

E. IMPROVE THE COLLECTION, RELIABILITY, TIMELINESS, AND USE OF DATA TO MEASURE PROCESSES OF CARE AND OUTCOMES; MAINTAIN PATIENT REGISTRY; AND TO SUPPORT THE ESRD NETWORK PROGRAM

Information Management

Background:

CMS is charged with the effective administration of Medicare benefits to eligible persons with ESRD. Integral to the effective management of the ESRD program is the operation of a comprehensive data system covering medical and demographic information for the ESRD population. In 1978, the Department of Health and Human Services established the Program Management and Medical Information Systems (PMMIS) as a repository of Medicare ESRD beneficiary information. This system, as required by public law 95-292, section (c) (l) (A), is designed to serve the needs of the Department of Health and Human Services in support of ESRD program analysis, policy development, and epidemiological research. It was accessed through interactive software, the Renal Beneficiary and Utilization System (REBUS). ESRD Network Coordinating Councils (precursors to the ESRD Network Organizations) developed local data systems to fulfill their program requirements, including forms entry, quality assurance, and oversight functions. These Network systems had similar data components, and each Network submitted data to PMMIS.

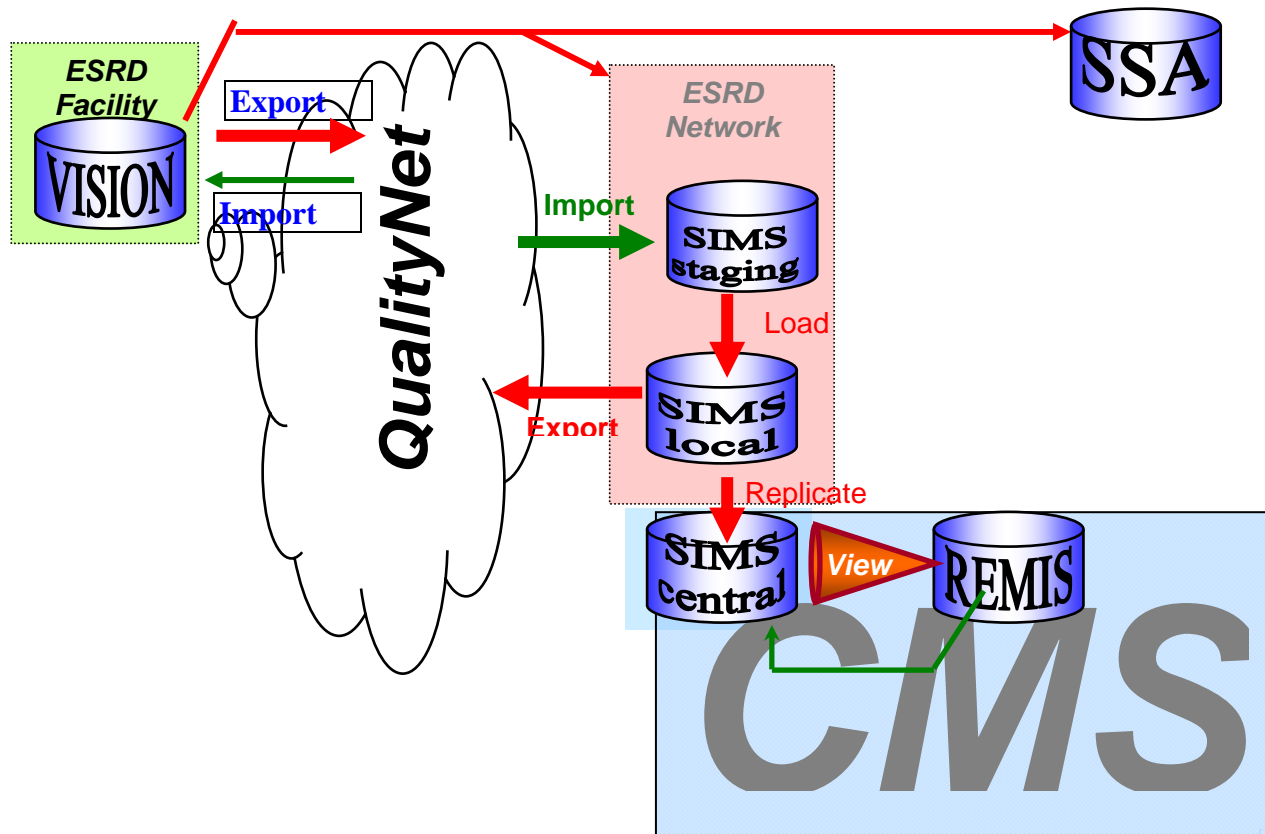
In 1995, CMS and the Networks recognized the need to standardize the collection, storage, and reporting of patient registry data. The 18 Networks and CMS formed workgroups and established requirements for the Standard Information Management System (SIMS). Networks voluntarily tested the system and converted their existing data systems to SIMS in 2000. Networks continued to submit data to PMMIS.

In 2002, CMS replaced REBUS with the Renal Management Information System (REMIS) as a front end application to provide easier access to PMMIS data and to increase functionality. Reliable linkages were built between REMIS and SIMS system, allowing data matching based on the unique patient identification number. This eliminated data submission by Networks to PMMIS as REMIS had operational interface with SIMS. The ESRD clinical data systems that are included in SIMS are ESRD Clinical Performance Measures Project, Electronic Laboratory Data Collection Project and Fistula First Initiative. REMIS connects with other ESRD registry components such as the Social Security Administration's Master Beneficiary Record, Medicare Enrollment and entitlement database and National Medicare claims databases. REMIS is used to determine Medicare coverage periods for ESRD patients and serves as the primary mechanism to track the ESRD patient population for both Medicare and non-Medicare patients.

– **System Architecture:**

CMS is moving into new ESRD disease management system is called “Consolidated Renal Operations in a Web-Enabled Network” (CROWN) the purpose of which is to collect data directly from ESRD facilities.

Figure 29: ESRD Data Flow in CROWN System



– **Components of CROWN:**

All ESRD Networks rely on several data sources to fulfill their CMS contractual obligations for conducting quality improvement projects, providing technical assistance to ESRD providers and professionals, and responding to patient inquiries. These data systems are maintained and developed by CMS contractors. The following summaries briefly describe the scope and type of data available to ESRD Networks and CMS in each system (Figure 29).

– **VISION:**

The Vital Information System to Improve Outcomes in Nephrology is a program that supports electronic data entry and storage of patient information at the facility level. Using this software, facilities can encrypt the data and transmit directly to their respective Networks via a secure, Web-enabled environment called "QualityNet Exchange". This program is going to become obsolete once CROWNWeb is implemented. CMS began development on the Vital Information System to Improve Outcomes in Nephrology (VISION) in 1999 to enable dialysis providers to enter and

transmit their data electronically into SIMS. VISION was launched to all independent dialysis facilities in 2002 by the ESRD Networks. They recruited, trained, and supported local VISION users. This involved conducting workshops, preparing seed databases from SIMS, and providing phone support. After facilities submit data from VISION through the Quality Net Exchange secure data transport, Networks validate and import the data into SIMS.

- **SIMS:**

The ESRD Standard Information Management System is a program that allows the data entry, storage and retrieval of the patient data at Network level. It also supports the business processes of the ESRD Network such as maintaining provider information and contact information. Servers located at the Network function as both file server and data base server. This program is going to become obsolete once CROWNWeb is implemented. Also the servers located at the Networks will function as file servers only and not as database servers

- **Central-SIMS:**

The Central ESRD Standard Information Management System is a program that holds data from all ESRD Networks. Central SIMS database server is maintained at the C3 complex in Baltimore. Data from individual Network SIMS server is replicated nightly to the SIMS central repository.

- **REMIS:**

The Renal Management Information System which determines the Medicare coverage periods for ESRD patients and serves as the primary mechanism to store and access ESRD patient and facility information in the ESRD Program Management and Medical Information System Database. REMIS includes an operational interface to the SIMS Central Repository; and it interacts with Enrollment, Medicare entitlement, National Medicare claims and Social Security Administration databases. REMIS is maintained at the C3 complex in Baltimore.

- **QualityNet Exchange:**

QNet Exchange provides an interactive secure web site that allows ESRD Facilities to transmit electronic patient data to their corresponding ESRD Network. ESRD Networks use the QualityNet Exchange to transmit patient databases i.e., "seed" database, to ESRD Facilities, receive electronic patient data files from ESRD Facilities, and provide feedback to ESRD Facilities regarding data transmission. The QualityNet Exchange is responsible for routing files to/from the appropriate ESRD Facilities and Networks, ensuring each ESRD Facility and Network access only their data files. QualityNet Exchange is maintained by IFMC.

- **REMEDY:**

Remedy is an inventory management system. Networks are required to purchase and use CMS approved software and hardware for conducting their business under CROWN environment using REMEDY and maintain inventory in it.

– **National Help Desk for ESRD CROWN System:**

In order to support the use of VISION, SIMS, REMIS, Remedy, Internet, Email, computer infrastructure and QualityNet Exchange there is a need for a system to provide support. ESRD facilities and networks can call the help desk 8AM to 8PM to request help and for troubleshooting. These calls are coordinated by CMS IT support contractor for issues related to SIMS, VISION and REMIS applications, Buccaneer Computers Systems and Services Incorporated for hardware, email and Internet problems, by Quality Net exchange contractor (IFMC) for issues related to Quality net, security related issues and REMEDY or by the Network of New England for Network 1 facilities depending on the type of assistance needed.

– **Individual Network's IT Infrastructure:**

These include but not limited to file servers and database servers (in case of Network of New England they both are one and same), workstations, commercial off the shelf (COTS) products, custom written software, WebEx conferencing capabilities and secure Email and Internet services. All workstations contain standard image that complies with CMS security standards. All Network 1 employees using CMS approved workstations must complete QualityNet System Security Awareness Training. Employees are trained on policies regarding code of ethics, confidentiality, rules of behavior, destruction of sensitive information, Internet and email usage. New employees must pass the training before gaining access to a CMS workstation and current employees must take and pass the training annually. The Networks are required to develop policies and procedures, in accordance with CMS requirements, to maintain the security and confidentiality of the data and use reasonable safeguards to protect it.

– **Clinical Data:**

The clinical data systems that are included in SIMS are ESRD Clinical Performance Measures Project, Electronic Laboratory Data Collection Project and Fistula First Initiative.

– **ESRD Clinical Performance Measures Project**

ESRD Clinical Performance Measures (CPM) Project is a national clinical data collection effort conducted by CMS to compare Networks. Data are reported for samples of adult and pediatric in-center hemodialysis patients and peritoneal dialysis patients. All Veterans Health Administration in-center hemodialysis and peritoneal patients are also included. Electronic data for some clinical elements are accepted from large dialysis organizations (LDOs). This activity was not conducted in 2009 due to CROWNWeb.

– **Electronic Laboratory Data Collection Project**

Through the Electronic Laboratory Data Collection (Elab) Project, the ESRD Network Program collects laboratory data from independent dialysis facilities and LDOs to produce facility-specific reports. This allows comparisons of dialysis facilities to each other and to state, Network and US. The LDOs submit data electronically to a CMS contractor. CMS Contractor then forwards the data to Network 11 to be compiled. Independent dialysis facilities voluntarily submit patient-specific data to the Networks for data entry by Network staff. Maintaining confidentiality, the Networks send these data to Network 11. Network 11 compiles data from LDOs and independent dialysis facilities to generate facility-specific reports that are returned to the Networks for distribution to providers. This process allows for both provider-specific reports and Network trending reports for specific clinical indicators and helps Network Medical Review Boards improve patient outcomes through focused quality improvement initiatives.

– **Fistula First Initiative**

In 2003, the LDOs began submitting aggregate vascular access data electronically to CMS. Independent, hospital-based, and Veterans Health Administration dialysis clinics submit their aggregate vascular access data to the Networks. The data from both sources are compiled on a monthly basis by a CMS contractor. Each Network is able to create standardized feedback reports for all providers participating in the Fistula First Initiative and mail them out on a quarterly basis. CMS produces a monthly Fistula First Outcomes Dashboard, which depicts each Network's progress in increasing arteriovenous fistula (AVF) placement rates as well as Network- and national level data. For further information on dashboard please visit <http://www.esrdncc.org/index/fistula-first>.

– **Utilization of data for ESRD Program Management:**

Several contractors use SIMS data to provide required program management reports to CMS. Examples of these are the annual facility specific dialysis reports generated by the University of Michigan Kidney Epidemiology and Cost Center, the United States Renal Data System (USRDS), and the United Network for Organ Sharing (UNOS).

– **Dialysis Facility Specific Reports**

Provider-specific data reports are generated annually based on data from Medicare dialysis hospitalization claims, Medical Evidence Reports (CMS-2728), Death Notification Forms (CMS-2746), Annual Facility Survey Reports (CMS-2744), and other CMS and Social Security Administration data. The University of Michigan Kidney Epidemiology and Cost Center conducts statistical analyses of the information provided in these reports with funding from CMS. The reports are distributed annually by the Networks to dialysis facilities. These reports facilitate comparisons of patient characteristics, treatment patterns, transplantation rates, hospitalization rates, and mortality rates to local and national averages. For further information please see <http://www.dialysisreports.org/>

– **Dialysis Facility Compare:** CMS is committed to providing consumers with information to empower them to make more informed decisions regarding their health care. The Dialysis Facility Compare (DFC) on www.medicare.gov allows consumers to review and compare facility characteristics and quality information on all Medicare approved dialysis facilities in the United States. This information can help consumers, especially dialysis patients, choose a dialysis facility that meets their needs and/or stimulate patients to discuss this information with their dialysis care giver. Another goal of the website is to drive quality improvement efforts by the dialysis facilities by publicly reporting facility-specific information. For information on Dialysis Facility Compare, please go to <http://www.medicare.gov/Dialysis/>

– **United States Renal Data System**

The United States Renal Data System (USRDS) is required by law to collect and analyze information about ESRD in the United States on an annual basis. USRDS collaborates with CMS, the United Network for Organ Sharing (UNOS), and the ESRD Networks by sharing datasets and actively working to improve the accuracy of ESRD patient information. The National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health, with input from CMS, direct the work of the USRDS Coordinating Center, which is operated by the Minneapolis Medical Research Foundation. The USRDS Coordinating Center produces an annual data report on ESRD in the United States, fulfills data requests, provides standard analysis files and specialized datasets to

researchers, and presents the results of its research at national conferences and in peer-reviewed journals. For further information please visit <http://www.usrds.org/>

– **United Network for Organ Sharing**

The United Network for Organ Sharing (UNOS) is a nonprofit scientific and educational organization funded by CMS that administers the nation's only Organ Procurement and Transplantation Network (OPTN). UNOS facilitates the organ matching and placement process including kidney transplants. UNOS also collects and manages data about every transplant event occurring in the United States and brings together medical professionals, transplant recipients, and donor families to develop organ transplantation policy. For further information please visit <http://www.unos.org/>

Network Role in Maintaining ESRD data

In 2003, CMS made the decision to make SIMS the authoritative source for provider forms 2728, 2746, 2744, and patient event/status information. Due to this change, the accuracy and completeness of the patient data and patient status in SIMS is of great importance. The SIMS database is also quickly becoming a single source database for the Networks to use in performing all of their quality of care and oversight activities. The 2744 form contains information on facility staffing and vocational rehabilitation. This information is now part of the SIMS database. In 2004, CMS added the capability of entering the Clinical Performance Measures in to SIMS database. The vascular access data collection is also integrated in to SIMS database in 2004. It is the intention of CMS to incorporate capabilities for entering patient specific clinical data to perform quality improvement and oversight activities by comparing facilities. This new system will help CMS run reports and compare all the facilities in the country.

– **Patient Registry**

The Network of New England collects, maintains, validates and analyzes the end stage renal disease (ESRD) patient data for individuals receiving ESRD services in the six New England states as mandated by the Social Security Act. The purpose of maintaining the patient registry is to ensure a patient's renal medical condition has reached end stage and to register all ESRD patients (Medicare and Non-Medicare) with the National Renal Registry as mandated by law. The first step in the process of registering a patient as ESRD is to submit a Medical Evidence form (CMS Form 2728-U4) by the dialysis or transplant facility. Network 1 staff enters the information on the 2728 form in to SIMS database using SIMS software program. Providers also submit a death notification form (CMS Form 2746) when a patient dies.

– **Updating Status of Medicare ESRD Beneficiaries:**

The Network staff tracks change of treatment provider and modality for each patient through reporting of events. Each provider submits event changes through a reporting tool called Monthly Patient Activity Report (MPAR) on a monthly basis. The events for change of treatment provider can be transfer-in, transfer-out or transplant and events of different treatment setting can a change to home dialysis from in-center hemodialysis. Annually, all ESRD providers (169 dialysis and 15 transplant centers for 2009) submit the year-end CMS Facility Survey Form (CMS 2744) reconciling all the patients at the facility as of December 31st.

– **Verification of Patient Data:**

The patient data is also verified through the process of accretions and notifications that are received from CMS. Accretions are ESRD patients that do not exist in SIMS database but are known to CMS through other related data systems. Notifications are mismatches in data elements in SIMS database for existing patients with other renal related data systems including Social Security Administration database. These mismatches could be due to reporting or data entry errors in different data systems. Network staff verify accretions and notifications with the facilities and either rejects or accepts the changes to data elements. REMIS alerts are discrepancies in the patient entitlement status. When CMS is unable to resolve a patient's status a request for clarification is sent to the Network staff to verify and correct these discrepancies. Data processing, validation, compliance monitoring and data verification are daily activities conducted by data staff. As of December 31, 2009, the New England region has prevalent patient population of 12,323. During 2009, Network 1 staff processed 4,252 Medical Evidence Forms, 2,808 Death Notification Forms and Monthly Activity forms that represent 14,936 events. This is a total of 21,996 forms, a 4% increase from 2008 (21,222 forms).

– **Provider and Personnel Database**

The Network of New England maintains a provider database in its SIMS database. This information is updated when Departments of Public Health of various states inform the Network of certification of a new facility ownership updates, or changes in services provided for existing facilities. Providers update personnel information on an annual basis.

The current and active provider information maintained in SIMS database is uploaded to maintain demographic information on providers listed on CMS's Dialysis Facility Compare (DFC) website <http://www.medicare.gov/Dialysis>. Information on facility address, phone and fax numbers, type of services provided, number of dialysis stations, etc. can be obtained for every facility in the geographic area of New England using Dialysis Facility Compare. This information is updated on a quarterly basis from SIMS provider database. Dialysis Facility Compare also allows comparison of the quality measures of dialysis facilities in every state. The quality measures such as adequacy of the treatment, anemia management and patient survival on the Dialysis Facility Compare are obtained from United States Renal Data Systems (USRDS) based on the billing records of the Medicare patients.

The Network also maintains facility personnel information in its SIMS database. This information is used to communicate with the facility personnel as well as to distribute educational materials. The Network staff communicates with facilities via regular mail and also uses email and fax to broadcast important and emergency information.

Quality Assurance of Patient Data

The primary function of the Network of New England is to identify opportunities to improve health care related to the quality and appropriateness of ESRD patient care. The basis for objective and informed decisions about quality of patient care is reliable patient data. Network 1 not only obtains and maintains the ESRD patient information as described above but also verifies the data for completeness and accuracy. The completeness and accuracy of the data in the SIMS database is maintained due to the cooperation and dialogue between the Network data staff and the staff of

each dialysis and transplant program in New England. Network of New England provides reports such as missing data-element or reject reports and missing forms reports to facilities. This process allows the facilities to update missing data and submit missing forms. Biannually, Network of New England provides required forms submission compliance reports to the facilities. Facilities are expected to maintain more than 90% compliance in forms submission. Table U shows the comparative number of facilities that met CMS compliance goal semiannually and annually. Due to internal quality improvement efforts, the number of providers below 90% has dropped from 2007 to 2009.

Table U: Facility Forms Submission Compliance 2007 - 2009

	Annual compliance below 90%		
	Jan – Dec		
	2007	2008	2009
# Facilities	39	30	15

In 1994, the United Network for Organ Sharing (UNOS) and the Centers for Medicare & Medicaid Services developed a process of reporting transplantation events to the National Renal Registry. The Network of New England receives kidney transplant updates from UNOS. The data received from UNOS is compared and validated with the data submitted by transplant facilities in the New England states. Transplant data validation and compliance reporting is still the responsibility of the Network, as is monitoring the appropriateness of the transplantation. On a quarterly basis the Network notifies the transplant centers of delinquent registration and follow up forms that need to be submitted to UNOS. In 2009, very seldom were transplant centers delinquent with its transplant related forms.

– **VISION and Quality Net Exchange**

In 2003, VISION was introduced to allow eligible ESRD providers to electronically enter and transfer data to the Networks. Provisions were given for the Large Dialysis Organizations (FMC, DaVita, DCI, RRI and RCG) to submit data electronically to CMS. Only independent or hospital-owned ESRD providers can use this software if it meets specific IT requirements. The data are transmitted from facilities to the Network using Quality Net Exchange, a secure Internet transport method. This method of transfer of information is safe and protected as it involves passwords and encryption of the data. Network of New England is responsible to register users for the facilities, manage those users and train them in the use of Quality Net Exchange along with VISION. Network is also responsible for technical assistance if facilities encounter any problems in using VISION or transferring data via Qnet Exchange.

– **VISION Generated 2728 Forms Validation**

When Network 1 receives VISION data electronically, it is directly imported into the SIMS database. However, Network staff will continue to validate the data received for appropriateness of initiation of ESRD, quality of care and reconcile patient events. The 2728 forms imported via VISION cannot have physician or patient's signature. The facilities are required to generate the form after it is completed in VISION and obtain both patient's and physician's signature in blue ink.

The person submitting the form via VISION only verifies the signatures and enters the dates of the signatures in VISION. This necessitates the validation of the forms submitted using VISION for signatures of both physician and patient and the dates of those signatures. In order to perform validation of forms, 3% of the total forms imported were randomly selected. The names of the patients on the selected forms were sent to the appropriate provider that submitted the forms. The facilities were then asked to send the VISION generated forms signed by physician and patient.

The following are the results of the VISION imported forms verification process:

a.	Number of forms imported from VISION for 2009.	366
b.	Total number of forms requested from VISION facilities.	11
c.	Total number of forms received from VISION facilities.	11
d.	Total percent of forms validated from VISION facilities.	100%

Information Management Support for Quality Management Reports

To reduce the reporting burden on the facilities, CMS has worked with Large Dialysis Organizations (LDO's) to obtain clinical data electronically. At the request of CMS, LDO's provide data electronically to the CMS contractor. CMS contractor screens the data by parameters set by the CPM committee, lab data committee or vascular access committee depending on the type of the data. It then loads the data in to SIMS database. The Networks are thus expected to collect the above clinical data from only independent and hospital owned facilities that are not associated with LDO's.

Lab Data Collection: In order to conduct oversight on the quality measures at the facility level, Networks obtain, on a voluntary basis, lab data annually on 100% of the patients. These data are not part of the SIMS database. The voluntary patient specific data is entered in to a standard data file. Large dialysis organizations submit data directly to CMS contractor. ESRD Network 11 coordinates analysis of lab data that is collected from the facilities by the Networks from independent providers and submitted by the dialysis organizations in order to generate national, Network specific and facility specific quality reports. Feedback reports are sent to facilities annually. Network also provides trend data to independent providers called Clinical Performance Measures reports. These data are used to conduct the quality over sight of the facilities.

Vascular Access: As part of the National Vascular Access Improvement Initiative, aggregate data on access type were collected from the independent and hospital based facilities on monthly basis by the Networks on the placement and use of arterio-venous fistulas and catheters. Facilities associated with large dialysis organizations do not submit data directly to the Networks but the data are provided to CSC (CMS contractor). Data collected from independent providers and large dialysis organizations are stored in the SIMS database. The vascular access data are used by CMS to create vascular access dashboard that compares AVF rates by Network. The dashboard is used to evaluate the performance of the Networks in improving the rate of AVF placement and use in dialysis patients. These data are also used to trend providers on monthly basis. Vascular access reports by provider are sent to providers once every quarter. These feedback reports are aggregated data at the facility level. Based on the data fields related to vascular access on 2728 form, Network of New

England generates reports specific to nephrologists' and provider. These report cards are also sent to providers on a half yearly and yearly basis.

Information Management Support for Administrative Reports

SIMS has the capability to generate reports that allow the Networks to conduct its functions. All data tables in this annual report are generated from SIMS. This function gives standardized information across all Networks.

Information Management Support for Patient Services

SIMS database also stores the information on contacts received by the Networks. These contacts are classified as grievances, complaints, facility concerns, facility enquiries and data management related contacts. There are different areas of concern under these different classes of contacts that are also captured in SIMS database. Reports can be generated on the contacts received and are used for quality improvement purposes.

Information Management Support for Provider Education

– Statistical Summary Booklet

Annually, the Network of New England publishes the statistical highlights by state that are distributed to the providers and is posted on the Network of New England's website <http://www.networkofnewengland.org/>. This report has comparative data from 1989. It illustrates trends in incident and prevalent patients and analysis of the patient characteristics. Statistical analysis such as crude mortality rates, trends in transplantations are included in the statistical summary.

– Facility Directory

Once a year, the Network of New England prepares a facility directory that contains information on all the facilities in the New England area. This booklet contains information such as the address, telephone and fax numbers of the facility, key staff positions, and types of services provided. This is distributed to all the providers in New England states. This has been a useful tool for providers and hospitals in the placement of patients and in patient referrals.

– Information for New Facility / Data Packet / QI Packet

Network 1 provides a new facility packet, which contains information on regulations, QI information and materials as well as information on how to submit required data to the Network. A data packet was developed that accompanies the new facility packet. This data packet contained several educational tools for providers to complete and submit required data to Network 1 as well as CMS manual "Instruction Manual for Renal Providers" that was updated by Network of New England. In 2009 a CROWNWeb data packet and a QI data packet were developed to be included in the new facility kit. These tools provide information regarding data submission requirements as well as how the data is used for CMS reports.

– **Information for New Patient Packets**

CMS, via Network Coordinating Center, mailed informational materials to all new ESRD patients. The addresses were obtained from Networks' SIMS databases on a monthly basis. Any mailings that are returned are held in a central place until each Network investigates the reasons as to why the materials did not reach the intended party. Network 1 monitors the monthly return rate as part of its internal quality control activities. Network 1 consistently stayed below a 10% return rate this past year.

– **Technical Assistance**

Technical assistance provided by the information management consists of data processing related request from providers. These are data related, information, request for technical assistance related to data, request for forms such as ESRD Medical Evidence form -2728 and data requests such as patient count by zip code.

– **Data Requests**

Throughout the year, the Network 1 staff responds to written data requests for special data analysis from facility personnel, researchers, corporations, managed care organizations, State Health Departments and health care consultants. Data that are released comply with CMS contractual requirements and HIPAA regulations to protect patient and facility confidentiality.

– **Disaster Preparedness and Business Continuity and Contingency Plan (BCCP)**

In order to prepare for disasters such as hurricane Katrina, CMS required each Network to outline its disaster preparedness plans in the form of a document called Business Continuity and Contingency Plan. This document requires the Network to outline the roles and responsibilities of its staff, CMS and the CMS contractors who are in-charge of maintaining Network IT infrastructure. A copy is sent to the backup Network 9/10. The plan allows for the prevention, assessment, and recovery operations in case of disasters and contains contact information. A copy of the plan and a set of back up data tapes are kept off site. This plan also allows for maintenance of Network 1 oversight as well as provision for assistance to dialysis facilities during disasters.

– **Development and Testing of ESRD Data and Data Systems**

Network of New England staff reviewed and provided comments on the ESRD Kidney Data Dictionary definitions, constraints, and valid values, on the business requirements and file specifications for the batch transmission of ESRD data. Network staff also participated in testing ESRD CROWNWeb.

– **Task Groups and Committees**

The Network 1 staff participates in task groups, committees, and beta testing of software before release. These committees meet by conference calls on a regular basis. The intent is to engage the end users of the software in the establishment of the business rules that are used in the software

development as well as standardize the policies across 18 Networks. One of the major quality improvement activities conducted in the past few years, the National Vascular Access Improvement Initiative, has several committees in which the Network staff is involved. Network 1 staff is also involved in the core data set project that consolidates all data elements required to conduct the program functions and provides clear definitions for each data element. One of the new major initiatives, CROWNWeb, the Network 1 staff are involved in many committees to create a Web based ESRD data system. In 2009 Network 1 was involved in several CROWNWeb related committees.

Preparing for CROWNWeb

CMS is working with several contractors and the Networks to build the CROWNWeb system, which will facilitate the collection and maintenance of information directly from ESRD facilities using a web based system. CROWNWeb will also require facilities to enter clinical data on all dialysis patients and report administrative information on facility personnel and dialysis services. CROWNWeb system is shared by CMS, the Networks, and facility users, with role-based access.

VISON, Network SIMS data bases and Central SIMS database will be replaced with CROWNWeb, a web based application. CROWNWeb will be implemented in a phased manner. The first phase was rolled out in Feb of 2009 that consists of four Networks and eight dialysis facilities. Phase II of CROWNWeb consisted of all Networks and 10 facilities in each Networkarea. When CROWNWeb is fully implemented, using CROWNWeb for data entry will be a requirement for ESRD facilities under the conditions for coverage.

CMS has established a help desk to support CROWNWeb application as well as support for deployment and training for CROWNWeb. Each facility should have a security administrator (SA) and user who can access and enter data in CROWNWeb. Web Address for CROWNWeb application is <https://www.qualitynet.org/esrdcrown/loginform.xhtml>.

Forms Required to Access CROWNWeb:

QualityNet Identity Provisioning System (QIPS) Account Form: QualityNet Identity Provisioning (Management) System (QIPS / QIMs) account form has to be completed in order to access CROWNWeb. This form can be down loaded from https://www.qualitynet.org/crown/registration_form.pdf.

Delegation of Authority Form: Dialysis facilities that are affiliated with large dialysis organizations such as DaVita, DCI and FMC should complete a CMS-10268, Delegation of Authority Form to allow for CROWNWeb Batch Data Submission. For more information, please visit <http://www.qualitynet.org/crown/faq.pdf>.



Project CROWNWeb: CMS is pleased to offer QIPS/CROWNWeb on line training courses to dialysis facilities. On line training courses can be found at <http://www.projectcrownweb.org/crown/index.php>

Help Desk for CROWNWeb:

CROWN Help Desk: Questions about the technical implementation of CROWNWeb should be directed to the CROWN Help Desk 1-888-ESRD-HD1, or email support@crownhelpdesk.com or visit crownhelpdesk.com.

CROWN Help Desk Customer Portal: The portal is used for the management of submitting and tracking Help Desk tickets, to navigate through recent CMS notification for users, to search a Knowledgebase to find answers to frequently asked questions or reported issues. New CROWN Help Desk Customer Portal URL is www.crownhelpdesk.com.

Network Staff Training: In Preparation for full implementation of CROWNWeb in February 2009*, Network of New England along with all other Networks has received training in using CROWNWeb application.

Facility Staff Training: Network also participated in facility training conducted by the CMS contractor for Quality Infrastructure Support, Network 7.

Registering Users: Network of New England registers facility users as security administrators and regular users. The security administrators not only can access CROWNWeb application but also can create other users at their facility. Creating two users as security administrators at each facility was Network's responsibility as well as making changes when there are changes to these users such as when the user leaves the facility. Of the 169 dialysis providers, there were only 7 providers (4%) not registered for CROWNWeb as of 12/31/2009.

Communication to Facilities Regarding CROWNWeb Implementation: Network of New England communicated the information regarding CROWNWeb implementation to the facilities via Email and Fax broadcast*. Network also presented the CROWNWeb information as a booth at the Network annual meeting in October 2009.

Enrolling Providers for Phase II of CROWNWeb: Network of New England also enrolled providers to Phase II of the CROWNWeb. Ten providers were enrolled in Phase II of CROWNWeb deployment, five of which are associated with large dialysis organizations and five independent providers. Tasks associated with the Phase II are, helping providers with any technical difficulties, obtaining data from CROWNWeb to enter in SIMS to reduce data submission burden on the facilities (this includes clinical data), submitting weekly deliverables to CMS as to the time spent on Phase II activities. Also communicating on a monthly basis information regarding CMS phase II user calls is also Network's responsibility.

Preparation of SIMS Database for Data Import into CROWNWeb: In preparation for CROWNWeb implementation of Phase II in 2009, data in SIMS is cleaned up so that the incompatibility between SIMS and CROWNWeb is reduced when data is imported into CROWNWeb.

*Note: Full deployment of CROWNWeb has been delayed by CMS

Achieving Network 1 Goals in Data Management

Network 1 successfully met all data related deliverables to CMS for data processing, validation and CMS required forms submission compliance monitoring. Network 1 continues to support local providers using VISION. Network 1 also achieved its goals in providing support to develop data systems especially CROWNWeb in 2009 by participating in Phase II of CROWNWeb deployment.