

LDO Monthly Meeting
January 12th, 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
DaVita		Janet Holland	CSC	X	Andy Hanks
		Bob Lehn			Ida Sarsitis
	X	Patrick Fletcher		X	Robin Kaiser
		Jason Aronovitz, DO		X	Shannon Wright
DCI	X	Chris Lovell			Crystal Henderson
FMCNA		Roger Theriault	CMS	X	Kathy Sagel
	X	Norma Ofsthun		X	Diane Frankenfield
Maureen	X	Nancy Lew		X	Matthew Leipold
	X	Alexis Porras			Terry Conner
	X	Dr. Lazarus		X	Pam Frederick
Gambro	X	Jose' Nabut			Victoria Schlining
	X	Lynn Pool		X	Gina Clemons
	X	Kay Hall		X	Jefferson Rowland
RCG	X	Diane Thierauf			Connie Cole
	X	Barb O'Beirne		X	Kathy Hudson
	X	David Maloney		X	Regional Project Officers

I. General Topics (Matthew/Gina)

- Communication with the Networks - contacts and email issues
 - Request that LDO's identify point people within their organizations that CMS and Networks can communicate with for quality projects. Looking at the structure of each individual and identifying how communication can be fostered between CMS/Networks and LDO regional contact.
 - Contact Information received from FMCNA, Gambro, DCI – Thank-you
 - Request that RCG and DaVita send their contact information
 - Discussion regarding how to include both IT and clinical discussion on the call. It was agreed that the format of the call should be agenda driven as follows: Divided into IT specific, Clinical/Quality/Program specific, and Decision Making.
 - Part 1 - Networks will join us for the beginning of the call to discuss program issues
 - Part 2 – Networks will remain on the call to discuss any related IT issues
 - Part 3 - Networks would be asked to leave the call and CMS would stay on the phone to discuss further LDO related items
 - Early agenda so appropriate people can attend – This call should be agenda driven with all parties contributing to the agenda. LDOs should submit agenda topics to Shannon Wright
 - Standard schedule – 2:00-3:30 (last 30 minutes will be for tabled items that need further discussion)

- Immunization: CMS is contemplating another breakthrough initiative that will focus on improving the immunization rate of flu and pneumonia for nursing homes and dialysis facilities. CMS is exploring how this will happen and has heard from many stakeholders that they do not believe the problem is as significant as it may seem since patients may receive immunizations from other locations.
 - Question to LDOs is what do you think about the immunization goal?
 - FMCNA felt this was a doctor driven issues and that dialysis facility staff may not have the information needed. CMS is trying to identify who the partners are and considering bringing in the QIO community to assist with this project. FMCNA points out that the physician record is probably the best area to obtain this information. LDOs can tell whether they give or don't give the immunization in their system but if the patient gets outside of facility it wouldn't be recorded in the patient record.
 - Question from LDO can this type of information be obtained from claims data?
 - CMS states some of the data can be obtained but minimal information from claims. Networks felt that a way to get a handle on this would be to review the claims data, review data already available then go to the LDO to supplement additional information and finally pulling in QIO information obtained through the hospital. Per JR, even if this is done CMS would still not have half of the data that is needed. Concern is that this information is not connected to a data system anywhere. Consider having some kind of facility survey.
 - FMCNA, all LDOs try to promote the use of immunizations and is concerned that this is a big project that may use a bit of resources. Also concern voiced that this may look that the LDOs are not doing a good job in this area when they are educating patients and promoting the use of vaccines.
 - LDOs are all providing immunization information to patients. Facilities have someone available onsite to give the vaccine. If patient received the shot in the facility, Medicare is billed for this service. Exception is patients that may be managed care with requirements to go to specific places to obtain vaccine. There is not a payment issue related to this topic, patients utilize other choices in obtaining the vaccine.
 - Standing orders are not used for vaccinations
 - Gambro has had a flu shot initiative for the past several years and have been successful with high percentages of patients receiving the shot. LDOs will provide the type of information that they currently capture.
 - **Action Item:** Submit any project information related to immunization. Those related to the staffing side. This information will only go to CMS. Contact person – Shannon Wright.

- Comparison Data – LDOs may be receiving aggregate comparison data broken down by LDO. This data may be on Network websites or provided to facilities. These reports will be at an aggregate level how all facilities within an LDO rank and then how those facilities range to other LDO facilities. The Networks should not be comparing LDO facilities to each other by name. Concern by LDO is that if this information is shared outside of the dialysis community is could be used by the wrong people.
 - **Action Item:** Review reports being provided to the LDO and continue discussion next month.

- Release of Information: Progress is being made regarding Network release of information back to the LDO corporate level. If the facility is legally affiliated with the LDO then a Network can release data and share information about a facility at the organizational level. LDOs can also put agreements in place with the Networks that they can release information to the legal entity. This would be an agreement between the Network and the clinic or an agreement between the Network and Ownership.
 - **Action Item:** CMS to explore definition of legal entity

- Annual Meeting (March 14th-17th) – CMS is encouraging LDOs to participate in this meeting. CMS would like to have representation from the Quality staff at the LDOs. There is a IT track on Wednesday afternoon which would be beneficial including practical examples of how to be a better coalition. There are both IT and program needs. The format of the meeting has changed so that it is not focused on Network business, the focus will be beneficial for everyone.
 - LDOs question the feasibility of sending staff for the whole week. Could issues be concentrated to certain area?
 - Monday meeting is the kick-off – high level, where we are going over the next year with the afternoon being partnership panel and payments. On Tuesday a trainer will lead groups on coalition building. Networks will be grouped with LDOs on building coalitions and starting work plans. The focus on Tuesday will be partnership. Wednesday is conditions of coverage, decreasing provider conflict. Thursday afternoon is the FF Breakthrough initiative.

- Hospice – For a discharge from facility LDOs don't track that patients are transferred out to Hospice. That may be considered a "withdraw" since dialysis is stopped. Currently, LDOs don't track that they were discharged for Hospice services. CMS is exploring how to make change to payment so more patients can get Hospice counseling services and continue to receive dialysis. Hospice is allowed to cover ESRD and dialysis but Hospice is suppose to pay the dialysis facility and they don't believe their all inclusive rate pay for dialysis services. CMS is trying to make change and may be asking LDOs to consider how to track and provide this type of information to CMS.

II. Lab Collection Project: (Kathy/Shannon)

- This project has changed from the MCDSC to the Lab Data Collection Project. This project is optional for the Networks to participate and facilities within a participating Network are asked to participate on a voluntary. This is not a national project, but a large percentage of the facilities will be requested to provide this information.
- There will be 3 different collection methods – paper, electronic utility, and file spec.
- Benefit is that this is standardized and Networks will ask for the same information from every facility.
- Although this is not the Core Data Set, these elements have been reviewed and will be used and included in the first phase of the monthly core data set
- Networks should not be asking for this data from LDO facilities unless they have a special Quality Improvement project going on with that facility
- Timeline will be discussed and provided to the LDOs by the middle of next week to give the LDOs the most time to meet the spec for data submission
- Diane Thierauf – RCG will participate for the Lab Collection workgroup
 - **Action Item:** CMS review the timeline and provide LDOs with the most amount of time available to submit files. Provide timeline for LDO review by 1/20/05
 - **Action Item:** CSC review the spec in comparison to the CPM spec to ensure consistency
 - **Action Item:** LDOs review file spec and submit comments to Shannon Wright by 1/21/05. Confirm Qnet exchange registration available.
 - **Action Item:** LDOs consider participating on Lab Data Collection workgroup to review comments and finalize spec

III. Core Data Set update

- We are moving forward in the development of the Core Data Set. There is a meeting scheduled for 2/1-2/3 to discuss the element business rules. Stage 2 will be to review and discuss the technical application of these elements with stakeholders including the LDOs.

IV. CPM File Specification Update (Diane/Kathy/Shannon)

- Update from CPM Committee Meeting
- Finalized CPM file spec will be distributed for comment period
- **Action Item:** Review CPM file spec and submit comments to Shannon Wright by 01/21/04

V. Vascular Access (JR/Gina/Shannon)

- Release LDO aggregate data
- Fistula First Breakthrough and Task group design – CMS will no longer have 20+ task groups but will have small numbers by invitation and be convened for a short time
- Review of LDO access types – Access types collected in the LDO systems are being reviewed by JR and the Fistula First Task Group. There may be additional request regarding how these type of access are mapped using the categorization guide.
 - FMCNA suggested that the project may want to consider collecting 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.

VI. Patient Events (Shannon)

- Revisions to the Patient Activity Report, Patient Roster, and Business Rules/Definitions have been finalized. Comments received from FMCNA – Thank You!
- Implementation of newest version will coincide with the Spring Release of VISION/SIMS.
- Comments will be reviewed by the Network task group and update sent to submitting organizations.

VII. Upcoming events:

- Special Projects Proposals - Submission deadline is January 14th
- March Forum Conference - March 14-17th, the focus of this conference will be on strategic partnerships