

**LDO Monthly Meeting
September 8, 2004
2:00-3:00 EST
Toll Free Dial In Number: (866-249-5325)
Participant Code: 804767**

I. Roll Call

Name of Organization	Attendee Name	Name of Organization	Attendee Name
DaVita	Janet Holland	eSOURCE	Cammie Dunnagan
	Bob Lehn		Shannon Wright
	Patrick Fletcher		Crystal Henderson
	Jason Aronovitz, DO		
DCI	Chris Lovell	CMS	Kathy Sagel
FMCNA	Roger Theriault		Diane Frankenfield
	Norma Ofsthun		Matthew Leipold
	Alexis Porras		Terry Conner
	Dr. Lazarus		Pam Frederick
Gambro	Jose' Nabut		Victoria Schlining
	Kay Hall		Brady Augustine
RCG	Diane Thierauf		Gina Clemons
	Scott Burchfiel		Jefferson Rowland
	John Levy		Connie Cole

I. LDO Request (DaVita – Patrick Fletcher)

- Exploring the ability to receive hospital information from CMS – At CMS they have access to the Part A information but they don't have access to Part B Claims data. There are six quarters in a year for the government and there is always up to a 6 month delay in getting the data processed. The percentile of claims data that comes in within the 6 months is about 95%. CMS has a very formal and official path to request data through the office of Information Services. A privacy panel reviews the request and the proper paperwork must be submitted. Janet is going to check with Patrick to see if he needs something in particular she will forward him to Matthew for the next steps.

II. General Topics (Matthew)

- Reminder: Qnet conference is scheduled for Sept 20-24th in Hunt Valley Maryland. CMS is currently working with Dr. Lazarus on the slide presentations.
 - Matthew has seen the first copy of the presentation for the JAD. This will be Thursday morning and looking forward to the opportunity to getting the LDO, Network and CMS in the same room.
 - The presentation outlines all 5 LDO's and representation has been received from all of the LDO's.
- 2728 JAD Session September 1-2, 2004 – Meeting Overview
 - Successful meeting – LDO, CMS, USRDS, Network, and contractor representation.
 - This new form will go out next spring and the requirements for the form were established during this session.
 - All the material was gone through and will be distributed to the members of the committee and posted to the eSOURCE website.
 - Timeline for the 2728 release will be May 16th of 2005 for the software release and implementation of the new form. Hopefully the new form file spec for collecting the data electronically will be available by the end of next year. SSA plays a large factor in

- collecting this data electronically and it needs to be coordinated with them. Matthew estimated that he hopes to have 2728 data coming in electronically within 2 years.
- Chris Lovell suggested that the roster be the next big step that we take with moving forward with the patient data instead of the 2728. Alexis supported the decision to move forward with the patient roster as the next logical step.
 - CPM Business Requirements session scheduled for October 28th in Baltimore
 - A discussion of the CPM validations was reviewed as a result of the meeting this morning on LDO data validation.
 - Analysis will begin after all the data is received on October 1
 - eSource will provide a draft report of the findings to CMS by October 11
 - QMHAG/ISG/QIG will review the report for readability, etc...
 - eSource will provide final report to CMS and the LDOs by October 20; the final report going to each LDO will only contain their specific data analysis
 - At the CPM Biz Requirements meeting on October 28, there will be general discussion of the data analysis (without naming LDOs specifically) and the plan for improving the data collection for next year
 - Alexis requested that the LDO's want to know what criteria they will need to get the data to be accepted electronically. Matthew indicated that if the corporation can provide the mandatory and conditionally required data elements as well as meet the instructions in the specification then they won't have to submit the data on paper. Alexis needs a commitment from the CPM committee and CMS that they won't go back to the facility for that information. Pam supported Matthew's comment that if all required data can be provided electronically then the paper form will not need to go back. She did also state that the reliability study will still be done for the validation portion of the project.
 - Cammie pointed out that it is very important to have LDO clinical representation at the CPM Business meeting to help eliminate the current allowance for interpretation in the instructions and the file spec. She also noted that the majority of the specification (besides race and ethnicity) will not be changed and that the main point of the meeting is to clarify any edits of the existing data and to clarify the specifications.
 - Pam also suggested a paper form and an electronic submission in parallel.
 - Norma pointed out that the CPM meeting might be in conflict with the ASN conference in St. Louis from the 29th through November 1st. JR reported that just about everyone he knows is going to that conference from the corporate and network side. If there is a conflict with the date, CMS may go to the October 27 date. Ida Sarsitis is going to be the point of contact for this meeting and CMS will decide what to do. October 25, 26 or the first week of November.
 - New eSOURCE website: www.esource.net
 - Cammie pointed everyone to the website for information on meeting notes and current information on all of our projects.
 - Alexis pointed out that the esource.net domain name is pointed at Gamewood and we should redirect that to www.esource.net.
 - LDO Contact List – CMS is requested that the LDO's complete the attached contact sheet and return it to Shannon Wright (swright@esrdsources.net) They would like to start and maintain a list of primary contacts for both the IT and Clinical side that can be used by both the Technical and Program groups at CMS for partnership activities. (see attached contact sheet)
 - Core Data Set Element Review – Comments were received from RCG and will be incorporated as best as possible into the final report.

III. Vascular Access (JR/Shannon)

- New FF Validation Edits – Reducing the percentage of missing/other access types
 - Currently at 50% for prevalent and incident patients. The suggestion is to move that to 10% for incident patients and 5% for prevalent patients.
 - JR pointed out that the data is very descriptive and that there are severe outliers.
 - Norma suggested that we put two edits on that data and that to apply the ranges there needs to be at least 20 patients to put the edit into play.
 - Alexis asked about the timetable for changes and JR indicated it was in development. Alexis asked for a 6 week lead time to make and changes that need to be made on their end.
 - Cammie indicated that some additional data needed to be given to accurately compute the edit that needs to be applied.
 - Chris Lovell asked if there was a way to get the validation utility . Cammie reported that they are hung up in the Qnet infrastructure changes and can't get that rolled out to the infrastructure anytime soon. In the meantime she offered that any LDO can send data beforehand and the file can be tested and results given at any time. eSOURCE only looks for the "final" file to be submitted by the 20th of the month.
- FMCNA requested another review of the mapping categories for the Fistula First Project. JR will investigate this and further discuss with Diane Frankenfield the Fistula First vs. CPM data elements related to vascular access and how this is going to be recommended as part of the CDS.
 - Came up on the call last month. FMC would like to have this reevaluated.
 - FMCNA suggested that maybe the project collect more of the raw data instead of trying to group into the buckets before it gets to the Networks/CMS. Alexis feels that they are doing a lot of interpretation and that the project is banking on that data being accurate.
- **LDO dashboard report update**
 - Updates are being made to the core reports that break the information out by LDO. Two bar graphs and one line graph that interprets the results by LDO and can be shared with the LDO.
 - Shannon will provide a copy of the reports before the next call and they will be discussed at the next call. The goal is to get this added as soon as possible to the dashboard report.
 - JR noted that what will be interesting is to see the LDO data results next to the

Call ended due to time and other commitments at 3:15 pm

IV. CPM File Specification Update (Crystal/Vickie)

- Review of CPM timeline and address any questions
 - Networks have begun printing and distribution of pre-populated forms for 5% sample. They have all been provided with the standard CMS/LDO approved letter.
 - CMS has granted Networks a 30-day extension for data entry completion, therefore expectation is that all forms should be returned between June 22nd and October 1st (Step #30)
 - Possibility that some elements on the form will change- in particular, the Race and Ethnicity. Additional edit checks will also be created and finalized at the CPM Business requirements meeting.

Please Note: The entire CPM Timeline can be viewed at: http://www.esrdsources.net/cpm_main.asp

V. Elab Update (Shannon)

- Elab database and reports are currently being reviewed by each Network for facility release

VI. Patient Events (Shannon)

- Patient Activity Report, Patient Roster, and Business Rules/Definitions will have final revisions at the Qnet conference in September. eSOURCE will provide LDO's with updated copy when they have been completed and approved by CMS for review and comment.