

LDO Monthly Meeting
February 9th 2005
2:00-3:30 EST
Toll Free Dial In Number: (866) 222-0917
PARTICIPANT CODE: 941999

I. Roll Call

Name of Organization		Attendee Name	Name of Organization		Attendee Name		Network
DaVita		Janet Holland	CSC		Andy Hanks	X	1
		Bob Lehn			Ida Sarsitis		2
		Patrick Fletcher			Cammie Dunnagan	X	3
		Jason Aronovitz		X	Shannon Wright	X	4
DCI	X	Chris Lovell			Crystal Henderson	X	5
	X	Pam Haverman	CMS	X	Kathy Sagel	X	6
FMCNA		Roger Theriault		X	Diane Frankenfield		7
	X	Norma Ofsthun			Matthew Leipold	X	8
	X	Nancy Lew			Terry Conner	X	9/10
	X	Alexis Porras			Pam Frederick	X	11
		Dr. Lazarus		X	Victoria Schlining		12
Gambro	X	Jose' Nabut		X	Gina Clemons	X	13
	X	Kay Hall		X	Jackie Harley	X	14
	X	Lynn Pool		X	Jefferson Rowland	X	15
	X	Allyson Todd			Connie Cole	X	16
RCG		Diane Thierauf		X	Kathy Hudson		17
	X	Barb O'Beirne		X	Craig Hales		18
	X	David Maloney					

I. General Topics (Matthew/Gina)

- Feasibility to offer all Patient Immunization information - There is a CMS interest in Patient immunization but CMS is currently trying to identify what can be affected through the dialysis facilities. Jackie and Craig from CMS are leading this effort and asked the following questions.
 - How do LDOs evaluate the initiative for education and what type of results were obtained
 - RCG used the documentation provided and reported on that information. They are unaware of the results of the project at this time but there was follow up to identify before and after. This was included as part of the regular RCG data collection process. RCG was following up to see how well their programs were working. There is no unified tracking mechanism to collect immunization information, but the drive does occur as RCG yearly and reports are run to see the numbers.
 - CMS would like to see how many patients actually received the vaccine
 - RCG offers the vaccine in the clinic – the problem is collecting the data on patients that don't receive the vaccine in the clinic.
 - If CMS came out with an initiative that if they weren't aware if the vaccine occurred would the LDO being willing to give the vaccine again?
 - This was deferred since this is a medical decision. There are many differences in medical opinions on this. The patients may also say yes or no and it would be difficult since it is based on patient reporting and

ultimately falls to patient choice. Primarily CMS wants to collect if the vaccine was offered, if it wasn't received why.

- CMS asked if they were able to offer the vaccine early would this increase the number of patients receiving the vaccine in the clinic
 - ❑ LDOs felt that this would provide a greater success rate. Gambro was doing this in early October and did have a higher response. Since the pneumonia vaccine is available year round this would provide a different set of problems.
- CMS would like to continue to keep this dialogue open and appreciates the LDO feedback.
- How much information do you have on your staff vaccinations– could you tell which of your staff are immunized?
 - ❑ LDOs are not sure if there is a policy but it is encouraged. They would probably be able to tell the numbers given. They will need to review their systems and see what if available.
 - ❑ Networks currently don't have this information on any of the independent facilities
- You will be seeing some kind of special study going out on this.
- Special Projects – there were 40 different special projects received from all avenues of the renal community, many of which were partnerships between LDOs and Networks. Thank-you from CMS for your support. They will be announcing next week what special projects will be pursued, one of these will be immunizations. CMS would like to see multiple Networks participate on the immunization project due to different state regulations, which could skew the results. CMS would like to have LDO participation and pursue this as a multi Network and multi LDO project. LDOs will probably be approached by Networks to participate. Only Networks will be able to bid on these special projects
 - CDC is exploring ways to capture this type of information. At the March forum there is an addition where CDC will be available to discuss immunization information.
 - All special projects should be awarded by April
 - The timeline for this is being evaluated, elements should be available for review by summer timeframe
- Conditions of Coverage: The conditions of coverage are now out for public comments and people should not assume that because there is a project being worked it will automatically continue, this should still be included in your comments. If LDOs want or don't want to supply data electronically they should include this in their comments. CMS will submit to the conditions of coverage and will line up with what the requirements are. Currently the electronic submission are on CPM elements but there are additional elements that CMS request from facilities.
- There will be an e-mail coming from CMS to request questions that LDOs would like to have addressed during the panel discussion. There will be 5 CMS representatives from different areas of the organization available and if questions are submitted early they will be able to adequately respond.
- Nancy Armistead spoke that they will be sending out a transplant referral status survey to dialysis facilities in Network 5. They have discussed this with the LDO regional contacts and they have agreed to distribute this information to the facilities. Information should be sent to the following: Gambro – Kay Hall, FMCNA – Michael Lazerus, RCG – David Maloney, DaVita – Janet Holland and Patrick Fletcher.

II. Core Data Set

- Update from Data Standardization Meeting – There was a meeting the first week of February with CMS and Network representative to review and eliminate redundancies, identifying frequency, mandatory/voluntary participation. The standard collection forms were reviewed and community request if they were under the Network umbrella.
- There will be another community review in the summer for just the elements and then as a specification will be developed once the CDS elements are finalized.
- Implementation of the CDS is still being developed in conjunction with Networks and LDOs.

III. Finalization of Lab Collection Project: (Kathy/Shannon)

- This is not a mandatory project on the Network side, only if this is part of their QI Plan.
- The paper form and utility will be released at the same time
- Lab Data Collection Final Spec release
 - Lab Data Collection – revised to only be a 3 months collection. The decision was made to collect only 3 months and then CMS did agree that it could be a ongoing project collected monthly but due to the changes it was decided that this will only be a 3 month project at this time
- Lab Data Collection Timeline Review – Timeline revised so that the final file is due March 20th containing Oct, Nov, and Dec data.
- Spec Questions:
 - Standardize column names
 - Serum BUN – this would be reported on PD patients only
 - Weekly KT/V is for PD patients only
 - Remove Kt/V HD reference and correct numbering on page 2 and 6
 - Re-distribute file spec on 2/9

IV. CPM File Specification Finalized (Diane/Kathy/Vickie/Shannon)

- Finalized CPM file spec release
- CPM Timeline Review
 - Best test file could not be available until the April / May timeframe – CMS/CSC will review timeline implications
- Dialyzer Codes – Codes received from FMCNA – Thank-you!
- Input needed from LDOs on CPM file spec prior to May 17th CPM committee conference call

V. Vascular Access (JR/Gina/Shannon)

- No Updates this month

VI. Patient Events (Shannon)

- LDO Comments being reviewed by Networks

VII. Upcoming events:

- March Forum Conference - March 14-17th, the focus of this conference will be on strategic partnerships. CMS is committed to make sure that the agenda topics are available that will be of interest to both Networks and LDOs. A finalized agenda should be available by Friday.

VIII. VPN Access

- Comments from Alexis Porras (FMCNA) on the VPN proposal raised on the last call: he discussed this with his security folks; FMCNA would not normally run someone else's VPN client, as that opens up their network to the far end. Normally, when setting up connections with trading partners, they set up a point-to-point VPN using a dedicated VPN gateway, which also allows them to control who in FMCNA has permission to connect through the VPN. (The next step is for the LDOs to review the document on the VPN proposal once it is issued).