

CROWNWeb
Rollout
...page 2



AVF
Reimbursement
...page 3



Quality
Improvement
...page 6



Patient
Conferences
...page 7



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FMQAI Access

The Florida ESRD Network

THE BASICS OF ANEMIA AND IRON MANAGEMENT

Anemia is a common complication of ESRD. As the kidneys deteriorate, the ability to produce adequate erythropoietin, a hormone, is impaired, which results in decreased production of new red blood cells and anemia. Red blood cells are important because they carry oxygen throughout the body.

People with anemia will often report feeling weak and tired. They may also complain of shortness of breath, trouble sleeping, poor appetite, sexual problems, dizziness and difficulty exercising. Additionally, when the number of red blood cells decrease, the heart must work harder to pump blood to send more oxygen to the tissues in the body. If the heart is too stressed, it can develop an arrhythmia (a rapid or irregular heartbeat) and/or heart failure. Over time, a serious condition called left ventricular hypertrophy, an enlargement of the heart muscle, may develop that may lead to heart failure, arrhythmias and other serious cardiac complications.

The benefits of controlling anemia in patients with ESRD have demonstrated:

- ✓ Increased survival,
- ✓ Decreased cardiac complications,
- ✓ Improved quality of life,
- ✓ Increased exercise capacity and
- ✓ Decreased hospitalizations.

Adequate iron stores and iron availability are important to control anemia and realize a benefit from epoetin therapy. Correction of iron deficiency in patients receiving epoetin therapy has been shown to:

- ✓ Increase the response to epoetin therapy and
- ✓ Reduce the dose of epoetin required to achieve hemoglobin in target range.

(continued on page 5)

CROWNWeb Rollout – Phase I



CROWNWeb is a secure, web-based system that will capture clinical and administrative data from dialysis facilities across the country, replacing the paper-based data collection methods that CMS currently uses.

CROWNWeb is CMS' first step in leveraging the benefits of health information technology for the dialysis population, and will help us improve the quality of data we receive about dialysis treatments; help providers focus on providing optimal patient care; drive innovations and quality improvement of care practices; and equip CMS with more data in order to develop a more refined and responsive ESRD bundled payment system and ESRD value-based purchasing framework.



implementation, they should continue with their normal business operations and reporting requirements as usual. This includes using the SIMS, VISION, and paper-based data submissions. Facilities that are not part of the first phase of implementation may continue to meet their requirements under the ESRD conditions for coverage by continuing to use these submission methods.

The Network will provide updates on CROWNWeb implementation phases as it becomes available. Facilities can also call the CROWN Help Desk at 888-ESRD-HD1 or email ESRDHD1@esrd.net.

- ✓ On February 1, 2009, CMS moved CROWNWeb, in a modified fashion, from its testing environment to a production / implementation environment by launching to a small, select group of providers across the country—both large- and small-dialysis organizations, as well as independent dialysis facilities across the country.
- ✓ CMS will use a phased implementation approach in rolling CROWNWeb out. CMS will begin with a small, select group of providers/facilities, and the Agency will expand implementation as it learns more about how the system operates within individual facilities.
- ✓ CMS' phased implementation approach is an ideal way to understand how dialysis facilities use the system and the staff and cost burdens that using the system may present to facilities, and how CMS may reduce those burdens.

No Florida facilities were included in the initial phase. Until facilities are phased into CROWNWeb

Quick Links

Network Website

<http://www.fmqai.com/esrd.aspx>

Download 2728, 2746, and 2744 forms and instructions directly from CMS

<http://www.cms.gov/CMSForms/CMSForms/list.asp> and do a search for items containing the word ESRD.

Dialysis Facility Compare

<http://www.medicare.gov/dialysis> to learn more about dialysis facilities across town or across the country.

News and Information about CROWNWeb

<http://www.projectcrownweb.org> provides all the latest news and information about CROWNWeb including newsletters, online courses, links to the QIPS form and much more.



Did you know?

MAKE A DIFFERENCE!
*Adopt Fistula First Change
Concepts and Tools.*
www.fmqai.com/Fistula-First.aspx

Effective January 1, 2009, CMS made changes to the physician fee schedule, to ensure that payment systems are updated to reflect changes in medical practice and the relative value of services.

The 2009 Fee Schedule Includes a 30% Increase in RVU's for AVF Surgical Code 36821 (ex. Cimino type)!

The Relative Value Unit (RVU) is the common scale by which practically all physician services are measured. CMS and most other insurers use RVU values to determine the reimbursement rate for services after incorporating geographic and other factors.

In short, that means that surgeons are finally being reimbursed more for placement of AVFs than for AVGs!

Need “Free” Continuing Education? We Have Your Solution!

Are you scrambling to get all your continuing education hours before your next license renewal date?
Are you tired of having to pay for CEs? FMQAI: The Florida ESRD Network is at your service.

Free Continuing Education is just a click away!

Visit our website at <http://edu.flqio.org/> to access the following free continuing education courses offered by FMQAI: The Florida ESRD Network:

- **Water Treatment for Dialysis:** 1.0 CE
- **Ethical Decision Making and Professional Boundaries in Social Work:** 1.0 CE
- **Implementation and Use of the DPC Tool Box:** 2.5 CE
- **Renal Transplantation:** 2.0 CE
- **Improving Adequacy of Hemodialysis:** 1.0 CE
- **Vascular Access & Prevention and Treatment of Catheter and Port Complications:** 1.5 CE
- **Improving “The Fundamentals of Managing” in a Dialysis Facility:**
3.0 CE (Nurses, Social Workers, Dietitians, non-clinical administrative/office managers)
- **All-Hazards I: Identifying and Preparing for Potential Emergencies and Disasters:** 1.0 CE
- **QI: A Culture of Change:** 1.0 CE
- **Understanding Rapid Cycle Improvement:** 3.0 CE



FROM THE DIRECTOR

During January 2009, a nationwide effort to provide CROWNWeb training was successfully carried out. Training was held in 35 states and territories, and 169 classes were scheduled and held over a 25-day period in January. In Florida, more than 100 facility representatives participated in 14 classes. These training sessions provided CROWNWeb users a hands-on environment in which they could use the system and ask questions of an experienced instructor.

Evaluations and feedback received during the training indicated a high level of satisfaction with the training. Some of the evaluation questions presented and response results included:

- 92% of participants indicated that the training exceeded their expectations in meeting their objectives.
- 99% of participants felt that the training was relevant to their current job function.
- 99% of trainees indicated that the training provided was interesting, and of that percentage 92% indicated that the training was very interesting.
- 99% of trainees felt that the training was presented well, and of that percentage 96% indicated that the training was presented very well.
- 95% of trainees indicated that they considered the course to be complete as designed, and that there were no areas that they expected to be covered that were not addressed.

In addition to the questions above, attendees were also asked to suggest other information they felt would be important to include in future trainings. Some suggestions made by attendees included:

- More QIPS/CAS form information
- Expanded reports information
- Information on becoming a batch submitter
- Security Administrator role information
- CROWNWeb timeline/Key future dates

Network 7 has shared those comments and suggestions with CMS, as it continues to further develop the CROWNWeb system. For those providers that were able to attend a training session, we hope you found your training session helpful and productive. If you were unable to attend a session, or are just interested in getting a “refresher” on the tasks you learned, there are resources available to you! The Learning Management System (LMS) is your best source of CROWNWeb information, including online training, public documents about CROWNWeb and frequently asked questions developed from the trainings. Additionally, beginning on March 31st and continuing through the Summer, Florida facilities can attend a series of three Web-Ex-based refresher trainings on CROWNWeb that include instructions and assistance on completing the QIPS Account Form required to access CROWNWeb. You can access the CROWNWeb LMS and register for our upcoming training sessions by visiting www.projectcrownweb.org.

The Network would like to thank all Florida providers for their time and support as we begin Phase I of the CROWNWeb implementation. If you have questions about the CROWNWeb Phase In, please contact the Network at 813-383-1530.

Kelly M. Mayo, MS

National Healthcare Decisions Day – April 16, 2009

The National Healthcare Decisions Day (NHDD) initiative challenges all Americans to share their healthcare decisions and complete an advance directive. Join the [Kidney End-of-Life Coalition](#), and other national, state, and community organizations, on April 16, 2009, to ensure that all adults with decision-making capacity in the United States have the information and opportunity to communicate and document their healthcare wishes.

To learn more about NHDD, visit www.nationalhealthcaredecisionsday.org.

Additional NHDD resources:

- [NHDD Event Poster Template](#)
- [NHDD Case Statement](#)
- [Community outreach resources](#)
- [Get an advance directive](#)
- ["National Healthcare Decisions Day 2008: The Law, The Talk and The Care"](#) Webinar (2008) [password: mwmedia]

Visit the [Kidney End-of-Life Coalition](#) website for more information about Advance Care Planning.

Related Advance Care Planning resources found on the Kidney End-of-Life Coalition website:

- [Advance Care Planning Model Policy](#)
- [Free state-specific advance directive documents and instructions](#)
- [The POLST Form](#)
- [Advance Care Planning Brochure](#)

Use these resources to help make sure that your facility is in compliance with the new Conditions for Coverage!

The Basics of Anemia and Iron Management

(continued from page 1)

Despite the widespread use of epoetin, anemia continues to be observed in many ESRD patients. Iron deficiency and chronic blood loss associated with the hemodialysis procedure as well as other co-morbid conditions are contributing factors to anemia. ESRD patients should have sufficient iron to maintain Hgb of 11 – 12 g/dl. To achieve and maintain this target Hgb, sufficient iron should be administered to maintain a transferrin saturation (TSAT) of >20%, and a serum ferritin level of >100 ng/ml. To prevent iron deficiency and maintain iron levels >20%, serum ferritin levels >100 ng/ml, many physicians now administer maintenance iron doses. (smaller doses weekly or biweekly) Additionally, ESRD patients are unlikely to respond with a further increase in Hgb if the TSAT increases to >50% and/or the serum ferritin level increases to >800 ng/ml.

Network 7's 2008 Lab Data Collection on hemodialysis patients from October – December 2007 reflects 80.0% of Florida patients have a Hgb 10 – 12.9 gm/dl, 83.4% of patients have a TSAT \geq 20%, and 82.7% have a serum ferritin \geq 100 ng and \leq 1000 ng. How does your facility compare with these percentages? Do you have room for additional improvement?

In summary, anemia is a significant risk factor for cardiovascular disease and poor patient outcomes. Diligent follow-up regarding adjustment of epoetin and iron therapy in accordance with physician's orders is critical for the improvement of renal outcomes as well as enhancement of the patient's quality of life.

Q

Quality Corner

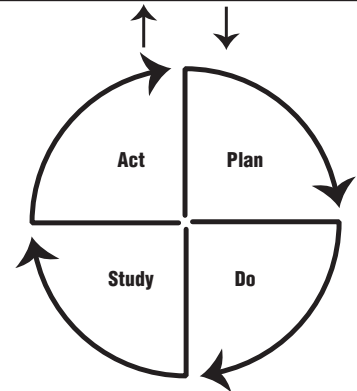
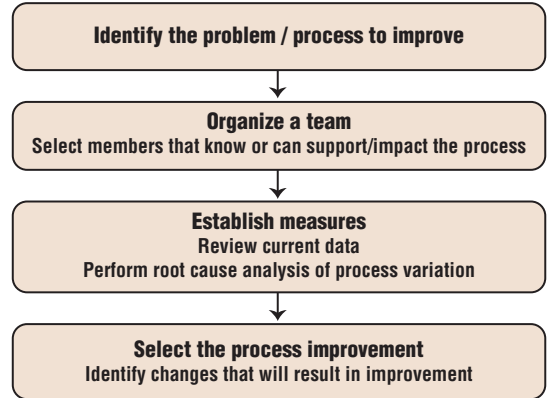
What is Quality Improvement?

Quality Improvement is a method of planning and implementing continuous improvements in systems or processes in order to provide quality health care reflected by improved patient outcomes.

FMQAI: The Florida ESRD Network bases its improvement process on the Model for Improvement developed by Associates in Process Improvement, and utilized by the Institute for Healthcare Improvement (IHI). This model has two parts:

- Establishing what is to be studied and how to measure the improvements; and
- Using the PDSA cycle to test changes

Our QI Plan format utilizes the above methodology to document and analyze the overall process improvement initiative. Visit our Quality Improvement Toolkit web page at <http://www.fmqai.com/qit.aspx> to download many great tools and resources. For questions regarding your QI needs, please contact the Network at (813) 383-1530 ext 5.



Test Changes:

The Plan-Do-Study-Act cycle is a method of testing change by planning the change, implementing it, observing the results, and acting on what is learned.

RENAL PROFESSIONALS FORUM

6th Annual Renal Professionals Forum & 30th FCRN Annual Meeting

SAVE THE DATE!

Thursday & Friday June 25 & 26, 2009

Hyatt Bonaventure Hotel • Fort Lauderdale, Florida

Two day educational conference

Presented by the National Kidney Foundation of Florida

Co-sponsored by FCRN, the Florida Chapters of CNSW and

ANNA CEU's provided.

**For more information call 800-927-9659
or visit www.kidneyfla.org**



**National Kidney
Foundation™**
of FLORIDA



FMQAI: The Florida ESRD Network
Presents



2009 PATIENT & FAMILY CONFERENCES
Jacksonville – April 19, 2009
Miami (Spanish only) – May 3, 2009

TOPICS:

*Choosing the Best Access for Dialysis • The “Dialysis Friendly” Diet
Coordination of ESRD Benefits*

Please watch for more information regarding these locations!

For more information, please call:

800-826-3773 or 813-383-1530, ext 3882

Dialysis Facility Compare: Your First Source for Information

The Centers for Medicare & Medicaid Services (CMS) has an important tool available for you on the internet at www.medicare.gov. It is called Dialysis Facility Compare. This resource gives you detailed information about Medicare-certified dialysis facilities, and lets you compare facilities in your area. The information helps you with facility characteristics and quality measures.

Dialysis Facility Characteristics include:

- Name, address and telephone number of the facility,
- Date the facility first received Medicare certification,
- Shifts starting at 5:00 pm or later,
- Number of treatment stations, and
- Types of dialysis offered.

Quality Measures include:

- Percent of patients at a facility who receive adequate hemodialysis,
- Percent of patients at a facility treated for anemia, whose anemia was adequately managed, and
- Patient survival information.

Each quality measure is explained in detail. You are told how the information is gathered and calculated.

You can compare facility characteristics and quality measures for the facilities you select in your state. This

will show you how the facilities you have selected compare with state and national averages.

Dialysis Facility Compare also has other features, such as a glossary, a list of publications, helpful contacts and related internet resources.

FMQAI: The Florida ESRD Network provides a link to Dialysis Facility Compare at <http://www.fmqai.com/Provider-Links.aspx>.

While visiting Dialysis Facility Compare, please take a look at your clinic’s characteristic information, to be certain that it is correct. If it is not, you may submit corrections to the Network.

The CMS website, www.medicare.gov, also has other excellent tools for dialysis social workers who are assisting with community resource and long term care planning: Nursing Home Compare and Home Health Compare.



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ACCESS

ACCESS

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REMINDER:

Please be sure to verify that the Network contact information you have posted for patient use (i.e. the ESRD complaint & grievance process) is the most current information available. CMS regulations require that patients have a means to contact the ESRD Network with their concerns. The most current contact information for Network 7 is:

FMQAI: The Florida ESRD Network
5201 West Kennedy Boulevard, Suite 900
Tampa, Florida 33609
Telephone (813) 383-1530
Fax (813) 354-1514
For Patients Only (800) 826-3773
www.fmqai.com/esrd.aspx

www.kidneyeol.org

KIDNEY END-OF-LIFE COALITION



Dedicated to
End-of-Life Care for
Kidney Patients

Mission

To promote effective interchange between patients, families, caregivers, payers, and providers in support of integrated patient-centered end-of-life care of chronic kidney disease (CKD) patients.

For additional information, including resources for staff, patients and families, visit www.kidneyeol.org.

Contact the Kidney End of Life Coalition at
kidneyeol@nw5.esrd.net