

ADVICE COLLABORATIVE IV: Moving Forward

WELCOME!



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

ADVICE COLLABORATIVE IV: Moving Forward

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June 16, 2016

Presenting To

Arizona Dialysis Providers | Desert Willow Conference Center

Colby Bower | Assistant Director, Licensing Services



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HOUSEKEEPING

- Restrooms, snack machines, etc.
- Cell phones off
- Checked in – Signed attendance sheets? (required to receive CEUs)
- Did everyone receive a folder and any handouts
- Speaker presentations will be posted on-line after the collaborative
- Please be sure to complete the conference evaluation provided to you and pick up your certificate of attendance at the end of the day

Thank you for your participation!



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REVIEW OF AGENDA

- In your folders, you will find
- Conference agenda, flow & breakout session schedule
- - Sessions I, II, & III (one in the morning and two in the afternoon)
- - Discussion #1 – Clinical
- - Discussion #2 – Infection Control
- - Discussion #3 – Biomedical

Index cards at each table to write down any questions you may have

Dots/stars on ID badges – stars on those who are Speakers & who serve on the HAI Committee/ESRD Subcommittee

Red, blue, yellow dots to designate attendee's breakout session schedule plan



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- **Thank you for coming to the 4th annual ADVICE Collaborative.**
- **Past attendance**
 - **We know many of you have attended in the past. We are pleased to offer this Collaborative for the 4th year**
 - **We appreciate your commitment to learning more about Dialysis Services and sharing your experiences**
- **Here is this year's Call to Action**
 - **Be Flexible-** the future of Dialysis Services is changing and there are many drivers for these changes. You will need to be flexible in order to adapt
 - **Share with each other –** this event isn't just about you learning from the speakers, but learning from each other. This room is full of experts and the information you share with each other is just as valuable as what you learn from the speakers
 - **Take something home with you today –** make a point throughout this day to write down 3 things you will share with your clinic. You will be overloaded with information and won't be able to implement it all right away, but if you make a conscious effort to apply at least 3 things you've learned today, this will be worth it.



THANK YOU

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“The Future of Dialysis”

June 16, 2016

Presenting To

ADVISE Collaborative IV:
Moving Forward



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General Session Objectives

- Review State and Medicare efforts to strengthen the health care system
- Review State and Medicare Compliance Opportunities
- Recognize how the ESRD Network can be a partner in quality improvement efforts
- Explain Comprehensive ESRD Care Model



**BETTER
Care**

**HEALTH CARE
SYSTEM
TRANSFORMATION**

**SMARTER
Spending**

**HEALTHIER
People**



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Transforming the Health Care Delivery System

- **Historical State**
 - **Key Characteristics**
 - Producer-centered
 - Initiatives for volume
 - Unsustainable
 - Fragmented care
 - **Systems and Policies**
 - Fee-For-Service Payment Systems
- **Future State**
 - **Key Characteristics**
 - Patient-centered
 - Incentives for outcomes
 - Sustainable
 - Coordinated care
 - **Systems and Policies**
 - Value-based purchasing
 - Accountable Care Organizations
 - Episode-based payments
 - Medical Homes
 - Quality/cost transparency



Delivery System Reform Focus Areas

1. Care Delivery
2. Distribute Information
3. Payment Incentives



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Focus #1- Care Delivery

- Encourages the integration and coordination of services
- Improves population health
- Promotes patient engagement through shared decision-making



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Focus #2- Distribute Information

- “Harnessing the power of information to improve care for patients”
- Creates transparency on quality and cost information
- Brings electronic health information to the point of care for meaningful use



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Focus #3- Payment Incentives

- Promotes value-based payment systems
 - Tests new alternative payment models
 - Increase linkage of Medicaid, Medicare FFS, and other payments
- Bring proven payment models to scale



Collaboration for Transformation

- Enrollment of an identified population
- A commitment to members
- Existence of an organization (“integrator”) that accepts responsibility for all 3 focused areas for that population
- This Collaborative is an “Integrator”
- Expanded looking to the Future



State and Medicare Regulations



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Our Vision for Arizona

Arizona will be the number one state to live, work, play, visit, recreate, retire and get an education.

–Governor Doug Ducey



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Arizona Department of Health Services

- **Our Vision**

- Health and Wellness for all Arizonans

- **Our Mission**

- To promote, protect and improve the health and wellness of individuals and communities in Arizona

Our Strategic Map

Strengthen Arizona's Public Health System Through
Alignment and Coordination



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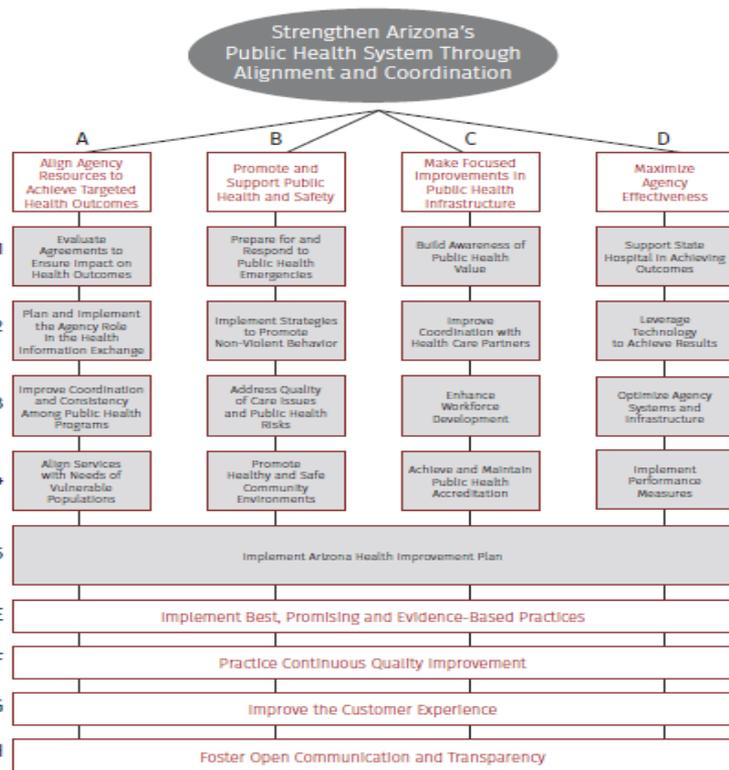
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ADHS Strategic Map

- Provides a single public health umbrella concentrating on activities and resources that will achieve better outcomes
- Gives ADHS a clear strategic direction, a path for implementing the strategy and an effective approach for community involvement



STRATEGIC MAP: 2015–2020



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Public Health Licensing

- **Promote and Support Public Health and Safety**
- **Primary Focus**
 - **Health and Safety of Patients/Residents**
 - **Evidence Based Outcome Survey**
 - **Facility conforming to their own policies and procedures**
- **Goals**
 - **Patient/Resident focused**
 - **Deficiency Free Arizona**
 - **Collaboration with providers**



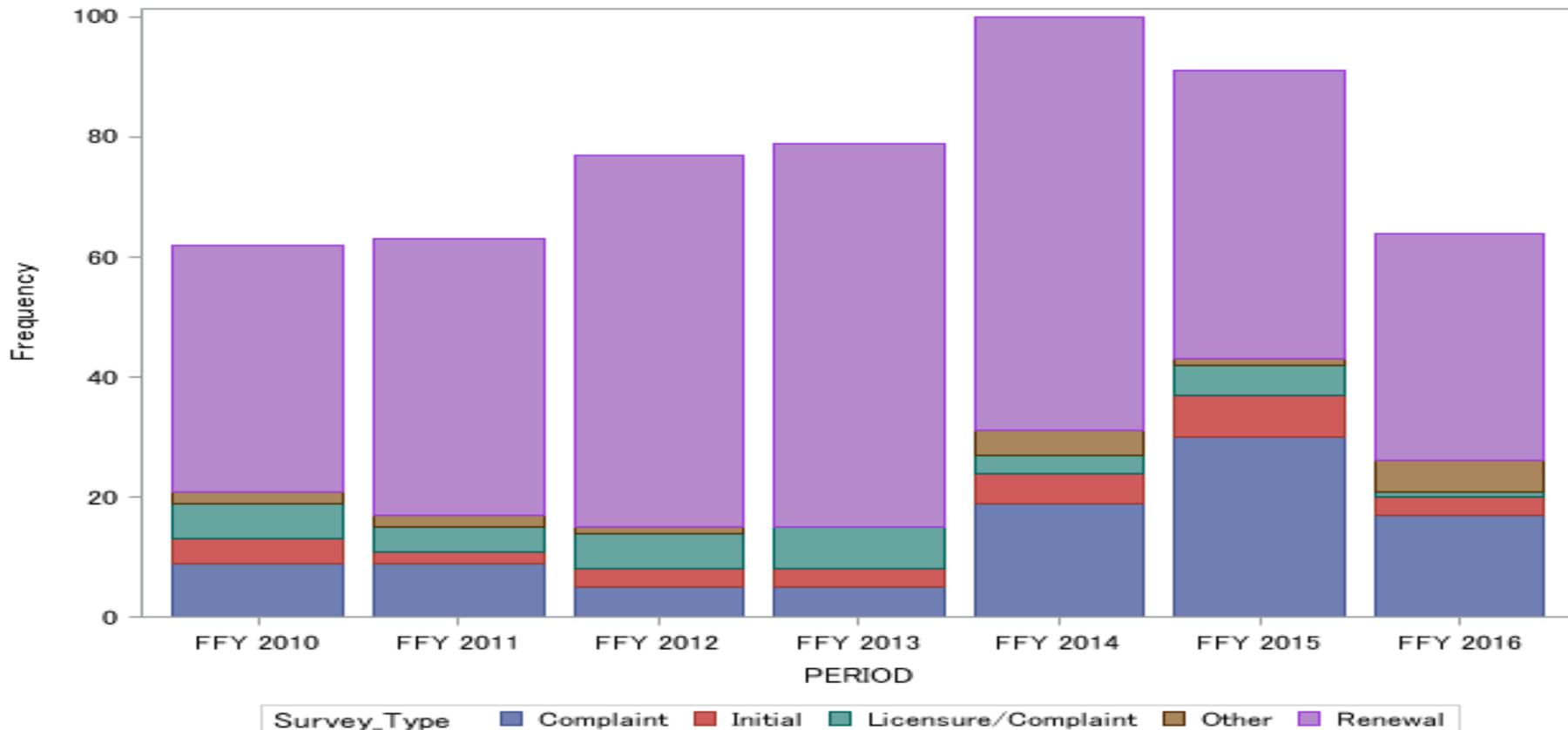
Public Health Licensing

Our Tools in Licensing

- **Technical Assistance**
 - Helping providers come into compliance
- **State Licensing Statutes and Rules**
 - Foundational rules *to operate* a Health Care Institution
- **Medicare Conditions of Participation**
 - #1 Condition of Participation- Comply with all State statutes and rules
- **Using Licensing and Certification to drive public health outcomes and inform our citizens**



State Survey Types by Period



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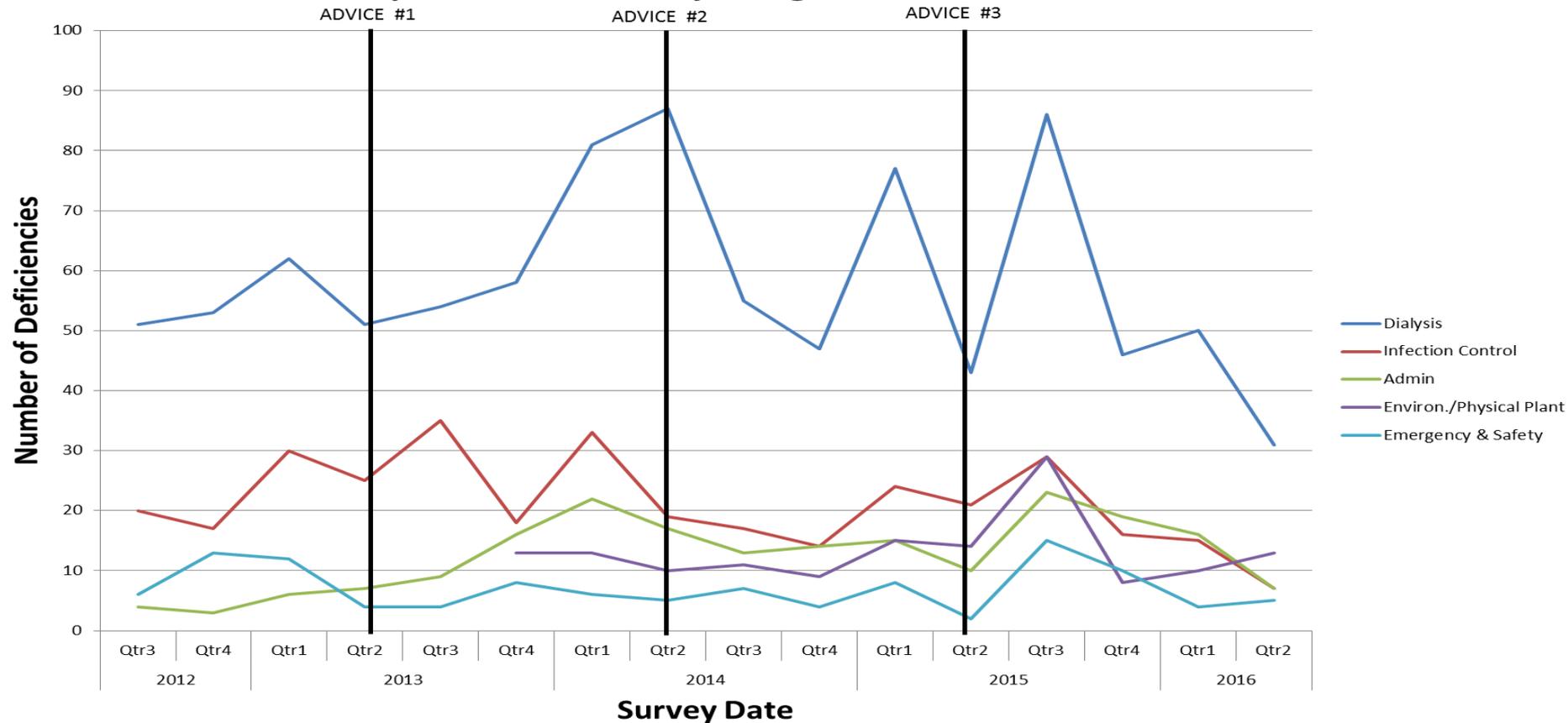
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Top Five State Citations

- Dialysis Services (AAC R9-10-1018)
- Infection Control (AAC R9-10-1028)
- Administration (AAC R9-10-1003)
- Physical Plant, Environmental Services, and Equipment Standards (AAC R9-10-1030)
- Emergency and Safety Standards (AAC R9-10-1029)



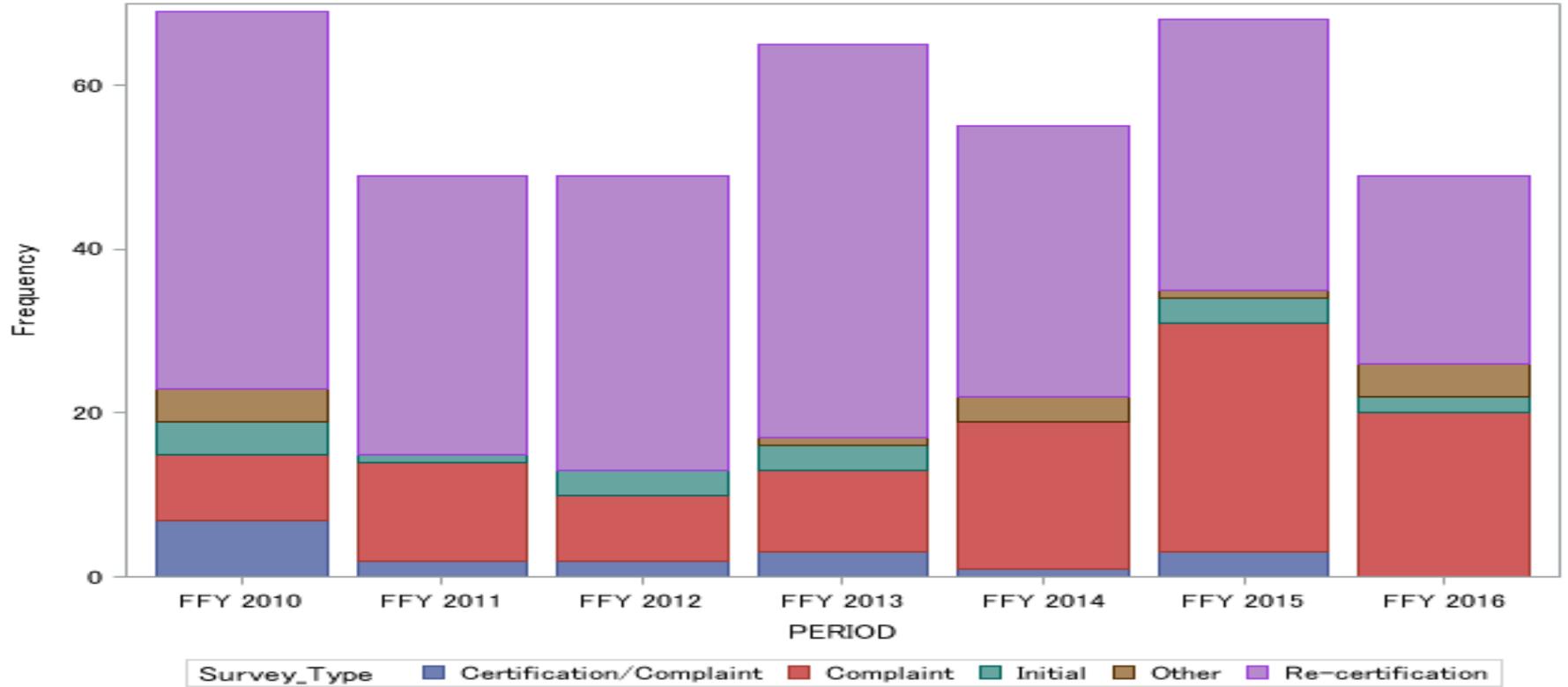
Top 5 State Deficiency Categories 2012-2016



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Federal Survey Types by Period



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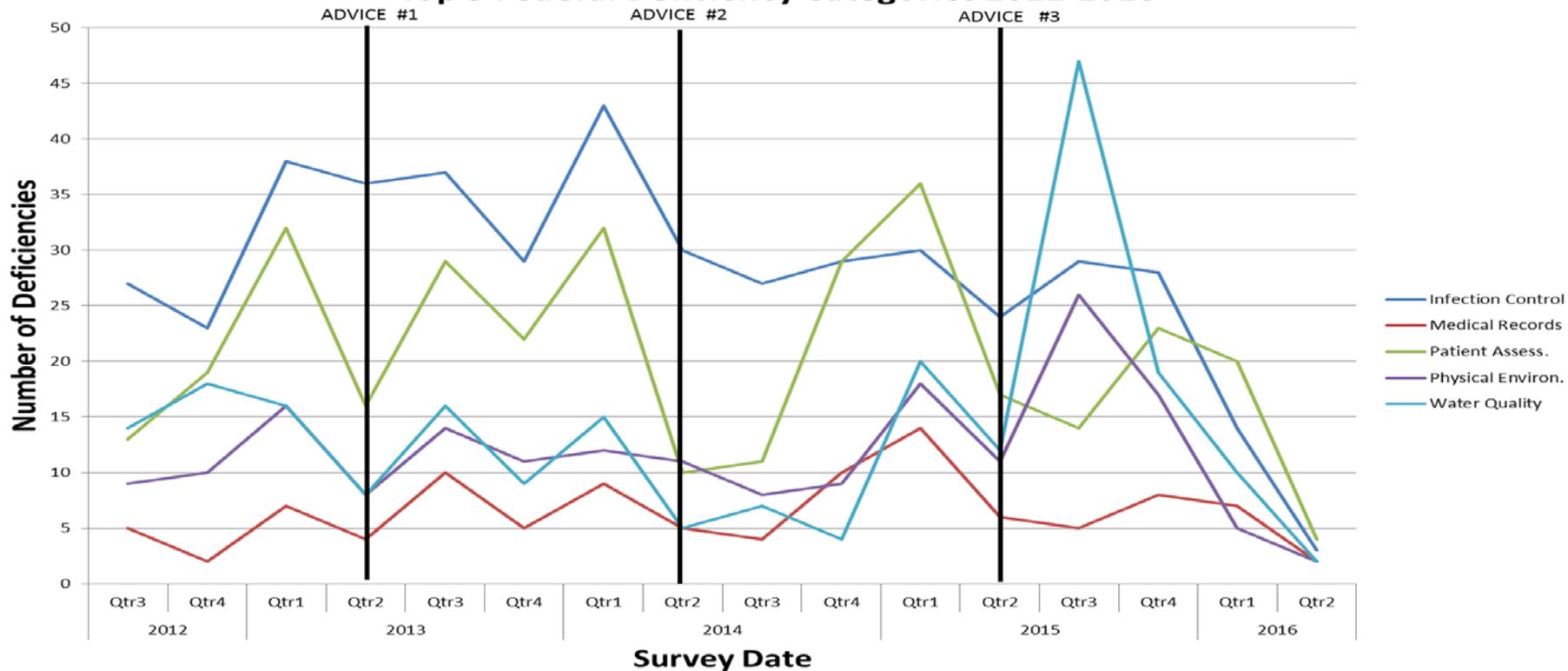
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Top Five Federal Citations- FFY 2015

- Infection Control
- Patient Assessment
- Water Quality
- Physical environment
- Plan of Care & Medical Records



Top 5 Federal Deficiency Categories 2012-2016



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Top Five National Citations- FFY2015

- **IC- Wear gloves/hand washing**
- **IC- Clean, disinfect surfaces & equipment/written protocols**
- **Manage volume status**
- **PE- Equipment maintenance- manufacturer's DFU**
- **IC- Items taken to station disposed/dedicated or disinfected**



Distribute Information



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AZCareCheck.com

- Internet website (www.azcarecheck.com)
- Provide public with access to State and Medicare Statements of Deficiencies resulting from compliance surveys and complaint investigations
- Provide public with access to State Enforcement Actions taken by the Department



Dialysis Facility Compare

- Detailed information about Medicare certified dialysis facilities
- Compare the services and the quality of care that facilities provide
- Resources for patients and family members who want to learn more about chronic kidney disease and dialysis
- Links to learn more about how Medicare covers people with ESRD



Quality Measures: Best Treatment Practices

- **Anemia Management**

- Standardized transfusion ratio
- Dialysis Adequacy
- Percentage of adult Medicare hemodialysis patients who had a Kt/V greater than or equal to 1.2
- Percentage of adult Medicare peritoneal dialysis patients who had a Kt/V greater than or equal to 1.7
- Percentage of pediatric Medicare hemodialysis patients who had a Kt/V greater than or equal to 1.2



- Vascular Access
 - Percentage of adult Medicare hemodialysis patients with arteriovenous fistula
 - Percentage of adult Medicare hemodialysis patients with vascular catheter in use for 90 days or longer
- Mineral and Bone Disorder
 - Percentage of adult dialysis patients who had an average calcium over the past 3 months greater than 10.2 mg/dL (hypocalcaemia)



Quality Measures: Hospitalizations and Deaths

- Standardized hospitalization ratio
- Standardized readmission ratio
- Standardized mortality ratio



Data Sources

- National Claims History Standard Analytical Files
- Consolidated Renal Operations in a Web-enabled Network (CROWN)



Star Ratings

- **Dialysis Facility Compare** provides each facility with a star rating
- CMS/University of Michigan Kidney Epidemiology and Cost Center developed methodology based on quality measures
- Rating ranges from 1-5 stars
 - 5-star rating- “much above average”
 - 1-or 2-star rating- “below average”
- Updated annually



End-Stage Renal Disease Network

15



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Comprehensive ESRD Care Model



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What Can You Do?

- Focus on Better Care, Smarter Spending and Healthier People for the population you serve
- Eliminate patient harm
- Invest in the quality infrastructure necessary to improve
- Focus on data and performance transparency
- Test new innovations
- Relentlessly pursue improved health outcomes





Collaboration is more powerful
than the sum of the parts in
Achieving The “Future of Dialysis”



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THANK YOU

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ESRD Network 15

The Future of Dialysis

HSAG: ESRD Network 15

Kelly M. Mayo, MS

*Chief Administration Officer
Health Services Advisory Group (HSAG)*

ADVICE Collaborative IV: Moving Forward

June 16 , 2016

Today's Agenda

- History of the End Stage Renal Disease (ESRD) Medicare Program
 - Health Services Advisory Group (HSAG)
 - ESRD Network 15
- Quality Improvement Activities for 2016-2020
 - Long-term Catheters (LTC)
 - Hospitalization
 - ICH CAHPS
 - Hypercalcemia
 - Grievances
 - Blood Stream Infection (BSI)
 - Vaccination
 - Data Quality
- Make a difference!



History of the ESRD Medicare Program

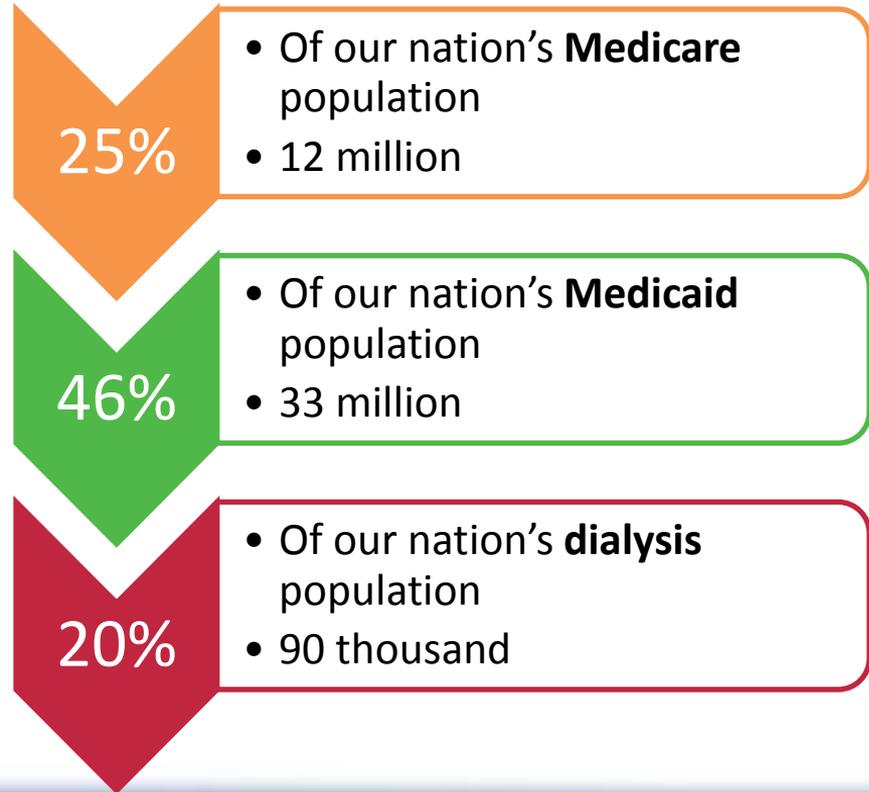


ESRD Trivia – Do You Know ...

- Who was the first Medicare beneficiary?
- When the Medicare ESRD Program was signed into law?
- How many Networks were originally established?
- What was the Centers for Medicare & Medicaid Services (CMS) previously called?
- What were the four original core indicators used to assess and measure ESRD care?

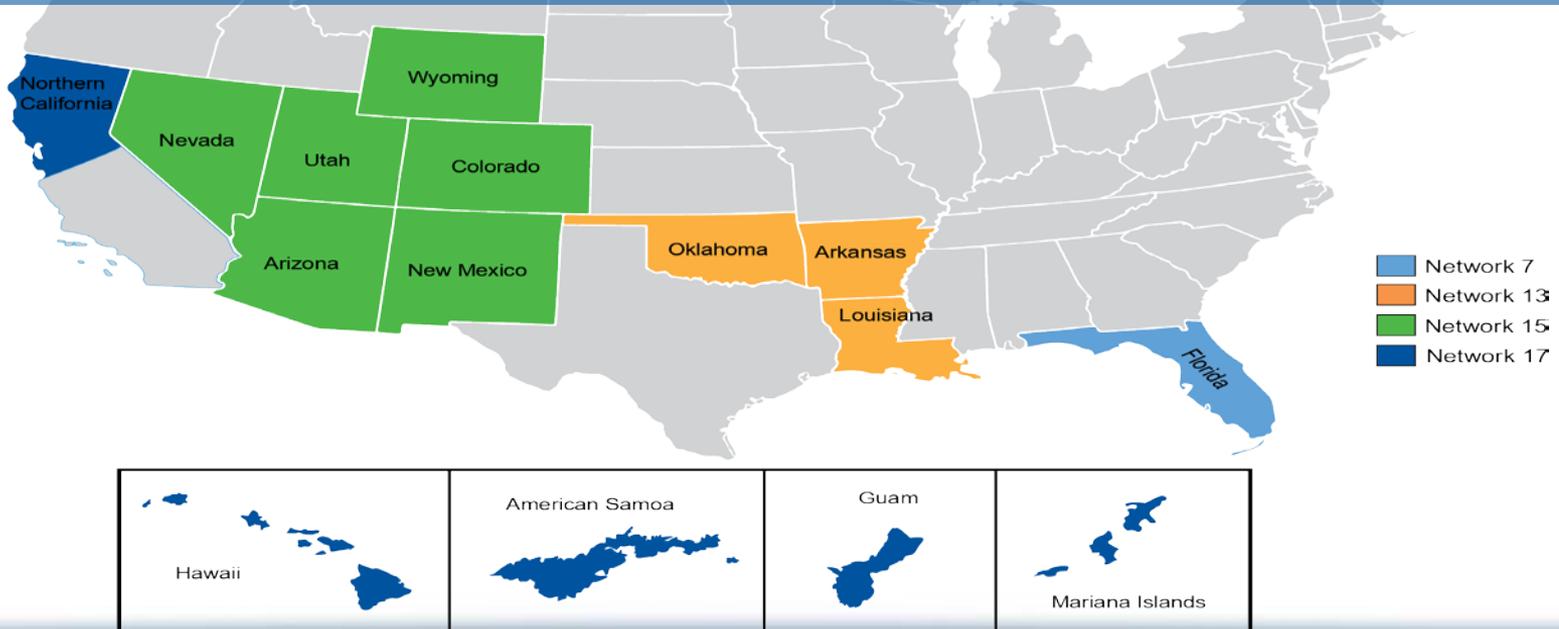
About HSAG

- Conducts quality improvement activities
- Provides healthcare quality expertise and tools and resources for patients, families, and caregivers
- Serves millions
 - Quality Innovation Network Quality Improvement Organizations
 - External Quality Review Organizations
 - ESRD Networks



HSAG ESRD Networks

HSAG serves as ESRD Networks 7, 13, 15, and 17.



Network 15 Demographics – 12/31/2015

	Arizona	Network 15
Dialysis Facilities	120	334
Transplant Centers	4	15
Incident Patients	2,394	5,819
Prevalent Patients	9,260	23,365
Home Hemo	106	303
CAPD	216	456
CCPD	749	2151
Kidney Transplants	521	1,116

Source: 2015 CMS 2744

Quality Improvement Activities for 2016-2020



Quality Improvement Activities for 2016-2020

Long Term Catheters

- All facilities with a LTC rate (over than 90 days) that is $> 10\%$
- Utilize Fistula First Catheter Last (FFCL) strategies and tools
- 2% reduction in LTC

Hospitalization

- 6-8 facilities with a total of 500 patients
- Reduce hospital utilization by 2%
- Reduce disparity related to hospitalization



Quality Improvement Activities for 2016-2020

ICH CAHPS

- 20 dialysis facilities
- Improve ICH CAHPS survey results
- Explain blood test results in a way that was easy to understand
- Demonstrate a 5% relative improvement

Hypercalcemia

- 10 facilities
- Reduce the number of patients with an uncorrected calcium level > 10.2
- Complete Root Cause Analysis and Plan Do Study Act cycles to improve outcomes



Quality Improvement Activities for 2016-2020

Grievances

- 10 facilities
- Improve the utilization of facility grievance process
- Improve communication between patients, staff, and Network 15

Bloodstream Infections

- 20% of facilities
- Engage patients in the process
- Reduce rates of BSI
- Decrease by 5% of pooled mean



Quality Improvement Activities for 2016-2020

Vaccination

- 10% of facilities with a maximum of 25
- Achieve 60% Hepatitis B (complete series)
- Achieve 60% of Pneumococcal Pneumonia (PPV)

NHSN Data Quality

- Minimum of 20 facilities and 5 associated hospitals
- Ensure positive blood cultures drawn at hospital during the first day of admission are entered as a dialysis event

Make a Difference!

What Can You Do By Next Tuesday?

- Implement a best practice or lesson learned gained from today's ADVICE Collaborative conference
 - Evaluate your facility processes for assessing and managing fluid
 - Implement the CDC dialysis checklist and audit tools
 - Review your facility processes and policies for water treatment
- Ask patients about what their goals are ... what is important to them
- Engage patients in your facility projects and QAPI meetings

Thank you!

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The Future of Healthcare is Now

Understanding Integrated Care Within the Arizona
Market

Greg Keller

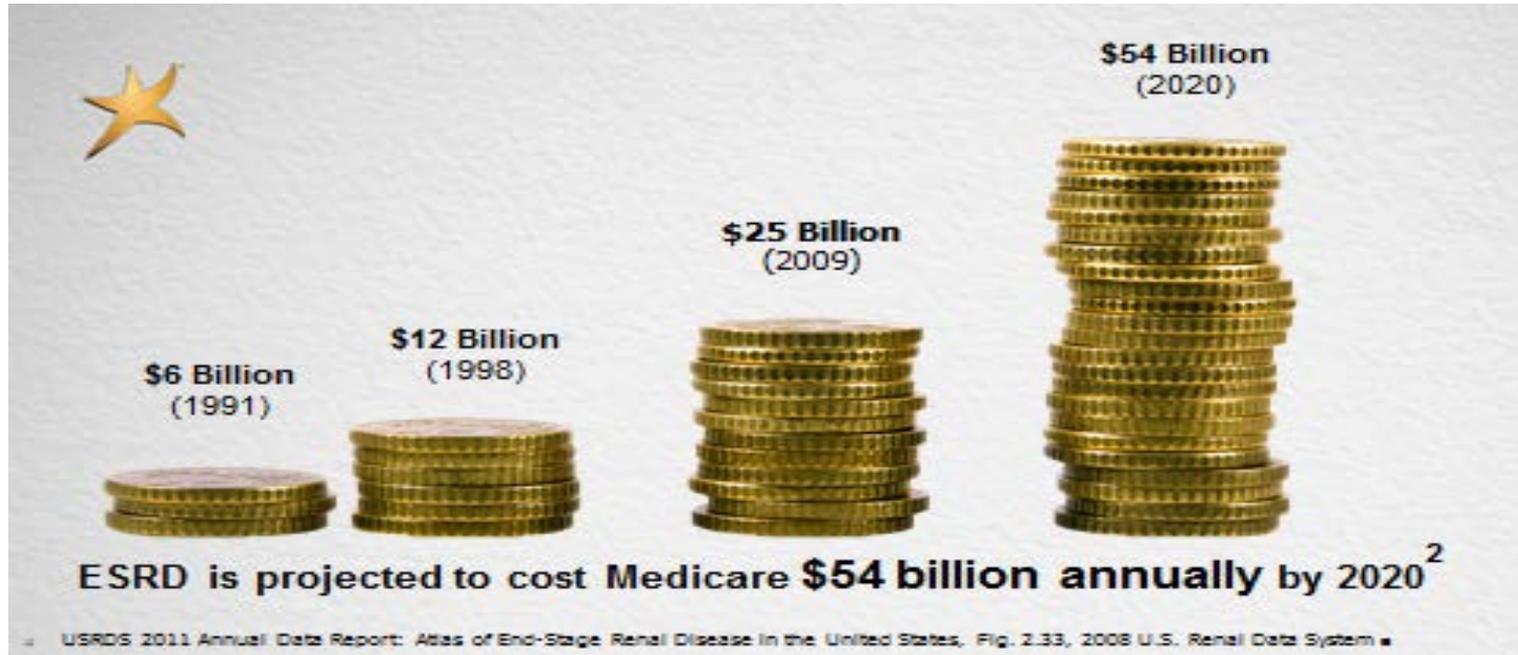
Regional Operations Director-DaVita



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Why Integrated Care



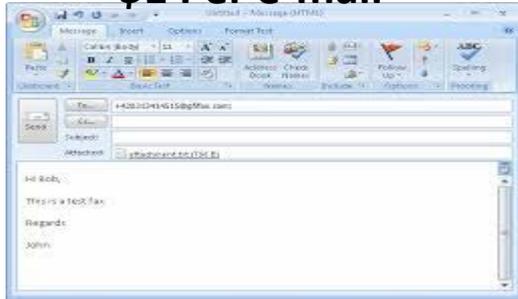
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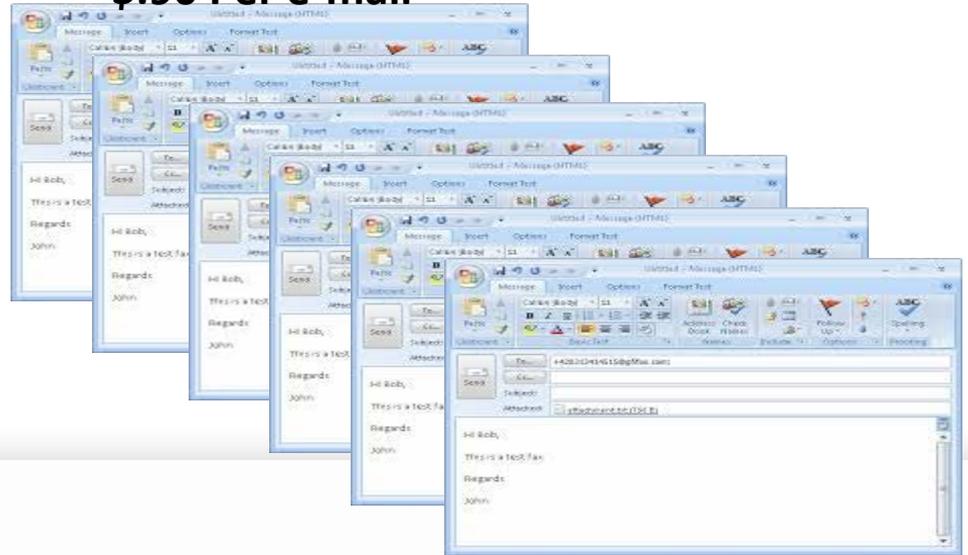
Largely Driven by Fee for Service

Fee-for-service (FFS) is a payment model where services are unbundled and paid for separately. In health care, it gives an incentive for physicians to provide more treatments because payment is dependent on the quantity of care, rather than quality of care.

\$1 Per e-mail



\$.90 Per e-mail



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Change Over Time



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Change Starting in Arizona



**BlueCross
BlueShield
of Arizona**

Advantage

An Independent Licensee of the Blue Cross and Blue Shield Association



Comprehensive ESRD Care (CEC) Model

Welcome to Today's Webinar

The ESRD Seamless Care Organization (ESCO)
Experience



Medicare Advantage Special Needs Plans



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Barriers that We Face

- Healthcare System Currently in Siloes
- Current Regulation Makes Integration a Challenge
- IT Systems are Not Currently Formatted to Share Information



Where are we at?

Wright Brothers 1903



Modern Day Air Travel



Change Takes Time...It Won't happen Over Night



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Recap

- **Fee-For-Service not Sustainable**
- **Integrated Care is Here to Stay**
- **Arizona Currently at the Forefront of Transformation**
- **Barriers will Continue to be a Challenge**
- **It's up to us to “Think Outside the Box” to Better take Care of Patients**
- **Current Innovations will be Largely a Manual Process**
- **It Will Take Time to Build a System that Can be Replicated**

