

# 2019 Annual Meeting

Wednesday, October 30, 2019

# Agenda & Presenters



Welcome & Opening Remarks

President's Report Ralph Atkinson, MD, President

Sharing Best Practices David Henner, DO, MAC Chair &

President-Elect

Executive Director Advisory Council Sue Caponi, EDAC Chair

Kidney Patient Advisory Council Derek Forfang & Maile Robb, KPAC

**Co-Chairs** 

Medical Advisory Council David Henner, DO, MAC Chair &

President-Elect

Attendee Q&A

Adjournment



## What is the Forum?



All ESRD Networks are members of the Forum of ESRD Networks, which is a not-for-profit organization that advocates on behalf of its membership and coordinates projects and activities of mutual interest to ESRD Networks. The Forum facilitates the flow of information and advances a national quality agenda with CMS and other renal organizations.

The **Mission** of the Forum is to support and advocate on behalf of the ESRD Networks in promoting methods to improve the quality of care to patients with renal disease.

Core values: volunteerism, collaboration, innovation and flexibility, spread of knowledge, integrity, autonomy of individual ESRD Networks



# ESRD Network 2018 Prevalence

Network	States	Facilities		Patients		
		Dialysis	Тх	Dialysis	Tx	Total
1	CT, MA, ME, NH, RI, VT	199	15	14,856	11,281	26,137
2	NY	305	13	30,337	13,025	43,362
6	GA, NC, SC	760	10	50,359	15,338	65,697
9	IN, KY, OH	639	14	33,890	14,323	48,213
IPRO		1,903	52	129,442	53,967	183,409
3	NJ, PR, VI	241	4	20,774	5,491	26,265
4	DE, PA	349	20	20,555	12,444	32,999
5	DC, MD, VA, WV	445	12	28,038	12,983	41,021
	Quality Insights	1,035	36	69,367	30,918	100,285
7	FL	486	11	31,948	12,663	44,611
13	AR, LA, OK	344	10	20,808	5,893	26,701
15	AZ, CO, NV, NM, UT, WY	363	15	26,056	14,601	40,657
17	AS, GU, HI, MP, N CA	304	6	29,404	12,951	42,355
HSAG		1,497	42	108,216	46,108	154,324
8	AL, MS, TN	468	10	28,803	9,230	38,033
14	TX	716	24	52,156	17,069	69,225
Alliant		1,184	34	80,959	26,299	107,258
10	IL	329	9	20,773	8,553	29,326
12	IA, KS, MO, NE	344	13	16,927	10,248	27,175
	QSource		22	37,700	18,801	56,501
<b>SHQA</b> (NW#11: MI, MN, ND, SD, WI)		512	21	28,628	18,861	47,489
16	AK, ID, MT, OR, WA	222	7	15,513	7,985	23,498
18	S CA	416	15	47,845	17,572	65,417
Comagine		638	22	63,358	25,557	88,915
National Totals as of 12/31/2018		7,442	229	517,670	220,511	738,181
National Totals as of 12/31/2017		7,158	222	505,080	223,391	728,453

#### Forum Board of Directors

Effective July 1, 2019



#### **Executive Committee:**

President: Ralph Atkinson III, MD

President-Elect: David Henner, DO

Past-President: Don Molony, MD

Treasurer: Stephanie Hutchinson, MBA

Secretary: Chris Brown

MAC Chair: Dave Henner, DO

EDAC Chair: Sue Caponi, MBA, RN, BSN, CPHQ

EDAC Vice-Chair: Brandy Vinson

KPAC Chair: Derek Forfang

KPAC Vice-Chair: Maile Robb

#### **Members at Large:**

Natasha Avery, DrPH, LMSW, CHES

Kam Kalantar-Zadeh, MD, MPH, PhD

Robert Kenney, MD

Kelly M. Mayo, MS

Stephen Pastan, MD

Katrina Russell, RN, CNN

#### Ad Hoc & Emeritus:

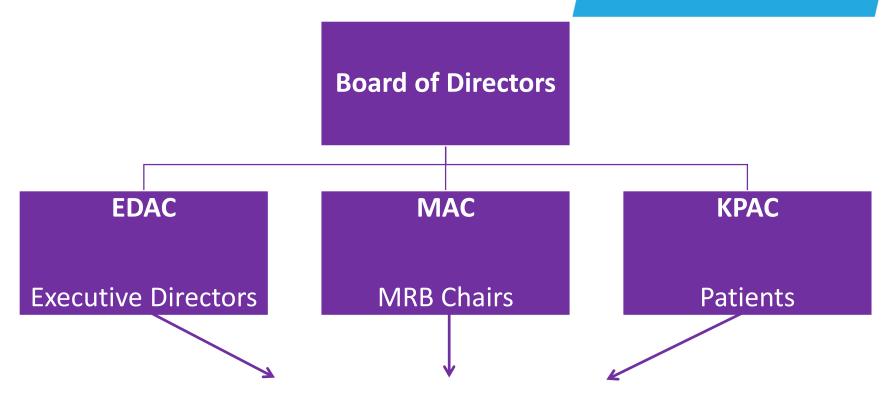
Andrew Howard, MD, FACP

John Wagner, MD, MBA

Louis Diamond, MB, ChB, FACP







- Regular Calls with CMS
- Facilitate flow of information and communication across all Networks: Forum, Network staff, BODs, MRBs, PACs
- Quality Conference Webinars
- Relationships with other Stakeholders (i.e. NRAA, RPA, LDOs, NKF, AAKP, AHQA, CDC, ASN)
- Assisting the Networks



# Executive Director Advisory Council (EDAC)



Chair: Sue Caponi (Nw 2)

**Vice-Chair:** Brandy Vinson (Nw 5)

Network 1 Danielle Daley, MBA

Network 2 Sue Caponi, MBA, RN, BSN, CPHQ

Network 3/4 Chris Brown

Network 5 Brandy Vinson

Network 6 Shannon Wright

Network 7/17 Helen Rose, MSW, BSW, LCSW

Network 8 Natasha Avery, DrPH, LMSW, CHES

Network 9 Victoria L. Cash, MBA, BSN, RN

Network 10 Audrey Broaddus

Network 11 Diane Carlson

Network 12 Stephanie H. Smith

Network 13 Linda Duval, BSN, RN

Network 14 Mary Albin

Network 15 Vicki Brantley

Network 16/18 Stephanie Hutchinson, MBA



### **MAC** Roster

(as of 10/09/2019)



Chair: David Henner, DO	Network 11: Sana Waheed, MD
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Network 1: David Henner, DO Network 12: Clifford Miles, MD, MS

Network 2: George Coritsidis, MD Network 13: Laura Rankin, MD

Network 3: Keith Norris, MD, PhD Network 14: Donald Molony, MD

Network 4: Marc Weiner, MD Network 15: Harmeet Singh, MD

Network 5: Stephen Seliger, MD Network 16: John Stivelman, MD

Network 6: Network 17: Ramin Sam, MD

Network 7: Mark Russo, MD, PhD Network 18: Kam Kalantar-Zadeh, MD,MPH,PhD

Network 8: Mandeep Grewal, MD, MBA Ad Hoc Member: Stephen Pastan, MD

Network 9: Anil Agarwal, MD EDAC Rep: Stephanie Hutchinson (16/18)

Network 10: Deepa Chand, MD, MHSA QID Rep: Barbara Dommer-Breckler (16/18)

KPAC Rep: Maile Robb (15)



# Kidney Patient Advisory Council (KPAC) (as of 10/29/2019)



Network 1:	Walter Crosby Gary Calabritto	Network 11:	Maggie Carey Patricia Bologna	
Network 2:	Stephanie Dixon	Network 12:	Mark Johnson	
	Dawn Edwards	Network 13:	Tina Hood	
Network 3:	Bill Senior	Network 14:	Bobbi Wager	
	Maribel Casas		Precious McCowan	
Network 4:	Allen Nelson	Network 15:	Maile Robb {Co-Chair}	
Network 5:	Virna Elly		Jeff Needham	
	Patrick Gee	Network 16:	Nancy Hewitt-Spaeth	
Network 6:	Keith Taylor		Yalonda Moore	
Network 7:	Janice Starling	Network 17:	Derek Forfang (Co-Chair)	
Network 8:	Jacqueline Bland		Doris Lew	
	Anisha Twymon	Network 18:	David Rosenbloom	
Network 9:	Evan Coaker		Olga Hernandez-Perez	
Network 10:	Amy Hoffman	EDAC Rep:	Danielle Daley (NW 1)	
	Quin Taylor	PSD Rep:	Yessi Cubillo (NW 3)	
	•		Lisa Hall, MSSW, LICSW (NW 16)	



# Proposed Forum Bylaws Changes Electronic vote to take place in November



#### **Emeritus Membership:**

A Member retiring or departing from the National Forum of ESRD Networks shall be eligible for the Emeritus Member designation based on having made outstanding contributions to the Forum as a Member. The President has the authority to appoint Emeritus members, subject to approval by a majority vote of the Board of Directors.

The Bylaws will be amended to include section 4.11 with the above proposed language.

#### **KPAC Chair & Vice-Chair Titles change to Co-Chairs:**

The Forum's Kidney Patient Advisory Council, with the support of the Board of Directors, proposes changing the titles of the KPAC leadership from Chair and Vice-Chair to Co-Chairs; and adding both Co-Chairs to the Executive Committee. This change in language will appear in sections 5.2.1 and 5.2.6 of the Forum Bylaws.



#### The Role of the Forum



- Assisting the Networks
- CMS Communications
- Council Activities: MAC, EDAC, KPAC
- Quality Conference Webinars
- Relationships with other stakeholders
- Governance
- Improve flow of communication between the Forum and Network staff, BOD's and MRB's



#### **CMS / Forum Communications**



# Continued regularly scheduled calls to discuss programmatic and strategic rather than operational issues

- Jeneen Iwugo, Deputy Director, CCSQ
- Dennis Wagner, Director, Quality Improvement & Innovation Group (QIIG)
- Paul McGann, MD, Chief Medical Officer, QIIG
- Traci Archibald, Dir. Division of ESRD, Population & Community Health, QIIG
- Renee Dupee, ESRD Program Team Lead, QIIG
- CORs, ARAs, Central Office staff

2019: 2/27/19, 4/15/19, 8/19/19, 9/25/19

CMS Quality Conference Meeting with CMS Leadership – 1/31/2019

#### CMS Org Chart:

https://www.cms.gov/About-CMS/Agency-Information/CMSLeadership/Office\_CCSQ.html



## CMS/Forum Communications In-Person Meeting – Jan 30, 2019



- ESRD unique population for opioid initiatives
- Partnering with CMMI ESRD and CKD
- Advanced Care Planning
- ESCO Learning sharing best practices, esp. CKD
- Flexibility of choice for Network pilot projects
- Early patient interaction regarding treatment options
- Network access to more data beyond CROWNWeb
- Toolkits CMS recognized the value and sharing electronically
- Leveraging patients & CKD work



# CMS/Forum Communications 2019



- Accenture Briefing Invitation: CMS' Human Centered Design Transplant Project
- Task Order One released to the 59 NQIIC/IDIQ Entities (CKD focus), includes a short list of key priorities related to the ESRD program
- CMS' continued focus on Transplantation: reducing discard kidneys and increase donor availability
- Requested clarity on the IRB Common Rule as it applies to the ESRD Network QIAs
- Forum offer to share experiences identified in the ESCO program, consideration
  of CKD-ESRD continuum in future
- CMS approval to provide 2728 incidence vascular data to Networks as requested by the MAC/Networks
- Forum request to lead the task of collating Network data tables to provide national vital statistics (prevalence, incidence, transplant, death)
- Advancing American Kidney Health Initiative
- Forum leaders invited to present Toolkits on May 2019 PEOC CoP Call
- Forum request for invitation to future CMS Listening Sessions
- Network Success Story: Network 3 & 4 Transplant Project
- Forum members invited to participate in an AAKH Transplant Discussion with CMS leaders (10/16/19)

# Primary Accomplishments since June 2018 Membership Webinar



- Dialysis Patient Depression Toolkit Released June 2018
- "Dialysis Patient Depression Toolkit" a collaborative webinar with AAKP & NKF highlighting the Depression Toolkit (Oct 2018)
- "The Kidney Project" with Dr. Shuvo Roy (Oct 2018)
- Annual CMS/Forum Leadership meeting on January 30, 2019, with an invitation to provide feedback on the Human Centered Design Transplant Project
- "The ESRD QIP: What every facility should know" (April 2019)
- CMS' National Care Transitions Awareness Day (04/16/19)
- "Kidney Transplant Toolkit" hosted by the ESRD NCC highlighting the MAC toolkit (Sep 2019)
- Ongoing regular calls between CMS & Forum Leadership



# Forum Documents since June 2018 Membership Webinar



- CMS-1691-P Medicare Program: ESRD PPS/QIP (Sept 2018)
- CMS-3346-P Medicare & Medicaid Programs: Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction (Nov 2018) – [Both the MAC & KPAC submitted formal comments to CMS]
- MAC provides clarification on Medicare Billing for Outpatient Dialysis in the Hospital Setting (April 2019)
- CMS-9115-P Medicare & Medicaid Program: Interoperability in the ESRD Program (June 2019)
- Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate (Aug 2019, comments submitted to UM-KECC)
- CMS-5527-P Medicare Program: Specialty Care Models to Improve Quality of Care and Reduce Expenditures (ESRD ETC Model) (Sept 2019)
- CMS-1713-P Medicare Program: ESRD PPS/ QIP (Sept 2019)

These documents have been uploaded to the Forum website and are available for review.



## **Collaborative Activities**



- Renal Organizations
  - o RPA
  - LDO (DaVita, FMC, DCI): regular calls with EDAC
  - o NRAA
  - o AAKP
  - KCP / KCQA
  - ESRD National Coordinating Center (KPAC representation)
  - o ASN
  - Veterans Health Administration
  - NKF
  - o USRDS
- AHQA
- HIT/HIE discussions: ONC, CMS, NRAA
- Centers for Disease Control
- Medical Technology and Practice Patterns Institute, Inc.
- CMS Quality Conference



### What should the Forum be?



- Support and advocate on behalf of the ESRD Networks in promoting methods to improve the quality of care to patients with renal disease
- Voice of the Patient
- Mechanism to share/spread quality improvement ideas across the Networks
- Mechanism to establish a partnership with QINs in developing population health initiatives across the CKD spectrum
- A partner organization
- An organized entity which operates consistent with reasonable business principles



## On the Horizon in 2020



- Advancing American Kidney Health
- Continued implementation of the 7 Forum Strategic Planning priorities
- Building community awareness
- KPAC companion to the Kidney Transplant Toolkit
- Updates to multiple MAC Toolkits
- Quality Webinars
- Sharing Best Practices
- Actively pursuing additional financial resources to support Forum/Network activities
- Nominations for Forum Board Elections (May 2020)



## **Strategic Planning Priorities**



- Increase Board Effectiveness and Commit to Board Development
- Resource Identification
- Commit to Customer Needs
- 4. Explore and Strengthen Network/Forum Relationship with QIO/QIN Organizations & CMS
- 5. Sharing Best Practices, Experiences, Innovation
- 6. Marketing Forum Activities
- 7. Framework for Alliance Building



# **Summer Board Meeting**

August 23-24, 2019, Minneapolis, MN



## Representatives from Home Dialyzors United and USRDS were invited to present at the recent Forum Board of Directors Meeting

### **Home Dialyzors United**

- Nieltje Gedney
- https://www.homedialyzorsunited.org/

## "Going Home, Staying Home"

- A curriculum on modality choices for dialysis patients
- For all CKD and dialysis patients
- Presented by both professionals and patient advocates



# **Summer Board Meeting**

August 23-24, 2019, Minneapolis, MN



### **USRDS** https://www.usrds.org/

- Kirsten L. Johansen, MD, FASN
- David T. Gilbertson, PhD
- James B. Wetmore, MD, MS
- Current contract awarded to Chronic Disease Research Group (CDRG) based at Hennepin County Medical Center, Mpls, MN
- Acknowledge the community, who has entrusted the group to meet the expectations of the contract
- Presented a history of USRDS, milestones, and overview of past Special Studies
- Demonstrated the on-line Annual Data Report (ADR) being updated, received comments from Forum members
- Welcomed an invitation from the Forum to continue discussions and an offer from the KPAC to assist with the development of a patientfriendly version of the ADR



# Pursuing financial resources to support Forum/Network activities



- Grant opportunities in the community
- Drafting a "Capabilities Statement" and Forum brochure
- Donate Button on Forum website
- Subcontracting with other organizations
- Consider a fee for future webinars, CE's



## **Balance Sheet**



	(as of 9/30/19)	(as of 9/30/18)
Chase Bank Checking	32,309.11	19,100.27
Chase Bank Savings	6,121.41	56,115.64
Investments	553,122.97	522,773.19
<b>Total Assets</b>	\$ 591,554.83	\$ 597,989.10



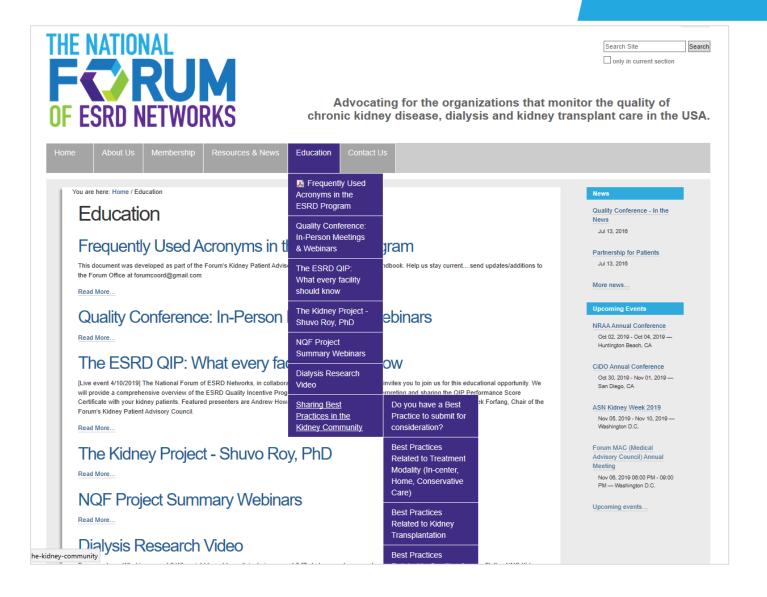


# Sharing Best Practices, Experiences & Innovations

Dave Henner, DO

## **Sharing Best Practices**







# **Sharing Best Practices Categories**



- Treatment Modalities- In-center HD, Home dialysis, PD, Conservative Care
- Kidney Transplantation
- Quality of Care
  - Infection Control
  - Pain Management
  - Vascular Access
  - Care Coordination
- Quality of Life, Mental Health, or Vocational Rehab
- Patient Engagement
- Leadership/Staff Development
- Emergency/Disaster Preparedness
- Other



# **Sharing Best Practices Definition**



Procedure or set of processes that has been shown by research and/or experience to produce optimal results and that is established or proposed as a practice suitable for widespread adoption.



## What happens once submitted?



- Submission will undergo robust review and vetting process consisting of several committees in Forum- may include Nephrologists, patients and/or Executive Directors
- If chosen as best practice, will be proudly displayed on Forum website in Education section as best practice to be shared publically with dialysis community
- Best Practices submitted + chosen will also be shared with CMS Leadership on regular calls with Forum Leadership
- Best Practices will be shared with Networks



## Do you have a Best Practice?



If so, submit your best practice on Forum of ESRD Networks website today!





# **EDAC Report**

# Sue Caponi, Chair

**Executive Director, ESRD Network 2** 

# Brandy Vinson, Chair-Elect

**Executive Director, ESRD Network 5** 

### **EDAC**



- Executive Directors representing all 18 ESRD Networks
- Discuss issues affecting all Networks
- Determine gaps in knowledge and/or understanding
- Advise Forum Board, MAC and KPAC on areas that need to be addressed with CMS and Nephrology Community
- Share "best practices" and strategies for meeting/exceeding SOW deliverables and goals



### 2019 Statement of Work



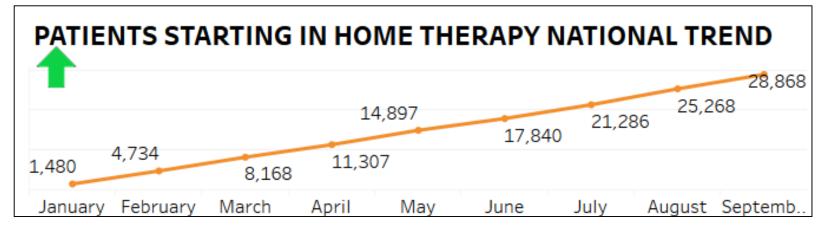
- Reduce BSIs
  - Increase eMR, HIE access to improve communication during transitions
  - Reduce long term catheter rates in those with 15% rate or higher in cohort
  - Support NHSN
- Increase Home Modality
- Increase Transplant Waitlist
- Population Health:
  - Reduce Hospitalization
  - Increase Vocational Rehab
- Also: Patient Engagement, Addressing Patient and Facility Concerns,
   Emergency Monitoring, Working with State Survey Agencies, Providing
   Technical Assistance



## 2019 Home Therapies QIA



**Goal:** 2 % point improvement in the natural trend using home modality in 30% of facilities in Network service area



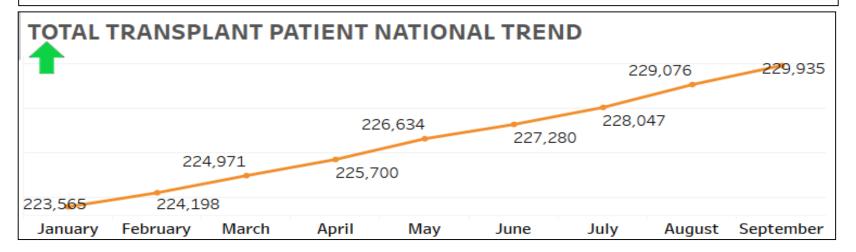




## 2019 Transplant QIA



**Goal:** 2 % point improvement in the natural trend of patients on the transplant waitlist in 30% of facilities in Network service area.





14,798



Patients Currently Living wit

229,935



Estimated Amount S..

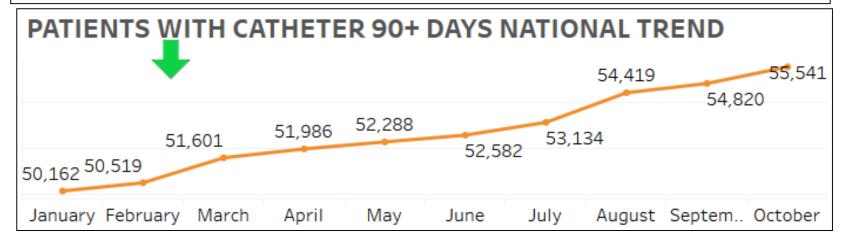
\$276,435,000



#### 2019 Statement of Work



**Goal:** Reduce LTCs by 2 percentage points within QIA facilities in 50% of Network service area with the highest infection rates and those higher than 15% LTCs.







## **Option Year 4**



- Option Year 4 starts 12/1/2019
- Goals of the AAKH infused through the SOW
- Largest change is the conversion of government furnished equipment to contractor furnished equipment
- Elimination of QIA targeted facilities
- Addition of Peer Mentoring as a choice for the Population Health QIAelimination of depression and pain management choices
- Transplant Waitlist Goal decreased to 1.25%
- Home Goal increased to 2.5%
- Revised Proposals submitted 10/29/2019



## **EDAC Accomplishments**



- Good Relationship with CMS leadership, CORs, SMEs, and Central Office
- Successful patient engagement and inclusion in QI projects recognized by CMS
- Successfully set up regular meetings with NRAA and LDOs
- Worked with CMS to revise the monthly report template in 2019



## 2021-2025 Statement of Work



- QIAs to align with new AAKH initiatives and payment models
- Draft SOW expected early 2020\*
- Full and open competition in late Spring (May-June 2020)\*
- Proposals due July 2020\*
- Contract Awards October 2020\*

\*estimates





## **KPAC Report**

Maile Robb, Co-Chair

**ESRD Network 15** 

Derek Forfang, Co-Chair

**ESRD Network 17** 

## **KPAC Mission & Vision**



## **Mission:**

To support and advocate on behalf of the ESRD Networks and to improve the Quality of Care to Patients with Renal Disease.

## **Vision:**

Being the Patient Eyes, Ears and Voice for CMS bridging the gap between Patient Experience and Provider Performance.



## **KPAC** Recent Activities

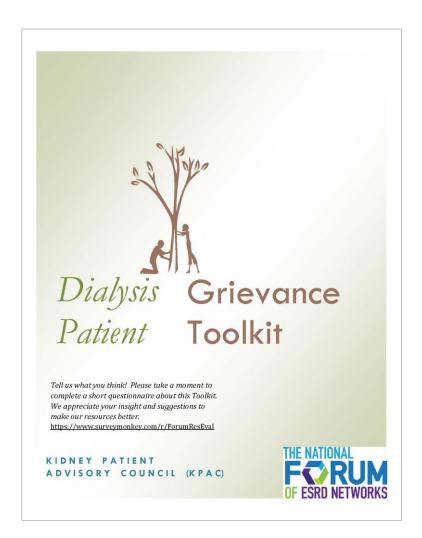


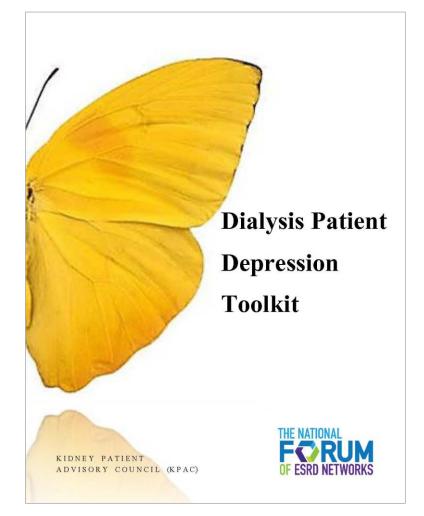
- Expanded KPAC Membership (2 reps / Network)
- Technical Expert Panel Opportunities
- Toolkits
  - Depression Toolkit Brochure
  - Patient Companion Piece to the MAC Transplant Toolkit is under development
  - Financial Help Resources is under final review & approval
- KPAC News Hub
- Contributing to Forum Public Comments
- Community Collaborations



## **KPAC** Toolkits









## **Depression Toolkit Brochure**



## Brief Overview of the Toolkit's Content

### **CHAPTER ONE**

THE EMOTIONAL DEMANDS OF DIALYSIS

## **CHAPTER TWO**

SIGNS OF ANXIETY AND DEPRESSION CAUSED BY OVERWHELMING STRESS

### **CHAPTER THREE**

DO I NEED HELP?

VALUE & DANGERS OF SELF DIAGNOSTIC TOOLS

## **CHAPTER FOUR**

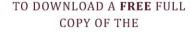
WHAT TYPE OF HELP IS OUT THERE?

### **CHAPTER FIVE**

PICKING A TREATMENT PROVIDER AND HOW TO

PREPARE FOR A MENTAL HEALTH VISIT

- INFORMATION FOR PROFESSION-ALS
- PATIENT RESOURCES
- ACKNOWLEDGEMENTS
- ESRD NETWORKS' PATIENT TOLL FREE NUMBERS/MAP



"DIALYSIS PATIENT DEPRESSION TOOLKIT"

PLEASE VISIT:

WWW.ESRDNETWORKS.ORG/RESOURCES/



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Dialysis Patient
Depression
Toolkit

KIDNEY PATIENT ADVISORY COUNCIL (KPAC)

# Available on the Forum Website





## **Depression Toolkit Brochure**



## The Patient's Guide to Dealing with Depression Toolkit

The Forum of End State Renal Disease (ESRD) Network's Kidney Patient Advisory Council (KPAC) has developed the Dialysis Depression Toolkit to help patients who feel they may be experiencing depression.

This toolkit was designed **BY patients** and **FOR patients** but there are important contributions by professional collaborators who graciously joined our workgroup.

It is important to remember that we are not alone. Even if we are on dialysis and dealing with anxiety or depression, we can still have loving and productive lives. There are no limits to what we can achieve with determination and the right tools.

Many, many people have gone through the same things and we would like to share some of the things that helped us cope.

Take a look inside for one of the many useful resources found in the Dialysis Patient Depression Toolkit!



## THE PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day				
Little interest or pleasure in doing things	0	1	2	3				
Feeling down, depressed or hopeless	0	1	2	3				
Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3				
Feeling tired or having little energy	0	0 1 2						
Poor appetite or overeating	0	1	2	3				
Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3				
Trouble concentrating on things, such as reading the newspaper or watching TV	0	1	2	3				
Moving or speaking so slowly that other people could have noticed. Or, the opposite -being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3				
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3				
Colum	n Totals		++					
Add Totals Together								

## The scoring is quite simple:

- All you need to do is add up the columns of 1's, 2's, and 3's and then add them together for a total score.
- There is no data available specifically for patients with renal disease, but in general, if you scored over a 10, it is considered high and you should follow-up with your social worker, or get a professional assessment.



## **KPAC Mission & Vision**





## **KPAC TRANSPLANT TOOLKIT**

Transparency, Risk vs Reward, Patient Experiences



## Financial Help Resources



## FINANCIAL HELP RESOURCES

Dialysis Means Changes in our Lifestyle

### FOR HELP WITH ...

Medical Bills	
Medicare	p. 3
State Programs	p. 4
Specical Populations	p. 5
Private Organizations	p. 5
Prescription Coverage	p. 5

### Employment

Job seeking and training	p. 7
Returning to school	p. 7
Work Incentive Seminars	p. 8
State Agency help	p. 8
Other Organizations	p. 9



## Dialysis Means Changes in our Lifestyle

When we are newly diagnosed with End Stage Renal Disease (ESRD) and begin dialysis, we are given a great deal of information on the changes in our health. This is important information covering the lifestyle changes we need to make such as fluid and food restrictions. These lifestyle changes will help us stay strong and feel better. However, there are other lifestyle changes that we should be making to protect our Financial Health.

To be perfectly honest, many of us have had to accept some financial losses. Some of us have not continued to work and have had a sharp decrease in **Income**. Some of us have struggled with an increase in **Expenses** to cover both medical and non-medical costs that we were not anticipating. As a result, we may have lost assets - cars, homes, savings, college funds, etc.

These changes in both Income and Expenses have become our "new normal" but we are not prepared to

Available Soon Under Final Review & Approval



## Thank you!



Sincere Thank You to the Renal Networks and your staff members who encourage patients to join the KPAC and support the work of our Council and the Forum!

Please feel free to contact Maile or Derek if you have questions, concerns, suggestions for the KPAC:

Maile:

thomasandmaile@yahoo.com

Derek:

Derek.Forfang@gmail.com





## MAC Report

David Henner, DO
Chair, Forum MAC
ESRD Network 1

## Medical Advisory Council (MAC) Mission & Scope



- Provide a consistent interpretation from the physician perspective of the challenging issues faced by the Networks and Forum Board
- Work with and through the Networks to generate QA/QI initiatives aimed at improving patient care



## **MAC Projects & Activities**



## **Toolkits**

- Medical Director Toolkit
- Kidney Transplant Toolkit
- Transitions of Care Toolkit
- Inpatient Medical Director Toolkit
- Medication Reconciliation Toolkit

## **Press Releases**

Medicare Billing for Outpatient Dialysis in the Hospital Setting

## **Forum Position Papers and Public Comments**

- Hemodialysis Vascular Access: Practitioner Level Long-term
   Catheter Rate (Aug 2019, comments submitted to UM-KECC)
- CMS-5527-P Medicare Program: Specialty Care Models to Improve Quality of Care and Reduce Expenditures (ESRD ETC Model) (Sept 2019)
- CMS-1713-P Medicare Program: ESRD PPS/QIP (Sept 2019)



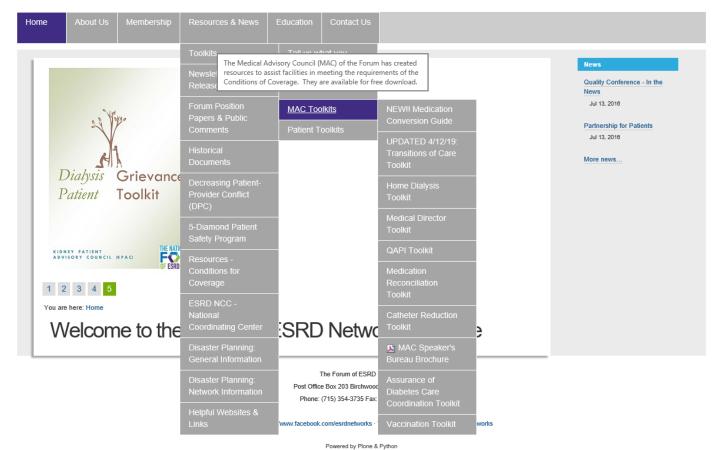
## **Toolkits & Other Resources**





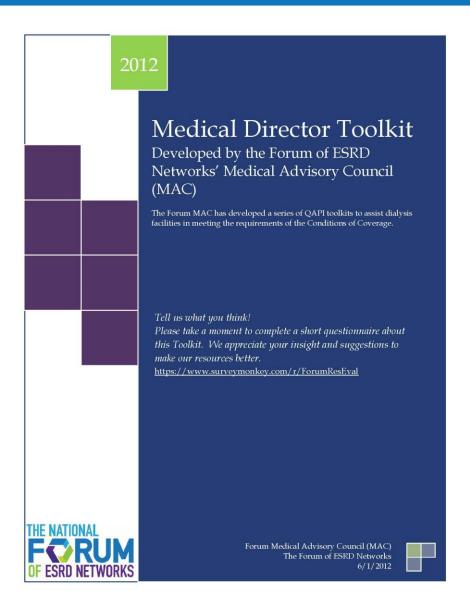


Advocating for the organizations that monitor the quality of chronic kidney disease, dialysis and kidney transplant care in the USA.



## **Medical Director Toolkit**



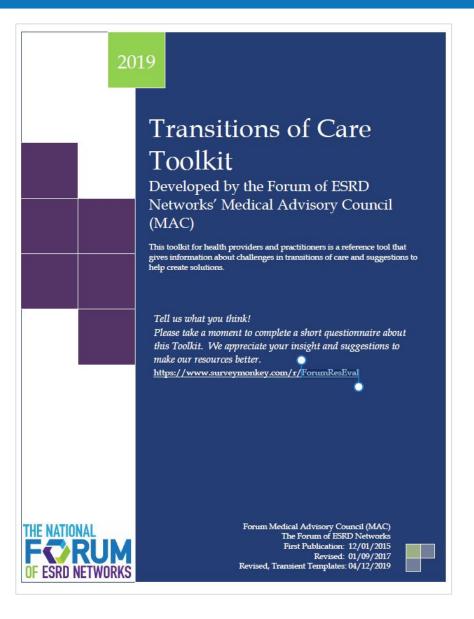


- Updated water chapter
- Core Survey
- New QIP Chapter
- Leadership
- Including patients in QAPI



## **Transitions of Care Toolkit**





## Care of Transient patients

- Sample form
- Medication conversion guide



## **Toolkits & Other Resources**



## Conversion Guide for Hemodialysis Patients Visiting Dialysis Facilities This is a Guide to be used to help convert dose of medication patient currently on, to one that is available or less costly \*\*This is only a guide- any medication changes must be ordered by/approved by Nephrologist covering patient \*\*\*This guide is being used to help better serve patients on dialyis, and therefore includes both Brand Names and generic names of medications. The use of brand names is to facilitate use of the tool. Instructions on Use: 1. Look for current medication that you wish to convert in Column B and medication you wish to convert to in Column G and chose appropriate row that includes both. 2. Enter dose of current medication in column C (shaded green), and equivalent dose of medication you wish to convert to will be listed in column H (shaded red). 3. See column L for dose forms, and round dose in column H off to closest dose that can be used, using available dose forms in column L (check dialysis facility for dosage forms available) 4. Do not exceed maximum recommended dose of medication listed in column M, without specific written or electronic order entered by Nephrologist.

Enter Current						Equivalent	Maximum				
Current Medication	Dose Here:	Units	Route	Frequency	Substitute Medication	Dose	Units2	Route3	Frequency4	Substitute Med Dosage Forn  ▼	Recommended Dose 💌
Aranesp (Darbepoetin)		mcg	IV	Weekly	Epogen (Epoetin Alpha)	0	units	IV	q Tx	2,3, 4, 10, or 20,000 units/ml	175 units/kg
					Mircera (Methoxy polyethylene	0			- 0.11/ 1	30, 50, 75, 100, 150, 200	
Aranesp (Darbepoetin)		mcg	IV	Weekly	glycol-epoetin beta )	U	mcg	IV	q 2 Weeks	mcg/0.3 ml	180 mcg q 2 weeks
Calcitriol		mcg	PO/IV	q Tx	Hectorol (Doxercalciferol)	0	mcg	PO	q Tx	2.5 mcg PO Capsule	20 mcg
Calcitriol		mcg	PO/IV	q Tx	Hectorol (Doxercalciferol)	0	mcg	IV	q Tx	2 mcg/ml, 4 mcg/ml IV vials	18 mcg
Calcitriol		mcg	PO/IV	q Tx	Zemplar (Paricalcitol)	0	mcg	PO/IV	q Tx	2 mcg PO caps, 2 mcg/ml IV	16 mcg
Epogen (Epoetin Alpha)		Units	IV	q Tx	Aranesp (Darbepoetin)	0	mcg	IV	Weekly	10, 25, 40, 60, 100, 200 mcg/ml	200 mcg IV Weekly
Epogen (Epoetin Alpha)		Unite	IV	q Tx	Mircera (Methoxy polyethylene	0 mcg	IV	q 2 Weeks	30, 50, 75, 100, 150, 200		
		Units			glycol-epoetin beta )				mcg/0.3 ml	180 mcg q 2 weeks	
Ferrlecit (Ferric gluconate)		mg	IV	Weekly	Venofer (Iron Sucrose)	0	mg	IV	Weekly	20 mg/ml (2.5, 5, 10 ml)	100 mg IV q tx
Ferrlecit (Ferric gluconate)		mg	IV	q Tx	Venofer (Iron Sucrose)	0	mg	IV	q Tx	20 mg/ml (2.5, 5, 10 ml)	100 mg IV q tx
Hectorol (Doxercalciferol)		mcg	IV	q Tx	Calcitriol	0.00	mcg	IV/PO	q Tx	0.25, 0.5 mcg PO, 1mcg IV	4 mcg
Hectorol (Doxercalciferol)		mcg	PO	q Tx	Calcitriol	0.00	mcg	IV/PO	q Tx	0.25, 0.5 mcg PO, 1mcg IV	4 mcg
Hectorol (Doxercalciferol)		mcg	PO	q Tx	Hectorol (Doxercalciferol)	0	mcg	IV	q Tx	2 mcg/ml, 4 mcg/ml IV vials	18 mcg
Hectorol (Doxercalciferol)		mcg	IV	q Tx	Hectorol (Doxercalciferol)	0.00	mcg	PO	q Tx	2.5 mcg PO Capsule	20 mcg
Hectorol (Doxercalciferol)		mcg	PO	q Tx	Zemplar (Paracalcitriol)	0	mcg	PO/IV	q Tx	2 mcg PO caps, 2 mcg/ml IV	18 mcg
Mircera (Methoxy polyethylene		meg	IV	g 2 Weeks	Aranesp (Darbepoetin)	0	mea	IV	Weekly		
glycol-epoetin beta )		mcg	IV	q z weeks	Aranesp (barbepoetin)	U	mcg	IV	vveekiy	10, 25, 40, 60, 100, 200 mcg/ml	200 mcg IV Weekly
Mircera (Methoxy polyethylene		meg	IV	g 2 Weeks	Epogen (Epoetin Alpha)	0	units	IV	q Tx		
glycol-epoetin beta )		mcg	IV	q z weeks	epogen (epoetin Alpha)	U	units	IV	чтх	2,3, 4, 10, or 20,000 units/ml	175 units/kg
Venofer (Iron Sucrose)		mg	IV	Weekly	Ferrlecit (Ferric gluconate)	0	mg	IV	Weekly	12.5 mg/ml (5 ml)	250 mg
Venofer (Iron Sucrose)		me	IV	а Тх	Ferrlecit (Ferric gluconate)	0	me	IV	а Тх	12.5 mg/ml (5 ml)	250 mg



## **Toolkits & Other Resources**

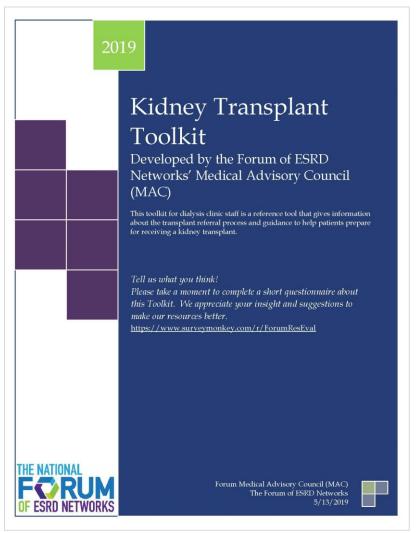


											$\perp$
	Enter Current	Equivalent						M			
<b>Current Medication</b>	Dose Here:	Units	Route	Frequency	Substitute Medication	Dose	Units2	Route3	Frequency4	Substitute Med Dosage Forn	▼ R
Aranesp (Darbepoetin)		mcg	IV	Weekly	Epogen (Epoetin Alpha)		0 units	IV	q Tx	2,3, 4, 10, or 20,000 units/ml	17
					Mircera (Methoxy polyethylene		26	D.	2 M l	30, 50, 75, 100, 150, 200	
Aranesp (Darbepoetin)	60	mcg	IV	Weekly	glycol-epoetin beta )	:	96 mcg	IV	q 2 Weeks	mcg/0.3 ml	1
Calcitriol		mcg	PO/IV	q Tx	Hectorol (Doxercalciferol)		0 mcg	PO	q Tx	2.5 mcg PO Capsule	2
Calcitriol		mcg	PO/IV	q Tx	Hectorol (Doxercalciferol)		0 mcg	IV	q Tx	2 mcg/ml, 4 mcg/ml IV vials	1
Calcitriol		mcg	PO/IV	q Tx	Zemplar (Paricalcitol)		0 mcg	PO/IV	q Tx	2 mcg PO caps, 2 mcg/ml IV	1
Epogen (Epoetin Alpha)		Units	IV	q Tx	Aranesp (Darbepoetin)		0 mcg	IV	Weekly	10, 25, 40, 60, 100, 200 mcg/ml	1 2
					Mircera (Methovy polyethylene					20 50 75 100 150 200	



## Kidney Transplant Toolkit





## Introduction

- Selecting Patients to be Referred to a Transplant Center and the Transplant Evaluation
- 2. Deceased Donor Transplantation, The Kidney Transplant Operation, and Transplant Complications
- 3. Living Kidney Donation
- Educating Dialysis Patients Optimally about Transplantation and Living Donation
- 5. Financial Toolkit for Dialysis Centers
- 5. The Role of the Dialysis Unit Beyond Education: Successful Care Coordination to Achieve Success in Transplant

Resources



## **Additional MAC Toolkits**



- Vaccination Toolkit: in process of updates on CDC guidelines re PCV-13 and PPSV-23
  - Vaccine Tracking Form
- Inpatient Medical Director Toolkit: New, under development
- Medication Reconciliation Toolkit: in process of updates to include QIP measure
- Home Dialysis Toolkit- Forum members all review to see if update needed
- Catheter Reduction Toolkit
- QAPI Toolkit



## **MAC** Toolkits



- Inpatient Medical Director Toolkit- Chapters:
  - Qualifications of Medical Director of Inpatient Dialysis
  - Design of Dialysis Unit
  - Water Systems (highlighted at NRAA Annual meeting)
  - Equipment
  - Dialysis Modalities
  - Procedures related to dialysis including vascular access
  - Collaboration with Quality Management & QAPI
  - Collaboration with Hospital Administration
  - Care Coordination & Transitions
    - With outpatient facilities where applicable
  - Education
    - Modality options
    - Access
    - Transitions of care
    - End of life/palliative care



## **MAC Annual Meeting**



## Mark Your Calendars!!

2019 MAC Annual Meeting Wednesday, November 6<sup>th</sup> Washington D.C.



## **MAC** Annual Meeting



## Agenda (draft)

## Wednesday, November 6, 2019

5:45 PM A light dinner will be provided beginning at 5:45 pm

6:00 PM Welcome and Introductions David Henner, DO

MAC Chair

Forum of ESRD Networks History and Function Ralph Atkinson III, MD

Forum President

(McGuire Woods Office) 2001 K Street NW #400

Washington D.C.

6:30 PM MAC Role and Review of Recent Activities David Henner, DO

Stephen Pastan, MD Transplant Toolkit David Henner, DO Medical Director Toolkit Updates Care Transitions Toolkit - Webinar David Henner, DO

Ramin Sam, MD Vaccination Toolkit Updates

• Medication Reconciliation Toolkit Updates David Henner, DO Forum comments on PPS/QIP & ETC Model

"Strategies to Grow HHD at Initiation or While on Renal Robert Lockridge, MD 6:50 PM

Replacement Therapies"

7:20 PM Coalition for Supportive Care Dale Lupu, Alvin Moss, Louis

Diamond

7:40 PM KDQOL Alliance TBD

8:00PM Comprehensive ESRD Care Models Ralph Atkinson, III MD

ESCO Update

CMMI CKD Initiatives

AAKH Voluntary Models

8:20 PM ESRD Networks Update & Requests from Networks Stephanie Hutchinson, MBA Executive Director, Nws 16/18

2019 QIA Summary

2020 Scope of Work (if released)

Kidney Patient Advisory Council (KPAC) Updates 8:40 PM Derek Forfang, KPAC Co-Chair

8:55 PM Final Thoughts & Assignments David Henner, DO

9:00 PM Adjourn David Henner, DO





## Questions? Contact the Forum Office

Dee LeDuc, Forum Coordinator: <a href="mailto:forumcoord@centurytel.net">forumcoord@centurytel.net</a>

Website: <a href="https://esrdnetworks.org/">https://esrdnetworks.org/</a>



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## Thank you for attending