

FAQ - Frequently Asked Questions

ESRD core data set

What is the purpose of the Network Core Data Set?

The CDS statement of work specifies that the CDS will include data elements currently needed by the ESRD Networks under their contract with CMS to conduct quality improvement oversight activities and those data elements currently needed (or collected) by CMS to conduct ESRD Program oversight activities. Standard definitions will be adopted or developed. Duplicative data collections should be eliminated where possible and the data should be collected in a way that is the least burdensome to facilities and Networks. For more information, <http://www.esource.net/coredataset>

What are the different phases of the CDS project?

The **baseline Core Data Set** includes all data forms collected by the ESRD Networks, including the recently added vascular access forms for the Fistula First project and the elab data. **Phase 1** will include the baseline Core Data Set plus information currently needed by ESRD Networks and CMS for oversight of the ESRD program. You are being asked to comment on Phase 1. **Phase 2** will include additional elements needed for oversight and analysis of the program.

Who decides what elements should be included in the CDS?

CMS has the final decision for what will be included in the CDS. The Technical Expert Panel (TEP) will provide recommendations to CMS.

What is the TEP?

The Technical Expert Panel (TEP) is a 21-member panel of representatives from the renal provider community, patient community, CMS and ESRD Networks. William McClellan, MD MPH chairs the TEP; a list of all members can be found at the end of this section. The TEP was formed to analyze existing data elements and make recommendations on what should be included in the core data set.

What process / criteria did the TEP use to select items for the CDS?

Because the first phase of the project was to provide a solution for ESRD Networks to conduct QI oversight for CMS, the TEP began by compiling a list of current QI projects and the data being used in those projects.

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The Networks then prioritized those based on the immediate needs for the contract. The TEP reviewed all of the information and applied the following criteria to determine the recommendations for Phase 1.

- ✓ Actionable
- ✓ Measurable
- ✓ Evidence-based or otherwise defensible
- ✓ Generally available in the medical record

What is a "data element"?

This refers to an individual data point for instance gender, race, and primary diagnosis. Data elements may be used alone or may be combined with other elements for a calculation. For example, Adult GFR would not be considered a data element; it would be a calculation based on the data elements gender, date of birth (age), race and serum creatinine.

If an element that is currently collected is not in Phase 1 but is proposed for Phase 2, will CMS temporarily lose the authority to collect the element?

All forms that are currently collected by the ESRD Networks on behalf of CMS are automatically included in the CDS.

Who will have access?

CMS and its contractors, including ESRD Networks, patients, providers and other individuals responsible for making healthcare decisions will have access. The intended use of the data and position of the user will determine the degree of access, the level of aggregation and whether or not it will include identifiers. The CDS will be defined at a scale specific enough to allow this aggregation and access.

How will the Phase 1 of the CDS be implemented?

Once the CDS Phase 1 data elements have been finalized, CMS, the TEP and the eSOURCE team will develop an implementation plan. Reducing or minimizing the collection burden will be a primary focus. Existing data systems from which the data could be accessed will first be identified. For items not currently in an existing system, an electronic file specification and transmission method will be established. The provider community will be asked to assist in the design of these specifications. Paper forms and sampling strategies will also be developed and as feasible the elements will be added to VISION.

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What is the timeframe for the CDS?

The finalized Phase 1 list, the existing availability of data and CROWN software development cycles will impact the timeline. The implementation plan will include timelines and will be made available to the community after CMS approval (see the timeline at the end of this document)

How does CMS propose to handle duplications in the elements currently collected and/or included in Phase 1?

One purpose of the CDS is to eliminate duplicate collection of information. The contractor has identified the duplicate fields and conflicting definitions and will develop a plan to eliminate the issues during the implementation of the CDS.

What are the effects of the CDS initiative on users of paper forms?

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What is CROWN?

Consolidated Renal Operations in a Web-enabled Network (CROWN) is the CMS information management system. The primary components of CROWN are:

- ✓ ***Standard Information Management System (SIMS)*** used primarily by the ESRD Networks to manage and report patient- and facility-specific information
- ✓ ***Vital Information System to Improve Outcomes in Nephrology (VISION)*** used by ESRD providers to store and transmit data to their ESRD Network for incorporation into SIMS
- ✓ ***Renal Management Information System (REMIS)*** used by CMS and ESRD Networks for ESRD program oversight. REMIS includes a link to the Medicare enrollment data base and views to the SIMS system
- ✓ ***QualityNet Exchange*** – the telecommunication framework for CROWN, providing secure electronic transmission of ESRD data.

For more information, <http://www.cms.hhs.gov/esrd/7.asp>

What is Elab?

Developed by The Renal Network of the Upper Midwest (Network 11), elab provides for the electronic transmission of lab data directly from the laboratory

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or hospital lab to the Networks for quality improvement purposes. This project was expanded from six Networks to all 18 Networks in 2003. Data is currently collected annually; more frequent collections will be considered in the future. For more information, <http://www.elabproject.net>.

What is Fistula First?

Fistula First, also known as the National Vascular Access Improvement Initiative, is a CMS-directed project conducted by the 18 Networks to increase the rate of fistula use in hemodialysis patients. For more information, <http://www.esrdnetworks.org/>

Who is the Southeastern Kidney Council?

The Southeastern Kidney Council is a non-profit organization, based in Raleigh, NC that holds CMS contracts for ESRD Network 6 and eSOURCE. <http://www.esrdnetwork6.org>

Who is eSOURCE?

eSOURCE, formerly known as SIMS, is a division of the Southeastern Kidney Council and is a primary CROWN contractor, responsible for the Core Data Set, development and support of SIMS and VISION and for working with the large dialysis organizations to design specification of and process integration of electronic files. <http://www.esrdsource.net>

Who can I contact for more information?

- ▲ Shannon Wright, *Core Data Set Coordinator*: swright@esrdsource.net
- ▲ Bill McClellan, MD, *TEP Chairman*: bmcclellan@esrdsource.net
- ▲ Jefferson Rowland, *CMS Government Task Leader*: jrowland@cms.hhs.gov

The Road to the Core Data Set

ESRD
core
data
set

**July
2004**

- Community Review of Phase 1 Data Elements

**Apr
2004**

- Patient Activity Roster implemented
- Available CPM data collected electronically from LDO on 100% of patients

**Mar
2004**

- Second TEP meeting
- National Elab data is collected

**Nov
2003**

- First collection of monthly vascular access data from LDO.
- Patient Activity Roster is pilot tested by volunteer Networks

**Oct
2003**

- New Standardized Patient Activity Roster introduced to Networks
- First meeting of the Large Dialysis Organizations (LDO), CMS and eSOURCE to discuss electronic exchange of quality data
- First meeting of the Technical Expert Panel (TEP)

**Jul
2003**

- CMS signs Core Data Set contract with eSOURCE

**Jun
2003**

- Networks & CMS meet to focus on Anemia, Adequacy and Vascular Access

**Feb
2003**

- Forum of ESRD Networks conducts meeting with ESRD Networks and community representatives to prioritize CDS needs

**Jan
2003**

- Forum of ESRD Networks compiles a record of all ESRD Network quality improvement projects and the data being collected for those projects

**Jan
2000**

- CMS hosts ESRD Core Data Set Conference

**Baseline Core
Data Set**

The data elements that are already being collected by ESRD Networks for CMS or other standardized forms shape the Baseline Core Data Set. These forms are included in the CDS matrix for review. The most recent approved version of the below forms are included in this section for your reference. The CDS contractor has identified any conflicts in definitions and duplications in collection in the CDS matrix. These discrepancies will be addressed and resolved by the TEP and CMS. Resolution will coincide with the forms revision schedule.

Form	Collection Frequency
CMS-2728 - ESRD Medical Evidence Report Medicare Entitlement and/or Patient Registration	Incident ESRD patient / returning Medicare patient
CMS-2744 – ESRD Facility Survey	Annual
CMS-2746 – ESRD Death Notification	Upon patient death
CMS-820 – In-Center Hemodialysis (HD) Clinical Performance Measures Data Collection Form	Annual
CMS-821 – Peritoneal Dialysis (PD) Clinical Performance Measures Data Collection Form	Annual
Standardize Network Roster/Event Data	Patient events – monthly, Roster/reconciliation – quarterly

Opportunities to Improve Care

In addition to the Clinical Performance Measures CMS has already developed, the TEP identified the following areas of CKD patient care to be measured through the Core Data Set:

1. Are high-risk ESRD patients with identified early and properly managed (AV fistula, anemia, nutrition and bone disease) at the inception of dialysis? These populations include:
 - Individuals with a positive family history of ESRD
 - ESRD due to hypertension and diabetes
 - Individuals with prevalent cardiovascular disease at the inception of ESRD therapy
2. Is the patient's cardiovascular health being appropriately monitored and maintained? These issues include:
 - HDL/LDL levels
 - Smoking status
3. Is the length of pre-ESRD care by a nephrologists are associated with improved care prior to initiating ESRD therapy? This includes:
 - AV fistula rates
 - Health status at the initiation of ESRD care (anemia, nutritional status and functional status)
 - Modality selection
 - Placement on a transplant list
4. Is patient receiving appropriate diabetic care including routine monitoring? This includes:
 - Glycemic control as measured by HbA1c levels
 - Lower extremity amputation prevention
5. Are patients and facility staff vaccinated and immunized to prevent the contact and spread of disease and infection? These include:
 - Hepatitis B
 - Influenza
 - Community acquired pneumonia
6. Is renal bone disease appropriately monitored and maintained?
7. Are pediatric patients receiving adequate pediatric care and what factors impact pediatric health?
8. Is patient receiving appropriate rehabilitation support and education, including vocational rehabilitation?
9. Is dialysis facility staffing associated with outcomes of care for ESRD patients?
10. Is patient making informed choices in his/her care planning?