

Network Notes

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Insert:

Patient Page

Please photocopy the Patient Page insert for all your patients, or download it from the Network website.

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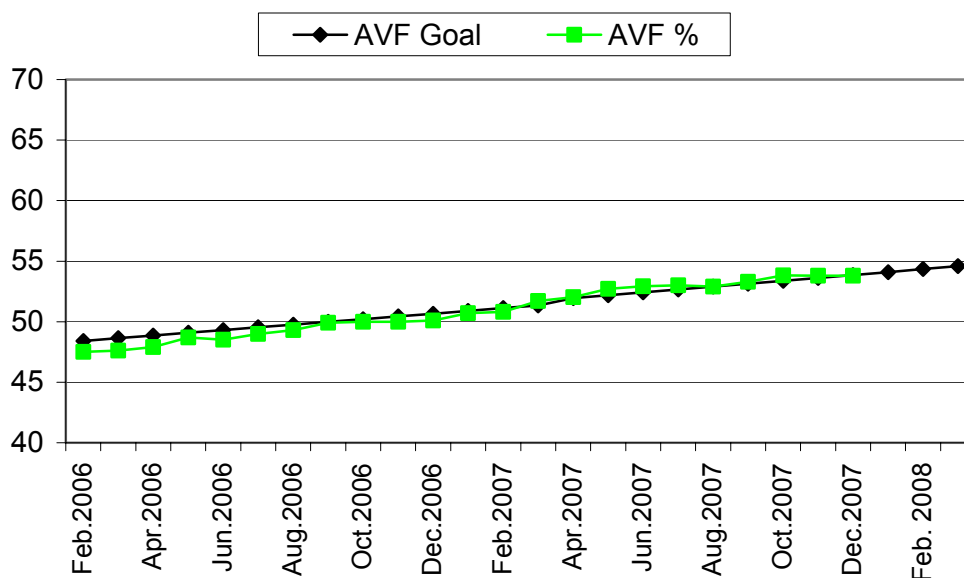
Dedicated New England Dialysis Caregivers Steadily Move Toward CMS Fistula Goal

Since the Centers for Medicare and Medicaid Services (CMS) Fistula First Initiative was launched in 2003, New England dialysis facilities, Nephrologists and Surgeons have partnered in support of the project, as evidenced by an ever-increasing

prevalent AVF rate to be obtained by March 2008. This of course means that between Jan. and March of this year the rate needs to improve by 0.8%. The Network AVF rate has improved on average 0.2% a month as depicted below.

improvement as the initiative goes forward. The Network staff has been making on-site visits to some providers to assist in developing strategies to increase their fistula rates and decrease the use of catheters.

Network of New England AVF 2 Year Goal



prevalent AVF rate. By December 2007 the prevalent AVF rate in your Network was 53.8%, which is a gain of 11.6% since the onset of the initiative. CMS has set a goal for this Network of 54.6%

Sixty-five percent of dialysis providers in New England have prevalent AV fistula rates of 50% or greater. As you know CMS has set a goal of 66% for 2009 consequently there is opportunity for more

The QI managers are available for phone consultation and will provide vascular access management tools upon request.

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As the AVF rate continues to improve the Network's Medical Review Board requests that all dialysis clinic's work on reducing their catheter rates.

Decreasing the use of catheters will have the greatest impact on patients' quality of life; decrease morbidity and mortality related to

access infections. New England's prevalent catheter rate is 29% - on average 55% of patients start chronic hemodialysis with a catheter. The majority of new patients now also have a fistula in place, however the maturation rate is variable.

Referring CKD patients for an evaluation for an AVF four to six months prior to starting

hemodialysis is optimal care management, so that the access vessels have time needed to grow and strengthen.

The Network has reached out in an effort to work with each state Quality Improvement Organizations (QIO) to connect with hospitals and primary care physicians on improving the care and referral process for the CKD

population. Working together with our community of dialysis providers and the QIOs, the Network is confident that New England will continue to be one of the leaders in AVF placement and reaching the ultimate goal of long-lived, functional fistulas in the dialysis patient population we serve.

CMS Releases ESRD Conditions of Coverage Final Rule

On February 4, 2005, now more than three years ago, the entire renal community threw up its hands with joy after it was announced by the Centers for Medicare and Medicaid Services (CMS) that it would revise the antiquated ESRD Conditions For Coverage. After all the ESRD Medicare program was still being administrated based on the original ESRD Rule, which were published back in 1976.

Three years later, on April 15, 2008, CMS has finally published the Final Rule Regulations. The major highlights are:

- Updated CDC guidelines for hemodialysis facilities
- Updated AAMI water quality guidelines
- Defibrillators in every dialysis unit
- Incorporates sections of the 2000 Life Safety Code for fire safety
- Option for patients to have an advance directive
- Facilities provide written notice 30 days before a patient is involuntary discharged
- Facilities perform clinical assessment within 30 days, or 13 hemodialysis treatments, of patient starting treatment
- Home dialysis water purity requirements based on updated AAMI standards
- Facility level quality assurance and performance improvement program
- Minimum qualifications and training requirements

- for patient care technicians (PCTs)
- Responsibility of Medical Director for Quality Assurance and Performance Improvement (QAPI) and involuntary transfers or discharges

- Electronic data collection and reporting

You can view the CMS final rule online at: www.cms.hhs.gov/CFCsAndCoPs/downloads/ESRDdisplayfinalrule.pdf

**TWO BIG DATES
With Your Network**

April 24, 2008

**2nd Annual Educational Conference
"Time Out For Technicians!"
Sturbridge Host Hotel
Sturbridge, MA**

October 16, 2008

**20th Annual Network of New England
Educational Conference
Sturbridge Host Hotel
Sturbridge, MA**

Data Security – It's Essential

Network of New England continues to implement new policies and procedures to protect beneficiary information and prevent data security breaches as required by Centers for Medicare and Medicaid (CMS) and by HIPAA regulation. It is an essential requirement.

Data security breaches include, but are not limited to any compromise of individually identifiable information (IIF) of a beneficiary, Protected Health Information (PHI) or Electronic Protected Health Information (ePHI). An example of an IIF security breach is when a beneficiary's Social Security number is exposed to unauthorized individuals or systems; an example of an ePHI security breach is when a beneficiary's clinical diagnosis (i.e.: ESRD) is exposed to unauthorized individuals or systems.

Data security breaches can occur as a result of intentional or unintentional actions. Unintentional actions and intentional actions can have equally devastating results. Unintentional breaches can include, but are not limited to, sending critical PHI data by e-

mail or by simply leaving protected, sensitive data in an unattended workspace - on a desk, a computer monitor, a fax machine or a printer.

Measures to protect IIF, PHI and ePHI are essential to Networks and ESRD providers. ESRD facilities should implement reasonable and appropriate physical and administrative safeguards, as listed below, for the processing and **more importantly transmission** of these types of critical data.

- Do not send ePHI data using email. E-mail, regardless of type, is not a safe method to send PHI and is not approved by Medicare (CMS.) **If an e-mail is sent from your facility to the Network containing PHI, it is considered a data security breach and is the responsibility of your facility and or corporation.**
- US Mail, Fed-EX and UPS mail received from the Network that contains PHI requires immediate attention when it is delivered to your facility. It should be quickly moved from public access space

and given to the intended recipient. Please acknowledge the receipt of mail containing PHI when asked to by the Network. Verification from your facility assures that the sensitive protected material has made a safe transition from our secure system to your secure system.

- Remove printed material containing PHI immediately from the fax machine and give it to the intended recipient upon receipt. Place fax machines that receive PHI safely away from public access spaces.
- Only summary reports (blind, aggregate numbers) of vascular access data can be sent to the Network by e-mail; still the best choice for vascular access summary reports is to send them by FAX. If you must use e-mail to send vascular access summary reports contact the Network beforehand for special instructions on how to send the reports securely.



- For the Lab Data Collection Project the Network will be sending flash drives containing data protected by encryption. Your facility will be provided with a password to access the data on the flash drive and we require that you return the requested data on the flash drive.

With strengthened requirements for secure electronic reporting under Centers for Medicare and Medicaid Services (CMS), Network of New England urges ESRD providers to develop specific policies and procedures to insure protection of IIF, PHI and ePHI – it is essential.

If you have any questions, contact Jaya Bhargava, PhD, Information Systems Manager, at the Network office at 203-387-9332, ext 114.



Every day in April, people across the U.S. make a special effort to celebrate the tremendous generosity of those who have saved lives by becoming organ, tissue, marrow, and blood donors and to encourage more Americans to follow their fine example.

CT Social Worker Takes Action!

Recently a new CT dialysis Social Worker took action after observing our seemingly non-caring dialysis delivery system ignore the needs of her patients. Most Social Workers express similar frustrations with limited funding and gaps in coverage as they struggle to advocate for the patients they serve. So this Social Worker took action – she called the US Congressman in the District, Joe

Courtney, and asked him to come and visit with her patients to hear their stories and spend some time in their world. She explains: “The Congressman gave my patients the gift of time. The man came from Washington, DC and listened, learned and laughed with us. It was a special time. Congressman Courtney’s visit changed our world by bringing hope and by giving remarkably

courageous people a chance to be heard...” We commend all Social Workers and this one in particular for her efforts on behalf of patients – do you have a similar experience or project you’d like to share? Let us hear from you regarding your special patient-centered projects for future editions of this publication.

End Stage Renal Disease Network of New England

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