



## Office of Clinical Standards and Quality

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Dear Doctor Meyer:

CMS would like to express our gratitude for the feedback and recommendations received from the ESRD Forum regarding CROWNWeb National Implementation. We have been working to incorporate many of your suggestions over the past few months as highlighted below. As per the Forum's suggestion, implementation of CROWNWeb was deferred until 2012. However, we remain excited at the opportunities a national system will afford dialysis facilities, the Networks, CMS and its partners.

The five (5) recommendations received from the Forum can best be addressed as follows:

**1. Reports - National implementation of CROWNWeb will include the following 16 reports:**

- Clinical Data and Missing Lab report
- Duplicate patients Report
- Gap Patients Report
- Mailing labels Report
- Missing Forms Report
- Patient Events Report
- Patient Population Report
- Personnel Data Report
- Saved Status Report
- Transient Patients Report
- Unverified PART Report
- Vascular Access Report
- Duplicate Patients Report
- Merged Patients Report
- 2744 Patients Receiving Care at End of Survey Period
- Annual Report Tables (data that is captured in CROWNWeb)

**2. Network Ad Hoc Querying and Reporting, access to current, historic, and national data**

Reports for Facilities, Networks, and CMS will have the ability to compare monthly data in addition to comparisons against state, network, and nation to the facility:

- Vascular Access in Use
- Fistula Rates Comparison
- Vascular Access Maturing

- Vascular Assessment Prior to Initiation of Dialysis
- Access Data Not Populated in CROWNWeb

Vascular Access for CMS and Networks:

- Network – Percentage of Access by State
- Network – Percentage of Access by Affiliation
- Network – Facility Vascular Access in Use

**3. ESRD Network staff and Phase II facility participants be included in QIMS development and testing**

The Pilot Release of CROWNWeb 4.0, scheduled for late 2011, will test QIMS (multi-factor authentication) using Phase III facility participants

**4. CMS should take account of the work required to maintain CROWNWeb user accounts and CROWNWeb training**

CMS has secured a contractor for outreach, communications, and training. Networks will be responsible for reinforcing the training, not providing it. Additionally, we value your relationship with facilities and encourage your assistance with customer relationship issues that may result due to account management challenges.

**5. CMS should convene a national ESRD data standards group comprising of CMS, ESRD Networks, USRDS, the Dialysis Facility Report Contractor, and dialysis organizations to address data integrity issues.**

CMS has plans to establish a CROWNWeb Data Discrepancy Support Contract to coordinate this work, in conjunction with CMS working with the recommended groups.

To address the priority issues identified by the Forum, the following responses are applicable:

**CROWNWeb Output Reports** – CMS is pleased to announce your recommendations for Reports have been included in the National Release (response #1). Are there other reports not being provided that you need to perform your contractual work?

**ESRD Network Staff Access to Data** – CMS has not restricted access for Networks to national data. CMS has not restricted the scope of the Network user. CMS remains committed to partnering with the Networks to assure data integrity, safeguard data privacy, and to utilize data for quality improvements.

**Authorizing Dialysis Facility Staff and Network Staff Users** –CMS has obtained approval for a 3<sup>rd</sup> option of using a registered email address for personal identification numbers.

**Duplicate Patients in CROWNWeb** – New search functions in CROWNWeb 4.0 will facilitate patient identification. The Duplicate Patients Report will assist facilities and Networks to identify and resolve duplicate patients. CMS will also provide contract support for data discrepancies.

**Other Data Integrity Issues – BSO Data** – CMS will continue to work with BSOs to define data elements and data definitions. The CROWNWeb Data Discrepancy Support Contract, together with the Facilities and Networks, will support data integrity.

**Systematic Data Discrepancies – Deaths, New Patients, and Transfers** – Compliance with data definitions is critical to data accuracy and reporting. Networks will continue to have access to their facility data. Discrepancies in data should be identified and corrective action plans implemented for data quality.

**Transient Patients** – CROWNWeb will provide system identification of transient patients. CMS is exploring the feasibility of requiring identification of all transient patients, and their treatment information, being captured in CROWNWeb.

**Projected Network Data Workload** – CMS intends to utilize technology for efficiencies in data reporting. CROWNWeb modifications have been made, as well as planned contracts for Data Discrepancy Support and Data Validation, to offset the manual workload on the Networks.

We recognize and appreciate the many contributions the ESRD Networks continue to make in the area of data quality and quality outcomes for beneficiaries. Thank you for your support.

Sincerely,

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