**End-Stage Renal Disease Network Program**

IPRO

# What You Need to Know About CMS Priorities, Goals and Quality Improvement

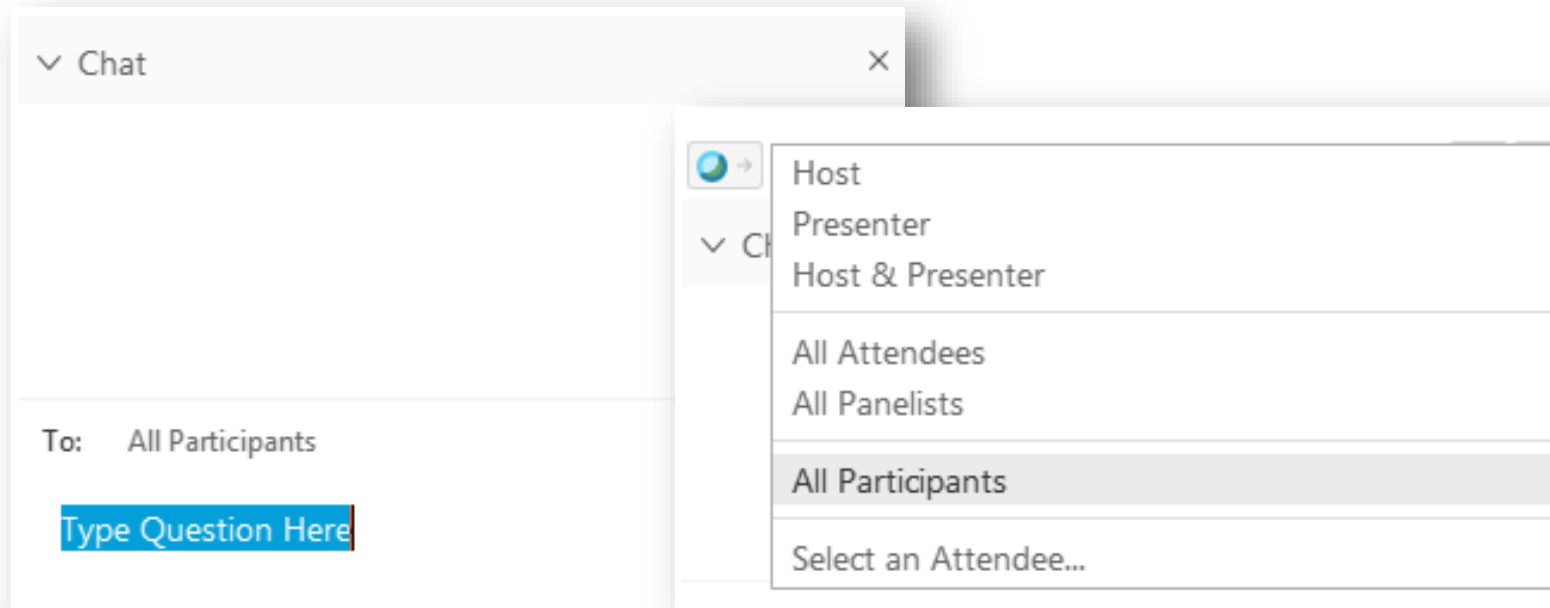June 13, 2023

# Meeting Reminders
## Chat with Us!

- This WebEx will be recorded and slides made available on the Network Website
- All phone lines have been muted to avoid background noise
- Be present and engaged in the presentations
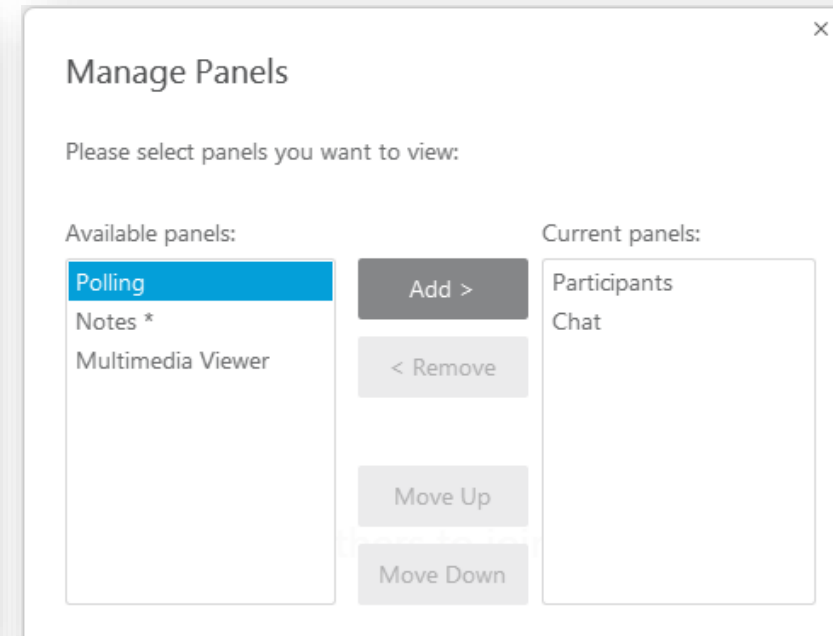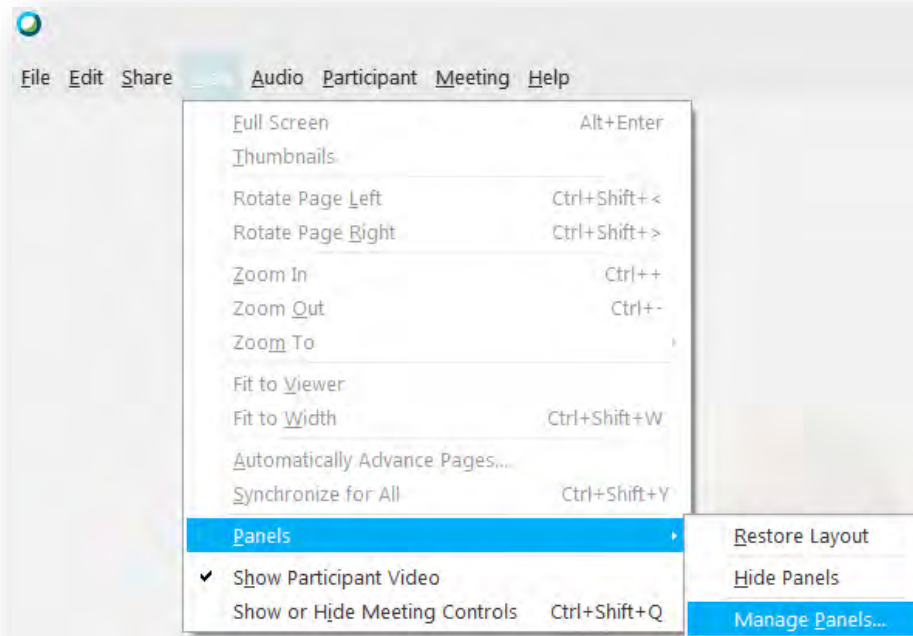- Be prepared for active participation in the WebEx chat board

# Meeting Reminders
## Polling Questions

- Be prepared for active participation in polling questions

# Meeting Reminders
## Agenda

- IPRO ESRD Network Program
- Quality Improvement
  - National Initiatives (Goals, Education, Interventions)
- Patient Services
  - Emergency Management
  - Patient Experience of Care
- ESRD Data Management
- Closing Remarks

# IPRO ESRD Network Program

Sue Caponi, MBA, BSN, RN, CPHQ, CPXP
Vice President/CEO ESRD Network Program
Executive Director

# IPRO Overview
## Capabilities

- Healthcare quality improvement-focused entity for nearly **40 years**
- Successful Quality Innovation Network - Quality Improvement Organization (QIN-QIO) since the first Scope of Work in **1984**
- End-Stage Renal Disease (ESRD) Network since 2006
- External Quality Review Organization (EQRO) in **13 states** and Puerto Rico
- Independent Review Organization (IRO) in **20 states**
- Data experts working with providers and patients driving quality improvement and more

- **350 professionals** includes physicians, registered nurses, epidemiologists, biostatisticians, data analysts, medical record reviewers, health policy experts, programmers, systems analysts, Web technology experts and marketing/communications specialists
- Nationwide healthcare quality experts evidenced by our work in **36 U.S. states** and territories
- Network of more than **500 board-certified physician consultants**
- **URAC Accredited** IRO since 2000
- **ISO** 9001:2015

# Mission Statement

The Mission of the IPRO End Stage Renal Disease (ESRD) Network Program is to promote health care for all ESRD patients that is safe, effective, efficient, patient-centered, timely, and equitable.

# Administration Team

**Susan Caponi, MBA, BSN, RN, CPHQ, CPXP**
Vice Present/CEO ESRD Program
Executive Director

**Danielle Daley, MBA, CPHQ, CPXP**
Executive Director
Emergency Incident Commander
Patient Services Lead

**Victoria Cash, MBA, BSN, RN, CPHQ**
Executive Director
Quality Improvement Lead

**Laura Edwards**
Contract Manager

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# ESRD Statement of Work (SOW)
## 5-Year Contract Cycle

- Contract Cycle: June 1, 2021 – April 30, 2026
- Option year 2 ends April 30, 2024
- Supports achieving quality improvement (QI) goals
- Networks deploy interventions that target patients, dialysis/transplant providers, other providers, and other stakeholders
- QIAs incorporate a focus on health equity and vulnerable populations
- Contract modification with OY2
  - Modification began on May 1, 2023
  - Large focus on facility site visits to drive improvement
  - Increased focus on health equity
  - New measures included: weight management, submitting outdated 2728 Forms, and a new, aggregated measure for Pneumonia vaccinations.
  - There are 26 QIA Goals in Option Year 2, including the same four PFE Goals

# IPRO ESRD Network Service Area
## National Coordinating Center Dashboard Date: 5/25/2023
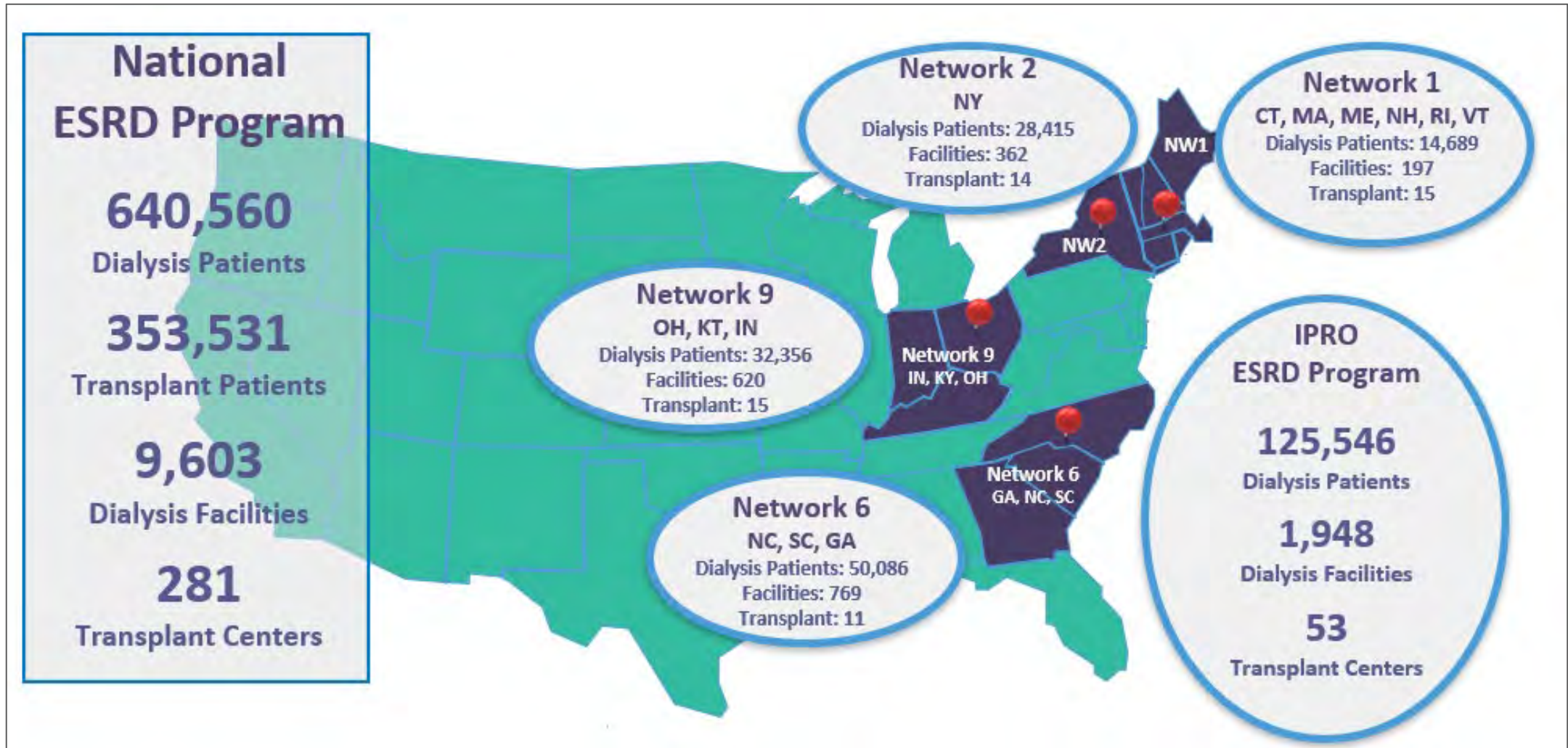
# CMS Expectations
## Network Responsibilities

- Create a collaborative environment to improve care
- Assist CMS in understanding the needs of patients
- Provide assistance to ESRD patients and providers
- Encourage patient engagement
- Evaluate and resolve patient grievances
- Collect data to measure quality of care
- Emergency preparedness and disaster response

# CMS Expectations
## Facility Responsibilities

- Participate in Network Quality Improvement Activities (QIAs)
- Inform patients of available Network resources
  - Grievance resolution
  - Educational materials
  - Peer-to-peer mentoring
- Notify the Network of major events
  - Facility closures/altered treatment schedules
  - Staffing or supply shortages
- Respond to inquiries and requests for information
- Timely submission of data
- Keep facility personnel information updated in the IPRO ESRD Facility Information Management System
- Discuss challenges/barriers

# Quality Improvement Overview

Victoria Cash MBA, RN, CPHQ
Executive Director
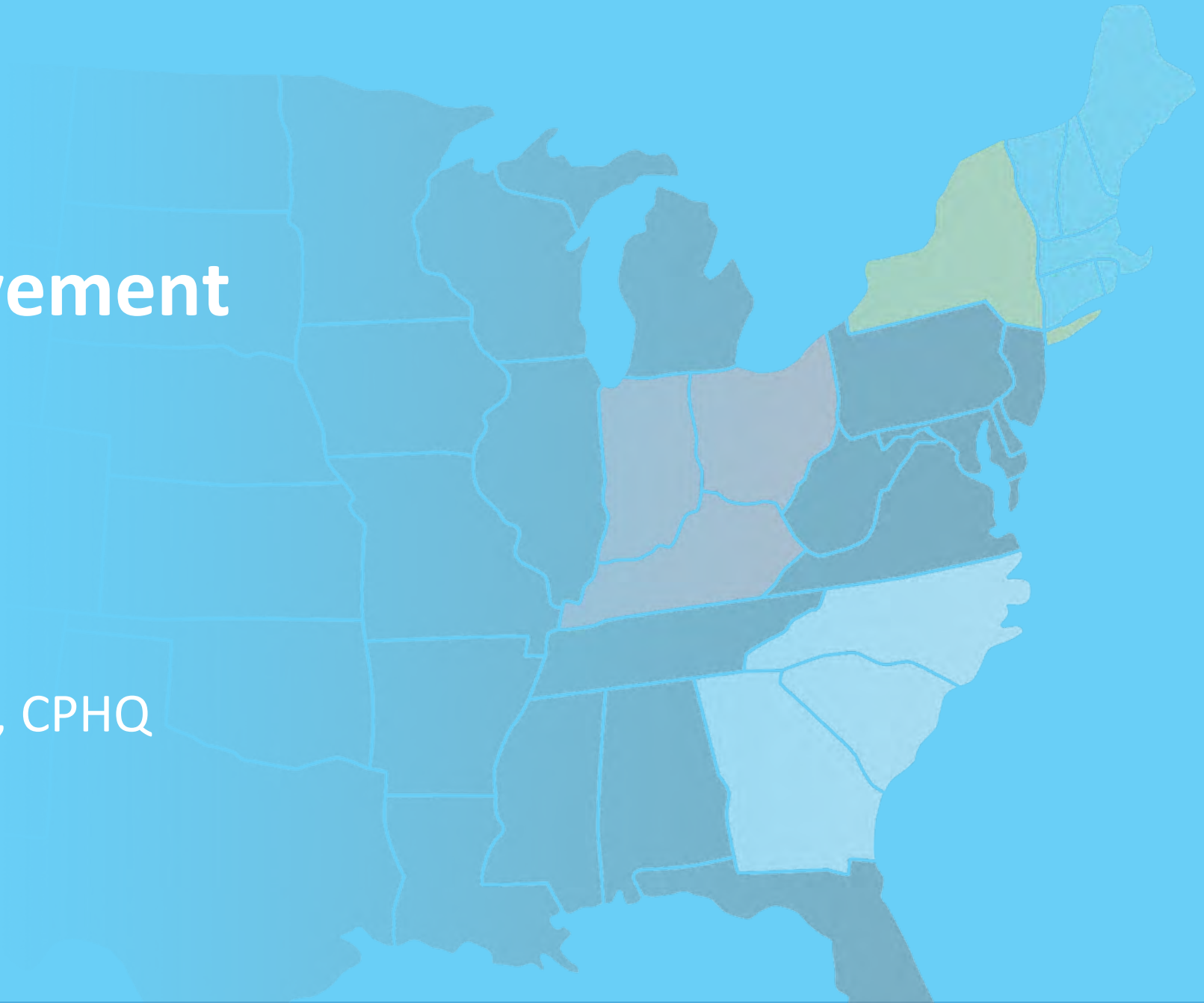
# Quality Improvement Team



**Katie Chorba, MSN, RN**
Assistant Director
Project Lead - Hospitalizations, Nursing Home, and Clinical Quality of Care Cases
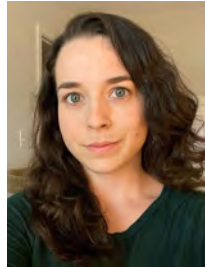
**Stephanie Cole, BA, PSM, QP**
Community Outreach Coordinator
Patient Facility Representative Alliance

**Vicki Dodds, BSN, RN**
Assistant Director
On-Site Technical Assistance

**Aisha Edmondson**
Project Lead - Vaccinations/Healthy Living and Patient Family Engagement
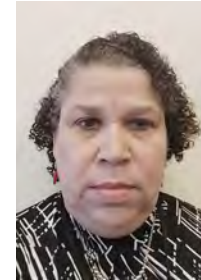
**Marie Heard, OCDT**
Assistant Director
On-Site Technical Assistance

**Yvonne Heavner RN, RNBS**
Project Lead - CKD and Behavioral Health/Depression

**Michelle Prager, MSW, LSW**
Project Lead - Home Modalities and Telemedicine

**Caroline Sanner, MSN, RN-BC, CPHQ**
Assistant Director
Project Lead - Transplantation

# May 2023-April 2024 Updates and Initiatives
## Program Objectives

1. Improve Behavioral Health Outcomes
2. Improve Patient Safety and Reduce Harm
3. Improve Care in High Cost/ Complex Chronic Conditions
4. Reduce Hospitalizations and Outpatient Emergency Room Visits
5. Improve Nursing Home Care in Low Performing Providers

# How Do We Effect Change?
## Multifaceted Approach

**Network-Wide**

1. **Daily** problem solving and idea sharing
2. **Weekly** data driven technical assistance per CMS definition
3. **Monthly** IPRO Learn interventions
4. **Quarterly** Best Practice and MRB Calls
5. **Bi-Annual** Community Coalition Cycles
6. **Annual** Network Council Call

# How Do We Effect Change?
## Multifaceted Approach

**Community Coalitions**

1. Focused selection of facilities based on demographics and past performance
2. 6-month engagement in a quality improvement focus area
3. Root Cause Analysis and Plan-Do-Study-Act
4. Resource dissemination and monitoring of performance with tailored feedback
5. Daily technical assistance
6. Patient integrations into the QI process

# Root Cause Analysis (RCA)
## First Step in Problem Solving

- Identify your high-level problem
- Ask the 5-whys
  - Sometimes it can take <5 or >5
- Once you ask your whys, you are led to your root cause
- The root cause will be the barrier that you work on overcoming/solving throughout the project life cycle
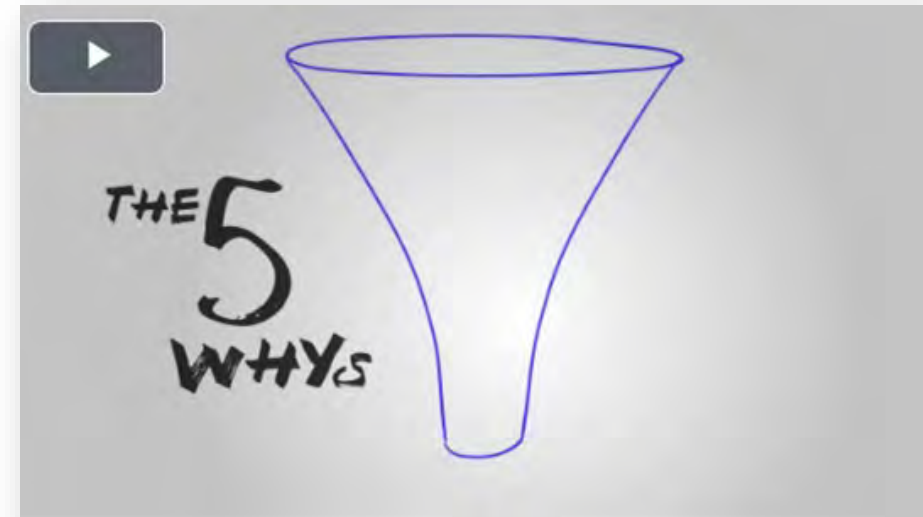
# Plan-Do-Study-Act (PDSA)

- What is a PDSA cycle?
  - For improving a process or carrying out a change
  - Utilizes internal and external customers to determine what change is needed and generates feedback on success
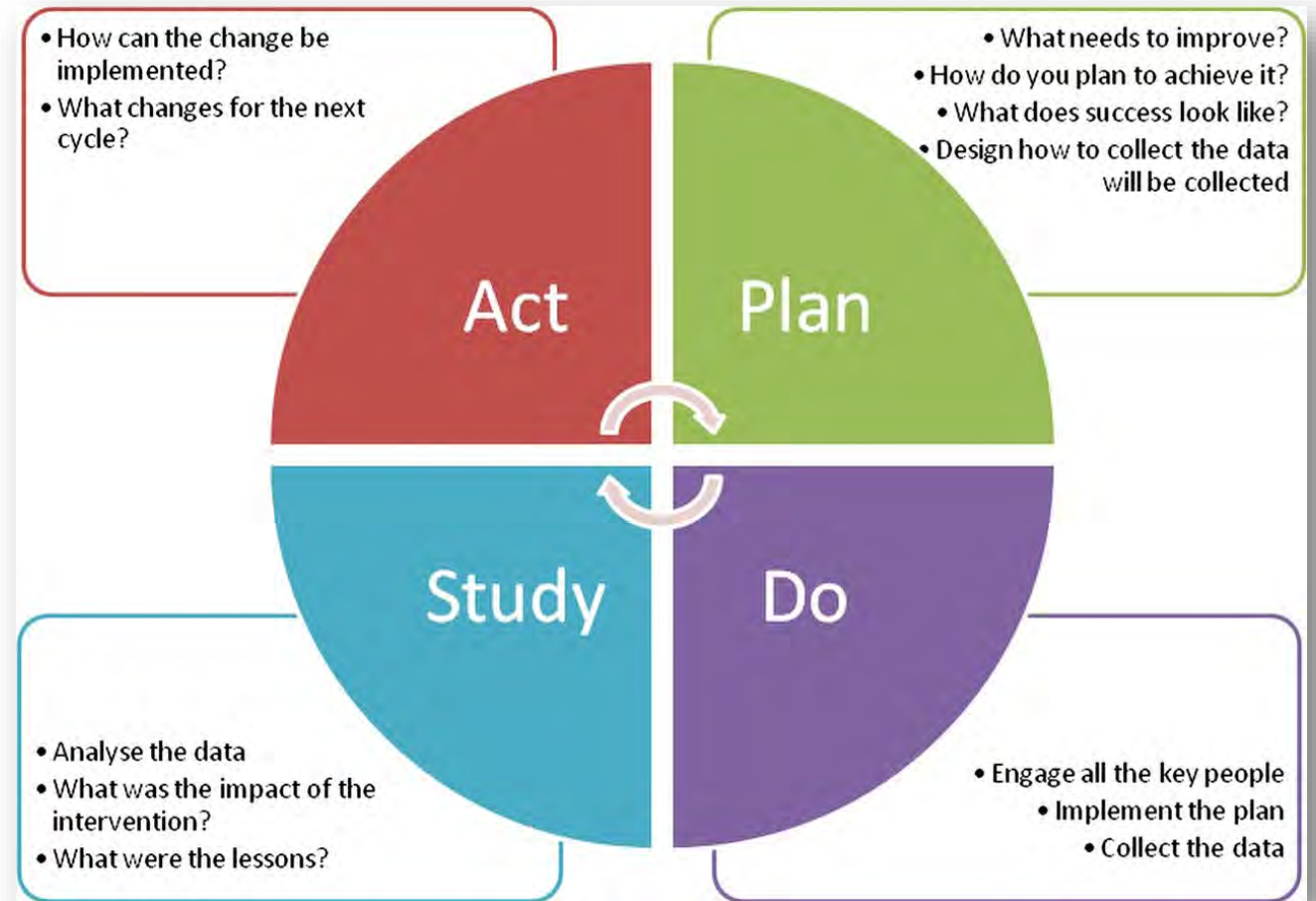
# On-Site Technical Assistance

- Some facilities will have an on-site visit by the Network
- Site Visits will include:
  - Review of your data outcomes and areas of improvement
  - Quality improvement assistance
  - Resource and intervention planning to mitigate barriers
- Site visits are focused on providing help to facilities to address quality barriers and to increase a health equity focus. They are not audits

# Quality Improvement Objectives and Key Results

Katie Chorba, MSN, RN
Assistant Director

Caroline Sanner, MSN, RN-BC, CPHQ
Assistant Director
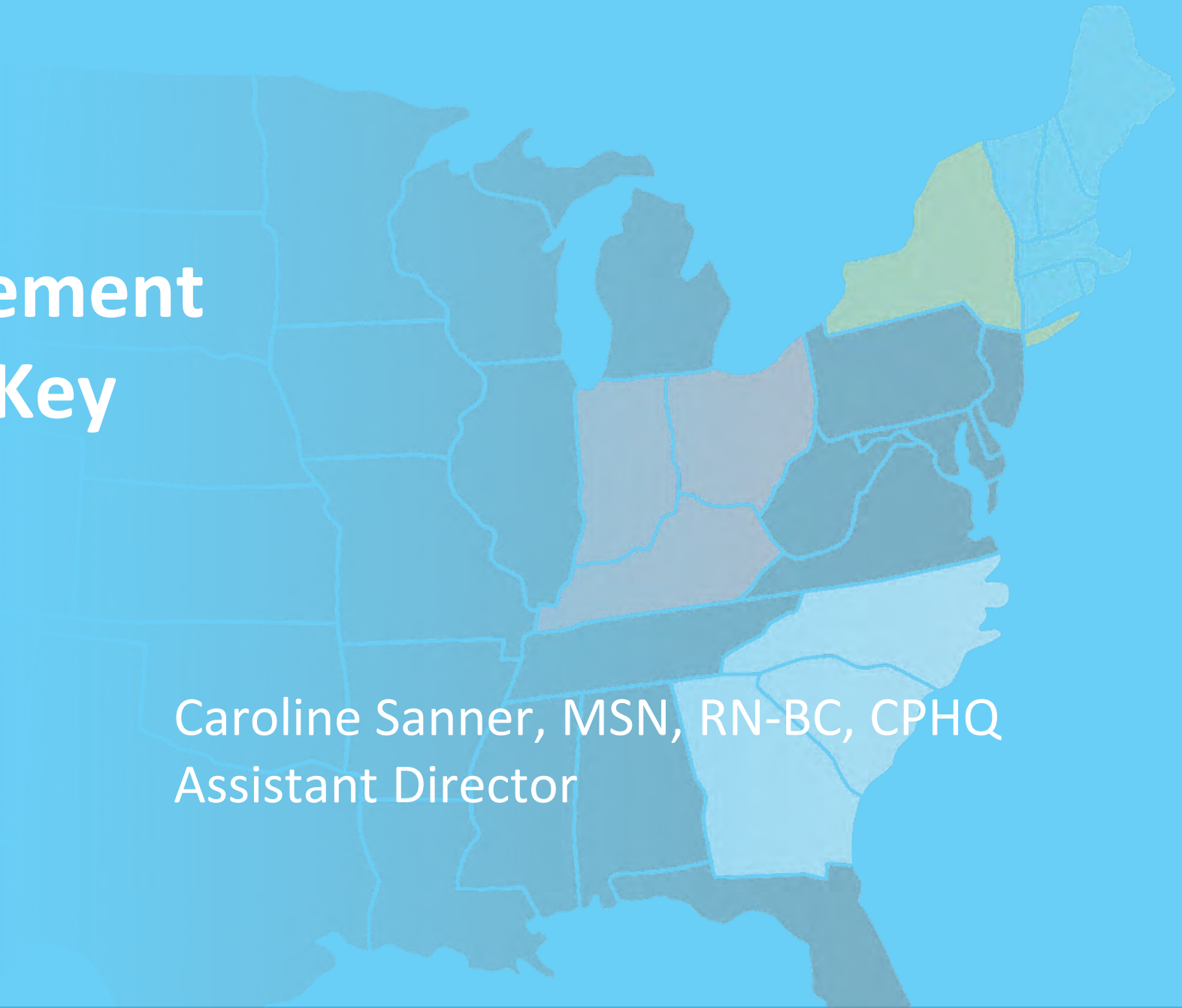
# Improve Behavioral Health Outcomes
## Increase Remission of Diagnosis of Depression

**Goal**

- Increase the percentage of patients who have received treatment by a mental health professional after screening positive for depression, as identified in the Quality Incentive Program (QIP) attestation
  - Data from this measure is based on EQRS data and Medicare claims
  - "Receiving treatment" is based only on Medicare claims data

BEHAVIORAL HEALTH
ASSESS. CONNECT.

## What Is Telemental Health?

From the **NATIONAL INSTITUTE of MENTAL HEALTH**

Telemental health is the use of telecommunications or videoconferencing technology to provide mental health services. It is sometimes referred to as telepsychiatry or telepsychology. Research suggests that telemental health services can be effective for many people, including, but not limited to those with attention-deficit/hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD), depression, and anxiety.

As the need for virtual mental health care services has increased, providers are finding ways to use phone and videoconferencing technology to bring therapy, evaluations, interventions, and medication management to individuals where they are.

Although the practice has become much more common, especially as a result of the coronavirus (COVID-19) pandemic, more research is needed to understand when and how telemental health services should be used.

**Learn about factors to consider when using telemental health.**

### Potential Benefits

▸ **Convenience:** Telemental health appointments don't require travel and often mean less time off work and smoother logistics coordination for things like transportation or childcare. Patients also can schedule appointments with less advance notice and at more flexible hours.

▸ **Broader reach:** The technology is available to people who may not have had access to mental health services previously, including those in remote areas and emergency care situations.

▸ **Fewer barriers:** For those who may have been hesitant to look for mental health care in the past, telemental health services might be an easier first step than traditional mental health services.

▸ **Advances in technology:** As telemental health services have increased, providers have become more familiar with evolving videoconferencing technology, with some switching to entirely virtual practices.

### Potential Drawbacks

▸ **Access to technology:** Services may be limited by lack of internet connection and devices.

▸ **Quality issues:** Varying levels of technological quality can affect how services are provided and received.

▸ **Cost:** Evolving technology means updating equipment, platforms, and networks for patients.

▸ **Privacy:** Cameras in users' homes and virtual online platforms pose privacy considerations. Individuals also might be more hesitant to share sensitive personal information with a provider in a situation where others might hear.

▸ **Insurance coverage:** The rise in telehealth during the COVID-19 pandemic has led to policy changes to make services accessible to more people. However, it is not known how long such flexibilities will stay in place, and understanding what services are available can be complicated. Coverage and provider licensure requirements vary from state to state.

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## STOP the STIGMA
## Surrounding Depression

One of the top reasons dialysis patients do not seek help for depression or other mental health issues is due to the fear of stigma and shame. It is not unusual to feel scared seeking treatment, however, many fear they will lose their livelihood, their employment, and even their support system.

Dialysis patients are already marginalized and can face stigma and prejudice, even if it is subtle or less obvious. Whether or not the signs of stigma are visible, healthcare providers need to have a better understanding of why stigmas exist, and how to prevent fear of patients feeling stigmatized thus limiting their ability to share their concerns.

### Learn the Facts

An article published by the American Psychiatric Association theorizes stigma comes from a lack of understanding or fear. There is a misrepresentation present in the media, particularly when it comes to depression and other forms of mental health issues. Researchers have identified the three different types of stigma. The chart below illustrates each one and gives an example of how it relates to dialysis patients.

+ **Public stigma** - involves the negative or discriminatory attitudes that others have about mental health issues

+ **Self-stigma** - refers to the negative attitudes including internalized shame that people with mental health issues have about their own condition.

+ **Institutional stigma** - systematic stigma involves policy, including those of government and private organizations. This includes intentionally or unintentionally limiting opportunities for people with mental health issues. Examples include lower funding for mental health issues research or fewer mental health services relative to other health care.

### Stigma Comparison Chart

| | Public | Self | Institutional |
|---|---|---|---|
| Stereotypes and Prejudices | Patients with mental health issues are perceived as dangerous, radical, incompetent and unpredictable | "Staff do not want to provide care to me. They often tell me I am difficult and they threaten to terminate my treatment. I must be crazy" | A dialysis patient is often "transferred" or "discharged" due to undiagnosed or untreated mental health issues leading to disruptive behaviors |
| Discrimination | Staff do not feel "safe" providing care to these patients, other patients will not sit near them or request to be transferred | These feeling can lead to thoughts "Sometimes I feel as though I should just stop dialysis altogether since I am a burden on the staff" | Patients are denied admission from alternate dialysis facilities and refused from entire nephrology practices |
| Effect | Staff segregates patient from the general population | Feelings of retaliation may arise; non-adherence with treatment increases; may lead to discontinuation or threatening behavior | Patient receives intermittent dialysis treatment through the hospital emergency department; which does not effectively treat their condition, lacks continuity and leads to increased illness and death |

[1] (Borenstein 1-11)

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# Psychology Today

Difficulty finding a mental health provider? Check out this helpful resource that the Network learned about from some of The Networks great social workers.

**Click Here**

United Way

If you are looking for mental health services, resources or services, 211 can help get you linked to services in your area.

**Click Here to Access 211**

# Improve Patient Safety and Reduce Harm
## Improve Health Outcomes and Access to Care in Vulnerable Populations

**Goal**

- Decrease hemodialysis catheter infection rates among dialysis patients receiving home dialysis while in a nursing home*
- Decrease peritonitis infection rate among dialysis patients receiving home dialysis while in a nursing home
  - Data for this measure is based on EQRS and Medicare claims

* Only applicable to Networks that have patients that dialyze in a nursing home

# Improve Nursing Home Care in Low Performing Providers
## Decrease the Rate of Blood Transfusions in ESRD Patients Dialyzing in a Nursing Home

**Goal**

- Decrease the rate of blood transfusions of ESRD patients dialyzing in a nursing home*
  - Data is based on EQRS and Medicare claims

* Only applicable to Networks that have patients that dialyze in a nursing home

# Improve Patient Safety and Reduce Harm/Improve Nursing Home Care in Low Performing Providers

## Interventions

# Reduce Hospitalizations and Outpatient ED Visits
## Inpatient Hospitalizations, 30-Day Readmissions, and ED Visits

**Goal**

- Decrease in the rate of hospital admissions*
- Decrease in the rate of hospital 30-day, unplanned readmissions*
- Decrease in rate of emergency department visits*
  - Data is based on Medicare claims data

*Caused by a primary diagnosis category, defined by CMS

# Reduce Hospitalizations and Outpatient ED Visits
## Interventions

# Improve Care in High Cost/ Complex Chronic Conditions
## Improve Education and Access to Home Modalities

**Goal**

- Increase the number of incident patients starting on a home modality
- Increase the number of prevalent patient transitioning to home modality
- Increase the number of rural ESRD patients using telemedicine while on a home modality

# Improve Education and Access to a Home Modality
## Interventions

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**End-Stage Renal Disease Network Program**
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## Seeing Yourself in a Positive Light with a Peritoneal Dialysis Catheter

Some people worry that doing dialysis at home, which may involve a catheter in the stomach, will affect their body image. However, those concerns may be overcome by learning as much as you can about how this treatment is done and the benefits of this type of dialysis, called peritoneal dialysis.

### What is body image?

Body image is how a person perceives, thinks and feels about their body. A person's body image could be positive or negative or both. What's important to remember is that our body image may not be directly related to our actual appearance; we tend to focus on our minor imperfections that others do not even notice.

Having kidney failure is going to make changes to your body. This is partly due to your body's inability to get rid of chemicals that your kidneys are no longer able to remove and also due to the procedures you will undergo to make sure that your body is able to remove those chemicals through other means.

If you and your doctors determine that dialysis is the best treatment for you—whether you are using a catheter, graft, or fistula—you will need to undergo a procedure that will leave a mark on your body. Even receiving a transplant will leave a scar. It is important for you to know about these changes and work on a plan to keep a positive outlook, so you can make the best choices for your care.

### Overcoming body image issues.

It is important to consider your concerns about body image and how you can work through them to experience the benefits of peritoneal dialysis.

- Peritoneal dialysis is daily, so you can eat and drink more and may require fewer medications to help you between your dialysis treatments than you would with other treatments.
- The therapy is gentler to your body than other treatments, reducing stress on your heart and blood vessels, which has been shown to reduce hospitalizations for individuals on this treatment.
- It is easier to carry out your daily activities as well as work and travel.
- You can swim! Swimming is recommended in either sea water or private swimming pools as long as you follow the recommendations of your home nurse on exit site care.
- If you get back to these activities, it will help improve your mood and make you feel better overall.

*continued on next page*

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## Seeing Yourself in a Positive Light with a Peritoneal Dialysis Catheter *(continued)*

### What body image issues do people on peritoneal dialysis experience?

- Weight gain. Some patients experience weight gain due to the sugar that is in the solution used in dialysis treatments. Talk with your doctor and dietician to help balance your prescription and your diet.
- Bloating and feeling full. The extra fluids in your stomach make you feel this way. Some people find it even makes them less hungry or able to eat. Often these feelings become less noticeable as your body adjusts. To help with mealtime, you can try to do your treatments after meals.
- Hernias. The insertion of the catheter can weaken the stomach muscles; the fluid puts pressure on the weakened muscles and can cause a tear (hernia). Depending on how bad the hernia is you can have surgery to repair it.
- How the catheter looks hanging out of your stomach. In fact, the catheter tube is very small. However, if you are uncomfortable with how it looks, you can use a peritoneal dialysis catheter belt. Catheter belts help keep your peritoneal catheter tubing in place and make it less noticeable when wearing different types of clothing or bathing suits. They come in different types to suit all clothing options.

### What are other ways to help you cope with peritoneal dialysis?

Consider the benefits of peritoneal dialysis over the changes to your body image and list ways you can work through the changes you'll be dealing with when you start peritoneal dialysis. That may include talking to your partner about your catheter and how you both feel about it. You might also want to talk to your friends and family about how you feel. And, if possible you may want to talk with someone who is currently on peritoneal dialysis.

Remember you are the person you were prior to being diagnosed with kidney disease. You will be the same person while on dialysis.

When you have a negative thought about your self-image, stop and identify that thought. You can write it down if you would like. Is this thought helpful or harmful? If this thought is hurtful to you, replace that thought with something that is positive.

If you have not considered peritoneal dialysis due to some of these concerns, please talk with a member of your dialysis team who can help you find the right resource to answer your questions.

# Improve Care in High Cost/ Complex Chronic Conditions
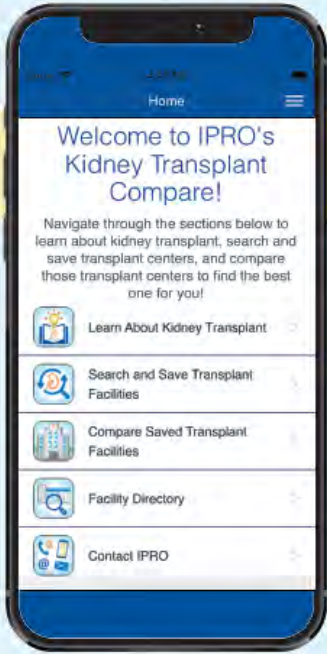## Improve Education and Access to Transplantation

**Goal**

- Increase the number of patients added to the kidney transplant waitlist
- Increase the number of patient who receive a kidney transplant

# Improve Education and Access to Transplantation
## Interventions

# Improve Care in High Cost/ Complex Chronic Conditions
## Healthy Living - A Preventative Health Approach

**Goal**

- Decrease the average body weight in ESRD patients identified as obese
- Ensure dialysis patients are fully vaccinated for COVID-19 including boosters*
- Ensure dialysis staff are fully vaccinated for COVID-19, including boosters*
- Increase the number of ESRD patients who receive the flu vaccination
- Increase the number of ESRD staff who receive the flu vaccination
- Increase the number of ESRD patients who are fully vaccinated for pneumococcal pneumonia

*As determined by the CDC or CMS

# Healthy Living
## Interventions

# Patient and Family Engagement
## Improve Patient and Family Engagement at the Facility Level

**Goal**

- Increase the number of facilities who integrate patients and families into QAPI meetings
- Increase the number of facilities that assist patients to develop a life plan
- Increase the number of facilities that develop and support a patient-patient support program

# Patient and Family Engagement
## Interventions

# Health Equity and Culturally and Linguistically Available Services (CLAS)

**Goal**

- Deploy health equity interventions to the entire population
- Improve communications in areas with low health literacy
- Develop a CLAS Implementation Action Plan
- Work with dialysis organization to implement National CLAS standards
    - CLAS are services that are respectful of and responsive to each person's cultural and communication needs

# Polling Question
## Your Feedback is Needed!

Culturally and Linguistically Available Services (CLAS)

What Type(s) of Services are Available in Your Facility?

Ready to Answer?

# Patient Services Overview

Danielle Daley, MBA, CPHQ, CPXP
Executive Director
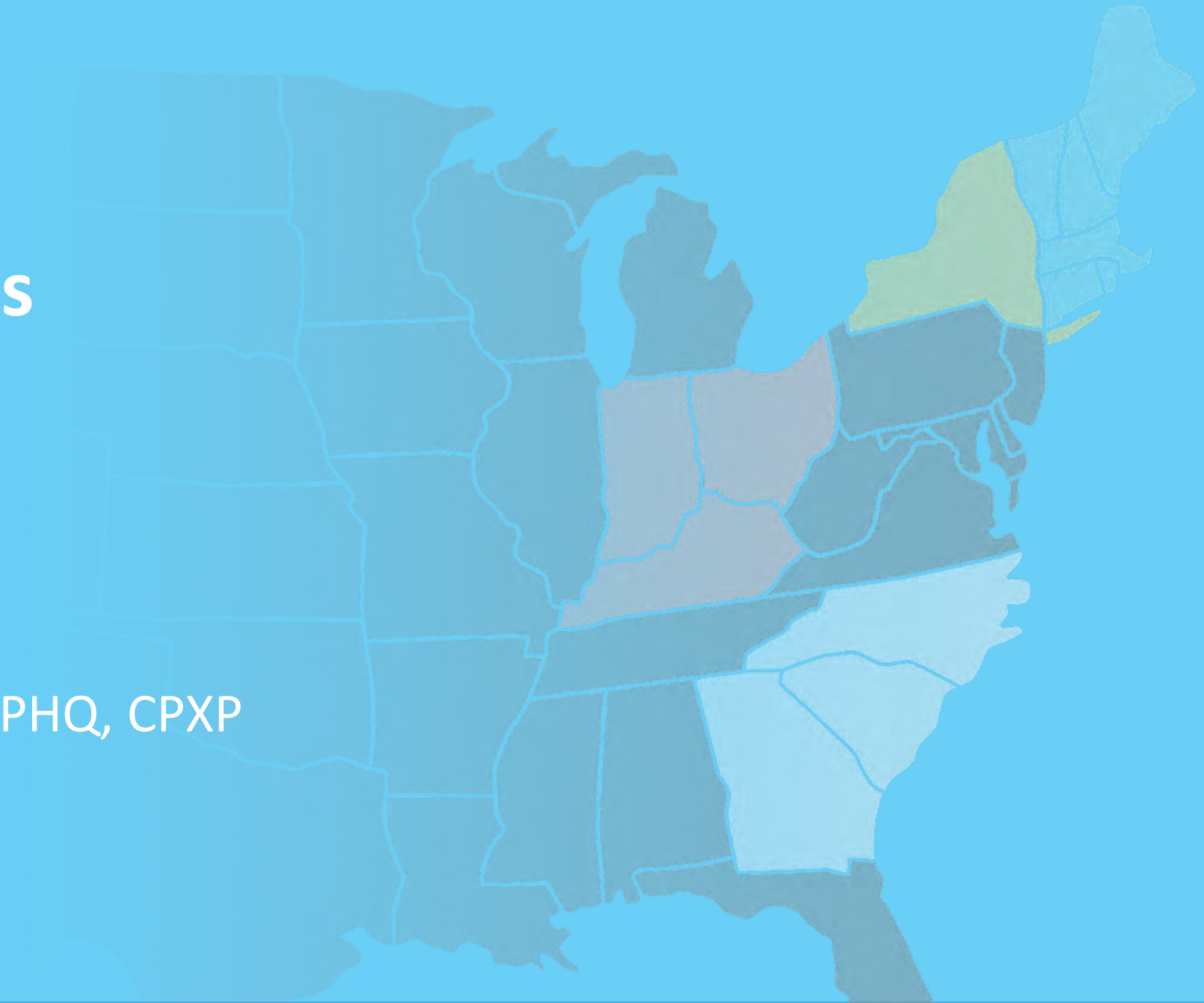
# Patient Services Team

**Shezeena Andiappen, MSW**
Patient Services Specialist
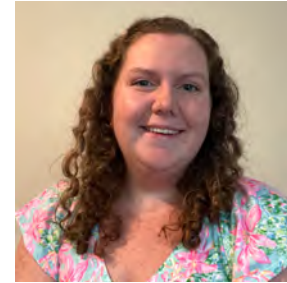
**Liz Lehnes, MSW, LCSW**
Patient Services Specialist

**Brooke Andrews, MSW**
Patient Services Specialist

**Agata Roszkowski, LMSW**
Patient Services Manager

**Julia Dettmann, BSW**
Patient Services Specialist &
Emergency Manager

# Vocational Rehabilitation
## Getting Patients Back to Work and/or School

- Social Security Administration Ticket to Work https://choosework.ssa.gov/
- Job Accommodation Network (JAN) https://askjan.org/
- National Kidney Foundation
  - Returning to Work While on Dialysis https://www.kidney.org/newsletter/dialysis-returning-to-work
- Life Options Rehabilitation Program
  - Employment: A Kidney Patient's Guide to Working & Paying for Treatment https://lifeoptions.org/assets/pdfs/employment.pdf
- Network VR resources https://esrd.ipro.org/patients-family/patient-education/vocational-rehab/

# Emergency Preparedness, Mitigation, & Response
## Network Responsibilities

- Networks are the foundation of ESRD Emergency Management in collaboration with the Kidney Community Emergency Response (KCER) national response coordination contractor
- Networks monitor conditions that impact a facility's ability to provide service to dialysis patients
- Networks establish relationships with state emergency management officials and healthcare coalitions
- During an emergency, Networks:
  - Work to identify challenges and barriers impacting patients and facilities
  - Collaborate with emergency response stakeholders at the local level to re-establish interrupted services

# What is an Emergency?
Emergencies can be Local, State Level, Regional or National

- Facility Closed/Altered (Water, Power, Structural)
- Public Health Issues (COVID-19)
- Weather Event (Local, State or Regional)
- Man Made Event (Terrorism, Saline Shortage)
- Transportation Event (Bridge Collapse, Company Closure)
- Communications Event (Phone/Internet Outage)

*"A serious, unexpected, and often dangerous situation requiring immediate action"*

# Emergency Operational Status Reporting
## Facility Responsibilities

- REPORT Closed/Altered Status
  https://redcap.ipro.org/surveys/?s=R8K7RWETHM
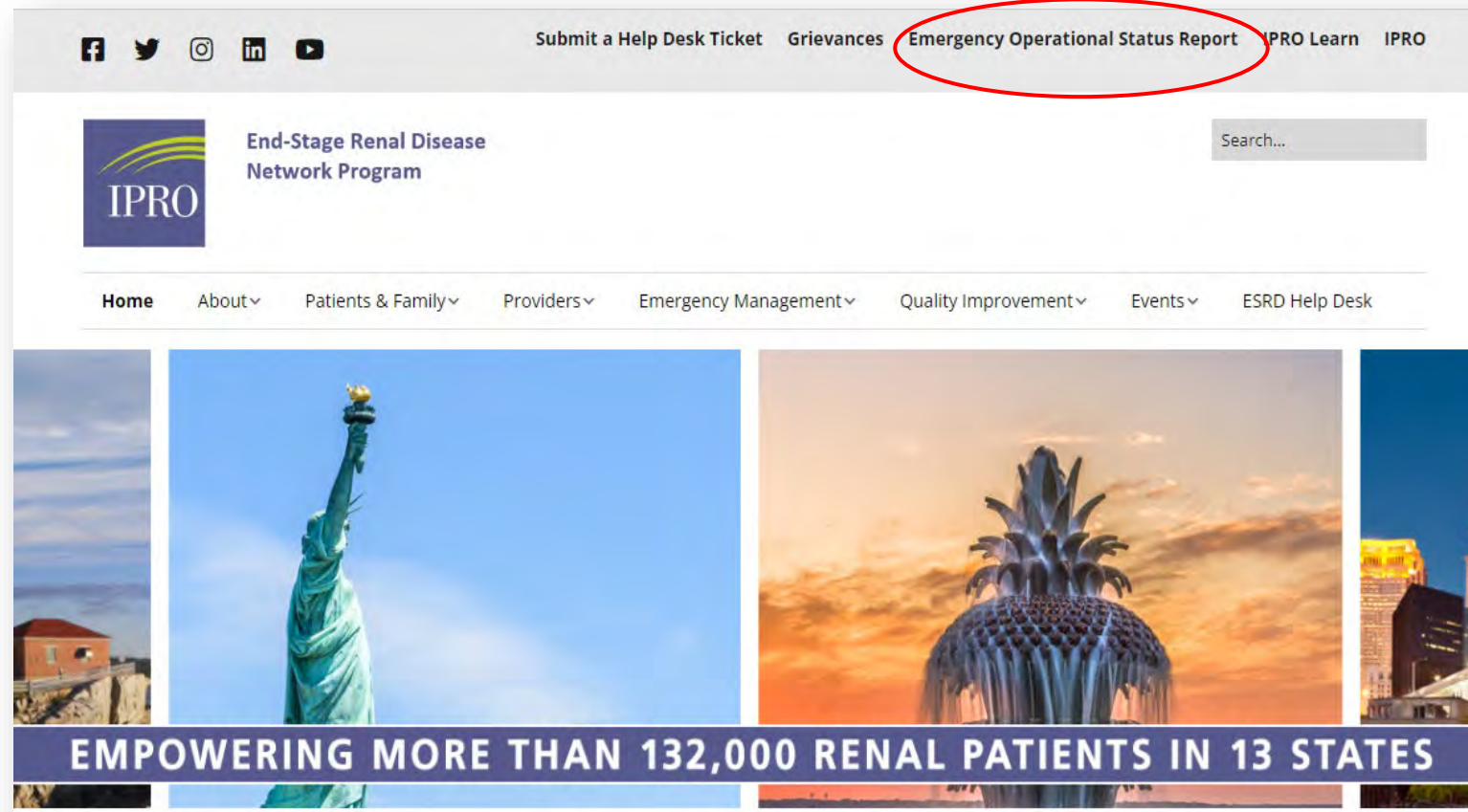
# Critical Assets Survey (CAS)
## Facility Responsibilities

- Collected annually
- Preparedness capabilities and dialysis facility resources
- Available to be updated through the IPRO ESRD Facility Information Management System https://c1abd801.caspio.com/dp/4ebb700006 8d9ae2c0504631875a

Data Used By/For:

- Network Emergency Management Mitigation
- State Health Department
- Office of Emergency Management (OEMs)
- Healthcare Coalitions
- Facility Emergency Planning

# The ESRD Emergency Hub Mobile App
## Alerts in Real Time

- A FREE collection of resources and tools created by kidney care and emergency management experts.
- The information you need to stay safe and healthy during any emergency.
- Always at your fingertips on your smartphone or tablet.
- Easily create, store, and find your treatment information, emergency resources, and needed phone numbers.
- In an emergency, receive critical information in real time, based on your location, and from trusted sources.
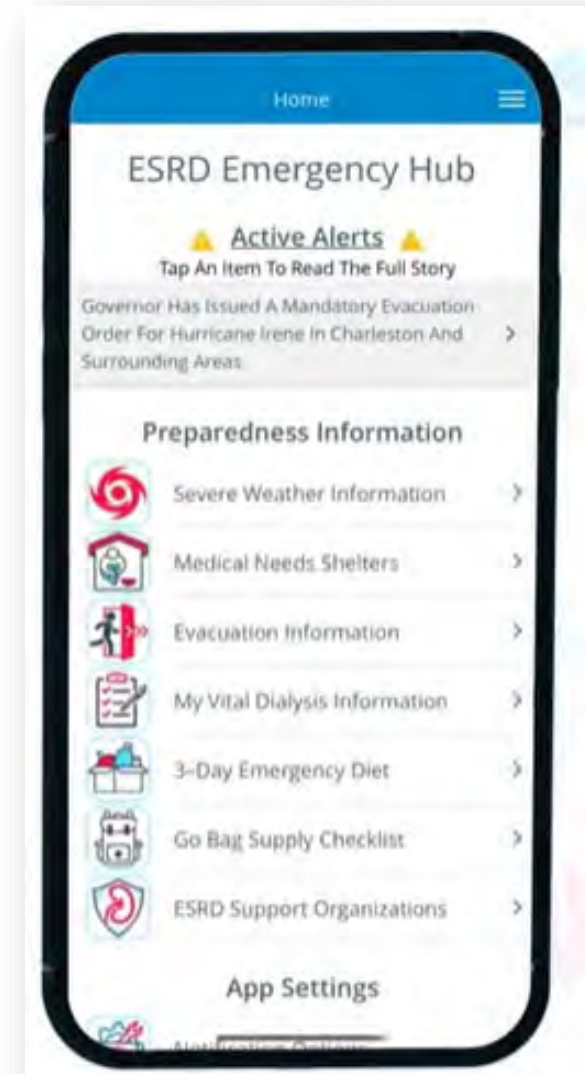
# The ESRD Emergency Hub Mobile App
## Staff and Patient Education

- Display flyers on educational boards or high traffic areas of facility
- Provide staff education on why the app is important to promote to patients
- Discuss with staff and patient the information needed to complete the My Vital Dialysis Information
- 3-minute video provides overview of the mobile app
  - Available on YouTube: https://www.youtube.com/watch?v=hyA_KPaSN8I
  - Stream video on TV in lobby or chairside

# Polling Question
## Your Feedback is Needed!

Emergency Hub Mobile App

Who in Your Facility Has Downloaded and is Using the App?

Ready to Answer?

# Patient Experience of Care

Agata Roszkowski, LMSW
Patient Services Manager
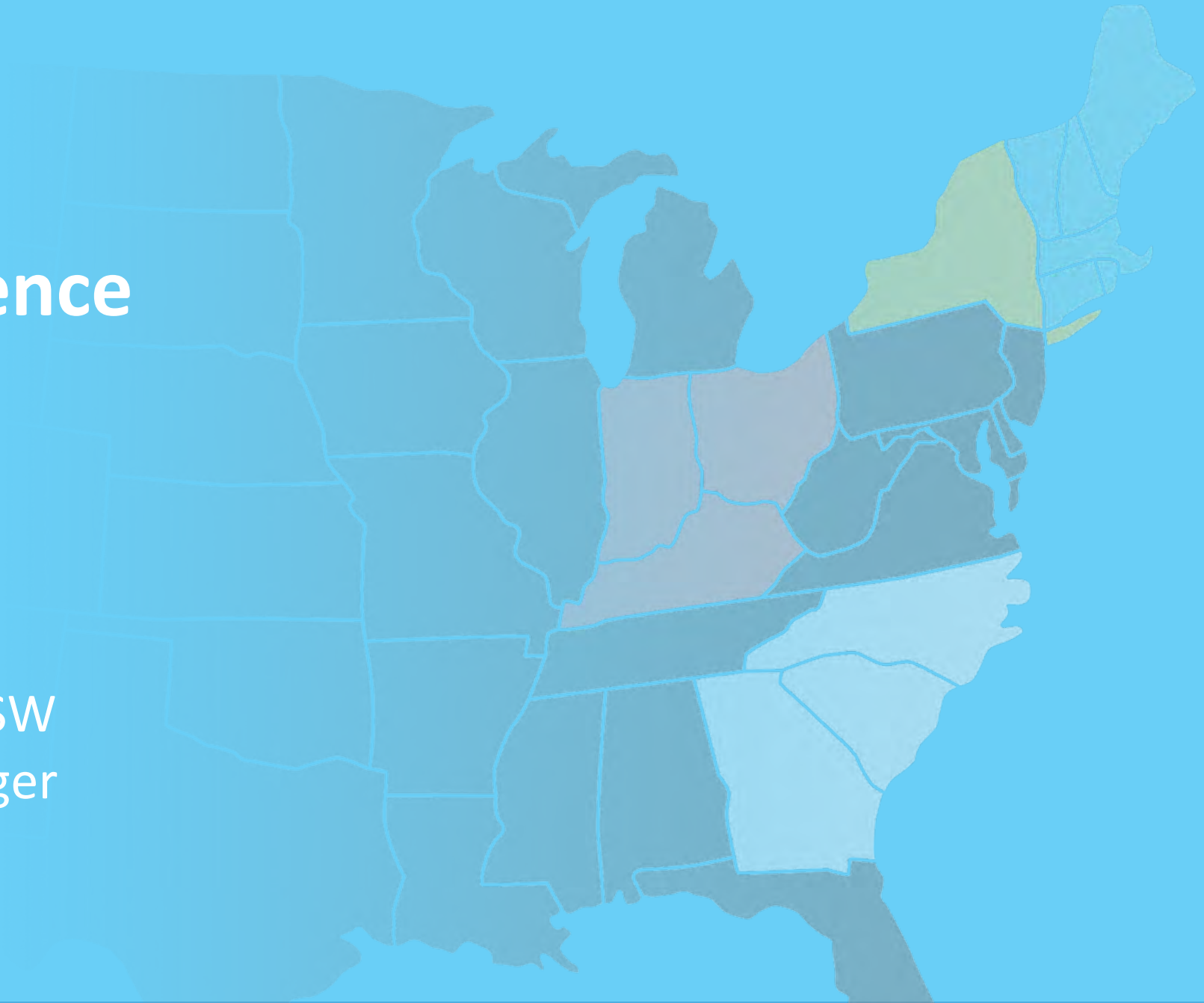
# National Initiatives
## Improve the Patient Experience of Care

- Educate patients and dialysis facility staff about the role of the Network in resolving grievance and access to care issues

- Provide a focused audit of all grievance and access to care cases

- The Network's case review responsibilities include investigating and resolving grievances filed with the Network and addressing non-grievance access to care cases

# Network Role in Patient Experience of Care

The Network may assume one or more of the following roles in addressing a grievance filed by an ESRD patient, an individual representing an ESRD patient, or another party:

- **Facilitator:** Mediate concerns raised by patients and facilities.
- **Expert Investigator:** Investigate concerns raised by patients
- **Educator:** Provide patients and facilities with tools and resources to improve the patient experience of care.
- **Advocate** for the access to care of all ESRD patients
- **Referral Source:** Provide patients and facilities on all sources to report concerns.
- **Quality Improvement Specialist:** Support the improvement of facility processes to improve the overall quality of care for all patients.

# Grievances

Upon the receipt of a grievance, the Network will classify the case as one of the following:

- **Immediate Advocacy:** Concerns that are non-clinical in nature and do not require a complex investigation; resolved in 10 calendar days or less
- **General Grievance:** Concerns that are non-clinical in nature but require complex investigation and review of records; resolved in 60 calendar days or less
- **Clinical Quality of Care:** Concerns that involve clinical or patient safety issues and requires a clinical review of records by a renal nurse and/or the Medical Review Board; resolved in 60 calendar days or less

# What is "Access to Care"?

**It refers to:**
- Dialysis patients having permanent and stable access to their dialysis treatments with continuity of care from an interdisciplinary healthcare team

**Why is it important to preserve it?**
- Dialysis is life-saving treatment for the ESRD community
- Without an outpatient facility, patients are forced to dialyze emergently at the hospital removing regular continuity of care
- Mortality rates are increased for patients without access to regular dialysis.
- Patients who go to the hospital expecting immediate treatment or better care not knowing they will not receive dialysis unless their labs show elevated lab values

# Access to Care

Upon the receipt of an access to care concern, the Network will classify the case as one of the following:

- **At Risk Involuntary Discharge:** Concerns related to possible patient discharge
- **Involuntary Discharge (IVD):** Immediate or 30 day IVD.  Volume monitored by the Network

  - Patient is informed in writing their treatment will be terminated from their current facility
- Two types of IVD cases:

  - 30-Day Termination

  - Immediate Termination

# Access to Care

## Before considering an involuntary discharge (IVD), a facility's interdisciplinary team (IDT) should:

- Conduct a thorough assessment of the situation
- Develop a plan to address any problems or barriers the patient may be experiencing
- Note: Discharging a patient for "non-compliance" is not an acceptable reason for discharge per the Centers for Medicare & Medicaid Services (CMS) Conditions for Coverage (CfC)
- Notify the Network PRIOR to discharge any potential IVD and notice provided to patient
- Assist the patient with placement



CMS – Conditions for Coverage for End Stage Renal Disease (ESRD) Facilities

Interpretive Guidance: V766 & V767

| Tag Number | Regulation | Interpretive Guidance |
|---|---|---|
| V766 | (f) Standard: Involuntary discharge and transfer policies and procedures. The governing body must ensure that all staff follow the facility's patient discharge and transfer policies and procedures. The medical director ensures that no patient is discharged or transferred from the facility unless –<br>(1) The patient or payer no longer reimburses the facility for the ordered services;<br>(2) The facility ceases to operate;<br>(3) The transfer is necessary for the patient's welfare because the facility can no longer meet the patient's documented medical needs; or | Involuntary discharge or transfer should be rare and preceded by demonstrated effort on the part of the interdisciplinary team to address the problem in a mutually beneficial way. The facility must have and follow written policies and procedures for involuntary discharge and transfer.<br><br>If any patients have been involuntarily discharged or transferred since the latter of either the effective date of these rules (October 14, 2008) or the facility's last survey, surveyors will review those patients' medical records to ensure compliance with these regulations and facility policy. See also requirements under Conditions for Patients' rights at V468 and V469.<br><br>The medical director must be informed of and approve any involuntary discharge or transfer of a patient. A facility may involuntarily discharge or transfer a patient only for those reasons listed here and at V767. The medical director must ensure that the reasons for any involuntary discharge or transfer are consistent with this requirement.<br><br>If a facility involuntarily discharges or transfers a patient for nonpayment of fees, there must be evidence in the patient's medical record that the facility staff (e.g., billing personnel, financial counselor, social worker) made good faith efforts to help the patient resolve nonpayment issues.<br><br>In the event a facility ceases to operate, the governing body must notify CMS, the State survey agency, and the applicable ESRD Network. The facility's interdisciplinary team must assist patients to obtain dialysis in other facilities.<br><br>If the discharge or transfer is necessary for the patient's welfare, the patient's medical record must include documentation of the medical need and reasons why the facility can no longer meet that need. |
| V767 | (4) The facility has reassessed the patient and determined that the patient's behavior is disruptive and abusive to the extent that the delivery | Patients should not be discharged for failure to comply with facility policy unless the violation adversely affects clinic operations (e.g., violating facility rules for eating during dialysis should not warrant involuntary discharge). |

# Involuntary Transfer (IVT)

- Patient is given written notice they will be transferred to an alternate facility

**Reasons for the IVT**
- Patient's nephrologist no longer will provide care and acquires an alternate nephrologist who rounds at a different facility
- Patient's facility is no longer in-network with their insurance
- The facility can no longer meet the patient's medical need
- Improper coding in EQRS

# Preventing Discharges
## How We All Win

- Patients will feel respected and will share openly due to mutual trust
- The entire team will have a shared responsibility for a positive patient experience of care
- Discharges can be decreased and/or prevented allowing the patient to have continuity of care more of a chance of success

# Preventing the Involuntary Discharge of Dialysis Patients
## Facility Guide and Checklist

- Check your organization's process for specific guidance

- It is to be used as an example or guide for work that should be documented prior to consideration of an IVD

- Necessary documents may be adjusted to meet the specific needs of the facility, patient, and reason for discharge

https://esrd.ipro.org/wp-content/uploads/2020/07/NW6-Dialysis-Facility-Involuntary-Discharge-Guidelines_2019.pdf



## Dialysis Facility Involuntary Discharge Guidelines

**STOP**

Before considering an involuntary discharge (IVD), a facility's interdisciplinary team (IDT) should:
1. Conduct a thorough assessment of the situation
2. Develop a plan to address any problems or barriers the patient may be experiencing

**Note:** *Discharging a patient for "non-compliance" is not an acceptable reason for discharge per the Centers for Medicare & Medicaid Services (CMS) Conditions for Coverage (CfC).*

### IVD Guidelines

| | |
|---|---|
| **Notify the Network of any potential IVD** | Immediately notifying the Network provides an opportunity for the Network to review the issues and interventions with facility staff and see if there are other options that could be explored. |
| **Have a policy and procedure in place for IVDs** | It is the medical director's responsibility to ensure "that no patient is discharged or transferred from the facility unless:<br>• The patient or payer no longer reimburses the facility for the ordered services<br>• The facility ceases to operate<br>• The transfer is necessary for the patient's welfare because the facility can no longer meet the patient's documented medical needs<br>• The facility has reassessed the patient and determined the patient's behavior is disruptive and abusive to the extent in which the delivery of care to the patient, or the ability of the facility to operate effectively is seriously impaired..." |
| **Train facility staff** | All staff should receive training in conflict management techniques.<br>• Training must be documented<br>The Facility should establish IVD and transfer policies and procedures as outlined in 494.190 Condition Governance (Page 20484). A link to the full document is located on the ESRD website along with additional resources to assist you facility: https://network6.esrd.ipro.org/home/provider/patient-services/ |
| **Document everything** | It is essential that staff document and address any and all problematic behaviors, no matter how insignificant they may seem. Include documentation of all:<br>• Related assessments/plans of care, meetings, and interventions<br>• Behavioral agreements that the staff and patients work on together *(all behavioral agreements should be mutual between the patient and facility and should be reassessed at specified time intervals)* |
| **IVD should be the option of last resort** | An involuntary discharge can begin only if:<br>1. All efforts to resolve the problem have failed.<br>2. The issues and interventions to address them have been properly documented. |
| **Assist the patient with placement** | • The facility should assist the patient with establishing with a new physician and/or transferring to another facility if the IVD cannot be averted.<br>• When attempting to assist the patient in transferring to another facility, be sure to only send the medical information requested by the other facility<br>**DO NOT** include additional documentation indicating that the patient is being involuntarily discharged or the circumstances surrounding the discharge unless it is specifically requested for transfer consideration. This is considered blacklisting and will be reported to the State Survey Agency. |
| **Immediate IVD** | In cases of immediate severe threat to the health and safety of others, the facility may use an abbreviated IVD procedure. Per the CfC Interpretive Guidance, "An immediate severe threat" is considered to be a threat or physical harm. For example, if a patient has a gun or a knife or is making credible threats of physical harm, this would be considered an "immediate severe threat." An angry verbal outburst or verbal abuse is not considered to be an immediate severe threat." |
| **Notifying the State Survey Agency** | Facilities must notify the State Survey Agency of all IVDs and transfers. **If the discharge or transfer is the result of immediate, severe threats, the State Survey Agency must be notified immediately.** |

# Patient Education and Support

- As required by the conditions for coverage, all patients must be educated on the grievance process and the various options when filing a grievance
- Provide ongoing individualized education as well as displaying the Network "Speak Up!" poster in a common area that patients and visitors have access to (such as the unit lobby)
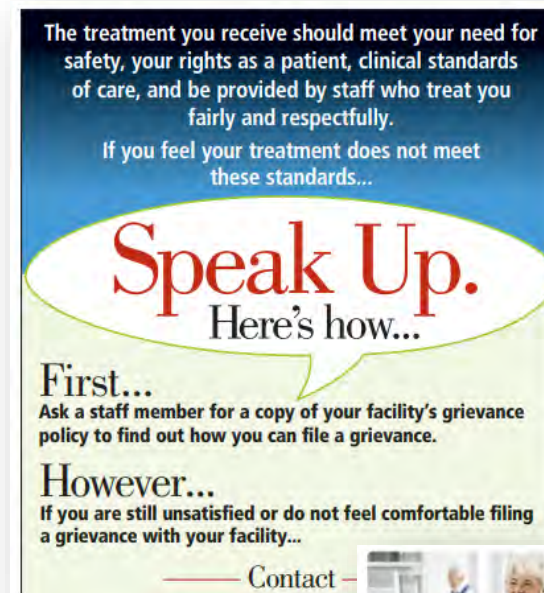
# Grievance and Access to Care Educational Resources

# Decreasing Patient-Provider Conflict (DPC) Toolkit

- Revised in December 2022
  - Heath Equity
  - Self Awareness
  - De-escalation Techniques
  - Suggested safety measures

https://esrd.ipro.org/decreasing-patient-provider-conflict-dpc/

**Decreasing Dialysis Patient—Provider Conflict (DPC)**

Addendum December 2022

**Table of Contents**

# ESRD Data Management

Svetlana Lyulkin, MBA
Assistant Director
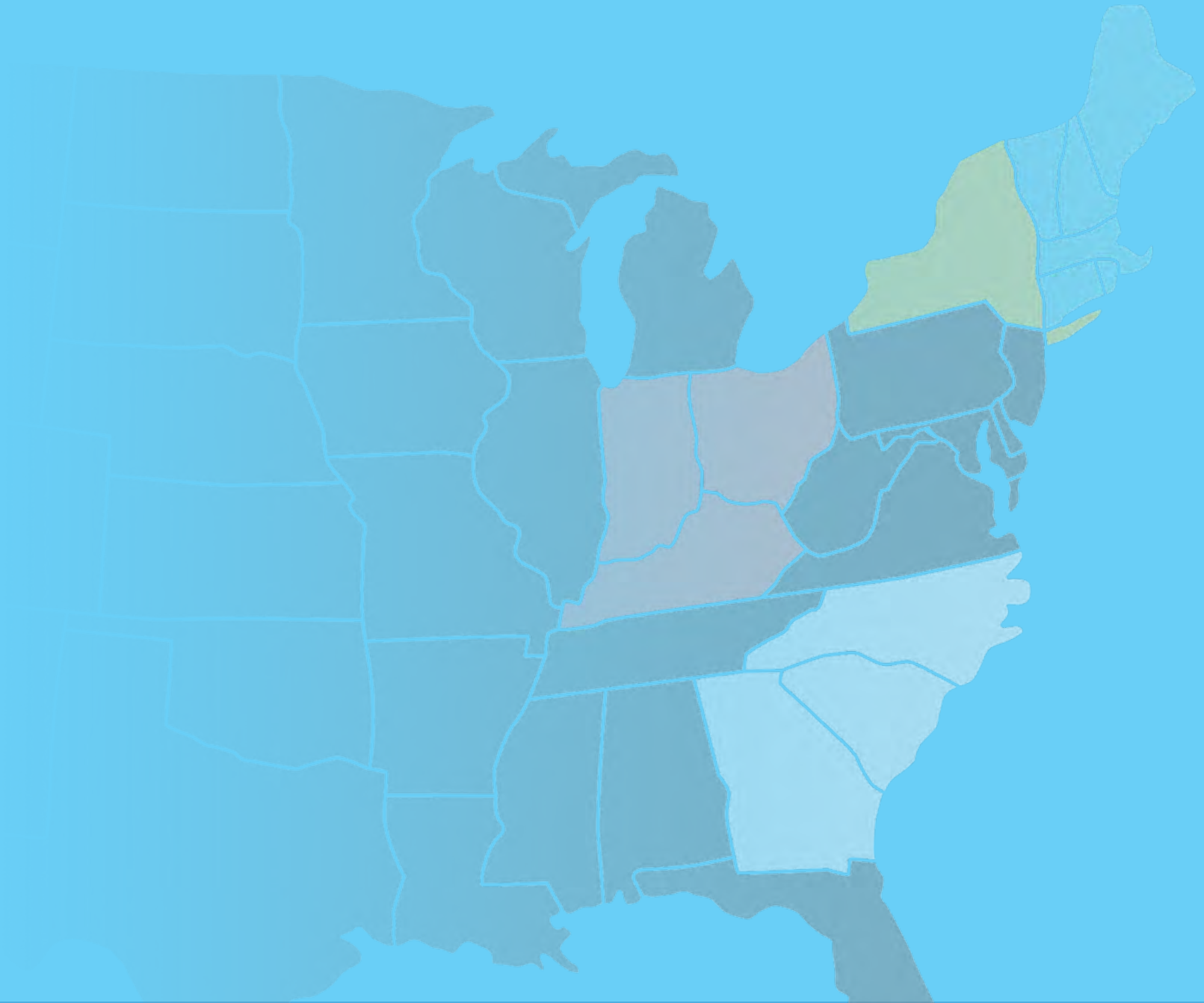
# Data and Analytics Team

Helpdesk: https://help.esrd.ipro.org/support/tickets/new

**Svetlana Lyulkin, MBA**
Assistant Director

**Sharon Lamb**
Data Coordinator

**Yameng Guo, MPS**
Data Analyst

**Andrea Parris**
Data Coordinator

# Preventing Security Violations
## CMS Requirements

- Sending PHI/PII to the Network via email is a security violation
- All security violations are reported to CMS
- Network cannot open external secure attachments
- Train new & remind staff on policy

https://help.esrd.ipro.org/support/solutions/articles/9000197680-phi-pii-preventing-security-violations
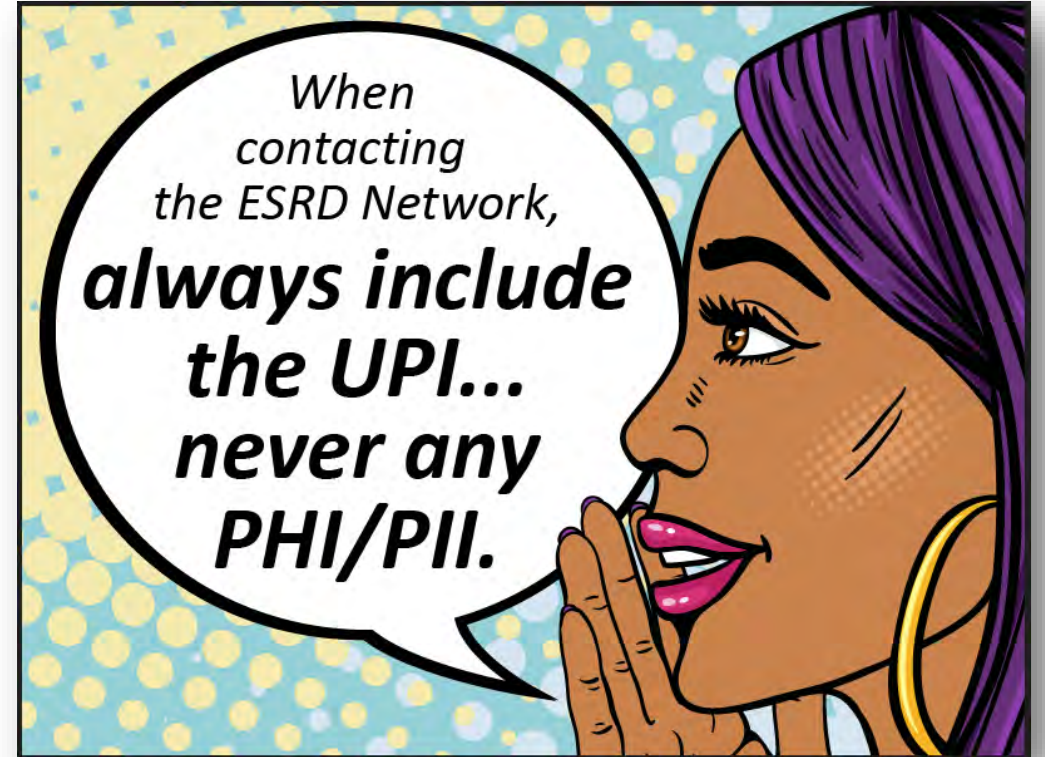
# ESRD Quality Reporting System (EQRS)
## CMS-Required Participation & Collaboration

- EQRS Facility Information: shifts, ownership, services, days/hours
  - Determines eligibility for Quality Improvement Activities (QIAs)
- Patient data accuracy = priority
  - Determines patient benefits, waitlist status, health outcomes
  - Impacts facility performance in QIAs
- Weekly EQRS Cleanup Reports sent
- **\*New\* Data Compliance QIAs:**
  - 2728 Forms > 1 Year Past Due
  - 2728 Forms < 1 Year
  - 2746 Forms

**2728 Enhancements**
Being Finalized by CMS

Expanded/additional fields:

- Gender Identity / Pronouns
- Increased Race Categories
- Advanced Directive
- Health Literacy
- Housing / Transportation
- Caregiver Support
- Pt Understanding of Modality Options

# IPRO ESRD Facility Information Management System
## Network-Required Participation and Collaboration

- https://c1abd801.caspio.com/dp/4ebb7000068d9ae2c0504631875a
- Personnel Updates
    - Newsletters, notifications, Monthly QIA & Cleanup Reports
- Network Agreement
- Critical Asset Survey: Emergency preparedness

# IPRO Learn
## Network-Required Participation and Collaboration

- Monthly IPRO Requirement
- https://esrd.iprolearn.org/
  - Login: CCN
  - PW: Assigned to each facility
- Self-reported QI activities
- Sharing best practices in Discussion Forums
- Accessing Toolkits



Welcome to IPRO Learn!

ESRD Facility Quality Improvement Collaborative 2021-2023

Enter all CMS-Certified Dialysis Facilities to participate in annual Quality Improvement Activities.

# Quality Measures & Performance Scores
## Timely + Accurate Data = Better Patient Outcomes → Higher Scores

- Quality Incentive Program (QIP) uses EQRS:
  - Clinical Data, AVF/LTC Rates, Hospitalizations
  - Depression Screenings
  - Waitlisting for Transplant
  - ICH CAHPS
  - NHSN: BSI, Dialysis Events, Med-Reconciliation
- Performance Score Certificate (PSC)
- Five-Star Quality Rating System
- Care Compare

# Network Flyer *New*
## Did You Receive It?

- Sent to facility contacts listed in the IPRO ESRD Facility Information Management System
- Includes CMS Certification Number (CCN) and Facility Name
- Important Network phone numbers and links

# Polling Question
## Your Feedback is Needed!

Network Flyer → Is it Posted in Your Facility? → Ready to Answer?

# Important Links For Facilities
## Bookmark and Share

- IPRO Learn: https://esrd.iprolearn.org/login/index.php
- IPRO ESRD Facility Information Management System: https://c1abd801.caspio.com/dp/4ebb7000068d9ae2c0504631875a
- IPRO Helpdesk Knowledge Base: https://help.esrd.ipro.org/support/home
  - Submit a Helpdesk Ticket: https://help.esrd.ipro.org/support/tickets/new
- IPRO ESRD Network Program Website: https://esrd.ipro.org/
- IPRO Facebook: https://www.facebook.com/IPROESRDNetwork
- IPRO Twitter: https://twitter.com/IPROESRDNetwork
- IPRO LinkedIn: https://www.linkedin.com/in/iproesrdnetwork/
- IPRO YouTube: https://www.youtube.com/@iproesrdnetworkprogram
- IPRO Instagram: https://www.instagram.com/ipro_esrd_network/

# Important Links For Facilities
## Bookmark and Share

- EQRS: https://eqrs.cms.gov/globalapp/
- National Healthcare Safety Network (NHSN): https://nhsn2.cdc.gov/nhsn/
- Quality Incentive Program (QIP): https://dialysisdata.org/
  - More info: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP
- 5-Star Quality Rating:  https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/FSQRS

# Thank You

**End-Stage Renal Disease Network Program**