ESRD Network of New York Annual Meeting
Aiming Higher to Exceed ESRD Quality Goals

April 4, 2019
Sue Caponi, MBA, RN, BSN, CPHQ
CEO, ESRD Program
Agenda

• Overview of IPRO ESRD Network Program
  – National Priorities and ESRD Goals
  – Boards and Committees
  – Quality Improvement Activities
Overview of IPRO ESRD Network Program
Program Priorities and Goals
ESRD Networks

Puerto Rico and Virgin Islands are part of Network 3
Hawaii, Guam, American Samoa are part of Network 17
CMS National Priorities and ESRD Program Goals

- **Priority 1:** Opioid Crisis
- **Priority 2:** Health Insurance Reform
- **Priority 3:** Drug Pricing
- **Priority 4:** Value-Based Care

**Goal 1:** Empower patients and doctors to make decisions about their healthcare

**Goal 2:** Usher in a new era of state flexibility and local leadership

**Goal 3:** Support innovative approaches to improve quality, accessibility, and affordability

**Goal 4:** Improve the CMS customer experience
IPRO ESRD Network Service Areas
(2017 Network Annual Reports)

Network 2
NY
Patients: 29,851
Facilities: 299
Transplant: 13

Network 1
CT, MA, ME, NH, RI, VT
Patients: 14,669
Facilities: 191
Transplant: 15

Network 9
OH, KY, IN
Patients: 33,556
Facilities: 611
Transplant: 12

Network 6
NC, SC, GA
Patients: 49,148
Facilities: 730
Transplant: 10

IPRO ESRD Program
127,224 ESRD Patients
1,831 Dialysis Facilities
47 Transplant Centers
Mission Statement

The Mission of the IPRO End Stage Renal Disease (ESRD) Network Program is to promote health care for all ESRD patients that is safe, effective, efficient, patient-centered, timely, and equitable.
### NW2 Facility Breakdown

<table>
<thead>
<tr>
<th>Ownership</th>
<th>ESRD Patient Census</th>
<th># of Dialysis Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>FKC</td>
<td>7,013</td>
<td>67</td>
</tr>
<tr>
<td>DaVita</td>
<td>6,548</td>
<td>70</td>
</tr>
<tr>
<td>Dialysis Clinic Inc.</td>
<td>2,791</td>
<td>22</td>
</tr>
<tr>
<td>Independents</td>
<td>13,962</td>
<td>144</td>
</tr>
<tr>
<td>Veterans Administration</td>
<td>287</td>
<td>6</td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td><strong>30,601</strong></td>
<td><strong>309</strong></td>
</tr>
</tbody>
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**FKC Facilities:** 215 Facilities, 17,232 Patients, 5 Transplant Ctrs

**DaVita Facilities:** 148 Facilities, 9,849 Patients, 1 Transplant Ctrs

**Dialysis Clinic Inc. Facilities:** 350 Facilities, 20,161 Patients, 4 Transplant Ctrs

**Independents Facilities:** 13,962 Facilities, 13,962 Patients, 144 Transplant Ctrs

**Veterans Administration Facilities:** 287 Facilities, 287 Patients, 6 Transplant Ctrs
ESRD Network of New York (Network 2) Staff

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ESRD Network Role/Responsibilities

• Improve quality of care for ESRD patients
• Promote patient engagement/patient experience of care
• Support ESRD data systems and data collection, analysis and monitoring for improvement
• Provide technical assistance to ESRD patients and providers
• Support emergency preparedness and disaster response
Boards and Committees
ESRD Network Governing Bodies

- IPRO Board of Directors
- Network Council
- Divisional Board
- Medical Review Board
  - Data Sub-Committee
- Grievance Committee
- Patient Advisory Council
- Education Committee
Quality Improvement Activities (QIAs)
Streamlined Approach to Interventions

• **Focus on Patient and Family Centered Care**
  - Incorporating patients into QAPI/Patient Support Groups
  - Interventions aimed at reducing disparities

• **ESRD National Coordinating Center (NCC) Learning and Action Network (LAN) Webinars**

• **Network-developed Patient and Professional Training Programs**

• **Virtual Collaborative Meetings**
  - Interdisciplinary collaborative approach
  - Share best practices, review goal progress, provide coaching support
  - Focus on innovative approaches and rapid cycle improvement that incorporates boundariliness, unconditional teamwork, are customer-focused and sustainable
Patient Safety QIAs
Reduce Rates of BSIs and LTCs

Purpose:
- Reduce Rates of Blood Stream Infections (BSIs) and Long Term Catheters (LTCs)
- Supporting facility enrollment in CDC National Healthcare Safety Network (NHSN), completion of NHSN annual training and quarterly data checks
- Assisting dialysis facilities in the implementation of the CDC Core Interventions
- Support facility enrollment into Health Information Exchanges (HIEs)

Facility Inclusion Criteria:
- 50% of Facilities in the Network include facilities with highest BSI rates
  - 20% relative improvement
- LTC rate >15% from 50% of facilities with the highest BSI rates
  - 2% reduction
Treatment Options QIAs
Increase/Promote Home Therapies & Transplant QIAs

Home Therapies 5 Year National Goal:
• By 2023, increase the % of ESRD patients dialyzing at home to 16% from the 2016 national average of 12%

Purpose:
• Promote referral to home dialysis modalities,
• Identify and mitigate the barriers to timely referral.

Criteria: Identify 30% (92) of dialysis facilities to participate in each QIA.
Goals: By September 30, 2019 2% point increase in the natural trend of:
• # of patients on waitlist for transplant
• # of patients utilizing home therapies

Transplant 5 Year National Goal:
• By 2023 increase the % of ESRD Patients on the transplant waitlist to 30% from the 2016 national average of 18.5%

Purpose:
• Promote early referral to transplant
• Improve referral patterns by addressing barriers to the steps of waitlist
Support Gainful Employment QIA
Support Gainful Employment of ESRD Patients

• **Purpose:**
  - Assist ESRD patients with seeking gainful employment and/or returning to work
  - Collaboration with Employment Network (EN) and/or State Vocational Rehabilitation (VR)

• **Criteria:**
  - 10% of dialysis facilities in the Network service area (31 Facilities)
  - Patients Ages 18-54

• **Goals:**
  - 10% point improvement of patients referred to an EN and/or a VR
  - 5% point improvement of patients utilizing the services of EN and/or a VR
Thank you

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