Welcome to the IPRO ESRD Network of the South Atlantic 2018 Home Dialysis QIA Kick-off Webinar

The webinar will begin at 2:00PM EST
IPRO ESRD Network of the South Atlantic
2018 Home Dialysis QIA Kick-off Webinar

January 31, 2018
Welcome/Opening Remarks
Michelle Lewis, Quality Improvement Coordinator
Reminders

• All phone lines will be muted
• Please submit ALL questions and comments via chat and Q&A at any time
• There will be break points for answering Q & A
Agenda

• Overview of IPRO ESRD Network Program
• Review 2018 Home Dialysis QIA Goals/Measures
• Discuss project interventions and tools
• Project Timeline
• Open Forum Q&A
• Closing Remarks/Next Steps
IPRO ESRD Network Program Overview
On a National Level

- Centers for Medicare & Medicaid Services (CMS)
  - Contracted ESRD Network Statement of Work (SOW)

- ESRD National Coordinating Center
  - Bi-Monthly Learning and Action Network Calls
  - Collaboration with Large Dialysis Organizations (LDO) Data

- 18 ESRD Networks
  - 50 States and Territories

- Quality Improvement Activities
  - ALL Medicare Certified Outpatient Dialysis Centers
IPRO ESRD Network 2017 Service Areas
(2016 Network Annual Reports)

IPRO ESRD Program
- 125,297 ESRD Patients
- 1,786 Dialysis Facilities
- 52 Transplant Centers

Network 1
- CT, MA, ME, NH, RI, VT
- Patients: 14,417
- Facilities: 194
- Transplant: 15

Network 2
- NY
- Patients: 29,607
- Facilities: 286
- Transplant: 13

Network 6
- GA, NC, SC
- Patients: 47,856
- Facilities: 707
- Transplant: 10

Network 9
- OH, KT, IN
- Patients: 33,417
- Facilities: 599
- Transplant: 14

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- IN, KY, OH
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### IPRO ESRD Network 6 Service Area by Facility Ownership

<table>
<thead>
<tr>
<th>Ownership</th>
<th>Patients</th>
<th>Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>FKC</td>
<td>18,659</td>
<td>266</td>
</tr>
<tr>
<td>DaVita</td>
<td>15,846</td>
<td>239</td>
</tr>
<tr>
<td>DCI</td>
<td>2,438</td>
<td>37</td>
</tr>
<tr>
<td>ARA</td>
<td>2,091</td>
<td>28</td>
</tr>
<tr>
<td>Renal Advantage</td>
<td>1,217</td>
<td>19</td>
</tr>
<tr>
<td>Wake Forest</td>
<td>1,853</td>
<td>16</td>
</tr>
<tr>
<td>Independents</td>
<td>5,752</td>
<td>102</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>47,856</strong></td>
<td><strong>707</strong></td>
</tr>
</tbody>
</table>

- **FKC**: 215 Facilities, 17,232 Patients, 5 Transplant Ctrs
- **DaVita**: 148 Facilities, 9,849 Patients, 1 Transplant Ctrs
- **Independents**: 350 Facilities, 20,161 Patients, 4 Transplant Ctrs
- **Other Patients**: 595
  - Reside Outside of Network but dialize in Network
ESRD Network Role/Responsibilities

- Improve Quality of Care for ESRD patients
- Encourage patient engagement
- Support ESRD data systems and data collection
- Provide technical assistance to ESRD patients and providers
- Evaluate and resolve patient grievances
- Support emergency preparedness and disaster response
CMS ESRD Program Goals

CMS Goals are interpreted for purposes of the SOW as:

• Goal 1: Empower patients and doctors to make decisions about their health care
• Goal 2: Usher in a new era of state flexibility and local leadership
• Goal 3: Support innovative approaches to improve quality, accessibility, and affordability
• Goal 4: Improve the CMS customer experience
Chat Check-In – Questions/Comments?
2018 Home Dialysis QIA Overview
Increase Rates of Patients Dialyzing at Home

National Goal:
• By 2023, increase the number of ESRD patients dialyzing at home to 16% from the 2016 national average of 12%

Purpose:
• To promote referral to home dialysis modalities,
• Identify and mitigate the barriers to timely referral, and
• determine the steps to improve referral patterns

Criteria:
• Identify 30% of dialysis facilities to participate

Network Goal:
• 10 percentage point increase of patients started on home dialysis training
7 Steps Leading to Home Dialysis Utilization

CMS Defined per 2018 SOW:

1. Patient interest in home dialysis
2. Educational session to determine the patient’s preference of home modality
3. Patient suitability for home modality
4. Assessment for appropriate access placement
5. Placement of appropriate access
6. Patient accepted for home modality training
7. Patient begins home modality training (*Counts towards Goal*)
CMS Required Partnerships

• Partnering with:
  - Large Dialysis Organization (LDO) Leadership
  - Patient Groups
  - State Health Departments:
    • SC DHEC
    • GA DCH
    • NC DHHS
  - CMS Quality Improvement Networks (QIN)
  - CMS Quality Improvement Organizations (QIO)
  - ESRD National Coordinating Center (ESRD NCC)
Interventions to increase awareness and education on home modality options

- Home Dialysis Peer Mentorship (Patients)
- Home Therapy Navigators (Technicians & Facility Staff)
- Tools to overcome barriers between steps
- Home Therapies Toolkit
Chat Check-In – Questions/Comments?
Interventions, Tools and Resources
CMS Required Interventions

• Tracking, reporting and analyzing patient progress on the 7 steps leading to Home Training

• Patient and/or family/care partners included at facility monthly Quality Assurance & Performance Improvement (QAPI) meetings

• Facility participation in the CMS established National LAN for Home Dialysis coordinated by ESRD NCC (*Nursing CE available*)
  – Bi-monthly webinars that create a diverse forum to include facilities, all facility staff, patients, organizations, and stakeholders for addressing problematic issues
  – Set the pace and tone for Home Dialysis goal related activities and create open sharing of best practices and data
Network Tools, Resources and Planned Interventions

Facility/Patient Educational Materials:

- Data Collection Tool for the 7 steps
- New Facility Poster on 7 Steps
- Home Therapies Resource Toolkit on website and available in Print
- Patient Peer Mentorship Training
- Technician/Facility Staff Training Programs
- LEAN Huddle Training
- Management Walk-Rounds
- QAPI Integration
- Educational Events/Lobby Days/Mentoring
How Patient Subject Matter Experts Supports QIA Projects

• Emphasis engaging patients to be involved in the development of QIA interventions
• Focus on encouraging facilities to include patients in their QIAs
• SMEs are asked to:
  – Consider becoming a Peer Mentor
  – Joining the Network Patient Advisory Committee
  – Sharing their ESRD journey story with others
  – Attend meetings led by Network project leads
  – Attend NCC led LANs based on their chosen project of interest
Peer Mentorship: A proven approach on kidney care health outcomes

- Structured patient-centered training curriculum
- Network-hosted webinars and provided welcome kits for facilities
- Available in multiple formats, including both audio and visual components
- Supplemental resource toolkits developed with patients for patients
- Patient developed role-playing scenarios to support patients practice mentoring
Technician Training for Patient Coach Certification Program focusing on the “Home Therapy Navigator”

• Effective communication strategies
• Coaching techniques
• Promoting active patient involvement in care
• Discussing Home Modality Options
Review RCA: Absolute or Modifiable?

% of Barriers Reported

- Lack-of-Education: 15%
- Fear: 8%
- No-Partner: 8%
- Work-Load: 8%
- No-Referrals: 7%
- Staff: 8%
- Dependence: 8%
- Past-Failure: 5%
- Living-Situation: 3%
- Frail: 2%
- Misinformed: 2%
- Non-Compliant: 2%
- Body-Image: 1%
- Inappropriate: 1%

% of Barriers Reported
Review RCA

Interventions

- **Staff Education addresses:**
  - Lack of Education
  - No Referrals
  - Non-Compliant
  - No Partner

- **Patient/Family Education addresses:**
  - Non-Compliant
  - Misinformed/Lack of Education
  - Fear of Infection
  - Dependence
Network-Compiled Resource Toolkit

- Patient Education Materials
- Staff Education Resources
- Peer Mentoring Training Program
- Patient Story Sampling
Chat Check-In – Questions/Comments?
Requirements
Facility Responsibilities

Participate in Network Activities

- Quality Improvement Activities (QIA)
- Educate staff and patient SME’s/Peer Mentors on QIA requirements
- Share educational resources from the Network with staff members
- National Learning and Action Network
- Patient and Family Engagement (PAC – Peer Mentorship)
- Training Opportunities
- Keep personnel information updated in CROWN Web
Facility Responsibilities

Communicate with the ESRD Network

- Respond to inquiries and monthly information request
- Submit completed assessments to the Network upon request
- Participate in conference calls with the Network as requested
- Report impacts to your facility or patients during an emergency
- Contact the Network to discuss patient issues in advance of considering a discharge
- Share your best practices/successes/challenges/barriers
Timeline

- **January:** Launch QIA
  - Completion of the Key Facility Staff Contacts
  - RCA Tutorial Webinar
  - Analyzing the RCA Data
  - Kick-off Webinar
- **February:** *(Review Data and Reporting, Begin Interventions)*
  - Attend ESRD NCC LAN Call **February 5th, 2018**
  - Submit Baseline Data Due **February 9th, 2018**
- **March – September** *(Data tracking, step analysis, utilize/review interventions)*
  - Launch Interventions
    - (webinars TBD)
  - Provide Feedback and Reporting (Monthly)
  - Attend NCC LAN Calls (April, June, August)
Closing Remarks/Next Steps
Next Steps/Actions

• Complete RCA Collection Tool – Past Due
• Complete Data Collection Tool – Due February 9th
• Speak with interested patients for success story collection and peer mentorship training program
• Attend the ESRD NCC Home Modality QIA LAN Call – February 5th, 2018 from 3:15PM to 4:15PM EST
• Submit webinar evaluation survey to share your feedback
We need your feedback and suggestions!
Please complete our Webinar Evaluation to share your thoughts and comments. We welcome and value your input!
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• Website
Thank You!

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