

Network Professionals Goals 2018

Goals of the Centers for Medicare & Medicaid Services

In keeping with the legislative mandate for the ESRD Network program the intent is to align Network activities with the Department of Health and Human Services (HHS) National Quality Strategy (NQS), the HHS Secretary Priorities (Reform, Strengthen, and Modernize the Nation's Health Care System, Protect the Health of Americans Where They Live, Learn, Work, and Play, Strengthen the Economic and Social Well-Being of Americans Across the Lifespan, Foster Sound, Sustained Advances in the Sciences, and Promote Effective and Efficient Management and Stewardship) and the Centers for Medicare & Medicaid Services (CMS) goals that mirror the Secretary's priorities and other CMS priorities designed to result in improvements in the care of individuals with ESRD.

Centers for Medicare & Medicaid Services (CMS) goals that mirror the Secretary's priorities and other CMS priorities designed to result in improvements in the care of individuals with ESRD.

The CMS Goals:

- **Goal 1:** Empower patients and doctors to make decisions about their health care
- **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

The Network shall promote positive change relative to Secretary's priorities and CMS goals. The HHS Priorities are interpreted as:

- **Priority 1:** Reform, Strengthen, and Modernize the Nation's Health Care System
- **Priority 2:** Protect the Health of Americans Where They Live, Learn, Work, and Play
- **Priority 3:** Strengthen the Economic and Social Well-Being of Americans Across the Lifespan
- **Priority 4:** Foster Sound, Sustained Advances in the Sciences
- **Priority 5:** Promote Effective and Efficient Management and Stewardship

Goal 1: Empower patients and doctors to make decisions about their health care

The Network is uniquely positioned to ensure full participation of the ESRD community in achieving the aims of the NQS, HHS Priorities, and CMS Goals. Therefore, these positions emphasize:

Network relationship with ESRD patients

- Ensuring representation of ESRD patients in shared decision making related to ESRD care in order to promote person-centeredness and family engagement (NQS Principle 1) (Priority 2).

Network relationship with ESRD facilities (NQS Principle 4) (Priority 1)

- Promoting all modalities of care, including home modalities and transplantation, as appropriate, to promote patient independence and improve clinical outcomes(NQS Principle 5) (Priority 2)
- Facilitating processes to promote coordination between care settings(NQS Principle 8) (Priority 1 and 2)

Coordination and sharing across 18 Networks

- Collaborating to share information, such as data on patient migration, across Networks to promote care coordination (NQS Principle 8) (Priority 1)
- Sharing information to promote care coordination for ESRD patients (NQS Principle 8) (Priority 1 and 2)

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

Network relationship with ESRD patients.

- Protecting ESRD patients' access to and quality of dialysis care, especially among vulnerable populations (NQS Principle 3) (Priority 1)

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

Network relationship with ESRD facilities

- Identifying opportunities for quality improvement at the individual facility level and providing technical assistance (NQS Principle 5) (Priority1)
- Promoting all modalities of care, including home modalities and transplantation, as appropriate, to promote patient independence and improve clinical outcomes(NQS Principle 5) (Priority 2)

- Facilitating processes to promote coordination between care settings(NQS Principle 8) (Priority 1 and 2)
- Ensuring accurate, complete, consistent, and timely data collection, analysis, and reporting by facilities in accordance with national standards and the ESRD Quality Incentive Program (QIP). This also includes the submission of Master Account Holder information for all new facilities to the ESRD Network. (NQS Principle 6) (Priority 1)

Coordination and sharing across 18 Networks

- Using standardized procedures to collect data and address grievances to promote consistency across Networks (NQS Principle 6) (Priority 1 and 2)
- Collaborating to share information, such as data on patient migration, across Networks to promote care coordination (NQS Principle 8) (Priority 1)
- Coordinating with regional Quality Innovation Network-Quality Improvement Organizations (QIN-QIO) and Hospital Improvement Innovation Networks (HIIN), as well as other recognized subject matter experts in the quality improvement field. (Priority 2)
- Sharing information to promote care coordination for ESRD patients (NQS Principle 8) (Priority 1 and 2)
- Sharing best practices to improve quality of care for ESRD patients, including Network involvement in Learning and Action Networks (LANs) (NQS Principle 5) (Priority 2)

Network acting on behalf of CMS

- Conveying information from CMS to facilities on HHS and CMS goals, strategies, policies, procedures, and initiatives, including the ESRD QIP (Priority 1 and 2)
- Interpreting and conveying to CMS or its designee information relevant to the ESRD healthcare system to assist with monitoring and evaluation of policy and program impacts, including the effects of the ESRD QIP. (Priority 1 and 2)

Goal 4: Improve the CMS customer experience

Network acting on behalf of CMS

- Conveying information from CMS to facilities on HHS and CMS goals, strategies, policies, procedures, and initiatives, including the ESRD QIP (Priority 1 and 2)
- Maintaining integrity of information and tone of messaging consistent with CMS expectations for entities acting on behalf of the agency (Priority 1 and 2)

- Interpreting and conveying to CMS or its designee information relevant to the ESRD healthcare system to assist with monitoring and evaluation of policy and program impacts, including the effects of the ESRD QIP. (Priority 1 and 2).