

ESRD Quality Incentive Program (QIP): Did you know?

In 2008, Congress passed the Medicare Improvements for Patients and Providers Act. This law changed the way dialysis providers are paid by Medicare. Providers are now paid based on how well they score on several quality measures. The overall Performance Score is how a facility knows if they will have a payment penalty. In December of each year, the facility must post the Performance Score Certificate so patients can see it. The quality scores on the certificate, that will be posted in January 2017, are based on treatments in 2015:

- Vascular access: the goal is more fistulas and fewer catheters.
- Dialysis adequacy: the goal is high number of patients getting blood cleaned well.
- Calcium level in blood: the goal is fewer patients with high calcium levels (over 10.2).
- Bloodstream infection: the goal is no infections.
- Hospital readmission rate: the goal is for patients not to need to go back to the hospital within 30 days after discharge.
- Other points are given based on patient answers on the CAHPS survey and about bone disease outcomes and anemia outcomes.

Here are a few things to keep in mind:

- Look for the certificate to be posted by mid-January. If it is not there, ask your facility manager when it will be posted.
- Review your facility score to see how your facility compares with other facilities. *in the* *Continued on page 2*

Medicare Part D: OPEN ENROLLMENT: October 15, through December 7, 2016

The open enrollment for Medicare's Part D prescription coverage plan is here. This is the time for you to look over your current medications, and choose a Part D plan that's right for you! Your Medicare health or prescription drug plan can change how much it costs you and what it covers each year. Even if your plan's cost and coverage stay the same, your health and finances may have changed.

Review your plan each year to make sure it will still meet your needs. If you are satisfied with your current coverage, you don't need to change plans and you don't need to do anything during open enrollment, assuming your current plan will still be available in 2017.

To enroll by phone:

1-800-MEDICARE (633-4227)

To enroll online:

<https://www.medicare.gov/sign-up-change-plans/get-drug-coverage/get-drug-coverage.html>

QIP: Did you know? (*continued*)

- If you have questions, ask! Talk to your nurse manager or doctor about this.
- Ask your manager how your own health outcomes contribute to the overall facility score.

Finally, if you need more information, please contact the Network at 972-503-3215.

Your Voice and ICH CAHPS Surveys

The ICH CAHPS survey is a questionnaire for adult hemodialysis patients who receive care from dialysis facilities. The survey occurs twice a year and asks patients about their experiences with the facility that provides their hemodialysis care. Patients may receive the survey by phone, mail or both from an ICH CAHPS company with whom their dialysis facility has set up a contract.

ICH CAHPS surveys were added as part of the ESRD Quality Incentive Program (QIP) in 2012. Facilities used to get credit with their QIP scores based on whether the surveys occurred or not. The stakes are higher now and facilities may receive a reduced Medicare payment, if the patients give the facilities low scores on the ICH CAHPS questions. The reason for including the ICH CAHPS survey in the QIP is to promote and support patient and family-centered care and patient engagement. CMS wants to hear from you – the patient – about your experiences with dialysis. CMS achieves this goal through using the ICH CAHPS survey.

Patient responses to the ICH CAHPS survey questions make dialysis facilities aware of how patients view different areas of their care, for example:

- If patients feel cared about or respected by dialysis facility staff and kidney doctors
- If dialysis center staff and kidney doctors are explaining things so that patients understand

- If patients feel the dialysis center was clean
- All patient responses are confidential. By patients answering the survey questions, the dialysis facility gets confidential patient feedback, which can be used by the facility to take actions to improve on the quality of care they are providing, or to continue to provide high-quality and respectful care to their patients.

The Network is partnering with patients to remind them of the importance of responding to the ICH CAHPS surveys. If you do not respond to the ICH CAHPS survey questions, no one will hear about your experience of dialysis care at your facility unless, and no one can take actions to change and improve the quality of care you are receiving (if it needs to be changed).

But, not only do you have an opportunity to voice your opinion through the ICH CAHPS survey, you also have an opportunity to assist your facility to improve the patient experience of care. Ask your facility leaders to share the last ICH CAHPS survey results with you, and look at which questions received good marks from patients and which questions received poor marks from patients. And then, get involved – join a facility team who is charged with improving patient ICH CAHPS scores, and offer your feedback and opinions on how things can be done better.

Peritoneal Dialysis...Is it right for me?



Hello, my name is Jared McKinley and I've been a dialysis patient for nearly five years. When my nephrologist first informed me that I needed to begin

dialysis, I had more than my fair share of questions. Will it hurt? How long does it take? Will I be able to keep my job? Do I have ANY options? You probably had many of the same questions. Fortunately, my nephrologist was able to answer all of my questions and eventually help me decide what treatment modality was the best fit for me. I decided that the modality most likely to have the smallest effect on my life was Peritoneal Dialysis (PD).

You may be considering making the switch from in-center hemodialysis to PD. I'm not going to try and convince you what you should choose, but I think you should be able to make an informed decision about the modality that is right for you. If anything, I hope this encourages you to ask your medical team questions.

Let's start with the basics. PD uses a dextrose solution (water with a bit of sugar) to pull the excess water and toxins out of your blood. You start off doing this manually, then you get to start using the cycler at night while you sleep. This whole process feels very weird at first, but after a couple of weeks it becomes normal. Next time you're at the clinic or see your doctor, ask for some pamphlets that give a much better explanation.

There were many reasons why I chose PD, but there are a few that carried more weight than the others.

- **Independence** - I have always believed that if I want something done right, I'd better do it myself. PD puts you in charge of your own dialysis.
- **Diet** - The diet on PD is less restrictive than hemodialysis. I encourage you to ask your dietitian about the differences.
- **Work** - Most of my coworkers had no idea I was even on dialysis unless I told them. I was able to keep working 40 hours a week.
- **Fluid restrictions** - If you have a bad fluid day, you can adjust your treatment that night to pull more water and wake up feeling good the next morning.

There can also be some draw-backs. If this modality was perfect, everyone would use it.

- **Infection** - When you do PD, you have to keep your environment clean. Infection is a serious risk.
- **Storage** - You have to find somewhere to store one month's worth of medical supplies inside your house.
- **Trash** - There is a lot of trash to deal with. The solution arrives in a bag, inside another bag, inside a box. This is all necessary to keep everything as sterile as possible.

In the end, this decision comes down to personal preference. It is more work to be on PD, but I wouldn't have it any other way. I don't want anyone to make a decision about their medical treatment based solely on this article, but I hope this encourages you to ask questions.

Network 14 Star Staff Awards



This year we had many nominations from a specific facility in the Dallas area. We would like to recognize these super star staff members of **DaVita Lake Cliff Dialysis**. These nominations were put forward by their patients and facility patient representative.

Patrick Samson— Supervisor
Gloria Odunsi— Charge Nurse
Thomas Brow— Technician

“They go above and beyond the of duty to promote excellent care to me and other patients”

LaTeshia Webb— Patient Care Technician

“This tech was selected by a group of patients...she is caring, responsible and respectful”

To file a grievance please contact End Stage Renal Disease Network of Texas (ESRD Network 14) at 1-877-886-4435, info@nw14.esrd.net, 4040 McEwen Rd.



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