ESRD Professional Training Series

Incorporating Patients into your Quality Assurance and Performance Improvement (QAPI) Activities

April 2019
IPRO End Stage Renal Disease (ESRD) Network

Part 1: National Quality Strategy and the ESRD Quality Incentive Program

Part 2: Quality Assurance and Performance Improvement (QAPI)

Part 3: Planning to Incorporate Patient SMEs into QAPI

Part 4: Recruiting and Incorporating Patient SMEs

Part 5: Tips and Suggestions
Learning Objectives

At the completion of this activity the learner will be able to:

• Understand the ESRD Network roles and responsibilities
• Understand and align improvement efforts with National Quality Strategy by applying the 3 AIMS and 6 levers
• Understand the Quality Incentive Program and your facility reporting measures
• Optimize customer satisfaction and improve clinical outcomes through a heightened focus on patient and family centered care
• Define the Patient and Family Member role in QAPI
• Establish a culture of patient centered care at your facility that encourages an improves patient engagement and participation in care
• Learn to select, recruit and incorporate patient and family/caregiver participation into the QAPI and governing body of the facility
ESRD Networks

- Puerto Rico and Virgin Islands are part of Network 3
- Hawaii, Guam, American Samoa are part of Network 17
ESRD Network Structure

Centers for Medicare & Medicaid Services (CMS)

• Sets goals to improve the care of patients in ESRD

18 ESRD Networks

• Works with facilities and patients in their region to design programs to help reach regional and national improvement goals

ESRD National Coordinating Center

• Works with ESRD Networks, CMS, and Patient Subject Matter experts to support the goals and share information on a national level
IPRO End Stage Renal Disease (ESRD) Network

ESRD Networks are critical to achieving CMS goals for healthcare transformation and improving the patients experience of care by:

• Being leaders, motivators, and organizers
• Producing partnerships and collaboration within the ESRD community
• Promoting outreach and education
• Collecting, analyzing and monitoring data to measure achievement
• Collecting and sharing best practices
• Providing emergency preparedness services for the ESRD community
• Support patients and facilities in resolving grievances

CMS Goal:
• Foster patient and family involvement in the areas of promoting better health for the ESRD population including BSI, transplant, and home dialysis
ESRD Networks are tasked by CMS to support the achievement of national quality improvement goals and statutory requirements by aligning Network activities with the following CMS goals.

- **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
Part 1: National Quality Strategy and ESRD QIP
National Quality Strategy

Improving health and health care quality can occur only if all sectors, individuals, family members, payers, providers, employers, and communities, make it their mission. Members of the health care community can align to the National Quality Strategy by doing the following:

- Adopt the three aims to provide better, more affordable care for the individual and the community.
- Focus on the six priorities to guide efforts to improve health and health care quality.
- Use one or more of the nine levers to identify core business functions, resources, and/or actions that may serve as means for achieving improved health and health care quality.
National Quality Strategy (NQS)

Six Priorities

- Reducing harm caused in the delivery of care.
- Ensuring that each person and family is engaged as partners in their care.
- Promoting effective communication and coordination of care.
- Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
- Working with communities to promote wide use of best practices.
- Making quality care more affordable by developing and spreading new health care delivery models.

Better Care: Improve the overall quality, by making health care more patient-centered, reliable, accessible, and safe.

Healthy People/Healthy Communities: Improve health by supporting proven interventions to address behavioral, social and, environmental determinants of health in addition to delivering higher-quality care.

Affordable Care: Improve the overall quality, by making health care more patient-centered, reliable, accessible, and safe.

Clinical AIMs
National Quality Strategy levers represents a core business function, resource, and/or action that stakeholders can use to align to the Strategy.

- Measurement and Feedback
- Public Reporting
- Learning and Technical Assistance
- Certification, Accreditation, and Regulation
- Consumer Incentives and Benefit Designs
- Payment
- Health Information Technology
- Innovation and Diffusion
- Workforce Development
ESRD Quality Incentive Program (QIP)

- Provides an important lever for safety, value, and quality for CMS.
- Designed to promote high-quality services in outpatient dialysis facilities treating patients with ESRD.
- Links a portion of payment directly to facilities’ performance on quality of care measures.
- Reduce payments to ESRD facilities that do not meet or exceed certain performance standards as much as 2 percent.
- Compares performances of facilities nationwide and allows consumers to compare the results
  - Dialysis Facility Compare
  - Performance Scores posted in the facility
14 total measures for evaluating each facility. Scores will be combined to establish the Total Performance Score (TPS).

- Eight of these measures are clinical
- Six measures are related to reporting

7 clinical measures categorized into two subdomains, reflecting domains of quality measurement based on the NQS. (75% of TPS)

<table>
<thead>
<tr>
<th>%</th>
<th>Sub-Domain</th>
<th>Measure</th>
<th>Description</th>
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<tbody>
<tr>
<td>42%</td>
<td>Patient and Family Engagement / Care Coordination</td>
<td>ICH CAHPS</td>
<td>patient satisfaction</td>
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<tr>
<td></td>
<td></td>
<td>SRR</td>
<td>unplanned patient readmissions to the hospital setting on a risk-adjusted basis.</td>
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<tr>
<td>58%</td>
<td>Clinical Care</td>
<td>Vascular Access Type</td>
<td>Access via AVF</td>
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<tr>
<td></td>
<td></td>
<td>Vascular Access Type</td>
<td>Access via Catheter</td>
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<tr>
<td></td>
<td></td>
<td>KT/V Adequacy</td>
<td>Evaluates the success of dialysis treatment in removing waste products from the patients blood</td>
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<tr>
<td></td>
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<td>STrR</td>
<td>in-facility transfusions on a risk-adjusted basis</td>
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<tr>
<td></td>
<td></td>
<td>Hypercalcemi</td>
<td>measure of mineral metabolism</td>
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2019 ESRD QIP Payment Year 2019

Safety Measure Domain

- Includes one measure topic, composed of one clinical measure and one reporting measure.
- Makes up 15% of the TPS.
- NHSN Bloodstream Infection clinical measure tracks infections incurred by in-center hemodialysis outpatients.
- NHSN Dialysis Event reporting measure records the number of months for which facilities report dialysis-event data to NHSN.
- Data to assess performance on these measures will be taken from NHSN, Medicare claims, CROWNWeb, and other CMS and federal databases.

For a facility to receive maximum points in this domain, it must report 12 full months of data and experience a minimal number of dialysis events.
2019 ESRD QIP Payment Year 2019

Reporting Measure

- Makes up 10% of a facility’s TPS.

The reporting measures require facilities to submit:

1. Hemoglobin or hematocrit values and ESA dosage (as applicable) via Medicare claims
2. Serum phosphorus levels in CROWNWeb
3. Conditions relating to patient experience of pain in CROWNWeb
4. Conditions relating to patient clinical depression in CROWNWeb
5. The Healthcare Personnel (HCP) Influenza Vaccination Summary Report to NHSN.
2019 ESRD QIP Payment Year 2019

**Clinical**
- Subdomain: Patient and Family Engagement/Care Coordination (42%)
  - ICH CAHPS Survey
  - SRR
- Subdomain: Clinical Care (58%)
  - STR
  - Kt/V Dialysis Adequacy
  - VAT Measure Topic
    - Access via AVF
    - Access via catheter
  - Hypercalcemia

**Safety**
- NHSN BSI Measure Topic
  - NHSN BSI Clinical
  - NHSN Dialysis Event Reporting

**Reporting**
- Mineral Metabolism
- Anemia Management
- Pain Assessment and Follow-Up
- Clinical Depression Screening and Follow-Up
- NHSN Healthcare Personnel Influenza Vaccination

**Total Category Weight**
- 75%
- 15%
- 10%

**Payment Reduction Percentage**
- 100 pts.
- 60 min. TPS
- 0 pts.
- 0.5% Reduction
- 1.0% Reduction
- 1.5% Reduction
- 2.0% Reduction

*New measure for PY 2019*
Part 2: Quality Assurance and Performance Improvement (QAPI)
What are quality measures and why are they important?

CMS defines Quality Measures as:

Tools that help us measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care.

Simply put, this means that systems are put in place to ensure:

The Right Care for Every Patient Every Time.
Quality Assurance and Performance Improvement (QAPI)

Conditions for Coverage (494.110) states:

“The dialysis facility must develop, implement, maintain, and evaluate an effective, data-driven, quality assessment and performance improvement program with participation by the professional members of the interdisciplinary team (IDT). The dialysis facility must maintain and demonstrate evidence of its quality improvement and performance improvement program for review by CMS”.

Quality Assurance and Performance Improvement (QAPI)

Interpretive guidelines state:

QAPI is a data-driven, proactive approach to improving the quality of life, care, and services. The activities of QAPI involve members at all levels of the organization to: identify opportunities for improvement; address gaps in systems or processes; develop and implement an improvement or corrective plan; and continuously monitor effectiveness of interventions.
Quality Assurance and Performance Improvement (QAPI)

QAPI is an ongoing program, not an isolated meeting or event, that should:

- Include all disciplines (the interdisciplinary care team or IDT) and be driven by the Medical Director
- Be data-driven and incorporate indicators related to improved medical outcomes and reduction of medical errors
- Aggregate data to allow for tracking, trending, and performance evaluation both clinically and operationally
- Involve continuous monitoring, evaluation, and adjustment to meet changing facility needs
- Include a clear statement of the purpose of the improvement, goals, estimated time to attainment, and priority within the system
QAPI: Areas of focus

QAPI should be used to address any area of the facility that is identified as not performing optimally.

QAPI must be demonstrated in the following areas:

• Adequacy of Dialysis
• Nutritional Status
• Mineral Metabolism and Renal Bone Disease
• Anemia Management
• Vascular Access
• Medical Injuries and Medical Error Identification
• HD Reuse
• Patient Satisfaction
• Infection Control
QAPI: Plan Do Study Act

Start with completing a root cause analysis. This analysis should include all the barriers preventing the facility from performing optimally.

Use the PDSA model to make improvements in the identified areas.
Including patients in the QAPI team can provide the missing link to influence your daily work to drive improvement.

Patients have unique skills and perspectives that other members of the team do not. They are subject matter experts or SMEs, about the care your facility provides!
Expanding QAPI to include Patients SMEs

Creating partnerships are mutually beneficial to the patients and the facility. Involving patients in your facility’s Quality Assurance & Performance Improvement (QAPI) and/or Governing Body meetings can be an effective means of engagement and partnership.

By expanding the team you also expand:

• Knowledge and level of expertise that is only gained by receiving the care your facility provides
• Identification of areas or barriers of consumer concern
• Feedback on the effectiveness of QI related activities and interventions at the dialysis facility
• Assistance in creating a patient and family-centered culture throughout your facility.
Part 3: QAPI Team Planning Strategies
Interdisciplinary Team – Creating a Common Vision for future QAPI Meetings

IDT Members must be in agreement with a common vision on how to incorporate Patient SMEs into QAPI meetings

- A defined approach to integrate selected patient and/or family member Subject Matter Experts (SME)
- A specific goal to promote patient and staff education and empowerment
- Promoting a patient/family-centered culture at the facility
- The development of a culture of professionalism and open communication in the facility
- The provision of appropriate opportunities for patients and family members to provide feedback.
Promoting a Patient Centered Culture

- Make sure all patients and families know that their views are sought, valued, and considered in facility healthcare decision-making and process improvements.
- Establish patient support groups, family councils and other venues to solicit feedback.
- Ask patients and family members to tell you about their quality concerns.
- Try to view concerns through patients’ eyes.
- Start to include QAPI information in routine communications to patients and families or displaying progress toward goals in public areas of the facility.
Sharing your mission and goals publicly

Share your mission and goals publicly to promote information sharing across the facility on Quality Improvement activities.

**SHARING**
- Sharing focus area goals with staff, patients, and family members

**SEEKING**
- Seek information and learn from one another about barriers to reach goals

**SPREADING**
- Spread and promote the utilization of best practices, tools, resources to overcome barriers

Data sources include:
- NHSN and Reporting Data
- Clinical Data
- Patient Satisfaction / Grievance Data
Structure your QAPI meetings to generate collaborative feedback from patients

Consider using open ended questions to solicit feedback:

• Based on this report, what did you hear that was important and how do you suggest that we assist patients with that?

• From your perspective, what are challenges to starting a new (fill in the blank)?

• From your perspective, what are challenges to changing (fill in the blank)?

• What do you think is the best way to approach (fill in the blank)?
Effectively communicating during a QAPI meeting

Create ground rules for your meeting to ensure positive and productive QAPI Meetings

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<thead>
<tr>
<th>Do</th>
<th>Don’t</th>
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<tbody>
<tr>
<td>• Engage all members as partners in decision making</td>
<td>• Focus only on your priorities</td>
</tr>
<tr>
<td>• Value each member equally</td>
<td>• Become argumentative</td>
</tr>
<tr>
<td>• Listen to each members perspective</td>
<td>• Focus on people problems</td>
</tr>
<tr>
<td>• Respect opinions that differ</td>
<td></td>
</tr>
<tr>
<td>• Respect each members time</td>
<td></td>
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<tr>
<td>• Focus on process problems</td>
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</tbody>
</table>
Part 4: Incorporating Patients into the QAPI
Selecting Patient / Family Representatives to participate in QAPI

Identify Patients and Family members who have demonstrated interest in partnering with you by providing constructive feedback and work well with staff and other patients.

Ideal Patient SMEs are those who can:

• Share insights about their experiences in ways that others can learn from.
• Listen well and respect the opinions of others.
• Are comfortable speaking with leadership groups.
• Demonstrate a positive outlook on life.
• Work in partnership with others.

Use the 2018 Kidney Chronicles Issue 2 to help explain to patients their role in QAPI
Defining the Patient or Family Members role in QAPI

Define upfront the IDT expectation for participation by the patient SME.

- His/her participation is voluntary.
- He/she is willing to become the facility’s representative and participate in the facility’s QAPI meetings during personal time either in-person or via teleconference.
- He/she has the right to resign if no longer able to serve but shall provide ample notice to facility staff.
- The facility staff may revoke the candidate’s membership at any time.
- Patient information is confidential and he/she will respect the privacy of other patients.
Inviting Patient / Family Representatives to participate in QAPI

• Share the purpose of the meetings and why they are being invited.

• Provide information on topics usually covered in meetings and answer any questions the patient might have.

• Review the patient’s role in the meetings.
  – To offer suggestions for improved patient involvement with ideas and strategies for improved care.
  – To share his or her experience with other patients, they are comfortable doing so.

• Provide the invitation in writing with the meeting date, time, and location.
  – Use the sample invitation letter
QAPI Tools to Use with Patients at Your Facility

- Utilize the QAPI Patient and Family Meeting Notes tool to help patients organize key information before, during, and after the meeting.

- **Preparation** – writing down their questions, concerns or feedback that they want to share

- **During the Meeting** – taking notes on key topics discussed that the patient or family members wants to capture.

- **Follow-Up** – action items or information that can be shared with other patients after the meeting to support the quality objectives discussed
After the meeting

• Include patient attendance and participation in meeting minutes.
• Follow-up with patient directly on any hot-topic issues prior to the next meeting.
• Follow-up with patient about their experience before, during, and after the meeting.
  – Would he/she be willing to participate in future QAPI/Governing Body meetings?
  – Would he/she recommend participating in these meetings to other patients?
  – Does he/she have any recommendations for how participation can be made a better experience?
• Update patients on topics discussed.
Part 5: Tips and Suggestions
Tips for conducting a Patient Centered QAPI meeting

• Introduce all members by name and role.
• Welcome the patient and ask them to introduce themselves.
• Review what confidentiality means in the meeting setting.
• Do not refer to other patients by name.
• Do not discuss any case- or patient-specific details.
• Use patient-friendly language when reviewing reports and data, be careful of acronyms that may be new to patients.
• Consider starting by having the patient attend the first or last 10-15 minutes of the meeting.
Tips for conducting a Patient Centered QAPI meeting

• When using graphs or charts, orient all to what the graph or chart means or is showing.
  – Remember, this might be new to your patient SME – if possible provide them with an orientation of standard graphs or charts used prior to the meeting.

• Document patient attendance/participation.
  – Include the patient attendance and participation in committee meeting minutes

• Solicit patient/family input. Direct questions to the patient:
  – What would be the best way to (fill in the blank?)
  – Based on this report, what do you think are important next steps toward improving patient experience of care or outcomes?
  – From your perspective, what are some challenges or barriers to improving patient experience of care or outcomes?
Additional Resources

- Agency for Healthcare Research and Quality
  https://www.ahrq.gov/workingforquality/about/index.html

- CMS QIP Information

- Institute for Healthcare Improvement
  http://www.ihi.org/

- Forum of ESRD Networks QAPI toolkit
  http://esrdnetworks.org/
Next Steps

• Complete the Incorporating Patient into Quality Assurance and Performance Improvement Module review quiz.

• Discuss with your facility management how you might be able to begin incorporating patients into QAPI.

• Begin to work with your patient facility representative to understand your focus areas and the importance of their role in quality improvement
  – Use the Invitation to invite your patient facility representative to a QAPI meeting
  – Review the QAPI Patient and Family Meeting Notes document with your patient facility representative
Celebrate each success you have in empowering patients to be involved in their healthcare and in quality improvement.

Thank you for your hard work and commitment to helping patients!
You have completed the Incorporating Patients into Quality Assurance Performance Improvement (QAPI) Activities Module!