



SERVING THE ESRD COMMUNITY IN INDIANA, KENTUCKY, AND OHIO



End-Stage Renal Disease  
Network of the Ohio River Valley

[network9.esrd.ipro.org](http://network9.esrd.ipro.org)

# Provider Insider

AN ELECTRONIC NEWSLETTER FOR RENAL CARE PROFESSIONALS

## In this Issue

[Modality Education](#)

[World Kidney Day](#)

[Living Donation in the ESRD Population](#)

[Final Rule for CY 2018](#)

[ESRD Community Receives National Recognition](#)

[Network's Publications Announcement](#)

[Patient Plan of Care Meetings](#)

[KCER Alerts and Recalls](#)

[Benefits of Health Information Exchange](#)

[Update Personnel in CROWNweb](#)

[CMS 2744 Deadlines Approaching](#)

## IPRO ESRD Program

[Click here](#) to learn more about the IPRO ESRD Networks (1, 2, 6 & 9).

## Modality Education Once a Year is Not Enough



Modality options are often presented to patients in the hospital after they have had a central venous catheter placed and are in the acute dialysis setting or upon admission to a new in-center dialysis facility. Understandably, it is very difficult for patients to process all the information that they are receiving at this time, all while being very ill.

If modality education is addressed on admission and not addressed again until the 30 day care plan, it is likely that the patient has already forgotten most of what was presented to them. Modality education is often presented to a patient only three to four times during their first year on treatment. It is easy to understand why patients choose to stay on in-center hemodialysis therapy, which they are exposed to three times a week for four hours a day, rather than switch to a therapy they know very little about and to which they have had no exposure.

Modality education needs to be an ongoing conversation with patients. Patients need to know the benefits of all renal replacement therapies to make an educated choice about the right type of renal replacement therapy for them.

The following tools can be utilized to educate patients on modality options:

- Home Modality Comparison <https://homedialysis.org/documents/ModalityComparison.pdf>
- Kidney Dialysis vs. Transplant <http://www.nationalkidneycenter.org/wp-content/uploads/2011/12/Kidney-Dialysis-vs-Transplant-Comparison-Chart.pdf>
- Which Dialysis is Right for You Survey <https://mydialysischoice.org/>



## World Kidney Day

Celebrated every year on the second Thursday of March, World Kidney Day (WKD) is a global campaign that aims at increasing awareness of the importance of kidney health and reducing the impact of kidney disease and its associated problems worldwide.



This year WKD and the International Women's Day 2018 are commemorated on the same day, offering us the opportunity to reflect on the importance of women's health and specifically their kidney health. On its 13th anniversary, World Kidney Day promotes affordable and equitable access to health education, healthcare and prevention for kidney diseases for all women and girls in the world.

According to the WKD website, <http://www.worldkidneyday.org/>, chronic kidney disease (CKD) affects approximately 195 million women worldwide and it is currently the 8th leading cause of death in women, with close to 600,000 deaths each year.

Healthcare professionals are encouraged to share key objectives of the WKD campaign, which include:

- Raise awareness about how diabetes and high blood pressure are risk factors for kidney health, and encourage preventive behaviors,
- Educate all medical professionals about their key role in detecting and reducing the risk of CKD, and
- Encourage transplantation as a best-outcome option for kidney failure, and the act of organ donation as a life-saving initiative.

To download 2018 campaign materials, got to <http://www.worldkidneyday.org/2018-campaign>

## Quality Improvement



### Increasing Living Donation in the ESRD population

How many people are waiting for a kidney transplant in the U.S.?

**95,357**



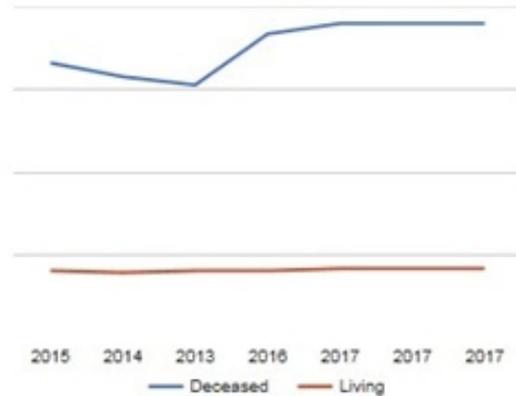
According to the [Organ Procurement & Transplantation Network \(OPTN\)](#), as of March 12, 2018, there are 95,357 people in the United States waiting for kidney transplants. Every year five thousand of those people die awaiting a kidney transplant; the current average wait for a kidney transplant is 3.6 years due to the shortage of organs. Increasing living donation is a solution to the organ shortage. Living donation also has many benefits, which include: improved organ/graft survival, decreased need for antirejection medications, immediate organ function post-surgery, and immediate placement on the wait list for a deceased organ transplant as you await your living donor work up.

Unfortunately one of the most significant barriers to increasing living donation is the discomfort that patients feel discussing the topic of organ donation with friends and family. The National Kidney Foundation has developed a campaign, "[The Big Ask/The Big Give](#)" to assist patients in understanding the benefits of living donation and prepare them for this discussion. Reviewing these materials with patients in your facility who are considering transplant or on the wait list already may help them prepare for this difficult, yet potentially lifesaving conversation.

Materials are available at the NKF site at <https://www.kidney.org/transplantation/livingdonors/how-to-make-the-ask> in both English and Spanish.

**Transplants By Donor Type - All Organs  
January 1, 2013 - December 31, 2017  
Based on OPTN data as of March 7, 2018**

Year	Deceased Donor Transplants	Living Donor Transplants
2015	24,985	5,989
2014	23,720	5,819
2013	22,967	5,988
2016	27,630	5,980
2017	28,588	6,183



Source: <https://unos.org/donation/living-donation/>



### ESRD QIP: Final Rule for CY 2018

The Centers for Medicare & Medicaid Services (CMS) hosted a call on Thursday, February 22, 2018, discussing provisions in the Calendar Year (CY) 2018 End-Stage Renal Disease (ESRD) Prospective Payment System [final rule](#), including plans for the ESRD Quality Incentive Program (QIP) in Payment Year (PY) 2019, 2020, and 2021.

Topics included:

- ESRD QIP legislative framework
- Measures, standards, scoring method, and payment reduction scale for PY 2021
- Modifications to PY 2019 and PY 2020 policies



CMS Slide Presentation on [ESRD QIP: Prospective Final Rule for CY 2018 and Overview of QIP](#).

For additional information please visit the ESRD QIP webpage: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html>



### ESRD Community Receives National Recognition: Congratulations!

The annual Centers for Medicare & Medicaid Quality Conference was held this year in Baltimore, Maryland on February 12 - 14. This meeting is attended by more than 2,500 individuals from across the nation. Attendees, representing a diversity of organizations that support the Medicare and Medicaid healthcare delivery system, come together to focus on bringing to life CMS' national goals and priorities. Network staff and ESRD patients from across the country attended the conference. This year the ESRD community was recognized nationally for our quality improvement work; specifically for the success of the 18 ESRD Networks and our facility partners across the country in achieving close to a 42% national reduction in bloodstream infections.

### Achieving Quality Success

"We all understand the importance of quality. Whether we're buying something on Amazon or researching nursing homes, we want the best. Patients entering our health care system also want to be assured they're receiving quality care. Our obligation at CMS is to ensure quality for all.

Through *Patients Over Paperwork* (the theme of this year's Quality Conference), we're advancing quality care to establish a system that always put patients first. Working with the State Medicaid Quality Champions and our many Quality Networks, we're already making an extraordinary difference:

- Quality efforts are being supported in 12,000 nursing homes, 4,000 hospitals, 400 community coalitions, and more than 500,000 providers
- Quality efforts in just ONE hypertension control network reduced hospital readmissions by 45% and saved more than \$33 million
- **Quality efforts in 18 ESRD Networks produced an almost 42% national reduction in bloodstream infection.**



Seema Verma, Administrator for the Centers for Medicare & Medicaid Services (CMS)

*These are just a few outstanding examples of our shared work to improve quality and safety. It all deserves a round of applause! I'm proud and grateful for what we've accomplished, but I also know there's much more to do to build on these extraordinary steps."*

## Patient Services

### Learn More about Your Network's Publications

The IPRO ESRD Network Program produces three publications that are developed and distributed by your regional ESRD Network staff. These publications are distributed electronically in a newsletter format throughout the year to update providers and patients on ongoing events and initiatives being offered in your area. Articles include updates on quality improvement activities, emergency response resources, and patient engagement and education.



Here's a quick look at what each newsletter has to offer!

*Provider Insider*, designed for dialysis facility staff, features information on stakeholder and patient meetings as well as articles that promote patient engagement resources. This newsletter offers useful tools and keeps you up-to-date on what's going on in your Network service area.

*Kidney Chronicles* features educational information for patients and their care partners and family members. This newsletter is electronically distributed to facility social workers, with a request to print and re-distribute to patients, participants of the Patient Advisory Committee (PAC), and Subject Matter Experts (SMEs), as well as dialysis facility staff.

*PAC Speaks* is a publication written by patients for patients. It offers the patient perspective on important issues for people living with end stage renal disease. This newsletter is also distributed to participants of the PAC and SMEs, as well as dialysis facility staff.

To learn more or to subscribe to any of the Network's electronic newsletters or notices, visit the Publication and Resources page on our website: <http://network9.esrd.ipro.org/home/about/publications-2/>



### Are You Inviting Care Partners and Family Members to Patient Plan of Care Meetings?

You can involve family members and care partners in patient plan of care (POC) meetings via telephone... patients too!

Part of the responsibility of the interdisciplinary team (IDT) is to include patients, and if requested, their care partners and family members in both developing/setting goals and reviewing the patient plan of care.

Is it acceptable to hold a plan of care meeting with the IDT and the patient, their care partner or family members (if requested) via telephone conference? As stated in the CMS Interpretive Guidance for the Conditions for Coverage for End-Stage Renal Disease Facilities, the answer is "yes."

"A substitute mechanism for a team conference needs to facilitate discussion among team members about the information gathered from the comprehensive patient assessment and provide the opportunity for team coordination and development of an effective, individualized plan of care for the patient to ensure the desired outcomes are achieved. To facilitate full team participation in conferences, any member, including the patient, may participate through telecommunication."

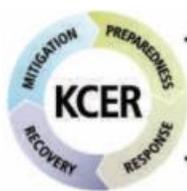
CMS Interpretive Guidelines (see page 205): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCletter09-01.pdf>

For more information on the regulations on plans of care, see the CMS Conditions for Coverage for end-stage renal disease facilities. Subpart C - Patient Care: <https://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol5/xml/CFR-2011-title42-vol5-sec494-90.xml>



## Kidney Community Emergency Response (KCER) Alerts and Information

- Click [here](#) for up-to-date KCER Alerts and Recalls.
- For professional and patient KCER resources, please click [here](#).



ESRD Network Coordinating Center  
**Kidney Community  
Emergency Response**



## Data Management

### How Can Dialysis Facilities Benefit from the Health Information Exchange (HIE)?



Information on infections identified in the hospital setting and reported in the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN), is not easily obtained by dialysis providers. Access to these data can improve surveillance of bloodstream infections and patient outcomes. Enrollment in the Health Information Exchange (HIE) can overcome this barrier. A recent article published in *Nephrology News & Issues*, "[Closing the information gap: Health information exchange in dialysis](#)", gives an overview of the benefits of HIE and how it provides a vehicle for improving the quality and safety of patient care.

For more information on HIE, go to <https://www.healthit.gov/providers-professionals/health-information-exchange/>.

For information on HIE in your state, go to <https://www.healthit.gov/policy-researchers-implementers/state-health-information-exchange-cooperative-agreement-program-key>



## Personnel Update - Action Required

As a Medicare-certified dialysis unit, CMS expects your facility to keep Personnel Details in CROWNWeb up-to-date, within five business days of staff changes, and to review Facility Personnel information at least

quarterly. CROWNWeb is the Network's authoritative source for facility contact information. Accurate personnel information is needed to ensure proper communication among facilities, the ESRD Networks, and CMS. Instructions on how to update the information in the CROWNWeb system can be found in the [Facility Personnel Update Guide](#).

Please continue to review personnel information for your facility in CROWNWeb and make any necessary changes.



## Attention Providers-CMS-2744 Annual Facility Survey Deadlines Approaching

Finalized annual CMS-2744s are due in just a few weeks. Facilities should submit error free, balanced CMS-2744s **no later than March 31, 2018**.

If you have any questions please send an email to [NW9Help@iproesrdnetwork.freshdesk.com](mailto:NW9Help@iproesrdnetwork.freshdesk.com).



*IPRO End-Stage Renal Disease Network of the Ohio River Valley, the ESRD Organization for Indiana, Kentucky, and Ohio, 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-500-2016-00009C.*

### Stay Connected

IPRO ESRD Network of the Ohio River Valley  
3201 Enterprise Parkway, Suite 210,  
Beachwood, OH 44122  
PH 216-593-0001 · FAX 216-593-0101  
[info@nw9.esrd.net](mailto:info@nw9.esrd.net)  
<http://network9.esrd.ipro.org>