## Agenda & Presenters

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Presenters</th>
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<tbody>
<tr>
<td>Welcome &amp; Opening Remarks</td>
<td>Ralph Atkinson, MD, President</td>
</tr>
<tr>
<td>President’s Report</td>
<td>David Henner, DO, MAC Chair &amp; President-Elect</td>
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<tr>
<td>Sharing Best Practices</td>
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<tr>
<td>Executive Director Advisory Council</td>
<td>Sue Caponi, EDAC Chair</td>
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<tr>
<td>Kidney Patient Advisory Council</td>
<td>Derek Forfang &amp; Maile Robb, KPAC Co-Chairs</td>
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<tr>
<td>Medical Advisory Council</td>
<td>David Henner, DO, MAC Chair &amp; President-Elect</td>
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<tr>
<td>Attendee Q&amp;A</td>
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<tr>
<td>Adjournment</td>
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All ESRD Networks are members of the Forum of ESRD Networks, which is a not-for-profit organization that advocates on behalf of its membership and coordinates projects and activities of mutual interest to ESRD Networks. The Forum facilitates the flow of information and advances a national quality agenda with CMS and other renal organizations.

The **Mission** of the Forum is to support and advocate on behalf of the ESRD Networks in promoting methods to improve the quality of care to patients with renal disease.

Core values: volunteerism, collaboration, innovation and flexibility, spread of knowledge, integrity, autonomy of individual ESRD Networks

December 2005
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<th>Network</th>
<th>States</th>
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<th>Patients</th>
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<td>IL</td>
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<tr>
<td>16</td>
<td>AK, ID, MT, OR, WA</td>
<td>222</td>
<td>7</td>
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<td>18</td>
<td>S CA</td>
<td>416</td>
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<td><strong>Comagine</strong></td>
<td><strong>638</strong></td>
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<td><strong>National Totals as of 12/31/2018</strong></td>
<td><strong>7,442</strong></td>
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<tr>
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<td><strong>National Totals as of 12/31/2017</strong></td>
<td><strong>7,158</strong></td>
<td><strong>222</strong></td>
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**Executive Committee:**

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
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<tbody>
<tr>
<td>President</td>
<td>Ralph Atkinson III, MD</td>
</tr>
<tr>
<td>President-Elect</td>
<td>David Henner, DO</td>
</tr>
<tr>
<td>Past-President</td>
<td>Don Molony, MD</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Stephanie Hutchinson, MBA</td>
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<tr>
<td>Secretary</td>
<td>Chris Brown</td>
</tr>
<tr>
<td>MAC Chair</td>
<td>Dave Henner, DO</td>
</tr>
<tr>
<td>EDAC Chair</td>
<td>Sue Caponi, MBA, RN, BSN, CPHQ</td>
</tr>
<tr>
<td>EDAC Vice-Chair</td>
<td>Brandy Vinson</td>
</tr>
<tr>
<td>KPAC Chair</td>
<td>Derek Forfang</td>
</tr>
<tr>
<td>KPAC Vice-Chair</td>
<td>Maile Robb</td>
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**Members at Large:**

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Natasha Avery, DrPH, LMSW, CHES</td>
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<tr>
<td>Kam Kalantar-Zadeh, MD, MPH, PhD</td>
</tr>
<tr>
<td>Robert Kenney, MD</td>
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<tr>
<td>Kelly M. Mayo, MS</td>
</tr>
<tr>
<td>Stephen Pastan, MD</td>
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<tr>
<td>Katrina Russell, RN, CNN</td>
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**Ad Hoc & Emeritus:**

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Andrew Howard, MD, FACP</td>
</tr>
<tr>
<td>John Wagner, MD, MBA</td>
</tr>
<tr>
<td>Louis Diamond, MB, ChB, FACP</td>
</tr>
</tbody>
</table>
Board of Directors

- EDAC
  - Executive Directors
- MAC
  - MRB Chairs
- KPAC
  - Patients

- Regular Calls with CMS
- Facilitate flow of information and communication across all Networks: Forum, Network staff, BODs, MRBs, PACs
- Quality Conference Webinars
- Relationships with other Stakeholders (i.e. NRAA, RPA, LDOs, NKF, AAKP, AHQA, CDC, ASN)
- Assisting the Networks
Executive Director Advisory Council (EDAC)

Chair: Sue Caponi (Nw 2)
Vice-Chair: Brandy Vinson (Nw 5)
Network 1 Danielle Daley, MBA
Network 2 Sue Caponi, MBA, RN, BSN, CPHQ
Network 3/4 Chris Brown
Network 5 Brandy Vinson
Network 6 Shannon Wright
Network 7/17 Helen Rose, MSW, BSW, LCSW
Network 8 Natasha Avery, DrPH, LMSW, CHES
Network 9 Victoria L. Cash, MBA, BSN, RN
Network 10 Audrey Broaddus
Network 11 Diane Carlson
Network 12 Stephanie H. Smith
Network 13 Linda Duval, BSN, RN
Network 14 Mary Albin
Network 15 Vicki Brantley
Network 16/18 Stephanie Hutchinson, MBA
<table>
<thead>
<tr>
<th>Chair:</th>
<th>David Henner, DO</th>
<th>Network 1:</th>
<th>David Henner, DO</th>
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<tbody>
<tr>
<td>Network 2:</td>
<td>George Coritsidis, MD</td>
<td>Network 2:</td>
<td>George Coritsidis, MD</td>
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<tr>
<td>Network 3:</td>
<td>Keith Norris, MD, PhD</td>
<td>Network 3:</td>
<td>Keith Norris, MD, PhD</td>
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<td>Network 4:</td>
<td>Marc Weiner, MD</td>
<td>Network 4:</td>
<td>Marc Weiner, MD</td>
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<td>Network 5:</td>
<td>Stephen Seliger, MD</td>
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<td>Network 7:</td>
<td>Mark Russo, MD, PhD</td>
<td>Network 7:</td>
<td>Mark Russo, MD, PhD</td>
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<td>Network 8:</td>
<td>Mandeep Grewal, MD, MBA</td>
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<td>Mandeep Grewal, MD, MBA</td>
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<td>Network 9:</td>
<td>Anil Agarwal, MD</td>
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<td>Anil Agarwal, MD</td>
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<td>Network 10:</td>
<td>Deepa Chand, MD, MHSA</td>
<td>Network 10:</td>
<td>Deepa Chand, MD, MHSA</td>
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<tr>
<td>Network 11:</td>
<td>Sana Waheed, MD</td>
<td>Network 11:</td>
<td>Sana Waheed, MD</td>
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<td>Network 12:</td>
<td>Clifford Miles, MD, MS</td>
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<td>Clifford Miles, MD, MS</td>
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<td>Network 13:</td>
<td>Laura Rankin, MD</td>
<td>Network 13:</td>
<td>Laura Rankin, MD</td>
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<td>Network 14:</td>
<td>Donald Molony, MD</td>
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<td>Donald Molony, MD</td>
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<td>Network 15:</td>
<td>Harmeet Singh, MD</td>
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<td>Harmeet Singh, MD</td>
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<td>Network 16:</td>
<td>John Stivelman, MD</td>
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<td>John Stivelman, MD</td>
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<td>Network 17:</td>
<td>Ramin Sam, MD</td>
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<td>Ramin Sam, MD</td>
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<td>Network 18:</td>
<td>Kam Kalantar-Zadeh, MD, MPH, PhD</td>
<td>Network 18:</td>
<td>Kam Kalantar-Zadeh, MD, MPH, PhD</td>
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<tr>
<td>Ad Hoc Member:</td>
<td>Stephen Pastan, MD</td>
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<tr>
<td>EDAC Rep:</td>
<td>Stephanie Hutchinson (16/18)</td>
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<td>QID Rep:</td>
<td>Barbara Dommer-Breckler (16/18)</td>
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<tr>
<td>KPAC Rep:</td>
<td>Maile Robb (15)</td>
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<tr>
<td>Network 1</td>
<td>Walter Crosby</td>
<td>Gary Calabritto</td>
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<tr>
<td>Network 2</td>
<td>Stephanie Dixon</td>
<td>Dawn Edwards</td>
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<tr>
<td>Network 3</td>
<td>Bill Senior</td>
<td>Maribel Casas</td>
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<td>Network 4</td>
<td>Allen Nelson</td>
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<td>Network 5</td>
<td>Virna Elly</td>
<td>Patrick Gee</td>
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<td>Network 6</td>
<td>Keith Taylor</td>
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<td>Network 7</td>
<td>Janice Starling</td>
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<td>Network 8</td>
<td>Jacqueline Bland</td>
<td>Anisha Twymon</td>
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<td>Evan Coaker</td>
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<td>Amy Hoffman</td>
<td>Quin Taylor</td>
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<td>Maggie Carey</td>
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<td>Mark Johnson</td>
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<td>Network 13</td>
<td>Tina Hood</td>
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<td>Bobbi Wager</td>
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<td>Network 15</td>
<td>Maile Robb</td>
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<td>Nancy Hewitt-Spaeth</td>
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<td>Derek Forfang</td>
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<td>David Rosenbloom</td>
<td>Olga Hernandez-Perez</td>
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<tr>
<td>EDAC Rep:</td>
<td>Danielle Daley (NW 1)</td>
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<tr>
<td>PSD Rep:</td>
<td>Yessi Cubillo (NW 3)</td>
<td>Lisa Hall, MSSW, LICSW (NW 16)</td>
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</table>
Proposed Forum Bylaws Changes
Electronic vote to take place in November

**Emeritus Membership:**
A Member retiring or departing from the National Forum of ESRD Networks shall be eligible for the Emeritus Member designation based on having made outstanding contributions to the Forum as a Member. The President has the authority to appoint Emeritus members, subject to approval by a majority vote of the Board of Directors.

*The Bylaws will be amended to include section 4.11 with the above proposed language.*

**KPAC Chair & Vice-Chair Titles change to Co-Chairs:**
The Forum’s Kidney Patient Advisory Council, with the support of the Board of Directors, proposes changing the titles of the KPAC leadership from Chair and Vice-Chair to Co-Chairs; and adding both Co-Chairs to the Executive Committee. This change in language will appear in sections 5.2.1 and 5.2.6 of the Forum Bylaws.
The Role of the Forum

• Assisting the Networks
• CMS Communications
• Council Activities: MAC, EDAC, KPAC
• Quality Conference Webinars
• Relationships with other stakeholders
• Governance
• Improve flow of communication between the Forum and Network staff, BOD’s and MRB’s
Continued regularly scheduled calls to discuss programmatic and strategic rather than operational issues

- Jeneen Iwugo, Deputy Director, CCSQ
- Dennis Wagner, Director, Quality Improvement & Innovation Group (QIIG)
- Paul McGann, MD, Chief Medical Officer, QIIG
- Traci Archibald, Dir. Division of ESRD, Population & Community Health, QIIG
- Renee Dupee, ESRD Program Team Lead, QIIG
- CORs, ARAs, Central Office staff

2019: 2/27/19, 4/15/19, 8/19/19, 9/25/19

CMS Quality Conference Meeting with CMS Leadership – 1/31/2019
• ESRD unique population for opioid initiatives
• Partnering with CMMI – ESRD and CKD
• Advanced Care Planning
• ESCO Learning – sharing best practices, esp. CKD
• Flexibility of choice for Network pilot projects
• Early patient interaction regarding treatment options
• Network access to more data beyond CROWNWeb
• Toolkits – CMS recognized the value and sharing electronically
• Leveraging patients & CKD work
• Accenture Briefing Invitation: CMS’ Human Centered Design Transplant Project
• Task Order One released to the 59 NQIIIC/IDIQ Entities (CKD focus), includes a short list of key priorities related to the ESRD program
• CMS’ continued focus on Transplantation: reducing discard kidneys and increase donor availability
• Requested clarity on the IRB Common Rule as it applies to the ESRD Network QIAs
• Forum offer to share experiences identified in the ESCO program, consideration of CKD-ESRD continuum in future
• CMS approval to provide 2728 incidence vascular data to Networks as requested by the MAC/Networks
• Forum request to lead the task of collating Network data tables to provide national vital statistics (prevalence, incidence, transplant, death)
• Advancing American Kidney Health Initiative
• Forum leaders invited to present Toolkits on May 2019 PEOC CoP Call
• Forum request for invitation to future CMS Listening Sessions
• Network Success Story: Network 3 & 4 Transplant Project
• Forum members invited to participate in an AAKH Transplant Discussion with CMS leaders (10/16/19)
Primary Accomplishments since June 2018 Membership Webinar

- Dialysis Patient Depression Toolkit Released June 2018
- “Dialysis Patient Depression Toolkit” a collaborative webinar with AAKP & NKF highlighting the Depression Toolkit (Oct 2018)
- “The Kidney Project” with Dr. Shuvo Roy (Oct 2018)
- Annual CMS/Forum Leadership meeting on January 30, 2019, with an invitation to provide feedback on the Human Centered Design Transplant Project
- “The ESRD QIP: What every facility should know” (April 2019)
- CMS’ National Care Transitions Awareness Day (04/16/19)
- “Kidney Transplant Toolkit” hosted by the ESRD NCC highlighting the MAC toolkit (Sep 2019)
- Ongoing regular calls between CMS & Forum Leadership
Forum Documents since June 2018 Membership Webinar

- CMS-1691-P Medicare Program: ESRD PPS/QIP (Sept 2018)
- CMS-3346-P Medicare & Medicaid Programs: Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction (Nov 2018) – [Both the MAC & KPAC submitted formal comments to CMS]
- MAC provides clarification on Medicare Billing for Outpatient Dialysis in the Hospital Setting (April 2019)
- CMS-9115-P Medicare & Medicaid Program: Interoperability in the ESRD Program (June 2019)
- CMS-5527-P Medicare Program: Specialty Care Models to Improve Quality of Care and Reduce Expenditures (ESRD ETC Model) (Sept 2019)
- CMS-1713-P Medicare Program: ESRD PPS/ QIP (Sept 2019)

These documents have been uploaded to the Forum website and are available for review.
Collaborative Activities

• Renal Organizations
  o RPA
  o LDO (DaVita, FMC, DCI): regular calls with EDAC
  o NRAA
  o AAKP
  o KCP / KCQA
  o ESRD National Coordinating Center (KPAC representation)
  o ASN
  o Veterans Health Administration
  o NKF
  o USRDS
• AHQA
• HIT/HIE discussions: ONC, CMS, NRAA
• Centers for Disease Control
• Medical Technology and Practice Patterns Institute, Inc.
• CMS Quality Conference
What should the Forum be?

• Support and advocate on behalf of the ESRD Networks in promoting methods to improve the quality of care to patients with renal disease
• Voice of the Patient
• Mechanism to share/spread quality improvement ideas across the Networks
• Mechanism to establish a partnership with QINs in developing population health initiatives across the CKD spectrum
• A partner organization
• An organized entity which operates consistent with reasonable business principles
On the Horizon in 2020

• Advancing American Kidney Health
• Continued implementation of the 7 Forum Strategic Planning priorities
• Building community awareness
• KPAC companion to the Kidney Transplant Toolkit
• Updates to multiple MAC Toolkits
• Quality Webinars
• Sharing Best Practices
• Actively pursuing additional financial resources to support Forum/Network activities
• Nominations for Forum Board Elections (May 2020)
Strategic Planning Priorities

1. Increase Board Effectiveness and Commit to Board Development
2. Resource Identification
3. Commit to Customer Needs
4. Explore and Strengthen Network/Forum Relationship with QIO/QIN Organizations & CMS
5. Sharing Best Practices, Experiences, Innovation
6. Marketing Forum Activities
7. Framework for Alliance Building
Representatives from Home Dialyzors United and USRDS were invited to present at the recent Forum Board of Directors Meeting

Home Dialyzors United
• Nieltje Gedney
• https://www.homedialyzorsunited.org/

“Going Home, Staying Home”
• A curriculum on modality choices for dialysis patients
• For all CKD and dialysis patients
• Presented by both professionals and patient advocates
USRDS  https://www.usrds.org/

- Kirsten L. Johansen, MD, FASN
- David T. Gilbertson, PhD
- James B. Wetmore, MD, MS

- Current contract awarded to Chronic Disease Research Group (CDRG) based at Hennepin County Medical Center, Mpls, MN
- Acknowledge the community, who has entrusted the group to meet the expectations of the contract
- Presented a history of USRDS, milestones, and overview of past Special Studies
- Demonstrated the on-line Annual Data Report (ADR) being updated, received comments from Forum members
- Welcomed an invitation from the Forum to continue discussions and an offer from the KPAC to assist with the development of a patient-friendly version of the ADR
Pursuing financial resources to support Forum/Network activities

• Grant opportunities in the community
• Drafting a “Capabilities Statement” and Forum brochure
• Donate Button on Forum website
• Subcontracting with other organizations
• Consider a fee for future webinars, CE’s
## Balance Sheet

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<th>(as of 9/30/19)</th>
<th>(as of 9/30/18)</th>
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<tbody>
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<td>Chase Bank Checking</td>
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<td>Chase Bank Savings</td>
<td>6,121.41</td>
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<tr>
<td>Investments</td>
<td>553,122.97</td>
<td>522,773.19</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$ 591,554.83</strong></td>
<td><strong>$ 597,989.10</strong></td>
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Sharing Best Practices, Experiences & Innovations

Dave Henner, DO
Sharing Best Practices
Categories

• Treatment Modalities- In-center HD, Home dialysis, PD, Conservative Care
• Kidney Transplantation
• Quality of Care
  • Infection Control
  • Pain Management
  • Vascular Access
  • Care Coordination
• Quality of Life, Mental Health, or Vocational Rehab
• Patient Engagement
• Leadership/Staff Development
• Emergency/Disaster Preparedness
• Other
Procedure or set of processes that has been shown by research and/or experience to produce optimal results and that is established or proposed as a practice suitable for widespread adoption.
What happens once submitted?

• Submission will undergo robust review and vetting process consisting of several committees in Forum may include Nephrologists, patients and/or Executive Directors
• If chosen as best practice, will be proudly displayed on Forum website in Education section as best practice to be shared publically with dialysis community
• Best Practices submitted + chosen will also be shared with CMS Leadership on regular calls with Forum Leadership
• Best Practices will be shared with Networks
Do you have a Best Practice?

If so, submit your best practice on Forum of ESRD Networks website today!
EDAC Report

Sue Caponi, Chair
Executive Director, ESRD Network 2

Brandy Vinson, Chair-Elect
Executive Director, ESRD Network 5
EDAC

• Executive Directors representing all 18 ESRD Networks
• Discuss issues affecting all Networks
• Determine gaps in knowledge and/or understanding
• Advise Forum Board, MAC and KPAC on areas that need to be addressed with CMS and Nephrology Community
• Share “best practices” and strategies for meeting/exceeding SOW deliverables and goals
• Reduce BSIs
  • Increase eMR, HIE access to improve communication during transitions
  • Reduce long term catheter rates in those with 15% rate or higher in cohort
  • Support NHSN

• Increase Home Modality

• Increase Transplant Waitlist

• Population Health:
  • Reduce Hospitalization
  • Increase Vocational Rehab

• Also: Patient Engagement, Addressing Patient and Facility Concerns, Emergency Monitoring, Working with State Survey Agencies, Providing Technical Assistance
Goal: 2% point improvement in the natural trend using home modality in 30% of facilities in Network service area
Goal: 2% point improvement in the natural trend of patients on the transplant waitlist in 30% of facilities in Network service area.
Goal: Reduce LTCs by 2 percentage points within QIA facilities in 50% of Network service area with the highest infection rates and those higher than 15% LTCs.
Option Year 4

• Option Year 4 starts 12/1/2019
• Goals of the AAKH infused through the SOW
• Largest change is the conversion of government furnished equipment to contractor furnished equipment
• Elimination of QIA targeted facilities
• Addition of Peer Mentoring as a choice for the Population Health QIA—elimination of depression and pain management choices
• Transplant Waitlist Goal decreased to 1.25%
• Home Goal increased to 2.5%
• Revised Proposals submitted 10/29/2019
EDAC Accomplishments

• Good Relationship with CMS leadership, CORs, SMEs, and Central Office
• Successful patient engagement and inclusion in QI projects – recognized by CMS
• Successfully set up regular meetings with NRAA and LDOs
• Worked with CMS to revise the monthly report template in 2019
2021-2025 Statement of Work

- QIAs to align with new AAKH initiatives and payment models
- Draft SOW expected early 2020*
- Full and open competition in late Spring (May-June 2020)*
- Proposals due July 2020*
- Contract Awards October 2020*

*estimates
KPAC Mission & Vision

**Mission:**
To support and advocate on behalf of the ESRD Networks and to improve the Quality of Care to Patients with Renal Disease.

**Vision:**
Being the Patient Eyes, Ears and Voice for CMS bridging the gap between Patient Experience and Provider Performance.

March 2015
KPAC Recent Activities

- Expanded KPAC Membership (2 reps / Network)
- Technical Expert Panel Opportunities
- Toolkits
  - Depression Toolkit Brochure
  - Patient Companion Piece to the MAC Transplant Toolkit is under development
  - Financial Help Resources is under final review & approval
- KPAC News Hub
- Contributing to Forum Public Comments
- Community Collaborations
Brief Overview of the Toolkit’s Content

CHAPTER ONE
THE EMOTIONAL DEMANDS OF DIALYSIS

CHAPTER TWO
SIGNS OF ANXIETY AND DEPRESSION CAUSED BY OVERWHELMING STRESS

CHAPTER THREE
DO I NEED HELP?
VALUE & DANGERS OF SELF DIAGNOSTIC TOOLS

CHAPTER FOUR
WHAT TYPE OF HELP IS OUT THERE?

CHAPTER FIVE
PICKING A TREATMENT PROVIDER AND HOW TO PREPARE FOR A MENTAL HEALTH VISIT

- INFORMATION FOR PROFESSIONALS
- PATIENT RESOURCES
- ACKNOWLEDGEMENTS
- ESRD NETWORKS’ PATIENT TOLL FREE NUMBERS/MAP

TO DOWNLOAD A FREE FULL COPY OF THE “DIALYSIS PATIENT DEPRESSION TOOLKIT”
PLEASE VISIT:
WWW.ESRDNETWORKS.ORG/RESOURCES/

Dialysis Patient Depression Toolkit

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KIDNEY PATIENT ADVISORY COUNCIL (KPAC)
The Patient’s Guide to Dealing with Depression Toolkit

The Forum of End State Renal Disease (ESRD) Network’s Kidney Patient Advisory Council (KPAC) has developed the Dialysis Depression Toolkit to help patients who feel they may be experiencing depression.

This toolkit was designed **BY patients and FOR patients** but there are important contributions by professional collaborators who graciously joined our workgroup.

It is important to remember that we are not alone. Even if we are on dialysis and dealing with anxiety or depression, we can still have loving and productive lives. There are no limits to what we can achieve with determination and the right tools.

Many, many people have gone through the same things and we would like to share some of the things that helped us cope.

**Take a look inside for one of the many useful resources found in the Dialysis Patient Depression Toolkit!**

---

**The Patient Health Questionnaire (PHQ-9)**

<table>
<thead>
<tr>
<th>Over the past 2 weeks, how often have you been bothered by any of the following problems?</th>
<th>Not At all</th>
<th>Several Days</th>
<th>More Than Half the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling down, depressed or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Trouble falling asleep, staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling bad about yourself - or that you’re a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Trouble concentrating on things, such as reading the newspaper or watching TV</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Moving or speaking so slowly that other people could have noticed, or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Column Totals**

<table>
<thead>
<tr>
<th>Over the past 2 weeks, how often have you been bothered by any of the following problems?</th>
<th>Not At all</th>
<th>Several Days</th>
<th>More Than Half the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column Totals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Add Totals Together**

---

**The scoring is quite simple:**

- All you need to do is add up the columns of 1’s, 2’s, and 3’s and then add them together for a total score.
- There is no data available specifically for patients with renal disease, but in general, if you scored over a 10, it is considered high and you should follow-up with your social worker, or get a professional assessment.
KPAC Mission & Vision

KPAC TRANSPLANT TOOLKIT

Transparency, Risk vs Reward, Patient Experiences
Dialysis Means Changes in our Lifestyle

When we are newly diagnosed with End Stage Renal Disease (ESRD) and begin dialysis, we are given a great deal of information on the changes in our health. This is important information covering the lifestyle changes we need to make such as fluid and food restrictions. These lifestyle changes will help us stay strong and feel better. However, there are other lifestyle changes that we should be making to protect our Financial Health.

To be perfectly honest, many of us have had to accept some financial losses. Some of us have not continued to work and have had a sharp decrease in Income. Some of us have struggled with an increase in Expenses to cover both medical and non-medical costs that we were not anticipating. As a result, we may have lost assets - cars, homes, savings, college funds, etc.

These changes in both Income and Expenses have become our “new normal” but we are not prepared to
Sincere Thank You to the Renal Networks and your staff members who encourage patients to join the KPAC and support the work of our Council and the Forum!

Please feel free to contact Maile or Derek if you have questions, concerns, suggestions for the KPAC:

Maile: thomasandmaile@yahoo.com

Derek: Derek.Forfang@gmail.com
MAC Report

David Henner, DO
Chair, Forum MAC
ESRD Network 1
Medical Advisory Council (MAC)  
Mission & Scope

- Provide a consistent interpretation from the physician perspective of the challenging issues faced by the Networks and Forum Board
- Work with and through the Networks to generate QA/QI initiatives aimed at improving patient care
MAC Projects & Activities

Toolkits
• Medical Director Toolkit
• Kidney Transplant Toolkit
• Transitions of Care Toolkit
• Inpatient Medical Director Toolkit
• Medication Reconciliation Toolkit

Press Releases
• Medicare Billing for Outpatient Dialysis in the Hospital Setting

Forum Position Papers and Public Comments
• Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate (Aug 2019, comments submitted to UM-KECC)
• CMS-5527-P Medicare Program: Specialty Care Models to Improve Quality of Care and Reduce Expenditures (ESRD ETC Model) (Sept 2019)
• CMS-1713-P Medicare Program: ESRD PPS/ QIP (Sept 2019)
Toolkits & Other Resources

Advocating for the organizations that monitor the quality of chronic kidney disease, dialysis and kidney transplant care in the USA.
Medical Director Toolkit

Updated water chapter
Core Survey
New QIP Chapter
Leadership
Including patients in QAPI
Transitions of Care Toolkit

Developed by the Forum of ESRD Networks’ Medical Advisory Council (MAC)

This toolkit for health providers and practitioners is a reference tool that gives information about challenges in transitions of care and suggestions to help create solutions.

Tell us what you think!
Please take a moment to complete a short questionnaire about this Toolkit. We appreciate your insight and suggestions to make our resources better.

https://www.surveymonkey.com/x/ForumResEval

Forum Medical Advisory Council (MAC)
The Forum of ESRD Networks
First Publication: 12/01/2015
Revised: 01/09/2017
Revised, Transient Templates: 04/12/2019

Care of Transient patients
• Sample form
• Medication conversion guide
## Conversion Guide for Hemodialysis Patients Visiting Dialysis Facilities

This is a guide to be used to help convert dose of medication patient currently on, to one that is available or less costly.

**This is only a guide- any medication changes must be ordered by/approved by Nephrologist covering patient.**

***This guide is being used to help better serve patients on dialysis, and therefore includes both Brand Names and generic names of medications. The use of brand names is to facilitate use of the tool.***

### Instructions on Use:
1. Look for current medication that you wish to convert in Column B and medication you wish to convert to in Column G and choose appropriate row that includes both.
2. Enter dose of current medication in column C (shaded green), and equivalent dose of medication you wish to convert to will be listed in column H (shaded red).
3. See column L for dose forms, and round dose in column H off to closest dose that can be used, using available dose forms in column L (check dialysis facility for dosage forms available).
4. Do not exceed maximum recommended dose of medication listed in column M, without specific written or electronic order entered by Nephrologist.

<table>
<thead>
<tr>
<th>Current Medication</th>
<th>Enter Current Dose Here</th>
<th>Substitute Medication</th>
<th>Equivalent Dose</th>
<th>Substitute Med Dosage Form</th>
<th>Maximum Recommended Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aranesp (Darbepoetin)</td>
<td>mcg IV Weekly</td>
<td>Epogen (Epoetin Alpha)</td>
<td>0 units IV q Tx</td>
<td>2,3, 4, 10, or 20,000 units/ml</td>
<td>175 units/kg</td>
</tr>
<tr>
<td>Aranesp (Darbepoetin)</td>
<td>mcg IV Weekly</td>
<td>Miricera (Methoxy polyethylene glycol-epoetin beta)</td>
<td>0 mcg IV q 2 Weeks</td>
<td>180 mcg q 2 weeks</td>
<td></td>
</tr>
<tr>
<td>Calcitriol</td>
<td>mcg PO/IV q Tx</td>
<td>Hectorol (Calcitriol)</td>
<td>0 mcg PO q Tx</td>
<td>2 mcg PO Capsule</td>
<td>20 mcg</td>
</tr>
<tr>
<td>Calcitriol</td>
<td>mcg PO/IV q Tx</td>
<td>Hectorol (Calcitriol)</td>
<td>0 mcg PO q Tx</td>
<td>2 mcg PO Capsule</td>
<td>18 mcg</td>
</tr>
<tr>
<td>Calcitriol</td>
<td>mcg PO/IV q Tx</td>
<td>Zemplar (Paricalcitol)</td>
<td>0 mcg PO q Tx</td>
<td>2 mcg PO caps, 2 mcg/ml IV</td>
<td>16 mcg</td>
</tr>
<tr>
<td>Epogen (Epoetin Alpha)</td>
<td>Units IV q Tx</td>
<td>Aranesp (Darbepoetin)</td>
<td>0 mcg IV Weekly</td>
<td>10, 25, 40, 60, 100, 200 mcg</td>
<td>200 mcg IV Weekly</td>
</tr>
<tr>
<td>Epogen (Epoetin Alpha)</td>
<td>Units IV q Tx</td>
<td>Miricera (Methoxy polyethylene glycol-epoetin beta)</td>
<td>0 mcg IV q 2 Weeks</td>
<td>30, 50, 75, 100, 150, 200 mcg</td>
<td>180 mcg q 2 weeks</td>
</tr>
<tr>
<td>Ferrlecit (Ferric gluconate)</td>
<td>mg IV Weekly</td>
<td>Venofer (Iron Sucrose)</td>
<td>0 mg IV Weekly</td>
<td>20 mg/ml (2.5, 5, 10 ml)</td>
<td>100 mg IV q 2 weeks</td>
</tr>
<tr>
<td>Ferrlecit (Ferric gluconate)</td>
<td>mg IV q Tx</td>
<td>Venofer (Iron Sucrose)</td>
<td>0 mg IV q Tx</td>
<td>20 mg/ml (2.5, 5, 10 ml)</td>
<td>100 mg IV q tx</td>
</tr>
<tr>
<td>Hectorol (Doxercalciferol)</td>
<td>mcg IV q Tx</td>
<td>Calcitriol</td>
<td>0.00 mcg IV/PO q Tx</td>
<td>2 mcg/ml, 4 mcg/ml IV vials</td>
<td>18 mcg</td>
</tr>
<tr>
<td>Hectorol (Doxercalciferol)</td>
<td>mcg PO q Tx</td>
<td>Hectorol (Doxercalciferol)</td>
<td>0 mcg IV q Tx</td>
<td>2.5 mcg PO Capsule</td>
<td>18 mg</td>
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<td>Zemplar (Paricalcitol)</td>
<td>0.00 mcg PO q Tx</td>
<td>2 mcg PO caps, 2 mcg/ml IV</td>
<td>18 mcg</td>
</tr>
<tr>
<td>Miricera (Methoxy polyethylene glycol-epoetin beta)</td>
<td>mcg IV q 2 Weeks</td>
<td>Aranesp (Darbepoetin)</td>
<td>0 mcg IV Weekly</td>
<td>10, 25, 40, 60, 100, 200 mcg</td>
<td>200 mcg IV Weekly</td>
</tr>
<tr>
<td>Miricera (Methoxy polyethylene glycol-epoetin beta)</td>
<td>mcg IV q 2 Weeks</td>
<td>Epogen (Epoetin Alpha)</td>
<td>0 units IV q Tx</td>
<td>2,3, 4, 10, or 20,000 units/ml</td>
<td>175 units/kg</td>
</tr>
<tr>
<td>Venofer (Iron Sucrose)</td>
<td>mg IV Weekly</td>
<td>Ferrlecit (Ferric gluconate)</td>
<td>0 mg IV Weekly</td>
<td>12.5 mg/ml (5 ml)</td>
<td>250 mg</td>
</tr>
<tr>
<td>Venofer (Iron Sucrose)</td>
<td>mg IV q Tx</td>
<td>Ferrlecit (Ferric gluconate)</td>
<td>0 mg IV q Tx</td>
<td>12.5 mg/ml (5 ml)</td>
<td>250 mg</td>
</tr>
</tbody>
</table>
## Toolkits & Other Resources

<table>
<thead>
<tr>
<th>Current Medication</th>
<th>Enter Current Dose Here:</th>
<th>Substitute Medication</th>
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<td>Epogen (Epoetin Alpha)</td>
<td>0 units IV q Tx</td>
<td>2, 3, 4, 10, or 20,000 units/ml</td>
</tr>
<tr>
<td>Aranesp (Darbepoetin)</td>
<td>60 mcg IV Weekly</td>
<td>Miricera (Methoxy polyethylene glycol-epoetin beta)</td>
<td>96 mcg IV q 2 Weeks</td>
<td>30, 50, 75, 100, 150, 200 mcg/0.3 ml</td>
</tr>
<tr>
<td>Calcitriol</td>
<td>mcg PO/IV q Tx</td>
<td>Hectorol (Doxercalciferol)</td>
<td>0 mcg PO q Tx</td>
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<td>Aranesp (Darbepoetin)</td>
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<td>10, 25, 40, 60, 100, 200 mcg/ml</td>
</tr>
</tbody>
</table>
Introduction

1. Selecting Patients to be Referred to a Transplant Center and the Transplant Evaluation

2. Deceased Donor Transplantation, The Kidney Transplant Operation, and Transplant Complications

3. Living Kidney Donation

4. Educating Dialysis Patients Optimally about Transplantation and Living Donation

5. Financial Toolkit for Dialysis Centers

6. The Role of the Dialysis Unit Beyond Education: Successful Care Coordination to Achieve Success in Transplant

Resources
Additional MAC Toolkits

- Vaccination Toolkit: in process of updates on CDC guidelines re PCV-13 and PPSV-23
  - Vaccine Tracking Form
- Inpatient Medical Director Toolkit: New, under development
- Medication Reconciliation Toolkit: in process of updates to include QIP measure
- Home Dialysis Toolkit- Forum members all review to see if update needed
- Catheter Reduction Toolkit
- QAPI Toolkit
MAC Toolkits

- Inpatient Medical Director Toolkit- Chapters:
  - Qualifications of Medical Director of Inpatient Dialysis
  - Design of Dialysis Unit
  - Water Systems (highlighted at NRAA Annual meeting)
  - Equipment
  - Dialysis Modalities
  - Procedures related to dialysis including vascular access
  - Collaboration with Quality Management & QAPI
  - Collaboration with Hospital Administration
  - Care Coordination & Transitions
  - With outpatient facilities where applicable
  - Education
  - Modality options
  - Access
  - Transitions of care
  - End of life/palliative care
Mark Your Calendars!!

2019 MAC Annual Meeting
Wednesday, November 6th
Washington D.C.
MAC Annual Meeting

Agenda (draft)

Wednesday, November 6, 2019

5:45 PM  A light dinner will be provided beginning at 5:45 pm

6:00 PM  Welcome and Introductions
          David Henner, DO
          MAC Chair

6:15 PM  Forum of ESRD Networks History and Function
          Ralph Atkinson III, MD
          Forum President

6:30 PM  MAC Role and Review of Recent Activities
          • Transplant Toolkit
          • Medical Director Toolkit Updates
          • Care Transitions Toolkit - Webinar
          • Vaccination Toolkit Updates
          • Medication Reconciliation Toolkit Updates
          • Forum comments on PPS/QIP & ETC Model
          David Henner, DO

6:50 PM  “Strategies to Grow HHD at Initiation or While on Renal Replacement Therapies”
          Robert Lockridge, MD

7:20 PM  Coalition for Supportive Care
          Dale Lupu, Alvin Moss, Louis Diamond

7:40 PM  KDQOL Alliance
          TBD

8:00 PM  Comprehensive ESRD Care Models
          • ESCO Update
          • CMMI CKD Initiatives
          • AAKH Voluntary Models
          Ralph Atkinson, III MD

8:20 PM  ESRD Networks Update & Requests from Networks
          • 2019 QIA Summary
          • 2020 Scope of Work (if released)
          Stephanie Hutchinson, MBA
          Executive Director, Nws 16/18

8:40 PM  Kidney Patient Advisory Council (KPAC) Updates
          Derek Forfang, KPAC Co-Chair

8:55 PM  Final Thoughts & Assignments
          David Henner, DO

9:00 PM  Adjourn
          David Henner, DO
Questions? Contact the Forum Office

Dee LeDuc, Forum Coordinator: forumcoord@centurytel.net

Website: https://esrdnetworks.org/

https://www.facebook.com/esrdnetworks/

@ESRDNetworks

Thank you for attending