

Network Professionals Goals 2017

Goals of the Centers for Medicare & Medicaid Services

In keeping with the legislative mandate for the ESRD Network program, the goals of the Centers for Medicare & Medicaid Services (CMS) for ESRD Networks are to promote positive change relative to three AIMs outlined in the National Quality Strategy (NQS) and CMS priorities. The AIMs are interpreted by CMS as:

AIM 1: Better Care for the Individual through Beneficiary and Family Centered Care

AIM 2: Better Health for the ESRD Population

AIM 3: Reduce Costs of ESRD Care by Improving Care

CMS envisions the role of the Network as patient care navigators that lead transformation by:

- Serving as conveners, organizers, motivators, and change agents
- Leveraging technology to provide outreach and education
- Serving as partners in quality improvement with beneficiaries, practitioners, health care providers, other health care organizations, and other stakeholders
- Securing commitments to create collaborative relationships
- Achieving and measuring changes at the patient level through data collection, analysis, and monitoring for improvement
- Disseminating and spreading best practices including those relating to clinical care, quality improvement techniques, and data collection through information exchange
- Participating in the development of a CMS national framework for providing emergency preparedness services.

Network relationship with Medicare beneficiaries:

- Ensure representation of Medicare beneficiaries in shared decision making related to ESRD care in order to promote *person-centeredness and family engagement (NQS Principle 1)*
- Protect Medicare beneficiaries' *access to quality dialysis care, especially among vulnerable populations (NQS Principle 3).*

Network relationship with ESRD facilities (NQS Principle 4)

- Identify opportunities for *quality improvement* at the individual facility level and provide technical assistance (*NQS Principle 5*)
- Promote all modalities of care, including home modalities and transplantation, as appropriate, *to promote patient independence and improve clinical outcomes (NQS Principle 5)*
- Facilitate processes *to promote care coordination* between different care settings (*NQS Principle 8*)

- Ensure accurate, complete, consistent, and timely data collection, analysis, and reporting by facilities in accordance *with national standards* and the ESRD QIP (*NQS Principle 6*).

AIM 1: Better Care for the Individual through Beneficiary and Family Centered Care

- Promote patient and family engagement through fostering patient and family engagement at the facility level, involving patients/families in CMS Meetings and convening a Patient Engagement Learning and Action Network (LAN).
- Improve patient experience of care through evaluating and resolving grievances, promoting use of In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) and/or any similar survey identified by CMS, and address issues identified through data analysis.
- Assist with patient-appropriate access to in-center dialysis care, decrease Involuntary Discharges (IVDs) and Involuntary Transfers (IVTs), address patients at risk for IVD/IVT and failure to place and report to CMS on access to dialysis care monthly.
- Improve vascular access management, improve arteriovenous (AV) fistula rates for prevalent patients, reduce catheter rates for prevalent patients, support facility vascular access reporting, spread best practices, provide technical support in the area of vascular access and recommend sanctions to CMS for failure to improve.
- Improve patient safety through reduction of Healthcare-Acquired Infections (HAIs), support the National Healthcare Safety Network (NHSN), establish HAI LAN, and reduce rates of Dialysis Facility Events.
- Facilitate patient and family knowledge of transplantation and organ donation and appropriate referrals for transplantation options.
- Facilitate patient and family knowledge of home therapy and referrals for home dialysis.

AIM 2: Better Health for the ESRD Population

- Conduct a Population Health Innovation Pilot Project (PHIIP) that reduces disparities and increases Hepatitis B (HBV), Influenza, and Pneumococcal Vaccination Rates, including staff influenza immunization.

AIM 3: Reduce Costs of ESRD Care by Improving Care

- Provide support for ESRD Quality Incentive Program (QIP) and performance improvement on QIP measures, assist facilities in understanding and complying with QIP processes and requirements, assist facilities in improving their performance on QIP measures, assist CMS in monitoring the quality of and access to dialysis care and assist beneficiaries and caregivers in understanding the QIP.
- Support Facility Data Submission to CROWNWeb, NHSN, and/or Other CMS-Designated Data Collection System(s).