

LDO Monthly Meeting
June 8th 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	X	Janet Holland	CSC		Andy Hanks	X	1
		Bob Lehn			Ida Sarsitis	X	2
		Patrick Fletcher			Robin Kaiser		3
	X	Jason Aronovitz		X	Shannon Wright		4
DCI		Chris Lovell			Crystal Henderson		5
	X	Pam Haverman	CMS		Kathy Sagel	X	6
FMCNA		Maureen Herget			Diane Frankenfield	X	7
		Norma Ofsthun			Matthew Leipold	X	8
		Nancy Lew		X	Terry Conner	X	9/10
	X	Alexis Porras			Pam Frederick	X	11
	X	Dr. Lazarus		X	Victoria Schlining		12
Gambro		Jose' Nabut			Gina Clemons	X	13
		Kay Hall			Jackie Harley	X	14
		Lynn Pool			Jefferson Rowland	X	15
	X	Allyson Todd			Connie Cole	X	16
RCG		Diane Thierauf			Kathy Hudson		17
	X	Barb O'Beirne			Craig Hales	X	18
		David Maloney			Condit Martak		
		Jim Tarwater			Glenda Payne		
	X	Bill McDaniel					

I. CPM (Diane/Kathy/Vickie/Shannon)

- o CPM Data Analysis –
 - Results distributed to the LDOs on 6/2
 - LDO data was analyzed in the following areas:
 - Summary of rows received and accepted into the database for HD and PD - Details of any rejected rows
 - Fields where the received precision was not what was expected for HD and PD
 - Statistics about the continuous variables for HD and PD
 - Frequency distribution for categorical variables for HD and PD
 - Out of Range (OOR) values for selected variables for HD and PD
 - Analysis of dates provided
 - Obviously the results varied by LDO, but we anticipate that by using the reports the LDOs will be able to identify potential data problems and make corrections to improve the data supplied in the final file
 - Are LDOs finding these reports helpful? Feedback/Questions
 - RCG felt these reports were positive and asking if they need any additional things
- o CPM File Specification Revision: 23 NOADEQ2, should match field 21 NOADEQ1. A value of 2 should be submitted for a No response instead of Blank being submitted as No response.
- o CPM Blackout –
 - Conference call on 5/23 to discuss requirements

- Requirements document distributed to Jan Deane and Diane Frankenfield for review, prioritization, and sign off
 - Developing Technical Options Paper for development
 - Timeline proposal is for development to be complete around the 3rd week in July, Network beta testing with LDO partnerships, additional week of development to address beta feedback, Final week of testing with release prior to 8/22.
 - We will go back to CMS for signoff and then give document to the LDOs
 - Availability of secure FTP site for exchange of FF Data and CPM data
- Technical Inquiry for LDO Fistula First Aggregate Data Collection**
 Currently, CROWN collects the Fistula First summary data from LDO's via emails and attachments. CMS/CSC is exploring alternative mechanisms that are secure, HIPPA compliant, and could streamline the data transportation. Therefore, we are inquiring the availability of secure FTP communications at LDO systems/networks, for CROWN system to pull the summary data directly. We will work with LDO's to detail the security measurements, the data transportation procedures, data use agreements, and any related technical issues.

Who are the beta testers.

CPM Network Letter: (see draft letter and sample form)

Question – why aren't the 20C, 20F, 20G – why aren't the BUNs blackened out? CMS is going under the impression that if it is not supplied in the electronic file then it will not be in the facility. If all lab values are supplied by the corporate head quarters it should be accepted.
Action Item: Task the above lab group to explore the options of CPM labs and bring recommendations back to CMS.

II. General Program Topics (Gina)

Lab Data Feedback: Networks

Action Item: Networks will analyze the data and come up with a consolidated group of concerns with the lab data and then take that to the LDOs. CSC and LDO reps should be available to participate. LDO reps are as follows:

- FMCNA – Nancy Lew
- DaVita – Bob Lehn
- DCI – Chris Lovell
- Gambro – Jose' Nabut
- RCG – Diane Theriaf

LDO Analysis

- Review of Lab Data Analysis (see attached)
- Lessons learned on Lab Data Collection
 - Review of lab data. Networks would like to review the subset of data.

Sharing of Facility Information - Coding Scheme:

In response to the LDO request for CMS to exchange information on the facility level, CMS is considering a coding scheme for facilities. By assigning a code to a facility, reports can be prepared with the associated code. Reports can then be sent to the LDO and the LDO can "break the code" if their facility has provided them with this information.

Resolved: CMS will follow up and continue discussion next month – No privacy issues, this will be used when implementing exchanging data

Patient Address Collection:

Resolved: Networks will be collecting the addresses by paper. CMS does have a business need in surveying patients. People that use the addresses are Networks. The Networks probably have better addresses than the LDOs. So even if CMS went to the LDOs and asked for the address it may be incorrect. The proposal is that if the Networks need to have patient addresses then they should get this information on paper from the facilities as needed.

III. Lab Collection Project: (Kathy/Shannon)

- LDOs would like to know what kind of reports would be coming out and a sample of what the reports would look like.
- CMS will request Networks to standardize the reports where possible and identify how these can be shared with the corporate contacts. Lab Data Collection is voluntary for the Networks to participate. Network 11 is working with the Networks that are participating to develop standardized reports. Network 11 currently have 13 Networks working with them on this process.

IV. Fistula First (JR/Gina/Shannon)

- June 17th is next stakeholder meeting
- Future discussion on going to patient level collection of Fistula First data. Question to the LDOs, is there a burden of producing patient level data for submission. If the access being requested is of the last day of the month, one point in time and not all the changes in the month then the collected would be reasonable. Tracking all changes in a month by patient would be burdensome for LDOs and for Independent Facilities. Try to get some of the patient level data now to see how helpful it will be getting the patient specific data. NW13 and 5 have volunteered to help beta test. Need to identify next steps for this.
- Submitting data – Ending SIMS population vs. submitted access types. Some messages do not match and facilities are getting some communication from Networks. Networks do complete event collection in the timeframe for reporting. Information is still loaded
- **Action Item:** Need to identify a rule for new facility acquisitions and the timing of when the data is submitted. CMS will need to decide if it is submitted under the 585 or if there is some other specified dates.

V. Patient Events (Shannon)

- NPAR and Business Rule will be distributed to facilities with the latest release of SIMS and VISION in June. Forms will be distributed to facilities starting June 1st.

VI. Core Data Set (Shannon)

- Data Standardization Meeting June 21st and 22nd

VII. Ongoing Action Items:

- Changing withdraws to deaths on the 2744 - CMS will set up a call outside of this conference call to discuss this issue further. On DFC mortality rate is considered and because of the weight this topic has given some additional conversations need to occur.
- Deaths are contributed to the facility if it is within 30 days and if it is after 30 days it is contributed to a CMS death. This has been handled this way due to the co-morbidity tracking by CMS. LDOs feel that 30 days is a long time to hold someone

accountable. Sometimes the patient ends up at a hospital as a non-ESRD provider. If within 30 days if the facility knows the event.

- This should be reviewed by QMHAG, it is there policy that the death is contributed at the 30 days.
- Consider Withdraw and Death, need to be able to better account for when a patient elects to Withdraw, especially those patients withdrawing with Hospice. Concern is that some physicians are not going to elect to allow patients withdraw if it is going to affect their mortality rate. If this is counted as a death then physicians are going to be reluctant to take them off dialysis.
- Resolved until further investigation by the Network community – Jenny Kitsen will take lead

VIII. Additional Topics:

- LDO meeting to discuss the Core Data Set, Quality Projects related to the next Network Contract, concentrated areas of the Networks