



End-Stage Renal Disease
Network of the Ohio River Valley

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Provider Insider

AN ELECTRONIC NEWSLETTER FOR RENAL CARE PROFESSIONALS

New Educational Initiative to Raise Awareness of Chronic Care Management

The Centers for Medicare & Medicaid Services Office of Minority Health (CMS OMH) and the Federal Office of Rural Health Policy at the Health Resources and Services Administration (HRSA) have introduced *Connected Care*, an educational initiative



- to raise awareness of the benefits of chronic care management (CCM) services for Medicare beneficiaries with multiple chronic conditions, and to
- provide health care professionals with support to implement CCM programs.

Connected Care is a nationwide effort within fee-for-service Medicare that includes a focus on racial and ethnic minorities as well as rural populations, who tend to have higher rates of chronic disease. CMS recognizes chronic care management as one of the critical components of primary care that contributes to better health and care for individuals, and holds promise for reducing overall healthcare costs.

Chronic disease is prevalent among Medicare beneficiaries, with many having multiple chronic conditions. CMS has resources to help healthcare professionals learn more about providing chronic care management services and to educate patients about the benefits of receiving this type of care. Two-thirds of Medicare beneficiaries have two or more chronic conditions, and one-third have four or more chronic conditions. Many healthcare professionals are providing these patients with chronic care management non-face-to-face services, including reviewing test results or coordinating with other providers, but are not aware of the separate payments under the Medicare Physician Fee Schedule. In addition, they are not receiving the full separate payments that are now available for CCM services under Medicare Part B.

As part of the *Connected Care* education initiative, CMS and HRSA's Federal Office of Rural Health Policy developed new resources to help educate patients and provide information for health care professionals. These resources include:

- a toolkit for **healthcare professionals** with detailed information about CCM and resources to help providers implement CCM;
- a **partner toolkit** that includes downloadable resources and suggested activities to get involved in the *Connected Care* initiative; and
- **patient education** resources, including a poster and postcard that can be used in a clinical or community setting.

All resources are available online at go.cms.gov/ccm and can be ordered at no cost.



Nominate a Patient Advisory Committee Representative for Your Facility

The IPRO End-Stage Renal Disease Network of New England's Patient Advisory Committee (PAC) includes ESRD patients, transplant recipients, care partners, and family members. The mission of the PAC is to identify and act upon issues of concern to ESRD patients, thereby improving their quality of life.

The role of a PAC representative is to:

- inform patients about the ESRD Network,
- provide educational resources,
- help to promote patient-provider communication, and
- act as a bridge between the Network and facility.



To strengthen the voice of ESRD patients, the Network would like to partner with at least one PAC representative within each dialysis facility in New England. We need your help! To nominate someone to be a PAC representative for your facility, please complete [PAC Nomination Form](#) and fax it back to the Network at (216) 593-0101.

Study: Dialysis Patients with Depressive Symptoms Often Turn Down Anti-depressant Treatment

In 2016, the CMS Quality Incentive Program (QIP) for ESRD mandated that all dialysis facilities report individual patient screening and treatment plans for depression.



Many patients with kidney failure who are receiving chronic hemodialysis have depressive symptoms; however, according to a study published in the *Clinical Journal of the American Society of Nephrology*, few wish to receive aggressive treatment to alleviate these symptoms. The study, led by Steven Weisbord, MD, MSc and Julio Pena-Polanco, MD, VA Pittsburgh Healthcare System and University of Pittsburgh School of Medicine, surveyed 101 hemodialysis patients in a clinical trial. Patients were asked to complete a monthly questionnaire about depressive symptoms. The study found that the primary reason patients refused the recommendations was that they felt their depression was attributable to an acute event, chronic illness, or dialysis. The study also found that when patients are willing to accept treatment for depression, kidney specialists commonly do not prescribe it.

To read the full article, published in *Nephrology News & Issues*, about the effectiveness of anti-depressant treatment in the ESRD patient population, [click here](#).

KCER Alerts and Recalls

March 9, 2017 - [Physio-Control Inc. Recalls LIFEPAK 1000 Defibrillator Due to an Electrical Issue](#)

March 9, 2017 - [FDA Warns of Potentially Contaminated SPS-1 Static Preservation](#)



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



Quality Improvement

NHSN Data Closing Date

In preparation of the upcoming March 31st close of data in NHSN the Network recommends you do the following steps to assure the accuracy and completeness of your documentation. The thoroughness of your documentation will be reflected in your QIP score!

- If you have not done so, complete your Outpatient Annual Survey in NHSN now.
 - Note changes:
 - New Question on Dialysis Event form - "If new antimicrobial start, was a blood sample for culture drawn first"
 - New Question on Outpatient Annual Survey - " What form of saline flush is most commonly used"
 - HOME facilities please start to complete your Home Survey, there is a defect in the vaccination screen, but save as incomplete and you will be able to complete entirely when the issues is resolved through NHSN.
 - The following are very useful in determining if your documentation is accurate and complete:
 - Consider using the 3 step guide: <https://www.cdc.gov/nhsn/pdfs/dialysis/3-steps-to-review-de-data-2014.pdf>
 - Use the Line Listing -CMS ESRD QIP report to ensure they have met the minimum CMS reporting requirements
 - Duplicates events will appear with the same 'event date' on the Line Listing -21 Day Rule Checks Report: <https://www.cdc.gov/nhsn/pdfs/dialysis/dialysis-event-21-day-rule.pdf>
 - One-page reference guide: <https://www.cdc.gov/nhsn/pdfs/cms/dialysis/cms-qip-nhsn-report.pdf>
 - Check the accuracy of their CCN and CCN Effective Date on their Facility Info page in NHSN Instructions for how to edit the CCN Effective Date: <https://www.cdc.gov/nhsn/pdfs/dialysis/dialysis-change-ccn.pdf>
 - Update the email address and physical address of your facility in NHSN
- New to NHSN? [Click Here!](#)

Healthcare Personnel Influenza Vaccination Data DUE May 15, 2017

The flu season for 2016/2017 has been underway since October 1, 2016 and will last through March 31, 2017. Be advised to enter data regarding the vaccination status of all healthcare personnel physically present in your dialysis facility between October 1, 2016 - March 21, 2017.

Tips on Reporting Blood Stream Infections - Hospital vs. Dialysis Facility

The BSI is charged to the dialysis facility in NHSN reporting if the blood cultures are positive within the first two days of a hospital admission. The hospital is charged in NHSN if the BSI is positive after the first two days of hospital admission.

Is Transplant Being Discussed as a Treatment Option?



Patients with ESRD have several options for renal replacement therapy that include in-center or home hemodialysis, peritoneal dialysis, and transplantation. While options such as dialysis offer life-sustaining treatment, **transplantation offers the opportunity for better clinical outcomes.**

Transplant criteria, eligibility, and referral options vary and are dependent on the transplant facility, patient health status, and availability of donors. Improving the referral process to clarify these pieces and close the gaps sometimes seen between providers and patients could help to increase transplantation referrals, wait listing, and ultimately the number of transplants.

According to the CMS Conditions for Coverage (CfC) for End Stage Renal Disease Facilities (2008), dialysis providers are responsible for educating their patients about treatment modalities, including transplant. Despite this requirement, gaps in transplant referrals exist. To help address this, the Network encourages dialysis staff to discuss transplant as a treatment option, and to share the following resources with patients:

- [UNOS: Questions and Answers for Transplant Candidates about Kidney Allocation](#)
- [American Kidney Fund: Evaluation for Transplant](#)
- [New England Area Transplant Center Referral Guide](#)

WEBINAR: Antibiotic Stewardship in Dialysis Units

The ESRD National Coordinating Center (NCC) Healthcare Associated Infections (HAI) Learning and Action Network (LAN) will present a WebEx on Antibiotic Stewardship in Dialysis Units on March 30, 2017. Dialysis facility staff, medical directors, and all infectious disease healthcare staff are invited. CEUs are available for nurses and dialysis PCTs.

For details and registration see:

<https://s3-us-west-2.amazonaws.com/nwrn.org/files/N/NCC.AR.0317.pdf>

<http://www.esrdncc.org/en/events/2017/march-2017/hai-lan-discovery-event/>



Data Management

Does Your Facility have Saved CMS-2728 Forms in CROWNWeb?

Take a look... CMS-2728 forms should be submitted in CROWNWeb within 10 business days from the "date regular chronic dialysis began."

See [Page 33](#) of the [CROWNWeb Data Management Guidelines](#) for details.

CMS Releases Dialysis Facility Compare Social Media Toolkits

On October 19, 2016, CMS launched the refreshed [Dialysis Facility Compare website](#), and is seeking your help in educating fellow healthcare professionals and their patients about the updated website and the available information on kidney care.

About

Dialysis Facility Compare

Designed to help end stage renal disease patients more easily access and understand information about dialysis facilities, Dialysis Facility Compare allows patients and caregivers to search for and compare centers. For patients already on dialysis, the website is a resource to help them understand the quality of care their dialysis center provides.

CMS calculates star ratings for Medicare-certified dialysis centers, with five stars as the highest rating. The star rating combines nine clinical quality measures that indicate how well dialysis centers care for their patients and how often each center uses best practices to care for its patients and keep them healthy. For the first time, Dialysis Facility Compare is also reporting information from a nationally conducted [survey](#) about patients' experiences with dialysis facilities. The results, which range from topics such as staff communication to overall cleanliness, are not in dialysis facilities' star ratings at this time.

How Can You Help?

To encourage healthcare professionals, dialysis centers and consumers to use Dialysis Facility Compare as a valuable and reliable resource for information relevant to kidney care, CMS developed stakeholder toolkits that include messages tailored to the needs of these key audiences within the end stage renal disease community.

CMS encourages you to use and share the materials included in the toolkits with your peers and patients by:

- sharing sample Tweets and Facebook posts,
- downloading and sharing social media graphics, and
- including an article in your patient newsletter.

If you would like CMS to send you a toolkit, please email CMSESRD@ketchum.com.



Use the Network Data Knowledge Base and Customer Portal

With the increase in data that must be submitted, as well as systems through which the data is collected, there are multiple ways in which you can reach the Network Data Support Team for help.

- Knowledge Base and Customer Portal <http://help.esrd.ipro.org>
- ESRD Network Data Department can be reached at the following email address: NW9Help@iproesrdnetwork.freshdesk.com

When submitting a help desk ticket please include the clinic CCN#. ease remember that you should NEVER include any patient-specific information such as Name, Date of Birth, Social Security Number, Medicare Claim Number, etc. The only patient identifier that can safely be communicated is the Unique Patient Identifier (UPI) from CROWNWeb.

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Stay Connected

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