check in the Clinical tab in CROWNWeb for the open month and look by each type of data your facility submits (Vascular Access, Hemodialysis, Peritoneal Dialysis), and search for patients with saved data and patients

with no clinical data submitted. Clear up any saved or missing patient data.

These simple steps will help ensure that your CROWNWeb runs smoothly and will help you avoid costly, inconvenient, and time-consuming repairs.

Patient involvement gains traction

A key focus of the Network Programs is to make sure that the voice of the patient is being heard. ESRD Networks provide technical assistance to dialysis and transplant centers nationwide. Along with making sure that patients are getting safe care, ESRD Networks strive to make sure that patients are involved in their care and that dialysis facilities are listening to their concerns. Facilities provide invaluable support by identifying patients to serve as Subject Matter Experts (SMEs). Network 8 has several committees that involve patients, including the following:

Patient Learning and Action Network (LAN) – This is the third year for the LAN, and it is very patient-driven. The LAN members, working in cooperation with Network and facility staff, design a quality improvement project and two educational campaigns that are patient-centered. After the SMEs design the projects, they are implemented with the dialysis facilities. The LAN meets once a year face-to-face and has conference calls quarterly and as needed throughout the year.

National Patient Learning and Action Network – Three members of the Patient LAN also serve

on this committee which works to identify educational needs and develops projects for patients nationwide.

Patient Advisory Committee (PAC) – The goal of the Network 8 PAC is to provide input to the Network and its Boards on the concerns and educational needs of kidney patients. The PAC meets quarterly in conjunction with the LAN and as needed.

National Beneficiary Advisory Committee (BAC) – This committee, created by the Forum of ESRD Networks, includes one patient from each of the 18 Networks. The BAC works closely with Networks and offers itself to CMS to identify patient issues and works to address these concerns.

Network 8's LAN and PAC met in January and chose projects and discussed the needs for patients and facilities in the Network 8 area for 2015. The projects for 2015 include Understanding Lab Values (focus on phosphorus control and heart health), Transplant Education, and The Importance of Hand Washing.

Board of Directors (BOD) and Medical Review Board (MRB) – Patient SMEs also serve on Network 8 Boards. Currently two SMEs serve on both the MRB and BOD. The BOD and MRB meet four times a year.

Facility Patient Representative – Network 8 has asked each facility to choose a patient representative. The patient representative serves as a resource for new patients at the facility and work with staff to give out educational materials. Patient representatives also identify patient needs at the facility level. If your facility does not have a patient representative or you are not sure who this person is, feel free to call the Network.

If you have a patient who is interested in becoming a member of the PAC, LAN, BOD, or MRB please visit our website at www.esrdnetwork8.org to complete the application for them, or contact our office at 601-936-9260 for a copy. In addition to the application, we ask that you send a letter of recommendation from a renal professional (social worker, nurse, dietitian or doctor). Names of applicants not chosen for vacancies on committees will be kept on file to participate in future Network activities.

Patients seem to really enjoy being involved! One LAN member stated, "As a member of the Network 8 Patient LAN, I appreciate the sharing and exchange of ideas. I appreciate the fact that our patient experiences are being used to help others, and you also learn from others' experiences." Please let us know if you have patients who are interested in helping others.

Does your clinic measure up?

For payment year 2015 of the Quality Incentive Program (QIP), based on clinical outcomes from 2013, 14 of 400 providers (3.5%) in Network 8 received a payment penalty, ranging from 0.5% to 2.0%. In order for all facilities to ensure optimal patient outcomes and decrease risk of payment penalty for 2017 (based on 2015 outcomes), this is an opportunity to remind everyone of the finalized measures with the corresponding threshold, benchmark and performance standard for each.

For each measure below, the achievement threshold is set at the

15th percentile—this means that the lowest performing facilities in the US had outcomes equal to or worse than the reported threshold. In other words, 85% of facilities in the US had outcomes BETTER than the reported threshold. *Facilities with outcomes less than the achievement threshold will receive zero points for that measure.* Similarly, the benchmark outcome is set at the 90th percentile, meaning that 90% of facilities in the US had outcomes equal to or worse. The benchmark reflects the best performing facilities in the US, i.e. the *top 10%* of facilities in the US.

Finally, the performance standard is set at the 50% percentile—half the facilities are better performing and half are worse.

The chart below comes directly from the January 21, 2015 National Provider Call presentation. Please contact Sheila McMaster at Network 8 if you have questions or would like a copy of the January 21 presentation.

Finally, more information about the upcoming preview Performance Score Report for Payment Year 2016 is expected in May and will be distributed as soon as we receive it.

Measure	Achievement Threshold (15th percentile)	Benchmark (90th percentile)	Performance Standard
Vascular Access Type Measure Topic			
• Arteriovenous Fistula (AVF)	52.42%	78.56%	64.46%
• Catheter	18.36%	3.23%	9.92%
Kt/V Dialysis Adequacy Measure Topic			
• Adult Hemodialysis	91.08%	99.35%	96.89%
• Adult Peritoneal Dialysis	70.19%	95.20%	87.10%
• Pediatric Hemodialysis	84.15%	99.06%	94.44%
Hypercalcemia	4.78%	0%	1.30%
NHSN Bloodstream Infection*	15th percentile	90th percentile	50th percentile
Standardized Readmission Ratio	1.261	0.648	0.998

We are now on Facebook!

Network 8 has created a Facebook page that we will be using as an opportunity to provide education and information about the ESRD community. [Click here to visit the Network 8 Facebook page](#), and don't forget to click LIKE so you will receive our posts and updates!

Network Staff

Network 8 staff is available to you and your facility to provide patient and provider education, quality improvement initiatives, collection and management of data, management of difficult patient situations, and other technical assistance. Below is a listing of our staff.

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5-Diamond Patient Safety Program

In January 2010, Network 8 made available the voluntary 5 Diamond Patient Safety Program. The program was initially developed by the Network of New England (NW1) and the Mid-Atlantic Renal Coalition (NW5) and was designed to assist dialysis units with specific areas of patient safety that may be in need of improvement and consistency.

If your facility is interested in participating in the 5 Diamond Patient Safety Program, you can find more information on the [5-Diamond website by clicking here](#).

Network 8 would like to recognize the following facilities for achieving Diamond status in 2015:

5 Diamond - Andalusia Dialysis (AL), RCG Philadelphia (MS)

4 Diamond - N/A

3 Diamond - Bessemer Kidney Center (AL)

2 Diamond - McMinnville Dialysis (TN)

1 Diamond - Brewton Dialysis (AL), DaVita Brandon (MS), FMC Jackson Tombigbee (AL), Hattiesburg Clinic Dialysis (MS), RCG Newton (MS), Richton Dialysis (MS), Wiggins Dialysis (MS)

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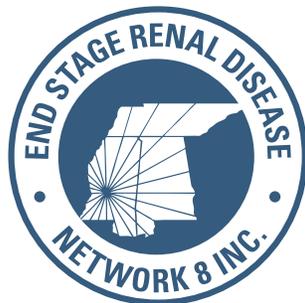
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Ongoing Network Services

Facilities with questions ranging from quality of care issues to quality improvement issue to forms processing should call us at 601-936-9260. We will do our best to help you or see to it that you are referred to a source of information for your technical assistance needs. This is what we are here for!

Patients with complaints or concerns may contact the Network by using the patients-only toll-free number: 877-936-9260. We recommend that patients first work with you directly to resolve their concerns, but we are available for first-line contact when that is the patient's preference.

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