

I. PREFACE

MESSAGE FROM THE CHAIR

One year ago, when I wrote the message from the chair that accompanied the 2008 Annual Report of the End Stage Renal Disease (ESRD) Network of New England, I stated that the current system of health care, as is practiced in the United States, would possibly change to a system that would extend health care benefits to the entire population, regardless of income or employment. With the passage of the health care reform bill in early 2010, it seems likely that this change will come to pass. Many features of health care delivery for the general population in the future may be similar to health care delivery for patients with end stage renal disease today; these features include more ready access to care, along with some degree of formal oversight of the quality of health care delivery.

The ESRD Networks across the United States have been involved with these issues of access to care and quality of health care delivery since the inception of the system in 1978. The ESRD Network system first consisted of 32 regional coordinating centers; in 1988 that number was reduced to 18 regional Networks. This Network, the End Stage Renal Disease Network of New England (Network 1), is one of those 18 Networks. Network 1 is responsible for, and responsive to, both individuals living with kidney disease and the professionals caring for them, in the states of Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. Formally stated, the mission of the Network 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.

The Network strives to complete this mission with a wide variety of tasks: measurement of the quality of care delivered to individuals with ESRD, institution of quality improvement projects, provision of educational information to recipients and deliverers of dialysis and transplant care, resolution of grievances among recipients and providers of dialysis and transplant care, and collection of demographic and clinical data on patients with ESRD living in New England. These tasks are accomplished by a dedicated administrative staff, and an equally dedicated group of volunteer dialysis and transplant professionals and ESRD patient representatives that make up the Medical Review Board (MRB) and Board of Directors (BOD) of the Network. The BOD and MRB members are nephrologists, dialysis nurses, social workers, dieticians, administrators, and recipients of ESRD care, every one of whom lives and works in one of the six New England states.

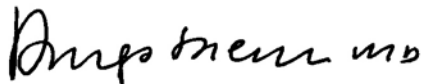
The principal quality improvement focus in 2009, as it was in 2008, was improvement in vascular access via the Fistula First program. It has long been recognized that the use of a fistula for hemodialysis access confers a much lower risk of mortality than the use of a central vein catheter. The Centers for Medicare & Medicaid Services (CMS) goal for the Network in 2009 was a prevalent fistula rate of 56.6 %; the Network fell just short of this goal, with a rate of 56.3%. In response to this, the MRB and the Network quality improvement staff focused on dialysis providers with prevalent fistula rates of < 50 % with site visits and requests for quality improvement plans from providers with fistula rates between 50% - 65% to improve their rate. Other quality improvement activities have focused on improvement of immunization rates for dialysis patients, reduction in central vein catheter use, evaluating patterns in diabetes management in the dialysis unit, and patient safety in the dialysis unit. Data on other Network activities, including its collaboration with state,

regional, and independent health care organizations, and details on management of grievances between providers of and recipients of ESRD care are described more fully in this Annual Report.

Finally, and very importantly, from its inception in 1978, the ESRD Network of New England has viewed itself as a source of information and education for all members of the ESRD community. This educational role of the Network takes many forms, but the highlight has historically been the Network's Annual Meeting, held in Sturbridge, Massachusetts, in October 2009. The theme of the meeting was "Decisions in ESRD: Who Should Be Making Them?" and it featured sessions on dialysis choices and options, diabetic ESRD, nutrition in ESRD, interventional nephrology techniques, and dialysis patient self-management. The meeting was attended by over 600 dialysis professionals and patients. Additionally, the Network reprised two all-day educational conferences, one in Massachusetts and one in New Hampshire, for dialysis technicians, who provide much of the hands-on care to patients receiving hemodialysis.

This enclosed report explains, in detail, all the work of the Network in 2009: quality improvement activities, information management activities, collaborative efforts with the state, federal, and independent health institutions, grievance resolution activities, and educational programs, all in fulfillment of the Network's obligations to CMS, to dialysis professionals and providers, and to patients.

This concludes my fourth and final year as Chairman of the Board of Directors for the ESRD Network of New England. I can't conclude this message without making a brief personal statement. It has been a great privilege to be associated with such a dedicated and thoughtful group of professionals, all of whom donate a substantial amount of time, expertise, and energy to the Network's mission, out of a heartfelt interest in improving the lives of the many people in New England who live with CKD and especially the 12,000 men, women, and children in New England treated with dialysis or transplantation.



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
