



2025 Virtual Council Meeting

May 1, 2025 – April 30, 2026, Performance Period

June 25, 2025 – Session 2



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Housekeeping

- All lines have been muted.
- This session will be recorded and posted to our website along with a copy of the slides.
- Please put your questions in the chat and we will answer as many as time allows at the end of the presentation.

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Overview of ESRD Network 5



- Quality Insights Renal Network 5 (QIRN5)
 - Formerly Mid-Atlantic Renal Coalition (MARC)
 - AKA “The Network” or “Network 5”
- Contract with CMS to help dialysis facilities and transplant centers provide quality care to people with ESRD
- District of Columbia, Maryland, Virginia, West Virginia
- 27,851 Dialysis Patients (17% home dialysis patients)
- 20,590 Transplant Recipients

State	Medicare Dialysis Facilities	Medicare Transplant Centers
	439	15
DC	22 (5%)	4 (27%)
MD	169 (39%)	3 (20%)
VA	207 (47%)	6 (40%)
WV	41 (9%)	2 (13%)

Data Source: Facility Reports_NW5_20250331 Provided by ESRD NCC



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ESRD Conditions for Coverage

(i) Standard: Relationship with ESRD network.

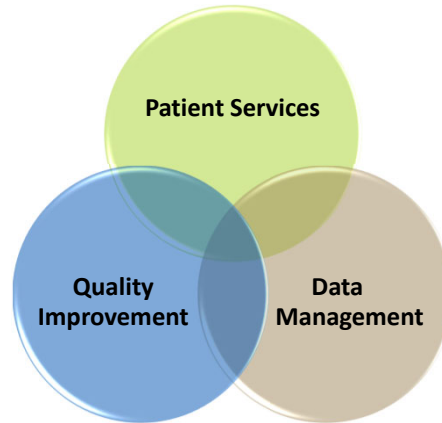
The governing body receives and acts upon recommendations from the ESRD network. The dialysis facility must cooperate with the **1. ESRD network designated for its geographic area**, in **2. fulfilling the terms of the Network's current statement of work**. **3. Each facility must participate in ESRD network activities and pursue network goals.**

<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-494?toc=1>



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Statement of Work



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Statement of Work

- 12-month performance periods called option periods (OP)
- Performance periods run May 1 – April 30
- Current performance period is May 1, 2025 – April 30, 2026, also know as OP4



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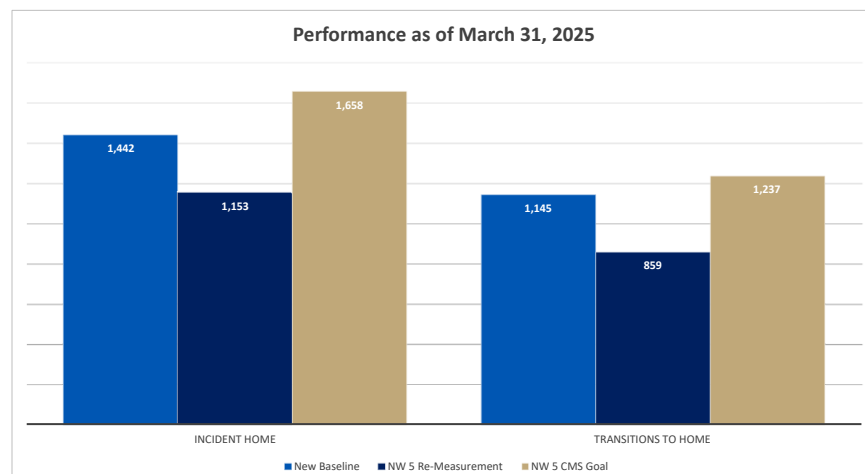
Modifications

- Termination in ESRD NCC contract
 - Impact on data
- Discontinue in person site visits
- Removal of Patient Engagement measures



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Home



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Home



- FMC Kanawha
- BMA Crystal Spring
- FMC Surrats JV



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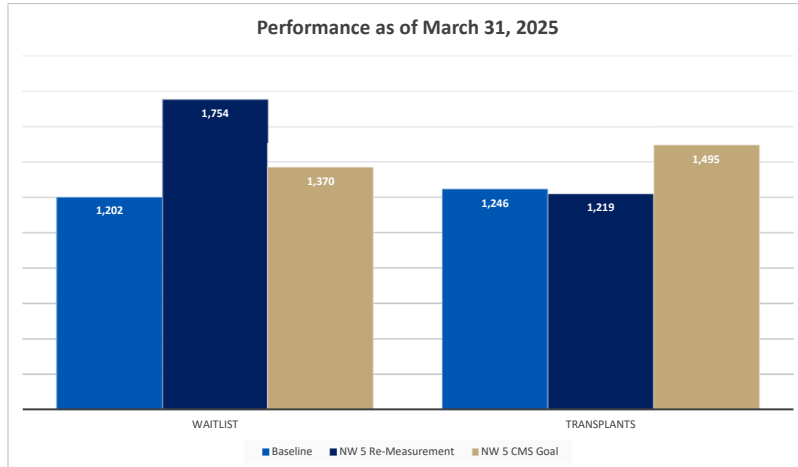
Home

- Achieve a 30% increase in the number of incident ESRD patients using a home modality for dialysis.
 - Incident patients are defined as patients within the first 90 days
- Achieve an 18% increase in the number of prevalent ESRD patients moving to a home modality for dialysis.



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Transplant



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Transplant

- DaVita Nansemond
- FMC Prince William County
- IDF Calvert Center



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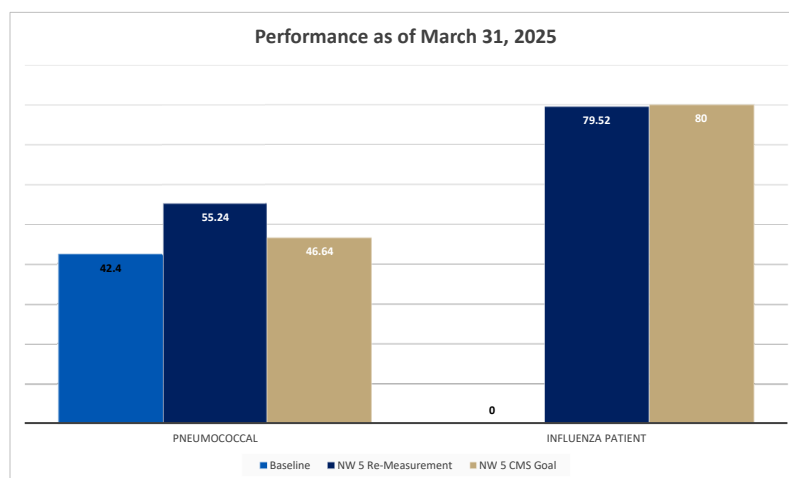
Transplant

- Achieve a 20% increase in the number of patients added to a kidney transplant waiting list.
- Achieve a 30% increase in the number of patients receiving a kidney transplant.



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Vaccinations



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Vaccinations

- DaVita Gaithersburg Dialysis
- DaVita Forest Landing Dialysis
- BMA – Columbia Heights
- DaVita Ashburn Dialysis



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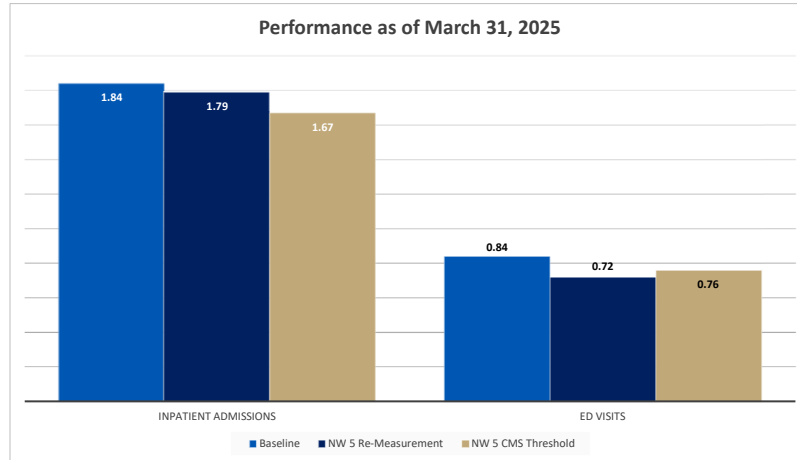
Vaccinations

- Ensure at least 80% of dialysis patients receive an influenza vaccination.
- Achieve a 13% increase in the rate of dialysis patients that are up to date for pneumococcal pneumonia.



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Hospitalizations



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Hospitalizations

- Deers Head Center
- BMA – Camp Springs
- DaVita Catonsville Dialysis
- DaVita Charter Colony Dialysis Center



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Hospitalizations

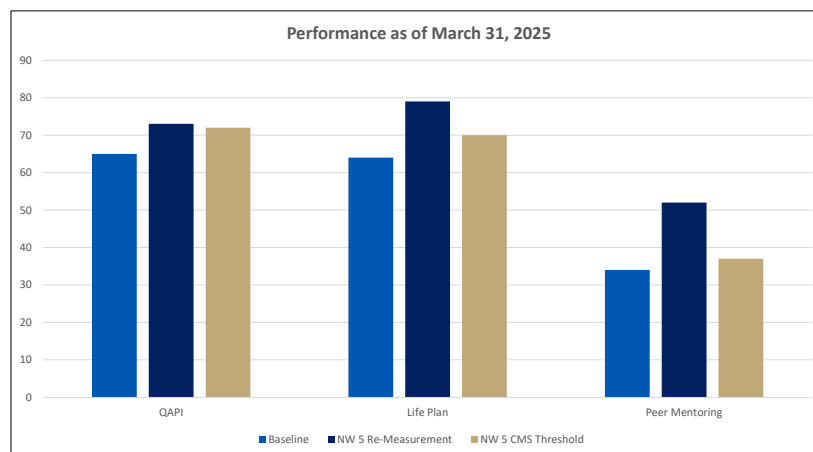
- Achieve a 15% decrease in hospital admissions.
- Achieve a 15% decrease in outpatient emergency department visits.

Only hospitalizations found on priority diagnosis list. [Available on website.](#)



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Patient and Family Engagement



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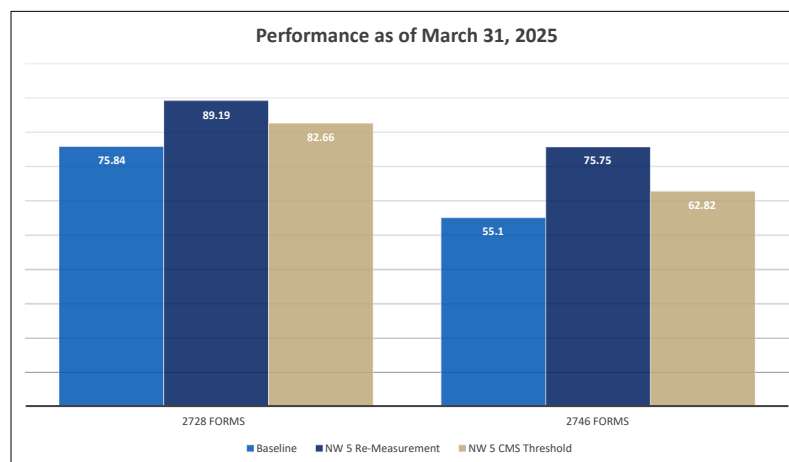
Patient and Family Engagement

- IDF Chestnut Square
- Renalis Capitol Region
- UVA Zion Crossroads
- UVA Augusta
- UVA Farmville
- UVA Staunton



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Data Quality



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Data Quality



- UVA Staunton
- US Renal Care Petersburg
- Puddledock Dialysis
- Somatus Dialysis Mount Vernon
- Wheeling Dialysis



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Data Quality

- Achieve a 15% increase in the rate of initial CMS-2728 forms submitted from dialysis facilities within 45 days.
- Achieve a 20% increase in the rate of CMS-2746 forms submitted from dialysis facilities within 14 days of the date of death.



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Identifying Non-Clinical Factors that Impact Patients' Health

- **Purpose:** Better identify, document & meet the needs of patients and the communities in which they live
- ESRD QIP *requires* at least annual screening & documentation of social & structural drivers of health (SDoH)
- Screen for
 - Food Insecurity
 - Housing Instability
 - Transportation Needs
 - Utility Difficulties
 - Interpersonal Safety

Just the Facts
ESRD Quality Incentive Program (QIP)
HEALTH EQUITY MEASURES
Calendar Year (CY) 2024 and 2025

What is the ESRD QIP Health Equity Measures Program?
The ESRD QIP Health Equity Measures Program (HEM) is a voluntary program that allows dialysis facilities to earn additional Medicare payments for meeting certain quality measures. The program is designed to improve the health of patients with ESRD by addressing social and structural drivers of health (SDoH). The program is implemented through a series of steps, including screening for SDoH, documenting findings, and implementing interventions to address identified needs.

How are ESRD QIP Health Equity Measures being implemented?
The ESRD QIP Health Equity Measures Program is implemented through a series of steps, including screening for SDoH, documenting findings, and implementing interventions to address identified needs. The program is designed to improve the health of patients with ESRD by addressing social and structural drivers of health (SDoH). The program is implemented through a series of steps, including screening for SDoH, documenting findings, and implementing interventions to address identified needs.

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Best Practices for SDoH Screening

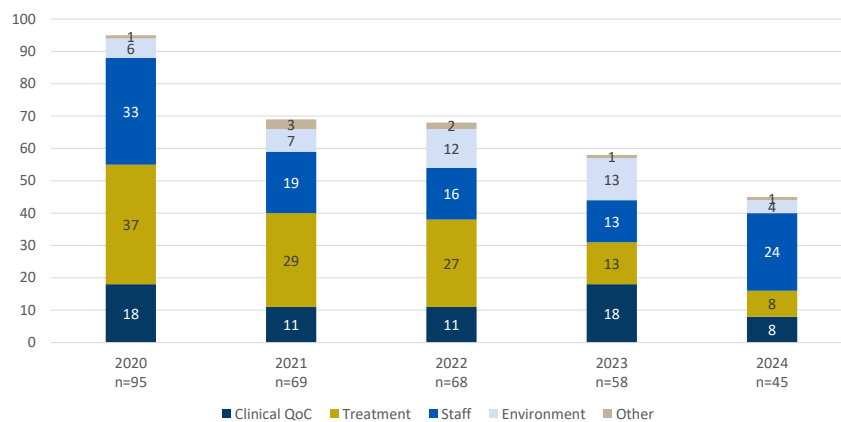
- Help patients understand the importance of SDoH screening
 - Provide context, help patients connect SDoH to the impact on health
 - Link to needed resources
- Be mindful of *when* and *where* the conversation is taking place
- Make the screening less of an “interview” and more of a fluid conversation
- **Re-screen** after incidents that trigger change or trauma (e.g., new diagnosis, hospitalization, status change, move, etc.)
- Utilize [Community Asset Profiles \(CAPs\)](#) and other resources to help address identified needs



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Grievances

Annual Comparison of Reasons for Grievances



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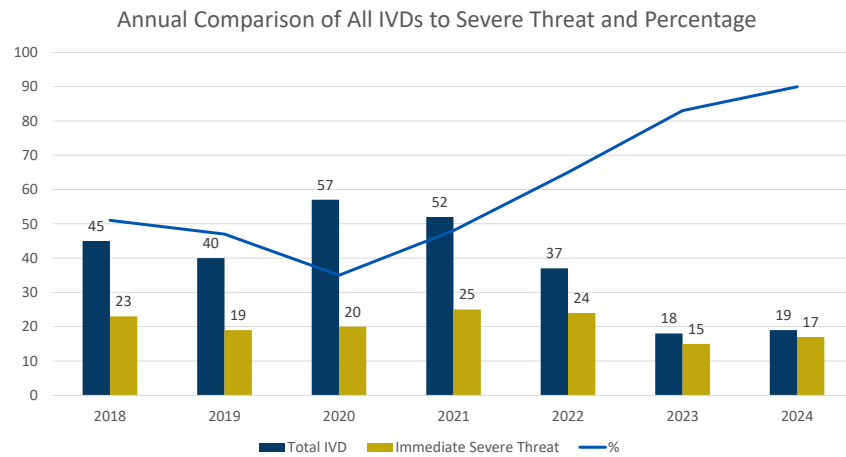
Grievances: Facility Expectations

- Clearly post Network Grievance Poster
- Regular staff in-servicing on
 - Professionalism
 - Boundaries
 - De-escalation
- Tracking/trending of grievances; review in QAPI and act



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Access to Care: IVD

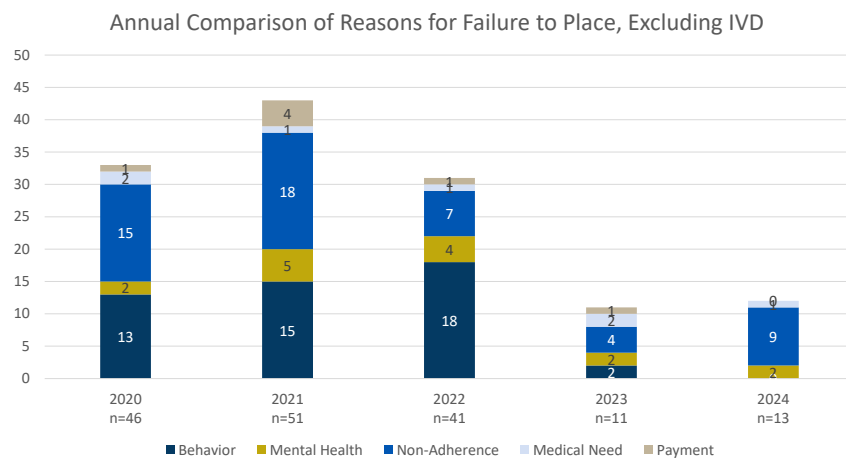


Source: N:\QIRN 5\Grievances\Data Trending\PCU Data\2025\NW_Data_NW5_20250131



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Access to Care: Failure to Place



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Access to Care: Facility Expectations

- Regular staff in-servicing on
 - Professionalism
 - Boundaries
 - De-escalation
- “Unstable” for Care Planning with behavior concerns
- Life Planning with patients
- Facility ownership of patient until formal handoff

Network Expectations

- Engage
 - Respond to inquiries and request for information (Personnel Update, 6/26)
 - Take action
 - Sign up and read electronic newsletter, e-Lerts
- Notify the Network of major events
 - Facility emergencies/closures
 - Leadership/staff changes
- Inform patients of available Network resources
 - Grievance resolution
 - Educational materials
 - Patient & Family Advisory Committee
- Pursue Network Goals
 - Participate in Network Quality Improvement Activities (QIAs)
 - Engage in Network facilitated technical assistance
 - Monthly, monitor progress utilizing the ESRD Facility Report, discuss and document in QAPI meetings



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Key Takeaways

- **All** facilities are required to be working towards **ALL** goals
- Individual projects may focus on a few specific goals, but this does not disqualify a facility from making progress on the others
- Engage with the Network – the CfC require it!



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Quality
Insights

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Thank you!



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