



ESRD Networks 7, 13, 15, 17, 18

Dialysis Facility Scorecard Orientation and Open Office Hours

Health Services Advisory Group (HSAG):
End Stage Renal Disease (ESRD) Networks

January 12, 2023

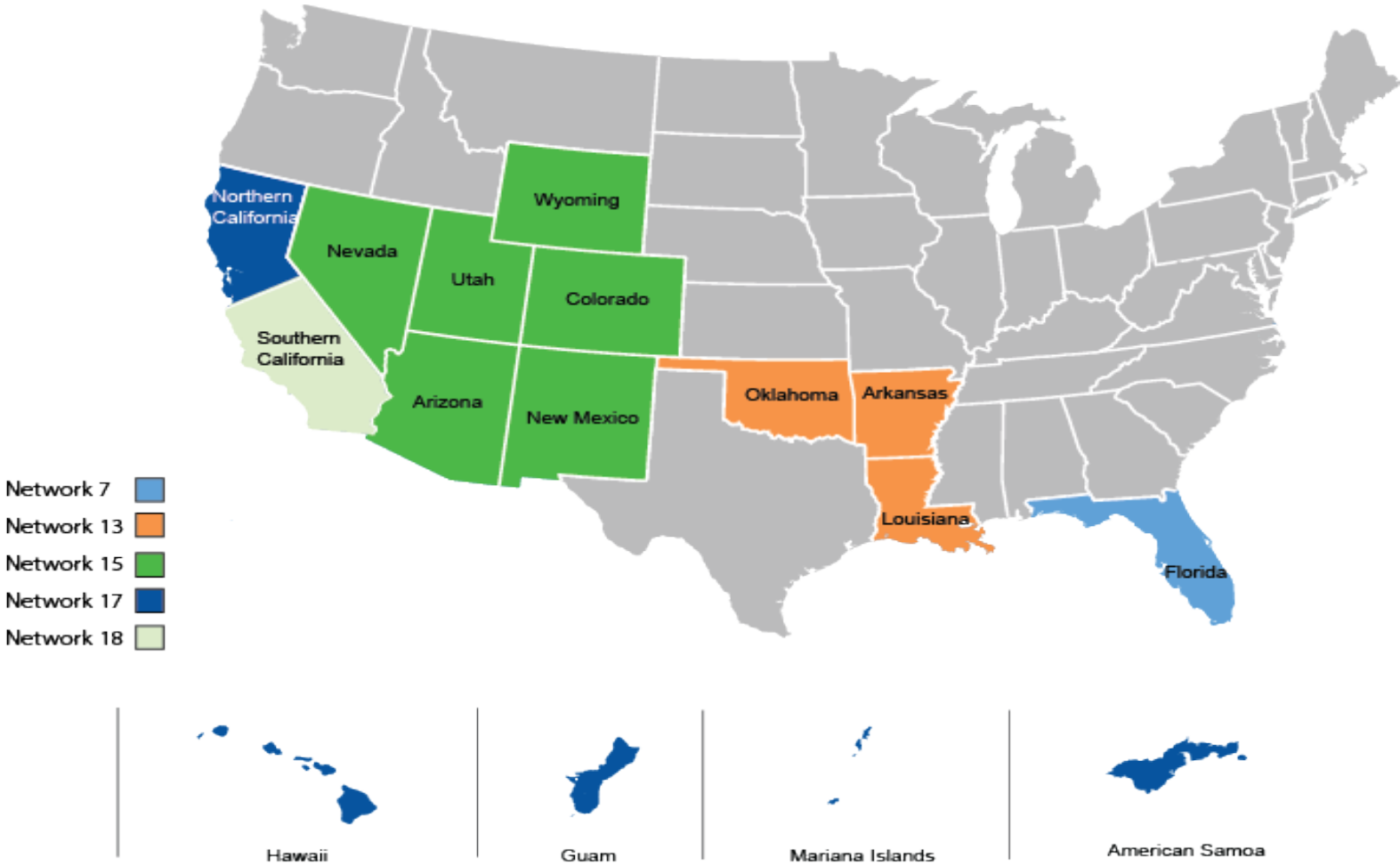
Housekeeping

- All lines will be muted to reduce background noise.
- Please communicate and ask questions via the chat box.
 - Send responses and questions to “All Attendees”.
- The webinar will be recorded and posted to our website and distributed via email.
 - If you did not directly receive the Scorecard for your facility, please email hrose@hsag.com to have the facility’s contacts updated.
 - The Scorecard Feedback SurveyMonkey link will appear at the end of the webinar.

Orientation Agenda

- Review Facility Scorecard content
- Discuss the included measures and data sources
- Provide examples of how to use the Scorecard to develop an action plan
- Feedback and next steps
- Questions & answers

HSAG ESRD Networks



Background

- Centers for Medicare & Medicaid (CMS) sets quality goals for the ESRD Networks via their five-year contract.
 - CMS focus areas
- Networks are tasked with implementing quality improvement initiatives that address and meet CMS' goals.

ESRD Network # - Dialysis Facility Scorecard

Dialysis Facility Name CCN: 000000



ESRD Networks 7, 13, 15, 17, 18

Below is a scorecard that shows the facility's most current rates and ranking in the Network related to several CMS measures. To support your quality improvement efforts, the scorecard should be reviewed during the facility's next Quality (QAPI) meeting and improvement activities should be implemented to address any measures in which the facility is ranked in the bottom quartile (red) or is not meeting facility specific goals. Quality improvement tools and resources can be found on [HSAG ESRD Networks' website](#).

Network Measure	Network Goal (May 2022- April 2023)	Facility Baseline	Facility Specific Goal	Facility Remeasurement	Facility Percentile in the Network*
Dialysis Patients Identified with Depression and Receiving Treatment**	6% Relative Increase	NA	NA	NA	NA
Incident Patients Starting Home Dialysis***	20% Relative Increase	NA	NA	0	0
Prevalent Patients Transitioning to Home Dialysis***	6% Relative Increase	< 11	< 11	< 11	44
Patients Added to the Transplant Waitlist	5% Relative Increase	< 11	< 11	< 11	18
Patients Receiving a Kidney Transplant	6% Relative Increase	< 11	< 11	< 11	27
COVID-19 Hospitalizations per 100 Patient Months Among Medicare Fee-For-Service (FFS) Patients	25% Relative Decrease	2.209	1.657	0.000	66
COVID-19 Vaccinations Among All Dialysis Patients– Initial or Completed Series	80%	NA	80.00%	90.54%	92
COVID-19 Vaccination Booster Among All Dialysis Patients	80%	NA	80.00%	75.38%	87
COVID-19 Healthcare Personnel (HCP) Vaccinations – Initial or Completed Series	100%	NA	100.0%	86.96%	60
COVID-19 HCP Vaccination Booster	100%	NA	100.0%	26.32%	59
Influenza Vaccination Among all Dialysis Patients	90%	NA	90.00%	92.86%	88
Dialysis Patients Receiving Pneumococcal Conjugate Vaccine (PCV) 13	20% Relative Increase	90.48%	100.0%	81.16%	86
Dialysis Patients Receiving Pneumococcal Polysaccharide Vaccine (PPSV23) - Initial	90%	88.24%	90.00%	83.58%	79
Dialysis Patients Receiving PPSV23- Booster	10% Relative Increase	87.50%	96.25%	75.00%	74
Dialysis Patients Receiving PPSV23 - Age 65 or Older	85%	91.43%	85.00%	80.00%	79
ESRD-Related Hospitalizations per 100 Patient Months Among Medicare FFS Patients	5% Relative Decrease	2.410	2.290	2.000	75
Hospital 30-Day Unplanned Readmissions Among Medicare FFS Patients	5% Relative Decrease	0.00%	0.00%	0.00%	31
Outpatient Emergency Department Visits per 100 Patient Months Among Medicare FFS Patients	5% Relative Decrease	1.606	1.526	2.000	33
Facility Engages Patients & Families in QAPI**	Implement by 4/30/2022	NA	Yes	No	NA
Facility Engages Patients & Families in Life Planning**	Implement by 4/30/2022	NA	Yes	Yes	NA
Facility Established a Patient & Family Peer Mentoring Program**	Implement by 4/30/2022	NA	Yes	No	NA
Data Quality – 2728 Forms Submitted On Time	4% Relative Increase	94.44%	98.22%	85.00%	63
Data Quality – 2746 Forms Submitted On Time	5% Relative Increase	100.0%	100.0%	100.0%	87
Data Quality – Patient Admissions Submitted On Time	5% Relative Increase	92.50%	97.13%	81.25%	82
Overall Facility Percentile in the Network†					62

Baseline time periods vary by measure. Remeasurement time periods use data available as of October 2022. For details, see [measure specifications](#).

*Percentiles are based on facility remeasurement. Higher percentiles indicate better performance.

**Percentile not calculated for this measure. Measure is not included in the overall percentile.

***Percentiles are based on remeasurement and facility census.

†All metrics have equal weighting.

■ = Top Quartile 76-100%
 ■ = Second Quartile 51-75%
 ■ = Third Quartile 26-50%
 ■ = Bottom Quartile 0-25%

Scorecard Table Definitions

- **Network Measure:** CMS established measure for Networks.
- **Network Goal:** CMS established goal for Networks.
- **Facility Baseline:** Facility specific count or rate at baseline for each measure.
- **Facility Specific Goal:** Facility specific goal calculated by the Network for each measure based on the CMS established goal.
- **Facility Remeasurement:** Facility specific rate or count based on October 2022 data.
- **Facility Percentile in the Network:** Percentile ranking for the facility for each measure based on October 2022 remeasurement data.

Scorecard Measure Specifications

- Include:
 - Measure Name
 - Numerator
 - Denominator
 - Attribution
 - Exclusion criteria
 - Measure time periods
 - Where the data for the measure is reported or originates from
- The specifications could be different for each measure.
- Due to CMS data requirements, if the count for a measure is 1-10, then the cell is blinded with “< 11”

Scorecard Measure Example – Patients added to the Transplant Waitlist

- Impacts all facilities
- Facility baseline was CY 2020 = 5 patients
- Facility specific goal (5% increase from May 1, 2022 – April 30, 2023) = 6 patients
- Facility remeasure = how many patients from the facility added to a transplant waitlist from May 1, 2022 – April 30, 2023
- Facility percentile in the Network = Percentile ranking for the facility based on October 2022 remeasurement data.

Data Sources

- CMS/Network measures and the Scorecard include the following data sources:
 - EQRS/CROWNWeb: Home dialysis, transplant, Patient influenza and pneumococcal vaccinations, admissions and forms timeliness
 - NHSN: Patient and staff COVID vaccinations, staff influenza vaccinations
 - Medicare fee for service claims: Depression treatment, COVID hospitalizations, hospitalizations, 30-day readmissions, ED visits
 - Self reported: Patient involvement in QAPI and Life Planning, and Peer Mentoring

Action Plan Example – Vaccinations

Vaccination Root Cause Analysis and Action Plan Vaccination(s): _____

#	Question	Response	Plan (See possible change ideas on page 2)	Date Plan Complete	Outcome
1	QA*: Is the reported patient/and or staff vaccination rate accurate? (See Network email)				
2	VL*: Is the vaccine readily available at the facility?				
3	QA*: Is there a system in place to track when the vaccine is not available/administered at the facility?				
4	QA*: Is there a process in place to administer the vaccine to staff members?				
5	QA*: Are the patient and staff vaccination trackers complete and up to date?				
6	QA*: Have all patient and staff vaccinations been entered in **EQRS?				
7	VH*: Do you have a vaccination manager or staff point person to educate patients and staff that are hesitant to get the vaccine?				
8	VH*: How often is the facility educating patients and staff that have not received the vaccine?				

Vaccination Change Ideas

9	VH*: What reasons do patients and staff give for not accepting the vaccination?				
10	VH*: Is there a process to review vaccinations weekly with your Interdisciplinary Team (IDT) and during monthly quality meetings?				

*QA= Quality Assessment, VH= Vaccine Hesitancy, VL =Vaccine Logistics, **EQRS- End Stage Renal Disease Quality Reporting System

Vaccination Acceptance Change Ideas

Quality Assessment (QA)

- Review vaccination trackers weekly with the IDT and medical director and designate staff to follow up.
- Track and report vaccinations received by patients and staff outside of the facility.
- Confirm all vaccinations have been entered in EQRS.

Vaccine Logistics (VL)

- Maintain relationship with local Department of Health or Federal Dialysis Vaccination program for assistance/guidance.
- Form partnership with second location if unable to get vaccine.
- Involve medical director in vaccination efforts.
- Other facility-specific change idea.

Vaccine Hesitancy (VH)

- Engage in open conversations about barriers (cultural issues, fears, unknowns).
- Offer reward system for getting the vaccine.
- Promote acceptance of the vaccine—a team approach.
- Look for a role model among staff to promote vaccine compliance within their circle of influence.
- Share specific vaccine fact sheet.
- Designate a patient peer mentor to share positive points with others.
- Other facility-specific change idea.

This material was prepared by ESRD Networks 7, 13, 15, 17, and 18 under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy nor imply endorsement by the U.S. Government. NW-ESRD-7N1CVD-07122021-01

Change Packages

- The ESRD National Coordinating Center (NCC) offers change packages related to:
 - Home Dialysis
 - Transplant
 - Hospitalizations
 - Patient Experience of Care
 - Vaccination

Available at:

<https://esrdncc.org/en/professionals/change-packages/>

Data Management Reminder

Measure: Data Quality –
Submitted on time:

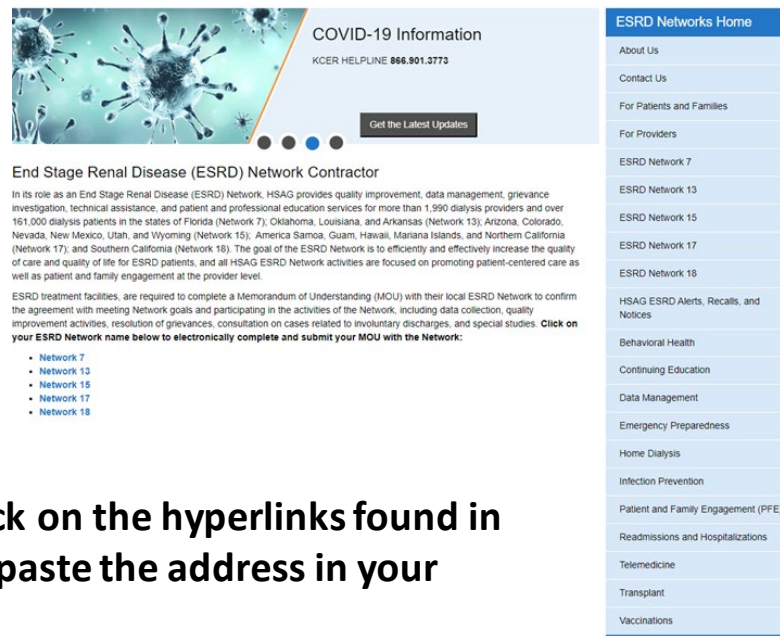
- Patient admissions
- 2728 Forms
- 2746 Forms

EQRS Data Submission Stopwatch



Resources

- [Scorecard Measure Specifications](#)
- [HSAG ESRD Network Website](#)
- [Patient and Family Engagement Resources](#)



The screenshot displays the HSAG ESRD Network website. At the top, there is a banner for COVID-19 information with a background image of virus particles. The banner includes the text "COVID-19 Information" and "KCFER HELPLINE 866.901.3773". Below the banner, there is a "Get the Latest Updates" button. The main content area is titled "End Stage Renal Disease (ESRD) Network Contractor" and contains text describing the network's role and services. A list of network names is provided: Network 7, Network 13, Network 15, Network 17, and Network 18. On the right side, there is a navigation menu titled "ESRD Networks Home" with various links such as "About Us", "Contact Us", "For Patients and Families", "For Providers", and "ESRD Network 7".

See different topic pages here



***You may need to right-click on the hyperlinks found in Network emails and copy/paste the address in your browser.**

Receive Bi-monthly Network Email Updates

HSAG ESRD Network Update December 28, 2022

This email contains valuable information for dialysis facilities from the ESRD Network. New information will be distributed twice a month. Please share with other staff, including social workers, dietitians, and staff responsible for EQRS and NHSN data entry. Network contact information can be found at the end of the email.

HAPPY HOLIDAYS FROM THE ESRD NETWORK!

The HSAG ESRD Networks wish you a very happy, healthy, and prosperous New Year! We appreciate you and your hard work in supporting patients with ESRD, their caretakers, and all of our colleagues in the renal community. Any time we can provide support or technical assistance, please reach out. Our contacts are at the end of this newsletter. Thank you!

CMS QUALITY CONFERENCE – SAVE THE DATE!

The Centers for Medicare & Medicaid Services (CMS) has set a date for the 2023 Quality Conference, the nation's premier healthcare quality conference! Please join CMS virtually on May 1-3, 2023, for the conference. This year's theme – Building Resilient Communities: Having an Equitable Foundation for Quality Healthcare – will help spark solutions to ensure healthcare quality is paramount in our health system. Registration opens in January– Mark your calendars!

QUALITY IMPROVEMENT ACTIVITY (QIA) UPDATE

Home Dialysis

While the Network continues to support facilities in their efforts to transition incenter patients to home dialysis (PD/HHD), we are also focused on engaging home programs to increase the number of patients going directly to home from the Nephrologist office. We are collaborating with our Home Dialysis Coalitions that consist of dialysis providers, Nephrologists, dialysis staff, and patient volunteers to identify strategies to overcome the barriers that might keep patients from choosing a home modality. In December, the Network has:

- Sent communication to all home dialysis programs and directed them to identify Nephrologist(s) who are not referring office patients to them for options education prior to initiating dialysis.
- Created a questionnaire for the Nephrologist(s) to complete regarding their office education practices, barriers to providing home dialysis education to patients prior to initiating dialysis and what educational materials would be helpful for their practice.

The Network will continue to work with the home dialysis programs and provide technical assistance to ensure they are engaging their Nephrologist(s) and offering early education to their office patients. If you receive communication from the Network and have any questions, please reach out to Donna at ddebello@hsag.com or 813-753-5509.

Home for the Holidays

Use this [link](#) for resources that can assist patients with becoming more familiar with home dialysis options from the Home Dialysis Central website. This [link](#) will take them to personal stories from patients who have chosen to dialyze at home.

Health Equity

Read this [article](#) outlining the efforts by the Veterans Health Administration (VHA) to reduce the racial disparities among patients who are veterans and on dialysis.

Next Steps

- Review your facility's Scorecard for :
 - Measures in the lowest 25% percentile.
 - Measures that do not meet the facility specific goal.
- Implement a plan for improvement.
- Provide feedback via the [SurveyMonkey link](#).
- Based on the feedback, the Network will:
 - Work to enhance the Scorecard.
 - Evaluate how often to distribute Scorecards.
 - Add any additional measures put forth by CMS, including Health Equity measures.
 - Provide additional improvement tools via the website.

Questions



Network Team Contacts

- Executive Director: Helen Rose – HRose@hsag.com
- Home Dialysis Lead: Donna DeBello – DDebello@hsag.com
- Vaccination and COVID-19 Lead: Nephrology Nurse: Robert Peck – RPeck@hsag.com
- Transplant Lead : Susan Waldron – SWaldron@hsag.com
- Hospitalizations and Depression Lead: Amy Carper – ACarper@hsag.com
- Peer Mentoring Lead: Brittany Biggham - BBiggham@hsag.com
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- Network 15 Patient Services Manager: Justin Carr – JCarr@hsag.com
- Network 17 Patient Services Manager: Riquelen Ngumezi – RNgumezi@hsag.com
- Network 18 Patient Services Manager: Anne Pugh – APugh@hsag.com



ESRD Networks 7, 13, 15, 17, 18

Thank you!

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