



Go Surfing!

If you have not done so already, we encourage you to visit our website at www.esrdnet15.org. Our site is designed to provide information for both ESRD patients and renal professionals. In addition, we have lots of information specifically intended for facilities within our Network.

There are updates about and deadlines for ongoing Network projects; explanations of all forms required by CMS and the Network; and answers to frequently asked questions.

The website is continually being updated so visit often. Also, if you have suggestions for the site, please feel free to let us know via e-mail at: info@nw15.esrd.net.

IMPORTANT!

Please be certain that the primary diagnosis code 7999A (Unknown) is used on a 2728 **ONLY** if the physician has been unable to establish any other cause of renal failure. Thank you!



Eye on VISION

VISION, Vital Information System to Improve Outcomes in Nephrology, is a program that will allow facilities to enter and send information (2728, 2746, 2744, and other patient and facility data) electronically to the Networks and the Centers for Medicare and Medicaid Services (CMS). You may have recently received an inquiry from the Network that asked about your facility's computer hardware. We are gathering this information to see which of our facilities are currently technologically capable of running the VISION software.

Benefits of VISION:

- Ability to track patients in a centralized database. See all of your patients and their activities in one place.
- Form accuracy will improve — the software will automatically validate a form for all of the required fields, eliminating "rejected" forms that the Network sends back for completion.
- Form timeliness will improve — simply click a button to send a form and it is received immediately (no hassle with the mail or costly overnight packages!)
- Accessibility to the newest technology in "smart token" and digital signatures. This technology will be used to transmit the files securely to their destination.
- Facilities that are part of a corporation may be able to use their current database to submit data using XML.

If you are an independent (i.e. non-corporate) facility, the Network may be con-

tacting you to see if you might like to participate in the project as a test facility. Network #15 and the pilot facilities will assist CMS and the VISION team with preliminary tests to work out the 'bugs' before the program rolls out to all facilities.

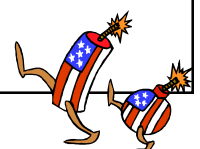
Movement of patient and facility specific data via the Internet is extremely complex. However, if you are just *burning* for more information on VISION and how it works, visit the website: www.metaintegration.net/cms/.

NOTE: Network #15 facilities do NOT need to take any action at this time. We will keep you posted on the status of VISION as products are tested and readied for implementation.



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Too Soon for Flu?



Is it too early to start thinking about influenza vaccines? Maybe not. Although the production of influenza vaccine for 2002-2003 is estimated to be slightly higher than last year (according to the CDC's latest Flu Bulletin), health care providers who have not already ordered the vaccine should purchase it as soon as possible to ensure timely receipt.

... health care providers who have not already ordered influenza vaccine should purchase it as soon as possible. . .

Aventis-Pasteur is completely pre-booked for influenza vaccine.

The CDC has also published new or updated information about 2002 influenza vaccine recommendations, including: the timing of vaccination by risk group, the 2002-2003 trivalent vaccine virus strains, and the limited availability of vaccine doses with reduced thimerosal content.

We will post additional updates as the flu season approaches.

To read the entire text of the CDC Influenza Bulletin, go to www.cdc.gov/nip/Flu/News.htm#Bulletin.

Two suppliers continue to take orders: Evans Vaccines, reached through FFF Enterprises by phone at (800) 843-7477 or fax at (800) 418-4333; and Wyeth Vaccines, reached at (800) 358-7443.



Don't Forget Question #12

One of the forms CMS requires facilities to complete is the Death Notification (2746 form). This form needs to be received by the Network within 30 days of the patient's death, and needs to be filled out in its entirety.

Because the 2746 is relatively short, we typically do not have problems with incomplete forms. However, more often than not, if a 2746 is missing information it is question #12, "Was renal replacement therapy discontinued prior to death?"

The second part of this question (if "Yes", check one of the following) is also commonly left blank. If a patient did choose to discontinue therapy, the reason needs to be indicated. Please do not skip question #12, it MUST be completed for all 2746 forms.



QI Corner

The Adequacy/Catheter project has come to a close with the completion of the follow-up data collection and validation. Thanks to all of you for your participation in this project.

Goals of the project . . .

- To have @ least 80% of in-center hemodialysis patients at each facility achieve a URR of ≥65%
- To have no more than 10% of in-center hemodialysis patients dialyze through a long-term catheter

How did you do?

- 90.4% of all in-center hemodialysis patients in Network #15 achieve a URR of ≥ 65%.

- The Network #15 aggregate long-term catheter rate is 11.8%.
- The combined short-term/long-term catheter rate is 17.5%.

Is there room for improvement?

Yes, particularly in the area of providing adequate dialysis for patients with catheters.

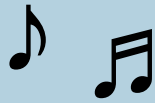
Your facility-specific report should have already arrived at your facility. Please take time to look at your data and identify areas you can further improve.

	Patients with Catheter		Patients with Catheter and URR > 65%	
	#	%	#	%
AZ	721	19.3	566	80.3
CO	330	16.9	266	83.4
NV	157	17.1	116	75.3
NM	252	16.6	183	76.3
UT	79	12.4	60	75.9
WY	26	15.4	21	80.8
Network	1,565	17.5	1,212	79.6
U.S.**		27.0		

** 2001 CPM Report

Quality is not achieved by doing different things. It is achieved by doing things differently.

Data Notes



A “Best Of” Retrospective

Since our minds, if not our bodies, are on summer vacation, we decided to wander back to past issues of *Data Notes*. We found a bounty of information that remains pertinent (confirming the suspicion that the more things change, the more they stay the same). We also found quotes that forecast what has come to pass, and a few that might still come true.

Data Notes – Revisited, through Quotes:

“We used to ask for a Monthly Patient Status Report from every facility ... No more! You DO NOT need to send Monthly Patient Status Reports.” (*Data Notes*, July 2001)



“We will periodically send out rosters [quarterly] for you to verify/correct and return to the Network office. **You must still submit 2728s for all new starts, 501s for all transfers in and change of dialysis, and 2746 forms for all death events.**” (*InterMountain Messenger*, May 2000)



“Paperwork is not sexy. Still, if you use your imagination it can be artistic.” (*InterMountain Messenger*, September 2001)



“The 501 form keeps the Network apprised of patients’ movement between dialysis providers [transfers in and out]. It also lets us know when a patient has changed address or type of treatment; it identifies the physician and the patient’s tribal code—among other things.” (*InterMountain Messenger*, September 2001)



“When you describe a change of modality please indicate the date of change and CAPD or CCPD, not just PD.” (*InterMountain Messenger*, December 2000)



“VISION is coming ... the time is approaching when you will be able to submit your data electronically!” (*InterMountain Messenger*, December 1999)



“Reminder ... **Provider Name** refers to the name of your facility. **Provider Number** refers to the six digit code (i.e. 035555) assigned to your facility by Medicare.” (*InterMountain Messenger*, September 2001)



And, to keep things fresh, a new note that you can quote us on:

- ♪ For the purposes of data collection, “Hispanic” is NOT considered a race, it is an ethnicity. People of Hispanic origin may identify themselves as any race (Asian, White, Black, etc.), but “Hispanic” is not by definition a race.

In conclusion:

“We hope that summer finds you ... enjoying a cool breeze.” (*InterMountain Messenger*, June 2001)



Counterfeit Drug Reminder

In recent months Amgen has issued alerts that warn of three counterfeit EPOGEN (Epoetin alfa) batches. The concentration of active ingredients in these vials is almost 20 times less than the label indicates. Consequently, patients could be under-dosed. Other potential health risks can't be ruled out at this time so we urge you to check the product lot numbers and carefully examine all vials of EPOGEN before use.

The known counterfeit lots are labeled:

EPOGEN 40,000 U/ml

Lot number: P002970
Expiration: 7/03

Lot number: P01091
Expiration: 9/02

Lot number: P001486
Expiration: 12/02

This same problem of diluted Epoetin alfa has been discovered by Ortho Biotech, makers of PROCRIT. The following lot numbers should be considered suspect:

PROCRIT 40,000 U/ml

Lot number: P002641
Expiration: 09/2003

Lot Number: P002384
Expiration: 03/2003

If you receive any product that you suspect is counterfeit, quarantine it and store it according to the label's directions. Promptly contact the FDA for additional instructions at 1-800-835-4709. For further information about this or any other drug-safety alert, we recommend you visit the website www.fda.gov/medwatch/ maintained by the FDA.

Thank You!

Our thanks to all facilities for their cooperation in the Clinical Performance Measures (CPM) Project. Once again we had an impressive 100% participation.

In mid-July, select facilities will be asked to participate in the validation portion of the CPM project.

Volunteers Needed

Researchers at Boston College are looking for volunteers to participate in a new study focused on people with ESRD and their partners. This will be a five-year, NIH funded study concerning the way patients make decisions about their medical care.

The researchers are seeking 300 couples nationwide to join the study. To be eligible, both partners must

agree to participate. Patients must be 55 or older, and on hemodialysis for at least six months. Couples must be married or partnered for at least five years.

Participation would involve 4 confidential telephone interviews over a three-year time frame. For more information, or to volunteer for the study, patients may call Jennifer Rosenbaum toll-free at 1-866-772-3387.



Network #15

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