ESRD Network

Redesign Statement of Work

Quality Net Conference - Baltimore, MD
December 15, 2011
Grand Ballroom
3:15 PM – 4:00 PM

Follow us on Twitter: @QualityNet11
Tweet with our conference hashtag: #QualityNet11
Agenda

- Purpose
- USRDS Data
- Background
- Alignment with National Priorities
- Redesign Approach
- Strategic Aims and Drivers
- Next Steps
Purpose

- Introduce CMS’ intention to solicit proposals for the upcoming ESRD Network contracts
- Provide an overview of CMS’ priorities, strategic aims and the future of the ESRD Network Program
- Initiate high-level discussions on the future of the ESRD Network Program
- Provide Next Steps
2009

- More than 116,000 people began treatment for end-stage renal disease (ESRD)
- Almost 571,000 patients receive treatment for ESRD
- The rate of new ESRD cases is 3.5 times higher among African Americans than among whites
- 81,000 patients waiting for a kidney transplant
  - African-Americans account for 34% of the waiting list
- 2.3 years median time on transplant wait list
- 5,780 dialysis facilities
  - 6 out of 10 patients dialyze at a Large Dialysis Organization (LDO)
ESRD Network SOW has been operating under the same general provisions since 2003 and requires redesign. Several events will drive the redesign

- Medicare Improvements for Patients and Providers Act (MIPPA) July 15, 2008
  - MIPPA § 153(b) of the ESRD PPS, for Medicare outpatient ESRD facilities beginning January 1, 2011
  - MIPPA §153(c) by creating the ESRD Quality incentive Program (QIP), safeguard for quality
- Patient Protection and Affordable Care Act (ACA) March 23, 2010
  - ACA §3011 National Quality Strategy
- CMS Strategic Areas of Focus 2010 – The “Three Part Aim”
  - Better Care for the Individual through Beneficiary and Family-Centered Care
  - Better Health for the ESRD Population
  - Reduce Costs of ESRD Care through Improvement of Care
- Partnership for Patient Campaign and HHS HAI Action Plan
  - Reduce preventable HACs by 405
- Support the HHS Disparities Reduction Action Plan
The “Three-Part Aim”

Better Health for the Population

Better Care for Individuals

Lower Cost Through Improvement
Alignment with National Priorities

- Supports the HHS National Quality Strategy
  - Make care safer
  - Promote effective coordination of care
  - Assure care is person and family-centered
  - Promote prevention and treatment of the leading causes of mortality
  - Helping communities support better health
  - Making care more affordable for individuals, families, employers, and governments by reducing costs through continual improvement

- Supports the Three-Part Aim
  - Better healthcare for individuals
  - Better health for people and communities
  - Affordable care through lowering costs by improvement

- Supports the aims of the Partnership for Patients Campaign and the HHS HAI Action Plan
  - Decrease preventable HACs by 40%

- Supports the HHS Disparities Reduction Action Plan
Employed a Collaborative Multi-Disciplinary Approach to Create a New Baseline for ESRD Network Program

- Design process representation included
  - Patients
  - Advocacy Groups
  - ESRD Networks
  - CMS ESRD COTRs/GTLs
  - Nephrologists
  - DQIPCAC Staff
  - CM Staff
  - ESRD Network Forum
  - CMCS Staff Survey and Certification
  - Centers for Disease Control & Prevention
  - Health Resources and Services Administration
  - National Institutes of Health
Maximizing Impact

For success, the ESRD Networks will lead transformation by…

- Being conveners, organizers, motivators and change agents.
- Leveraging technology to provide outreach and education.
- Serving as a partner in improvement with other health care organizations, beneficiaries, health care providers, practitioners, and stakeholders.
- Securing commitments to create collaborative relationships.
- Achieving and measuring changes at the patient level through data collection, analysis and monitoring for improvement.
- Disseminating and spreading best practices including those relating to clinical care, quality improvement techniques and data collection through information exchange.
- Participating in CMS national framework for providing emergency preparedness services through the Networks.
## ESRD NW Strategic AIMS and Drivers

### Strategic Aims

**“What will be done”**

#### AIM 1: Better Care for the Individual through Beneficiary and Family-Centered Care
- Beneficiary and family engagement
- Patient Experience of Care
- Promote Appropriate Access to Outpatient Dialysis Care
- Vascular Access Management
- Patient Safety: Reduction of Healthcare Acquired Infections (HAIs)

#### AIM 2: Better Health for the ESRD Population

- Increasing Immunization Rates
- Transplant Coordination with a Focus on Reduction of Disparities
- Cardiac Health
- Care Coordination
- Exploring Treatment Modalities
- Quality of Life
- Hospitalization

#### AIM 3: Lower Costs of ESRD Care through Improvement of Care
- Support of the ESRD QIP for Performance Improvement
- Support facility data submission

### Drivers of Change

**“How the work will be done”**

#### Learning and Action Networks
- Breakthrough Collaboratives
- Patient Engagement and Stories
- Campaigns
- Technical Assistance
- Learning Laboratories

#### Focused Technical Assistance
- On-site Visits
- Intensive Consultation
- Distribution of Resources

#### Care Reinvention through Innovation Spread
- Identification of stakeholders
- Spread Strategies
- Multi-media management

**Other Rapid Cycle Projects**
- Hospitalization in ESRD Patient
Better Care for the Individual through Beneficiary and Family-Centered Care

- **Beneficiary and Family Engagement**
  - Increase patient participation in Network activities

- **Patient Experience of Care**
  - Standardize definitions and resolution processes for grievances.
  - Assist with Monitoring & Evaluation activities

- **Appropriate Access to Outpatient Dialysis Care**
  - Standardize definitions and resolution processes for Involuntary Discharge and Involuntary Transfers
  - Target facilities in need of quality improvement
  - Design interventions focusing on rapid cycle changes and spread of best practices
Better Care for the Individual through Beneficiary and Family-Centered Care

- **Patient Safety: Reduction in Healthcare Acquired Infections**
  - Work to reduce CLABSI in coordination with HHS HAI initiatives and the Partnership for Patients Campaign

- **Vascular Access Management**
  - Build upon the successes of FFBI and Catheter Reduction
  - Implement evidence-based interventions for targeted facilities
Better Health for ESRD Population

- Population Health: Community Focused Learning and Action Networks/Innovation Pilot Projects – Potential Areas of Focus
  - Increasing Immunization Rates
  - Transplant Coordination with a Focus on Reduction of Disparities
  - Cardiac Health
  - Care Coordination
  - Exploring Treatment Modalities
  - Quality of Life
  - Reduce Hospitalization
Reduce Costs of ESRD Care through Improvement of Care

- **Support for ESRD QIP for Performance Improvement**
  - Provide education and technical support for targeted facilities related to QIP measures
  - Maintain knowledge on QIP measures, measure specifications, resources available to facilities.
  - Assist in making facilities aware of their QIP Performance Score Report

- **Support facility data submission**
  - Oversee the timely and accurate submission of facility data
  - Serve as a resource for facility users
  - Actively support facilities’ QIP related quality data submission
Next Steps - Draft ESRD Network SOW

- Draft ESRD Network SOW will be posted on the Federal Business Opportunities website [https://www.fbo.gov/](https://www.fbo.gov/)
- The Draft ESRD Network SOW is not final and is subject to change
- A process to capture comments will be provided
- Comments will be reviewed by CMS for consideration in finalizing the ESRD Network SOW
- CMS will not be responding to questions on the Draft ESRD Network SOW – CMS will answer questions on the Final SOW submitted as part of the Request For Proposals (RFP)
Next Steps continued

- Receive and review comments on the Draft ESRD Network SOW
- Finalize ESRD Network SOW
- Formal procurement process begins
  - Request for Proposals
  - Response to (RFP) Questions
  - Receive Proposals
  - Proposal Reviews
  - Negotiations
- Existing ESRD Network Contract ends
- Redesigned ESRD Network Contracts Awarded
- **The Transformation of ESRD Care BEGINS!!!!!!**
Questions & Discussion