

Network Notes

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Treatment Modalities: 1993 - 2003

What Has Changed in 10 Years?

Your Network has grown from 90 dialysis providers to 150 with a total dialysis census of 7,180 patients ten years ago to 10,791 as of 12/03 (34% increase). There may be more patients, but there is a smaller percent of patients doing home dialysis. We have gone from 22% to 11% in 2003. There is still

a wide variation within the six states with the lowest percent being Vermont (4.8%), and the highest being Connecticut (17%). The Network dialysis crude mortality rate remains the same as it was 10 years ago at 23%. Ten years ago, 29% of the kidney transplants performed were from living donors

(28% = related, 1% = unrelated). The total number of patients getting a kidney transplant in the 16 New England transplant programs in 1993 was 515 patients. In 2003, the 15 transplant programs did 739 transplants, with 44% received from living donors (27% = related, 17% = unrelated).

2003 Dialysis Prevalence by Modality: Provider of Service

| State | Total Incenter | Home Hemo | IPD | CAPD | CCPD | Total Home | Total Patients |
|------------------|----------------|-----------|----------|------------|------------|--------------|----------------|
| CT | 2,639 | 5 | 0 | 177 | 375 | 557 | 3,196 |
| ME | 789 | 6 | 0 | 21 | 54 | 81 | 870 |
| MA | 4,337 | 20 | 0 | 163 | 263 | 446 | 4,783 |
| NH | 661 | 0 | 0 | 34 | 56 | 90 | 751 |
| RI | 858 | 1 | 0 | 24 | 20 | 45 | 903 |
| VT | 274 | 5 | 0 | 0 | 9 | 14 | 288 |
| Network 1 | 9,558 | 37 | 0 | 419 | 777 | 1,233 | 10,791 |

Prepared by the Network of New England, Inc. 5/03

Source: CMS Facility Survey (Includes Veteran patients in New England)



NEW CMS DEATH FORM

Centers for Medicare and Medicaid Services (CMS) has developed a new 2746 (death notification) form to be used by ESRD providers. The Network will supply the new forms to each provider in September. This new form should be used by ESRD Providers to report death of a patient after October 1st 2004. Providers reporting death of a patient using the old form after October 1st will be requested to resend the information using new form.

Please call Network office if you have any further questions.

New England Renal Social Workers Conduct Survey

Recently New England Renal Social Workers conducted a survey to measure their ability to meet required Medicare services to ESRD patients in the outpatient dialysis setting. Leadership of the two Nephrology Social Worker Councils in New England (CT CNSW and NEARSW) has monitored growing concern within their organizations regarding professional role stress. Increasing caseloads and reduced hours of employment have combined to create a barrier for the delivery of mandated services to ESRD Medicare beneficiaries. The plan was to first quantify Social Worker's experience regarding their ability to

appropriately delivery services, utilizing a self reported voluntary survey. Assistance from the Network was requested by CT CNSW and NEARSW in the design of the survey tool, distribution and analysis of the responses. In November 2003, the Network Board agreed to collaborate on the project with the understanding that the ownership of the survey tool belonged to the New England Social Worker organizations.

The survey tool was twice field-tested. The survey questions were designed to capture the average number of hours spent on

core skill activities (Medicare mandated requirements) and non-core activities. The sum of all activities was compared to (1) number of hours of employment, (2) patient/SW caseload ratio and (3) type of dialysis facility ownership. The survey, with cover letter from CT CNSW and NEARSW leadership, was sent to New England dialysis

Social Workers (N = 149) with a return envelope to the Network for completed surveys. Throughout the process anonymity / confidentiality was assured by the Network, with data analysis conducted by the CT Quality Improvement Organization (Qualidigm). A survey response rate of 66% was obtained (98/149).

| Results Overview | Hospitals | Profit Chains |
|-------------------------------------|-----------|---------------|
| Scheduled Hours (Avg., N) | 34.2, 18 | 31.0, 70 |
| Caseload Ratio (Avg., N) | 88.0, 4 | 122.4, 54 |
| Using an Assistant (% , N) | 11.2, 18 | 35.7, 70 |
| Patient Education Hours (Avg., N) | 3, 15 | 2, 64 |
| Admission/Discharge Hours (Avg., N) | 2.9, 16 | 3.7, 66 |

Medicare Q & A

Q: Does the new Medicare law add any preventive benefits that will help me stay healthy?

A: Yes. Starting on January 1, 2005, Medicare will begin covering

- A one-time initial preventive physical exam within 6 months of the day you first enroll in Medicare Part B
- Screening blood tests for early detection of cardiovascular (heart) diseases
- Diabetes screening tests for people with Medicare at risk of getting diabetes

Additional information about the Medicare Prescription Drug Improvement and Modernization Act of 2003 is available in a publication titled "Facts About Upcoming New Benefits in Medicare". Contact the Network for a copy.

Fistula First Update

As part of the CMS / ESRD Networks "Fistula First!" Initiative large dialysis corporations began electronically supplying Networks with vascular access data in July 2003. Much to the credit of independent providers, many of whom operate with limited resources, they also began to submit electronic data in January 2004. We are gratified that 98% of all providers in your Network are now participating in this important project. It is exciting to have current data upon which to act quickly.

In the first quarter of 2004 the Network's aggregate data showed an overall AV fistula prevalence rate of 43.3%. The second quarter is somewhat higher at 44.4%. Some clinics have appointed a vascular access coordinator or a specific staff member to coordinate access

interventions and report activity to a CQI committee. Nephrologists have also become more involved with vascular access management. Patient education, team communication and vein mapping are among reported activities that have proven successful. We hope for the rate of hospitalization for access complications to decrease, as AVF rates increase. Patients will benefit from this improved approach to vascular management.

The national initiative to increase the AVF rate is well underway and several providers in our Network are consistently leading the way with rates of 60 to 80%! The Network encourages success stories to be shared! **Please consider a poster**

depiction of how your clinic increased your AVF rate for the Annual Meeting in October.

Congratulations to the following New England AVF All Stars, their AVF prevalent rates have been over 60% for the previous months tracked by this CQI project.

- Central New Hampshire Kidney Center
- DCI-Walden Pond, MA
- FMC-Bath, ME
- FMC-Damariscotta, ME
- FMC-Franklin/Blackstone Valley, MA
- FMC-Framingham, MA
- FMC-Manchester Dialysis Center, NH
- FMC-New Hampshire Kidney Center
- FMC-North Providence, RI
- FMC-Warwick, RI
- Gambro-Nashua, NH
- VA Medical Center-Providence, RI

CMS Continues to Upgrade Dialysis Facility Compare (DFC) Website

Centers for Medicare and Medicaid (CMS) launched an informational website called Dialysis Facility Compare found at <http://www.medicare.gov/Dialysis> a few years ago. Since the site was unveiled CMS has made revisions monthly in an effort to keep the information fresh and useful for visitors. DFC has descriptive information about Dialysis Facility Services such as:

- Address and telephone number of the facility
- The facility's initial date of Medicare certification
- Shifts starting at 5 PM or later
- The number of treatment stations
- The types of dialysis offered (in-center hemodialysis, peritoneal dialysis, and home hemodialysis training)
- Facility ownership type (profit or non-profit) corporate name (if applicable)

The site also provides information about Quality Measures such as:

- Percent of patients at a facility with a Urea Reduction Ratio (URR) of 65 or greater known as adequacy of hemodialysis
- Percent of patients treated with medicine for anemia with a hematocrit of 33 or greater
- Patient survival information.

Dialysis Facility Compare has links to other websites for those with special interest within the kidney community. Family members, PD patients, Pre-ESRD or CKD patients, parents of pediatric patients, potential transplant recipients or people already on dialysis can select from a list of links that is user friendly.

Call for Posters

If your clinic has any of these...

Successes to Share
Lessons Learned
CQI Project Underway
Data of Interest

Consider reserving Poster Exhibit Space at the

Network Annual Meeting to display your work on topics of interest.

For questions, please contact Cynthia Lambert or Peggy Lynch at the Network office at 203-387-9332 or email clambert@nw1.esrd.net



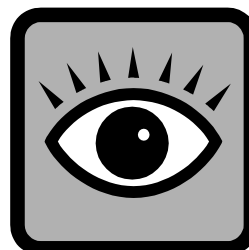
How is Your VISION?

Electronic Submission of CMS Forms

The government is moving in the direction of requiring all health care providers including ESRD facilities to submit CMS forms via a secure electronic information platform. Two different plans for ESRD providers are underway. The major corporations (FMC, Gambro, DCI, RCG, DeVita, RRI and NNA) are developing software that meets CMS specifications to submit the Medical Evidence

form, Death Notification form, patient events and other forms directly to the Network so their facilities do not have to send any forms. The second approach for independent and hospital-owned providers is to use a customized software program called "VISION" that is available from the Network. The second category, the so-called VISION eligible facilities, can obtain Instructions

and training from the Network. If interested in learning more, please Contact Jaya Bhargava or Karen DeGeorge for specifications.



Save This Date

October 14, 2004
7:30 AM - 3:30 PM
Sturbridge, MA

16th Annual Network of New England Education Meeting

The meeting will be held at the Sturbridge Host Hotel and Conference Center located on picturesque Cedar Lake in Sturbridge, MA. This venue has a large hall for displaying posters and exhibits in one area where participants will also be able to enjoy refreshments. In addition to the 12,000 square foot Exhibit Hall for the educational sessions, lunch will be served in the Grand Ballroom.

There is adequate parking for all attendees, and we have a range of hotels in the area to fit your budget. Registration brochures will be mailed in July, so please plan your time and registration fees now.

The 2003 Network Annual Report is available on the Network website!

The report contains clinical profile data, ESRD population statistics, and provider census information.

Network Notes

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Danielle Besnoff.....Designer

Helpful Tools For Calculating GFR

Centers for Medicare and Medicaid Services (CMS) has changed the 2728 algorithm by which Network's profile the appropriateness of the initiation of End Stage Renal Disease therapy (dialysis and transplant). They convened an expert clinical panel and the panel selected Glomerular filtration Rates (GFR) to profile the appropriateness of initiation. The panel selected the modified MDRD formula for adults and Schwartz formula for children to calculate the GFR. The calculated value for GFR should be less than 25.87 for adult and 33.35 for children. If the values are not below the threshold, then further justification is needed in the remarks section of the 2728

form. The facilities and physicians that have more than 10% of their patients for the year above the threshold will be reviewed by the Medical Review Board (MRB) of the Network of New England. MRB may suggest appropriate recommendations if necessary.

How to calculate GFR:
GFR can be calculated by using Serum Creatinine value, gender, age and race. The formula is $GFR (ml/min/1.73 m^2) = 186 \times (P_{CR})^{-1.154} \times (Age)^{-0.203} \times (0.742 \text{ if female}) \times (1.210 \text{ if African American})$.

There are some quick and easy electronic GFR calculators that you can use, which are available

online. We found two useful GFR calculators; one at the National Institute of Health (NIH) site http://www.nkdep.nih.gov/healthprofessionals/tools/gfr_adults.htm and the other at the National Kidney Foundation (NKF) site http://www.kidney.org/kis/public/gfr_calculator.cfm

Simply follow the easy directions at the sites by "plugging in" requested values. It's that easy. If you do not have access to an online computer, call the Network office to request assistance from the QI, Data or Patient Services staff. Dial 203-387-9332, ask for Cindy, Jaya, Peggy or Roberta for telephone or fax assistance. Help can usually be provided by Fax, the day of request.

End Stage Renal Disease Network of New England

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