

July 2017



SERVING THE ESRD COMMUNITY IN INDIANA, KENTUCKY, AND OHIO



End-Stage Renal Disease  
Network of the Ohio River Valley

network9.esrd.ipro.org

# Provider Insider

AN ELECTRONIC NEWSLETTER FOR RENAL CARE PROFESSIONALS

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## IPRO ESRD Program

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

## REGISTER NOW: 2017 Kidney and Transplant Symposium

End-Stage Renal Disease Network of the Ohio River Valley

IPRO

National Kidney Foundation™

**Kidney & Transplant Symposium • August 29–30, 2017**

Quest Conference Center, 8405 Pulsar Place, Columbus, OH 43240

On August 29-30, 2017, IPRO ESRD Network of the Ohio River Valley (Network 9) is partnering with the National Kidney Foundation (NKF) of Central Ohio to host the 2017 Kidney and Transplant Symposium at the Quest Conference Center in Columbus, Ohio.

This meeting is open to all members of the ESRD community: administrators, dietitians, nurses, patient-consumers, pharmacists, physicians, social workers, surveyors, technicians, and other interested health care professionals.

This unique day and a half educational event will address current issues and concerns from a multidisciplinary perspective. Join us to hear our panel of dynamic, expert speakers and take advantage of this opportunity for you and your colleagues to network, share ideas, and celebrate community successes.

To learn more about this educational event, please [click here](#).

CLICK HERE  
TO REGISTER

## Vascular Access Reporting in CROWNWeb

CMS has tasked all dialysis facilities with ensuring that clinical data are accurately entered, tracked, and reported in CROWNWeb. To assist with this process, the Network encourages all facilities to compare their internal electronic medical records (EMRs) of patient level vascular access data with what has been entered in CROWNWeb on a monthly basis (both systems should be the same). The CROWNWeb Vascular Access in Use report can be used to support data validation.



If your organization utilizes batch submission, data in your EMRs will override CROWNWeb. If there are discrepancies between the Vascular Access in Use report and your facility's EMRs, please follow the guidelines provided in the [Vascular Access Data Cleanup in CROWNWeb](#) to reconcile the data.

Vascular access data are clinical indicators for the Quality Incentive Program (QIP), and errors in reporting can affect payment and, ultimately, your facility's scoring in Dialysis Facility Compare.

If you have questions, please contact [Deborah DeWalt, MSN, RN, Quality Improvement Director](#), for assistance.



## CMS Survey and Certification Updates

Recently, the CMS Center for Clinical Standards and Quality/Survey and Certification Group sent out the following memoranda related to the ESRD recertification surveys:

1. [Filling Saline Syringes at the Patient Treatment Station](#) - ESRD facilities **may not** fill syringes with saline from the single dose saline bag or IV tubing connected to the patient at the dialysis station. This guideline became effective as of July 2, 2017.
2. [Cleaning the Patient Station](#) - To prevent cross contamination, a dialysis station should be completely vacated by the previous patient before the ESRD staff may begin cleaning and disinfecting the station for the next patient. Patients should not be moved from the dialysis station until they are clinically stable.
3. [Hepatitis C \(HCV\) Screening Exception](#) - All infection control recommendations developed by the CDC and referenced in the Conditions of Coverage for ESRD must be followed with the exception of HCV screening.



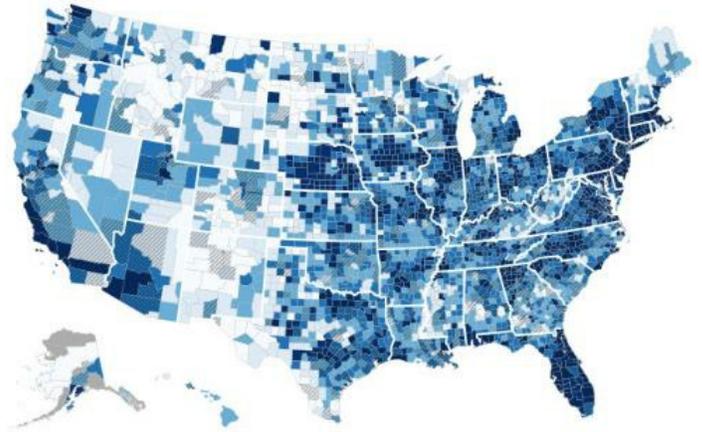
## Resources to Help Reduce Healthcare Disparities in Vulnerable Populations

## Mapping Medicare Disparities

CMS has established programs and educational resources to promote the reduction of healthcare disparities in the medically vulnerable patient population. The [CMS Equity Plan for Medicare](#) aims to help healthcare practitioners take action to reduce disparities among minority populations.

"The Office of Minority Health's (OMH) vision is to eliminate disparities in healthcare quality and access and to help all CMS beneficiaries achieve their highest level of health." The ESRD Networks, QIO Program, and CMS have made several resources available to support these efforts.

Please [click here](#) to access resources that will help staff members better understand how to collect, measure, and reduce disparities in healthcare outcomes. Also included are success stories and best practices for reducing health disparities that can be leveraged by practitioners and care partners.



### **CMS Proposes 2018 Policy and Payment Rate Changes for End Stage Renal Disease Facilities**

*Proposed rule builds patient-centered system of care to increase competition, quality and care.*

CMS has issued a proposed rule that would update payment policies for the ESRD Prospective Payment System (PPS). The ESRD PPS proposed rule is one of several for calendar year 2018 designed to relieve regulatory burdens for providers; support the patient-doctor relationship in healthcare; and promote transparency, flexibility, and innovation in the delivery of care.

The ESRD Quality Incentive Program (QIP) proposed changes are for payment years 2019, 2020, and 2021, and affect a number of key dialysis data methodologies and quality measures. The proposed rule also invites comment on how to include individuals with acute kidney injury in the ESRD QIP.

For a fact sheet on the proposed rule, please visit: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-06-29.html>

The ESRD proposed rule (CMS 1674-P) can be downloaded from the Federal Register at: <https://www.federalregister.gov/public-inspection/>

## Patient Services

### **Understanding Shared Responsibilities in Managing Difficult Behaviors in Dialysis**

When challenged with the task and responsibility of delivering high quality health care, it is also necessary to take an in depth view and analyze causation of grievances, behaviors and issues that result in patients becoming at risk to having no access to dialysis care. This can include involuntary discharge (IVD) or involuntary transfer (IVT) of a patient from a facility. [Managing Disruptive Behavior by Patients and Physicians: A Responsibility of the Dialysis Facility Medical Director](#), published by the Clinical Journal of the American Society of Nephrology, directly speaks to the challenges and opportunities available that require collaborative efforts to uncover root causes, as well as the effectiveness of leadership at the facility level.



ESRD Networks serve as a resource to both patients and providers for grievance mitigation and conflict resolution. For assistance, please contact Andrea Bates, MSW, LSW, Patient Services Director, at 216-755-3055 or toll-free for patients at 844-819-3010.



## How to Improve Your Facility's ICH-CAHPS Scores and Empower Patients

Twice a year the ESRD population is asked to complete the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH-CAHPS) survey. The survey gives dialysis patients an opportunity to evaluate the care they receive in their dialysis facility. CMS uses the survey as a tool to grade the quality of care in dialysis units across the country. Results determine how much money is paid to dialysis facilities by CMS. Also, patients can reference facility survey results when comparing multiple dialysis facilities.

This year the Network implemented a quality improvement activity (QIA) to help improve patient responses on the ICH CAHPS, specifically focusing on survey questions 10 through 18. These questions address patients' perception about their care, their interactions with dialysis staff; and whether staff members inquired about their well-being. Patients' physical, mental, and social health all contribute to their quality of life. A way to assure all these aspects are being addressed is to involve patients and their care partners in identifying and establishing goals to incorporate into their plans of care.

When staff members work to empower patients using techniques such as motivational interviewing, patients are more willing to set, achieve, and maintain their goals. Jim Dineen, former dialysis patient, transplant recipient, author, and motivational speaker is an active member of the IPRO ESRD Network Program's Patient Advisory Committee. On behalf of the Dialysis Patient Citizens (DPC), Mr. Dineen gave a presentation on how goal setting helped him overcome obstacles he has faced in his ESRD journey. View his presentation, "I can, I will, I did, I will!-Goal Setting," on the DPC website: <http://www.dpcedcenter.org/i-can-i-will-i-did-i-will-goal-setting>

For more information about the ICH-CAHPS QIA, [click here](#).



## Star Ratings-Demystify the Updated Dialysis Facility Compare Quality Measures

The June 2016 Technical Notes, published on the [Dialysis Facility Compare \(DFC\) website](#), can help to demystify quality measures (QMs) that impact facility ratings. Nine of the thirteen QMs reported on the Medicare DFC website are used to calculate the Star Rating for facilities, based on the October 2016 release date (Calendar Year 2015 data). Please educate ALL members of your staff about what these measures are and how to speak with patients and family members about their care and what these measures mean to them.



For more information, including the quality measures used in Star Rating calculation, please see:

<https://dialysisdata.org/sites/default/files/content/Methodology/UpdatedDFCStarRatingMethodology.pdf>



## Ticket to Work: Resources for Patients on SSI/SSDI

Do your patients want to re-enter the work force? Do they need vocational training? The Social Security Administration's Ticket to Work Program can help Social Security beneficiaries go to work while they keep their health coverage. Ticket to Work service providers offer Social Security disability beneficiaries, (persons who receive SSI or SSDI), ages 18 through 64 who want to work with free job support. Services offered may include job coaching, job counseling, training, benefits counseling and job placement. Additional information and resources to help your patients learn more about the Ticket to Work program and Social Security's Work Incentives are available below:

- Learn more about [Social Security's Work Incentives](#) available
- Read [Frequently Asked Questions](#) about the Ticket to Work program
- View [success stories](#) of beneficiaries who have used the Ticket program to build a better life and achieve financial independence

- [Sign up for a free WISE webinar](#) to learn more about Ticket to Work and Work Incentives
- Call the Ticket to Work Help Line at 1-866-968-7842/ 866-833-2967 (TTY)



## Five Ways for Healthcare Providers to Get Ready for New Medicare Cards



Medicare is taking steps to remove Social Security numbers from Medicare cards. Through this initiative CMS seeks to prevent fraud, fight identity theft and protect essential program funding and the private healthcare and financial information of Medicare beneficiaries.

CMS will issue new Medicare cards with a new unique, randomly-assigned number called a Medicare Beneficiary Identifier (MBI) to replace the existing Social Security-based Health Insurance Claim Number (HICN) both on the cards and in various CMS systems we use now. CMS will start mailing new cards to people with Medicare benefits in April 2018. All Medicare cards will be replaced by April 2019.

Please [click here](#) to read the full article, and learn the five steps to prepare your facility to get ready.



## KCER Alerts and Recalls

June 19, 2017 - [FDA Med Watch: Clindamycin Injection ADD - Vantage Vials by Alvogen - Recall: Lack of Sterility Assurance](#)

June 2017: [Preparing for Emergencies: A Guide for People on Dialysis](#)



ESRD Network Coordinating Center  
Kidney Community  
Emergency Response



## Data Management

### CMS Extends Q1 2017 NHSN Deadline for ESRD QIP Reporting

The Centers for Medicare & Medicaid Services (CMS) announced an extension of the deadline for 2017 First Quarter NHSN reporting to **Monday, July 31, 2017, at 11:59 p.m. PT**. The extension will allow facilities the opportunity to ensure data are complete and accurate in accordance with ESRD QIP reporting policy.

To read the full announcement, please [click here](#).

The current ESRD QIP measure set is not designed to measure the quality of care provided to patients with acute kidney injuries (AKI). CMS will use only ESRD patient data to calculate the NHSN Bloodstream Infection (BSI) clinical measure, NHSN Dialysis Event reporting measure, or any other measure in the ESRD QIP for Payment Year (PY) 2019; AKI patient data will not be included in the calculations.

However, facilities are encouraged to consider reporting AKI patients on a voluntary basis for internal quality improvement efforts and Centers for Disease Control and Prevention (CDC) public health surveillance purposes. Please use the following guidelines to ensure AKI patient data are excluded from QIP scoring purposes for Calendar Year (CY) 2017 NHSN BSI data.

- [Adding and Editing Dialysis Positive Blood Culture Events to Indicate an Acute Kidney Injury \(AKI\) Patient: Instructions for Calendar Year 2017](#)
- [Editing Denominators for Dialysis Event Surveillance to Remove Acute Kidney Injury \(AKI\) Patient Counts: Instructions for Calendar Year 2017](#)

If you have any questions or concerns regarding the extension, please contact the CMS ESRD QIP team at [esrdqip@cms.hhs.gov](mailto:esrdqip@cms.hhs.gov) with "AKI" in the subject line.

If you have questions regarding how to remove patients with AKI from data reported to NHSN, please contact the NHSN helpdesk at [NHSN@cdc.gov](mailto:NHSN@cdc.gov) with "Dialysis" in the subject line.



## Helpful New Tracking Tool Added to CROWNWeb

Have you worked in CROWNWeb lately? If not, don't miss out on the new End-Stage Quality Report and Systems (EQRS) Facility Dashboard. This dashboard will help your facility track the many important forms that are due to CMS, as well as progress with your data entry. It allows you to view the 2728 forms in three categories: New, Due, and Past due forms. The dashboard also helps facilities track:

- 2746 Forms
- Notification & Accretions
- System Discharges
- PART
- Clinical Depression Screenings
- Pain Assessments
- Form 2744
- Clinical Data

Overview		
Form 2728		
New forms	Due forms	Past due forms
2	2	0
Form 2746		
Due forms	Past due forms	
0	1	
Notifications & Accretions		
Data is temporarily unavailable. Please try again later.		
System Discharges		
2017 discharges	2018 discharges	
1	0	
PART		
Unaffiliated PART		
7		
Clinical Depression Screenings		
Required Screenings	Upcoming Screenings	
0	3	
Pain Assessments		
Required Assessments	Upcoming Assessments	
0	0	
Form 2744		
Status of 2018 Form 2744		
Finalized		
Clinical Data		
Due in July	Due in August	
2	4	

Use the EQRS Facility Dashboard to help ensure that your facility is meeting ESRD QIP requirements and achieving compliance with CMS data submission guidelines. Check out the new dashboard to see all the new features!



## Previewing Your Facility's 2016 Performance Data

The preview period for reviewing your facility's 2016 performance data will begin July 17, 2017, when CMS will make the preview Performance Score Report (PSR) available to facilities. These reports show the performance results that CMS will use to determine if a facility will incur a payment reduction for Payment Year (PY) 2018.

For information about the PY2018 QIP process please visit <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/Downloads/PY-2018-Program-Details.pdf>

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES				
End-Stage Renal Disease Quality Incentive Program				
2016 Certificate - Dialysis Facility Performance Score - Part 1 Facility CMS Certification Number: 000000				
** To obtain scores and rules, CMS compares data from 2015 and 2016 to data from 2014. **				
SAMPLE FACILITY				
TOTAL PERFORMANCE SCORE: 78 out of 100		National Average: 81 out of 100		
Clinical Measures of Quality				
Measure	Facility Percent in 2016	National Median in 2015	Facility Percent in 2015	Facility Score
Hemoglobin > 12g/dL <small>(Does not include a facility's device and blood test events at an acceptable level - lower score desirable)</small>	0%	1%	0%	10 of 10
KtV Dialysis Adequacy - Hemodialysis <small>(Does not include a facility's chronic blood urea nitrogen (BUN) treatment - higher score desirable)</small>	54%	53%	83%	7 of 10
KtV Dialysis Adequacy - Peritoneal Dialysis <small>(Does not include a facility's chronic blood urea nitrogen (BUN) treatment - higher score desirable)</small>	91%	84%	23%	9 of 10
KtV Dialysis Adequacy - Predicting Hemodialysis <small>(Does not include a facility's chronic blood urea nitrogen (BUN) treatment - higher score desirable)</small>	N/A	53%	N/A	N/A
Vascular Access Type - Fistula <small>(Compare access in a patient's bloodstream via fistula - higher score desirable)</small>	51%	62%	49%	2 of 10
Vascular Access Type - Catheter <small>(Compare access in a patient's bloodstream via catheter - lower score desirable)</small>	11%	10%	10%	0 of 10
Quality Reporting Measures				
Did the facility report the required anemia management information?	Facility Performance in 2015		Facility Score	
Did the facility report infection information to the Centers for Disease Control and Prevention?	12 of 12 months		10 of 10	
Did the facility report the required patient calcium and phosphorus levels?	N/A		10 of 10	
Was the patient experience of care survey administered?	12 of 12 months		10 of 10	
Yes			10 of 10	
Facility Name: Ohio, Site 2P Facility Medical Director: J. Patrick Corney, CMS Chief Medical Officer Director, Center for Clinical Standards and Quality				

During the month-long Preview Period, facilities can review their measure scores and ask CMS questions about how their scores were calculated. Facilities will also be able to submit one formal inquiry if they find or suspect an error in how their scores were calculated. To access your facility's data visit <https://dialysisdata.org> and sign in using your Enterprise Identity Management (EDIM) sign in and password.

For information regarding performance year 2016, which will affect PY 2018, refer to [CMS ESRD Measures Manual Version 1.0](#).

*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: HHS-500-2016-00009C.*

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