



**Learn. Act.
Improve. Spread.**

Accelerating Large-scale Improvement
in Health Care Quality.

ESRD Network

Redesign Statement of Work

Quality Net Conference - Baltimore, MD

December 15, 2011

Grand Ballroom

3:15 PM – 4:00 PM

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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

2011 USRDS ESRD Report Data

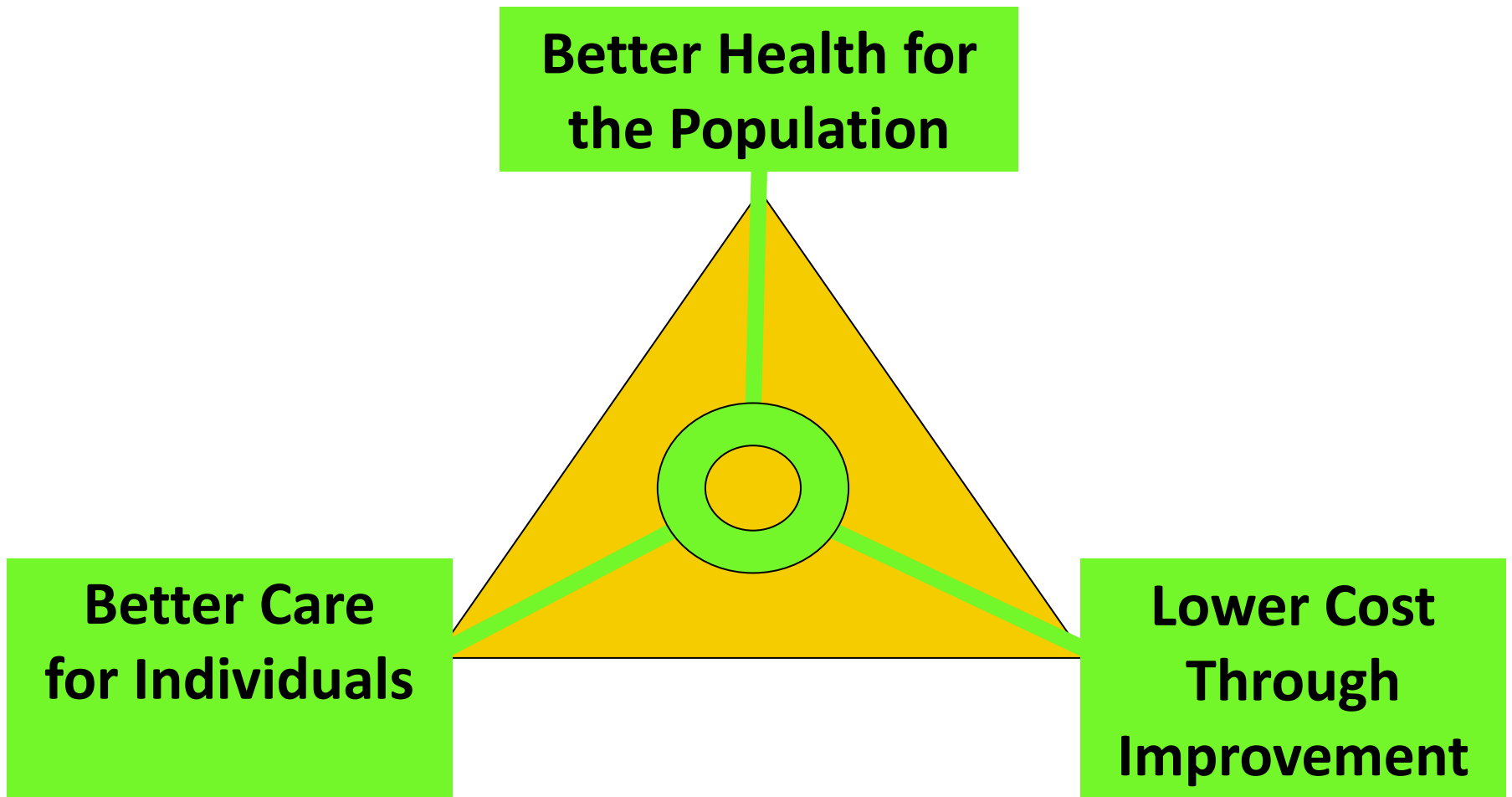
■ 2009

- 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)

Background

- **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”



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

Approach to SOW Redesign

- **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

Community Focused Learning and Action Networks/Innovation Pilot Projects

- 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

Other Rapid Cycle Projects

- Hospitalization in ESRD Patient

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

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 continued

- **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/>
- 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

Questions & Discussion

