

I. PREFACE

MESSAGE FROM THE CHAIR

It seems likely that due to the professed interest in creating some type of universal access to health care, our current system of payment for health care and health insurance is very likely to change. One possible future health care payment structure would be extension of Medicare to the entire population, which would make delivery of end stage renal disease (ESRD) care the model for delivery of health care to all United States citizens.

ESRD is today as it has been since 1972, the only disease based entitlement in the United States. In that year, Medicare status was granted to virtually all United States citizens diagnosed with irreversible renal failure, regardless of their age. Soon afterwards, a system was established throughout the country, to supervise and oversee the care of patients with ESRD receiving maintenance dialysis or renal transplantation. This system first consisted of 32 regional coordinating centers and in 1988 that number was reduced to 18 regional networks. The End Stage Renal Disease Network of New England is one of those 18 networks, responsible for Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.

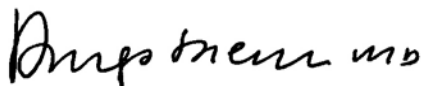
Like other networks, this network contracts with the Center for Medicare and Medicaid Services (CMS) to achieve a number of goals in our geographic area: 1) to work towards a number of quantifiable goals (dialysis access, solute clearance, treatment of anemia and malnutrition), proven to be linked to improved outcome in recipients of ESRD care, 2) to partner with other private and public health care organizations to improve quality of delivered care, 3) to assist in the resolution of grievances between providers and recipients of ESRD treatment, and 4) in the information management area, to collect demographic and clinical data on patients with ESRD living in New England. The Medical Review Board (MRB) and Board of Directors (BOD) of the Network of New England is comprised of volunteer nephrology professionals and ESRD patient representatives. The BOD and MRB members give the Network staff direction and guidance to achieving its goals of improving the care of ESRD patients. This Network has held the CMS (formerly Medicare) contract for this region for an unbroken string of 35 years.

The principal quality improvement focus in 2008 has been the Fistula First program, with a CMS fistula goal of 54.6 % for prevalent hemodialysis patients in 2008, based on the well documented relationship between fistulae as a primary form of dialysis access achieving better morbid and mortal outcomes in hemodialysis patients. That goal was reached in May 2008. Other quality improvement activities have focused on reduction of dialysis catheter use, anemia management, and patient safety in the dialysis unit. Data on network collaboration with state, regional, and independent health care organizations, on management of grievances between providers of and recipients of ESRD care, and information technology, are described in this annual report.

Finally, although not explicitly required by the dictates of the CMS contract, the ESRD Network of New England has historically viewed itself as a source of information and education for all members of the ESRD community. The best example of this endeavor has historically been the network's annual meeting, held in October 2008, in celebration of 35 years efforts by the

network on behalf of dialysis care in New England. The meeting was attended by over 600 nephrologists, dialysis nurses, social workers, dietitians, administrators, and patients with ESRD. The highlight of this meeting was a presentation by Dr. James Cimino, now in his ninth decade of life, who pioneered the first arteriovenous fistula for dialysis use close to fifty years ago, and held the audience spellbound as he described, from personal experience, the very early years of hemodialysis. Additionally, the ESRD network sponsored educational programs for dialysis technicians, who provide much of the hands-on care to patients receiving hemodialysis. Local and regional educational sessions and programs for patients and providers, including an informational session on the new Conditions of Coverage released by CMS in 2008 were all part of this year's work effort

As mentioned in last year's message, although the ESRD network contracts with CMS, the staff and members of the Board of Directors and Medical Review Board view their real constituency to be the more than 11,000 individuals with renal failure receiving treatment at the more than 160 dialysis units and 15 transplant centers in New England—in hospital and community based units, independent and affiliated with corporate chains, in small towns and cities. This enclosed report explains, in detail, the quality measurement and quality improvement activities, the information acquisition, the partnerships with state and regional public health and health care institutions, the grievance resolutions, and the educational activities of the ESRD Network of New England for 2008 in fulfillment of the Network's obligations, both to CMS, to dialysis professionals, and most importantly, to the thousands of New England residents living with ESRD.



Douglas Shemin, M.D.
Network Chair

Network of New England Mission Statement

The mission of the Network of New England is to facilitate the improvement of health care and quality of life for individuals who have chronic kidney disease and those treated with dialysis or transplantation
