ESRD NETWORK 2020 ANNUAL REPORT

ESRD Network 11

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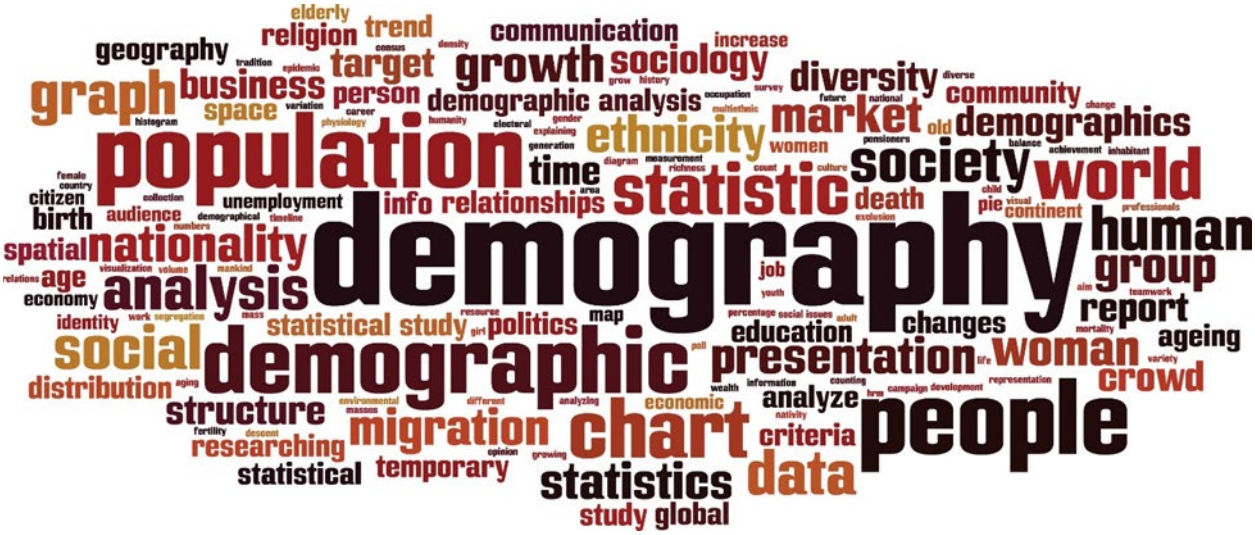
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ESRD DEMOGRAPHIC DATA

Midwest Kidney Network (End Stage Renal Disease Network 11)

Midwest Kidney Network (MKN) is an independent, nonprofit organization working to assess and improve the care of people with kidney disease. We serve a five-state region: Michigan, Minnesota, North Dakota, South Dakota, and Wisconsin.

Geography and Population Density

Our service area covers more than 350,000 square miles and spans three time zones. More than 23 million people live in this five-state region. About 70% reside in the metropolitan areas of Detroit, Milwaukee, and Minneapolis-Saint Paul, while about 30% reside in rural areas.

Diverse Populations

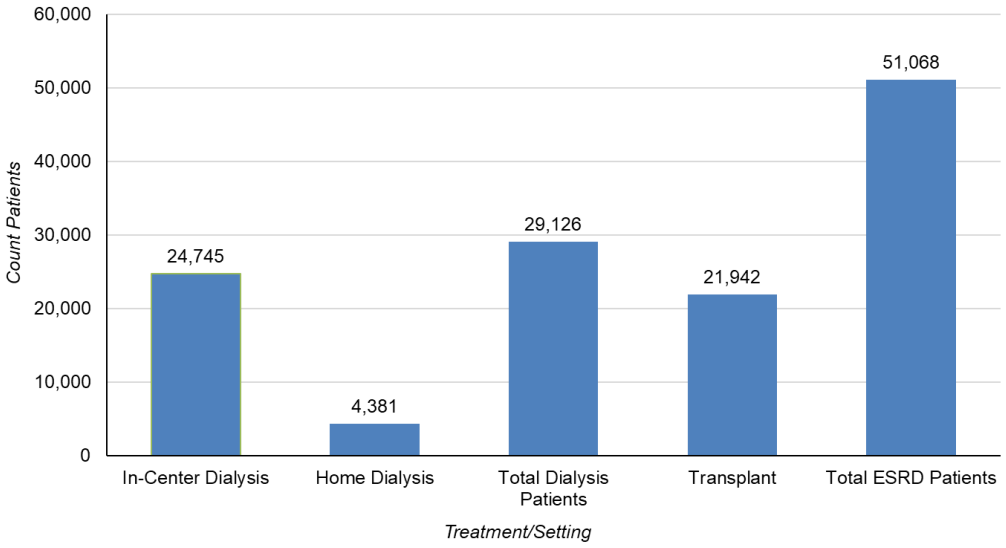
The following are notable points about the population in our five-state region as African Americans and Native Americans have a disproportionately higher incidence of kidney disease.

- At 82%, Detroit, Michigan has the highest percentage of African American population in a USA City.
- Midwest Kidney Network's five-state area contains more than fifteen Native American reservations with some of the largest populations in the United States.

End Stage Renal Disease (ESRD) in Midwest Kidney Network Region

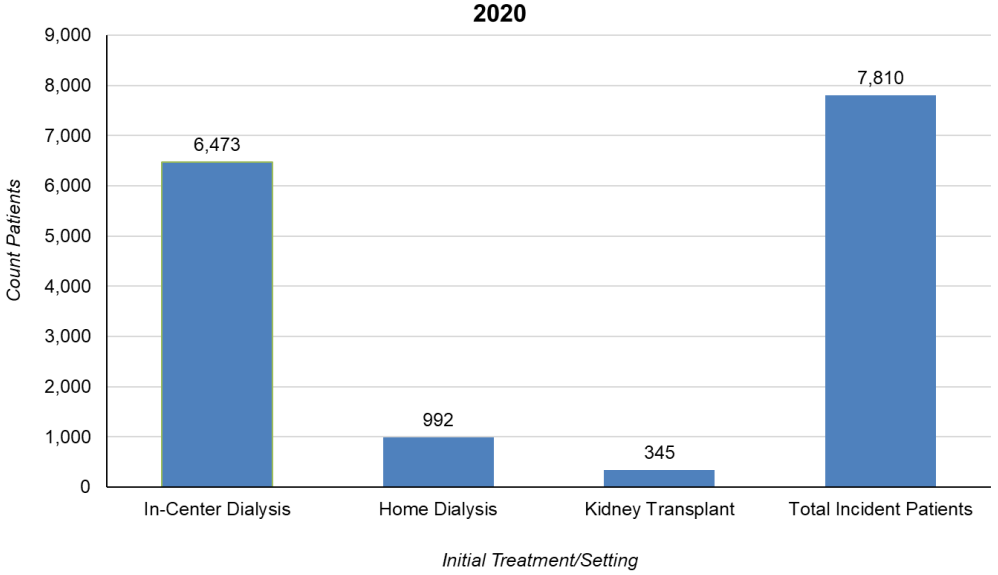
Midwest Kidney Network collaborates with 536 ESRD providers. Of the dialysis providers in this 5-state region, 40% are affiliated with DaVita, 33% are affiliated with FMC, 12% are affiliated with a regional chain, and 15% are independent.

Network 11: Count of Prevalent ESRD Patients by Treatment/Setting
2020

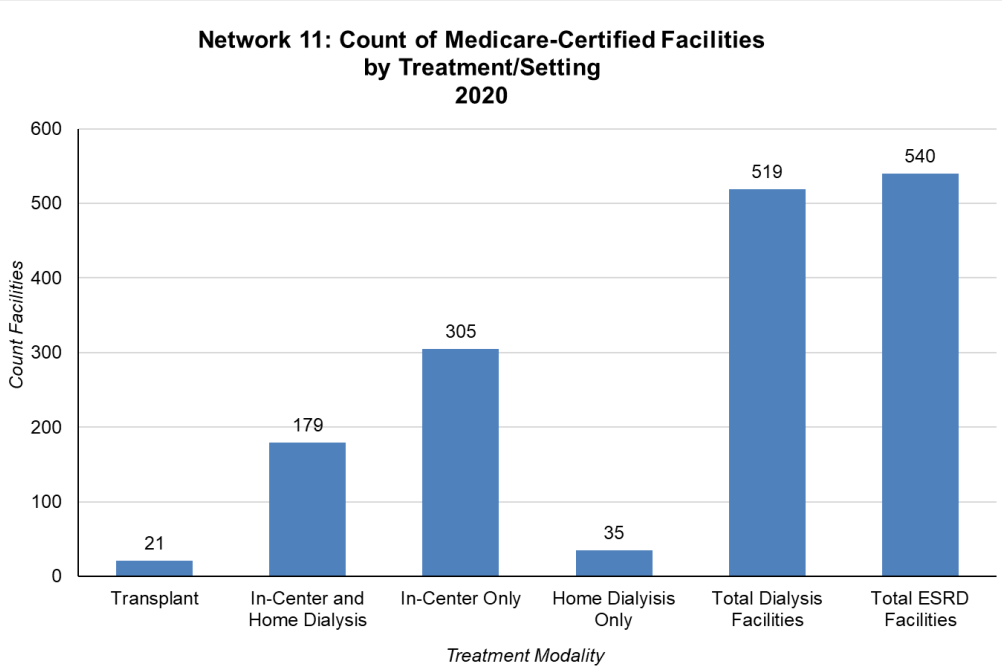


Total Dialysis Patients = In-Center Dialysis + Home Dialysis
Total ESRD Patients = Transplant + Total Dialysis
SNF dialysis patients are not shown due to small numbers.
Source of data: EQRS accessed May 13, 2021

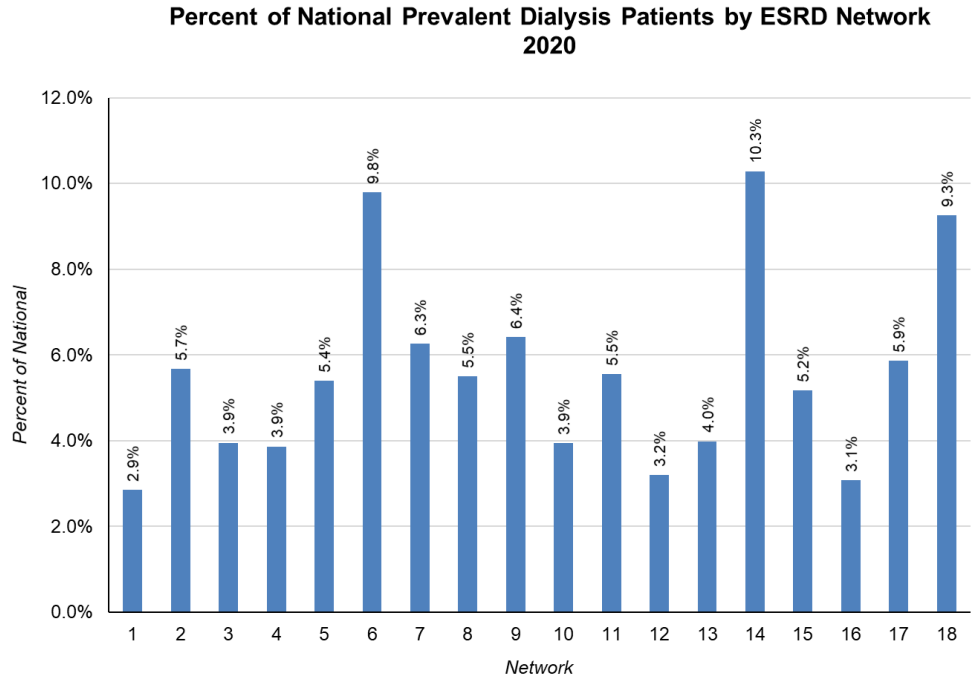
Network 11: Count of Incident ESRD Patients by Initial Treatment/Setting
2020



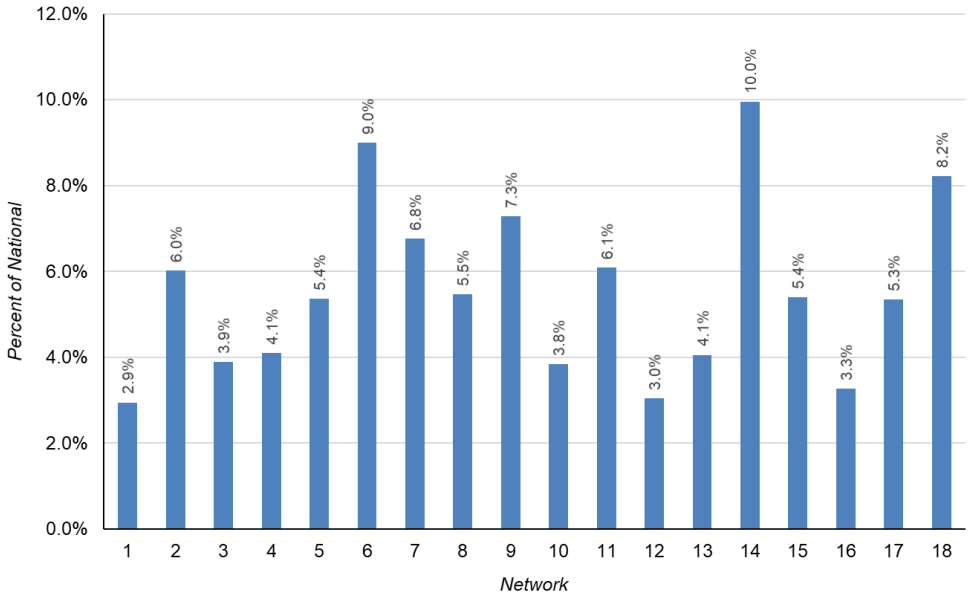
Total Incident = Patients In-Center + Home + Kidney Transplant
Source of data: EQRS accessed June 21, 2021



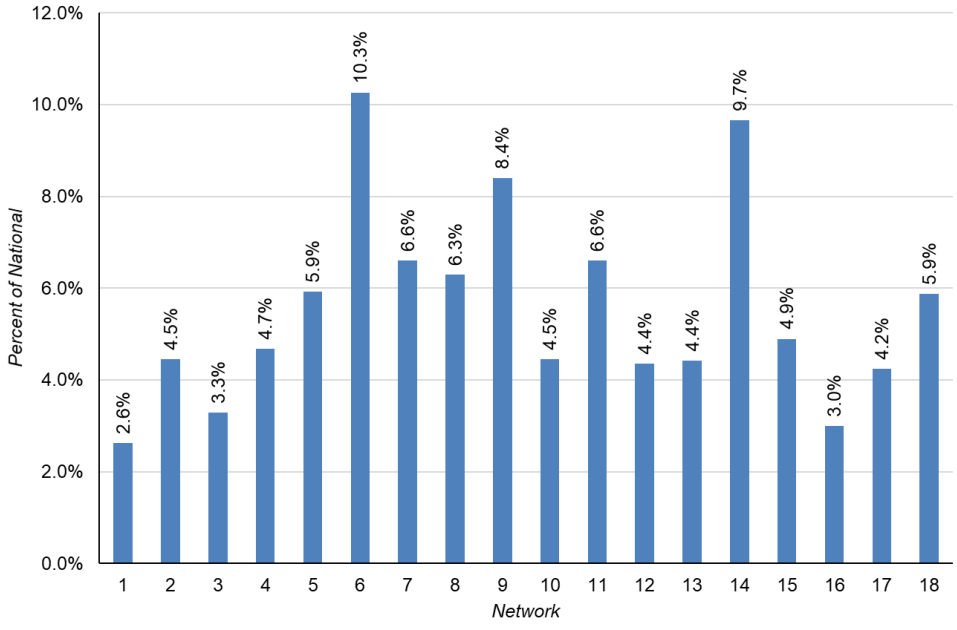
Total Dialysis Facilities = In-Center and Home Dialysis + Home Dialysis Only + In-Center Only
Total ESRD Facilities = Transplant + Total Dialysis Facilities
Source of data: EQRS accessed June 21, 2021



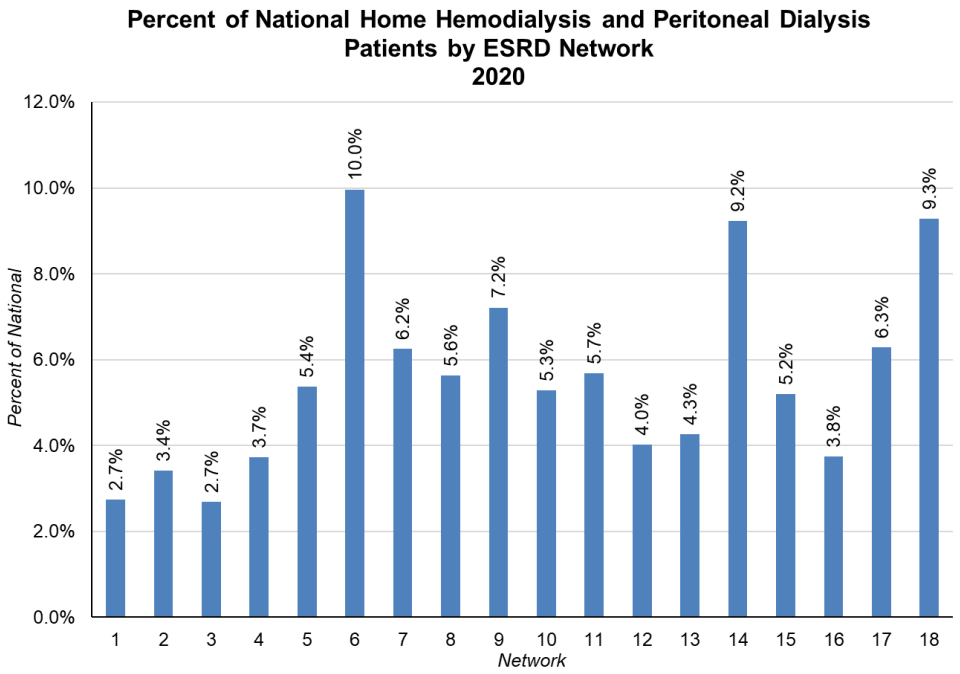
National total dialysis patients: 525,148
Source of data: EQRS accessed June 21, 2021



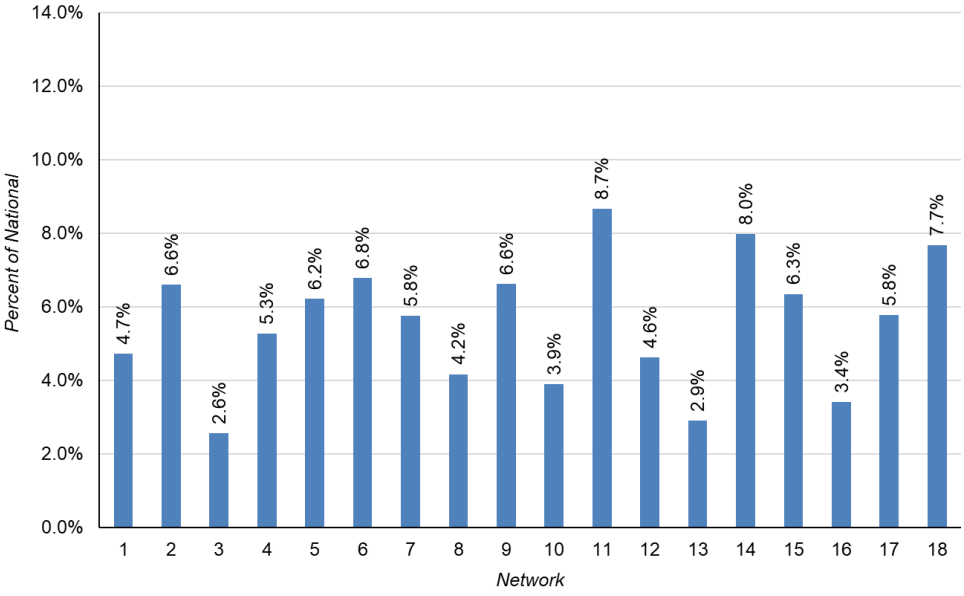
National total incident patients: 128,323
Source of data: EQRS accessed June 21, 2021



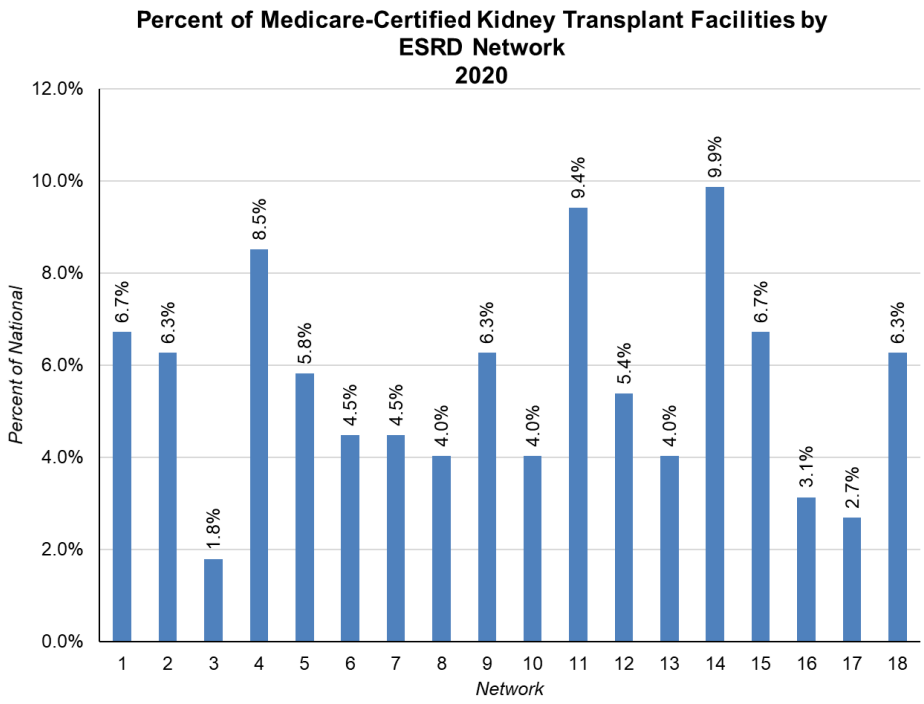
National total ESRD Medicare-certified dialysis facilities: 7,864
Source of data: EQRS accessed June 21, 2021



National total home hemodialysis and peritoneal dialysis patients: 77,131
Source of data: EQRS accessed June 21, 2021



National total transplant patients: 253,487
Source of data: EQRS accessed June 21, 2021



National total ESRD Medicare-certified kidney transplant facilities: 223
Source of data: EQRS accessed June 21, 2021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ESRD NETWORK GRIEVANCE AND ACCESS TO CARE DATA

Network Goals

- Increase patient awareness of the Network as an educational resource and mediator for grievances with metrics included in the Network Internal Quality Improvement plan.
- Improve the grievance satisfaction score provided by the ESRD National Coordinating Center from the month of December 2019 by at least 10% relative improvement by the time of evaluation in 2020.

Responding to Patient's Concerns

The Network responded to 84 calls from patients and provided support, strategies, options, and assistance. Midwest Kidney Network staff were intentional in their individualized customer service and incorporated the following best practices into their discussions with patients:

- Explained the grievance process and what Midwest Kidney Network can do to address their grievance.
- Reassured callers that their concern was important to us.
- Sent grievance letters thanking the patient for their call and summarizing their grievance process.
- Informed grievant that they would be contacted to evaluate their satisfaction with the process.

To educate patients and families, Midwest Kidney Network distributed brochures describing the role of the Network and the grievance process including the option for filing anonymous grievances.

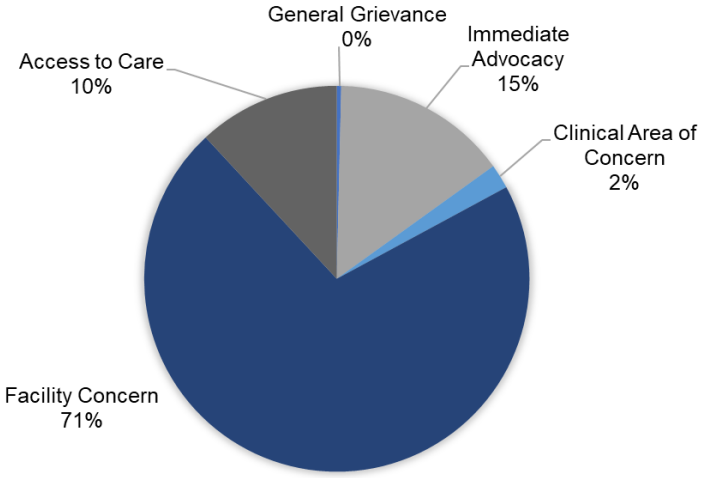
Working with Dialysis Providers with Concerns

In 2020, Midwest Kidney Network received 405 calls from facilities/providers. These facilities represent the diversity of urban/rural, inner city/suburban, Large Dialysis Organization facilities, and independent dialysis facilities. Midwest Kidney Network responded to calls from dialysis facilities by aiding in problem solving, sharing best practices, and helping to understand the Medicare Conditions for Coverage as it applies to grievances.

Results

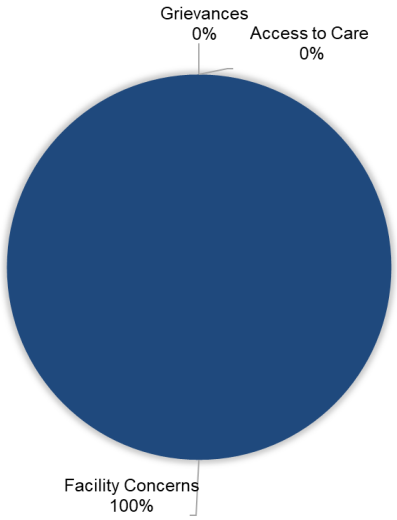
In 2020, Midwest Kidney Network responded to a total of 489 concerns filed by patients and facility personnel, which is among the highest number of concerns when compared with other ESRD Networks. With high grievance satisfaction scores, people filing concerns reported that they feel respected, listened to, and comfortable with filing a concern again. We attribute these results to the very experienced patient services team.

Network 11: Percent of Grievances and Non-Grievances by Case Type December 2019 - December 2020



Source of data: Patient Contact Utility (PCU) accessed April 2021

Network 11: Percent of Mental Health Related Grievances and Non-Grievances by Case Type May 2020 - December 2020



Grievances include Immediate Advocacy, General Grievance, and Clinical Quality of Care
Source of data: Patient Contact Utility (PCU) accessed April 2021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ESRD NETWORK QUALITY IMPROVEMENT ACTIVITY DATA

Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked toward the goals of the following quality improvement activities but was not evaluated on results.

Please see the section of this report titled ESRD NETWORK COVID-19 EMERGENCY PREPAREDNESS INTERVENTION for specific interventions and activities related to COVID-19.

Long Term Catheter Quality Improvement Activity

Network Goal

Achieve a reduction in the rate of long-term catheter (LTC) use among prevalent dialysis patients by at least 0.25% in the Network service area. Data available in October 2019 was used as the baseline, and data available in October 2020 would have been used for evaluation.

Project Participants

All hemodialysis providers in the Network service area participated in the project in 2020.

Patient Engagement

The Network partnered with patient mentors to support peer-to-peer experience sharing. The patient mentors engaged in conversations with long-term catheter patients who were resistant to fistula or graft placement. Patient subject matter experts also reviewed and provided feedback on educational tools and project strategies.

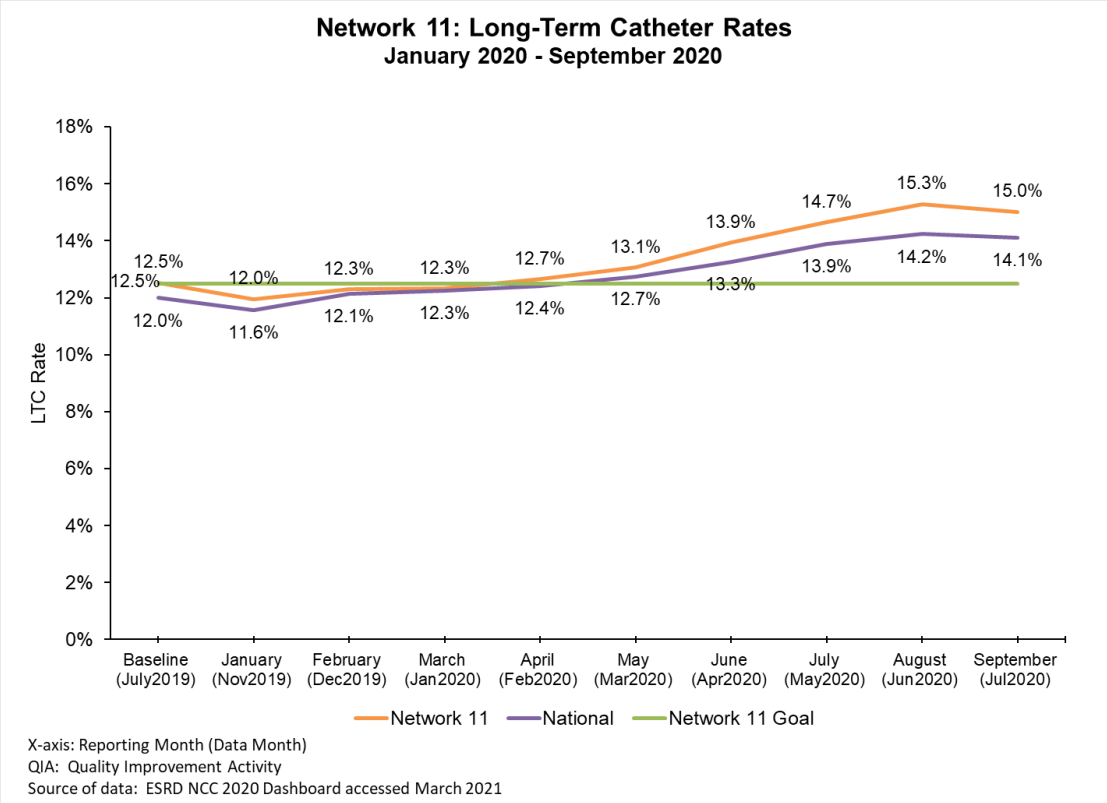
Interventions

- We provided technical assistance to dialysis providers on developing and implementing a Vascular Access Manager within their programs.
    - We provided an in-service presentation on the importance and effectiveness of the Vascular Access Manager.
    - We provided a guide outlining the roles and responsibilities of the Vascular Access Manager.
- We engaged nationally known speakers to share best practices on decreasing long term catheter rates and how to keep current vascular accesses viable.

- We also helped low performing facilities revise their procedures on access placement procedures in response to the COVID-19 pandemic.
- We promoted the CMS statement classifying vascular access procedures as necessary surgery.

Results

Our long-term catheter rate successfully decreased until the COVID-19 pandemic closed many surgical suites, effectively suspending vascular access procedures. In September of 2020, as vascular access procedures became more readily available, we started to again see a slight decrease in catheter rates.



Blood-Stream Infection Quality Improvement Activity

Network Goal

Reduce bloodstream infection (BSI) rate 20% in January – June 2020 from the baseline of January- June 2019.

Project Participants

Project participants included 104 (20%) of dialysis units in our Network service area with the highest excess infection rates using the NHSN Excess Infection report (based on January - June 2019 NHSN data). This report compares the number of actual infections to the number of expected infections rather than looking at a percentage, making the data more understandable for dialysis providers.

Interventions

In 2020, we addressed barriers to reducing infection control by emphasizing best-demonstrated practices. With the onset of the COVID pandemic, however, much of the project focus shifted to providing technical assistance on COVID-19 procedures and screening protocols.

- We convened a kick-off coaching call to review the CDC Core Interventions. We addressed each intervention, provided resource examples, and shared best practices from other dialysis units in the project. These included performing CDC Practice Audits using and NHSN data to closely review infections.
- In March 2020, we started weekly calls with Wisconsin, Michigan, and Minnesota to identify COVID issues in our service area. These calls also addressed overall all infection control.
- We provided emerging CDC guidance along with educational items developed by the CDC, the ESRD National Coordinating Center, and the American Society of Nephrology.

Patient Engagement

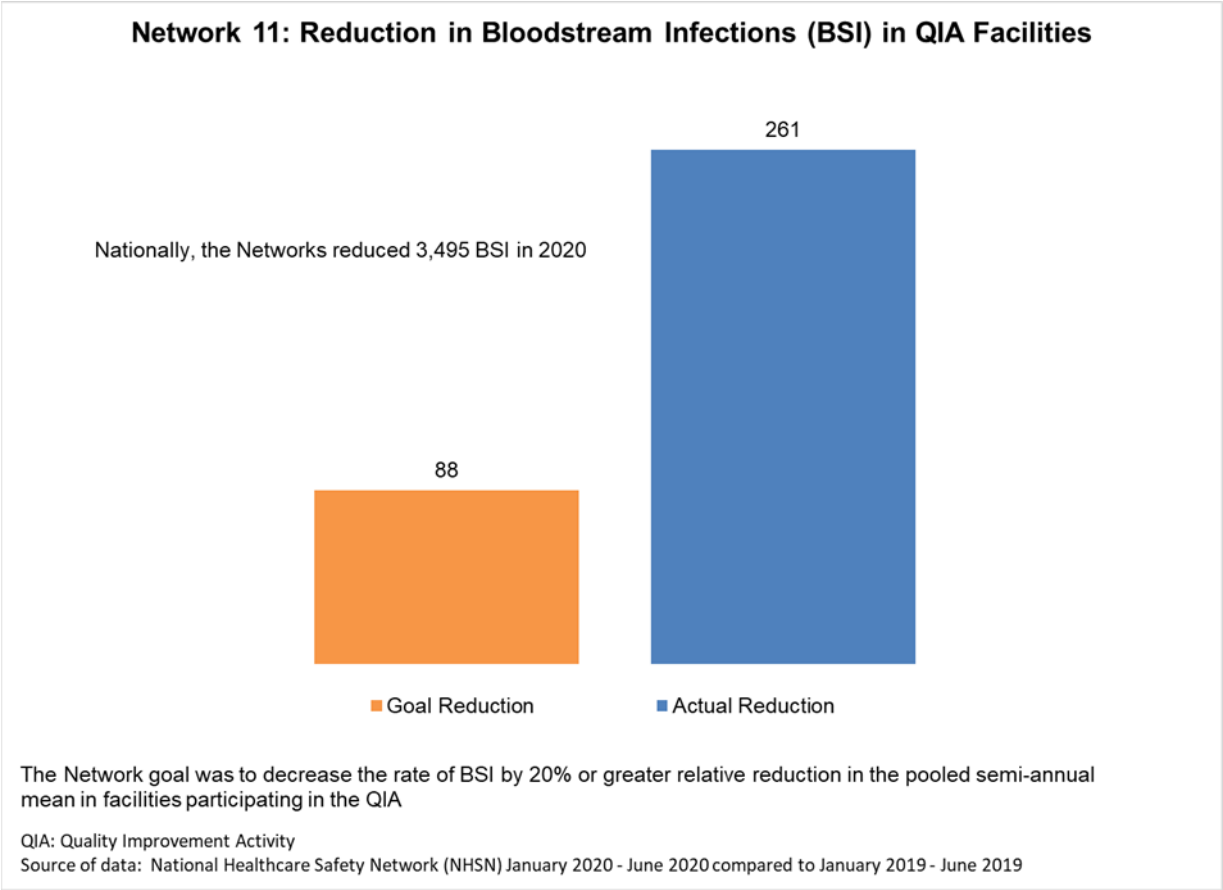
We provided a variety of patient education tools about infection-control to dialysis patients at the participating providers. We solicited feedback from these patients specifically about usability and value. In addition, Network Consumer Committee members reviewed these tools and made recommendations for future use.

Results:

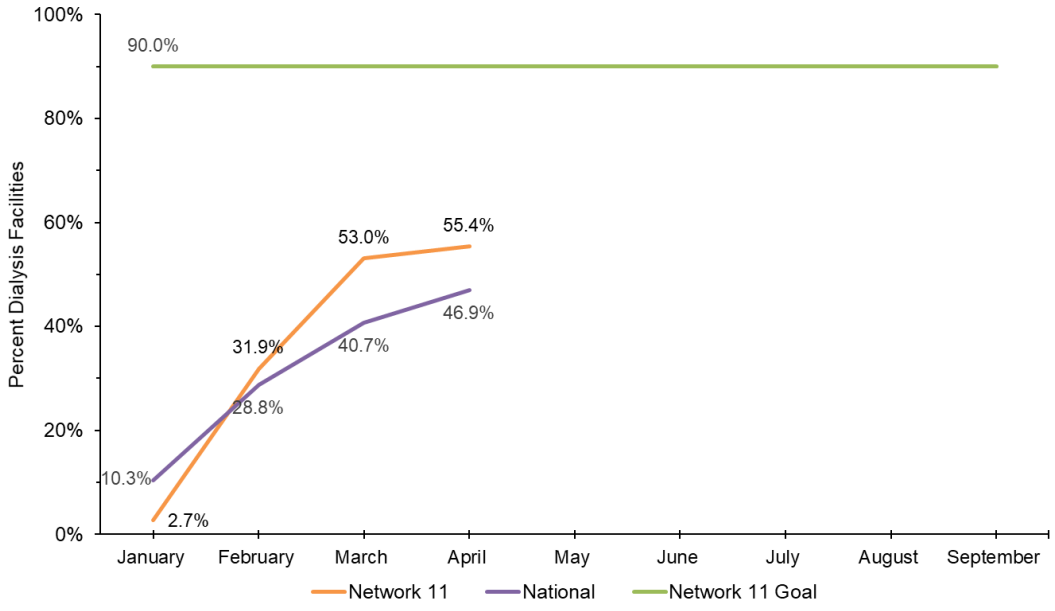
The Network met and exceeded its BSI reduction goal with a 34% relative improvement.

Lessons Learned:

- Increased patient involvement will assist dialysis facilities in their development of more patient-centered interventions.
- From our early calls to states struggling to cope with the onset of COVID, we developed transportation guides for each state that included those providers who would transport COVID+ patients.
- Each state in the Network service area had different needs which, required adaptive interventions throughout the pandemic.

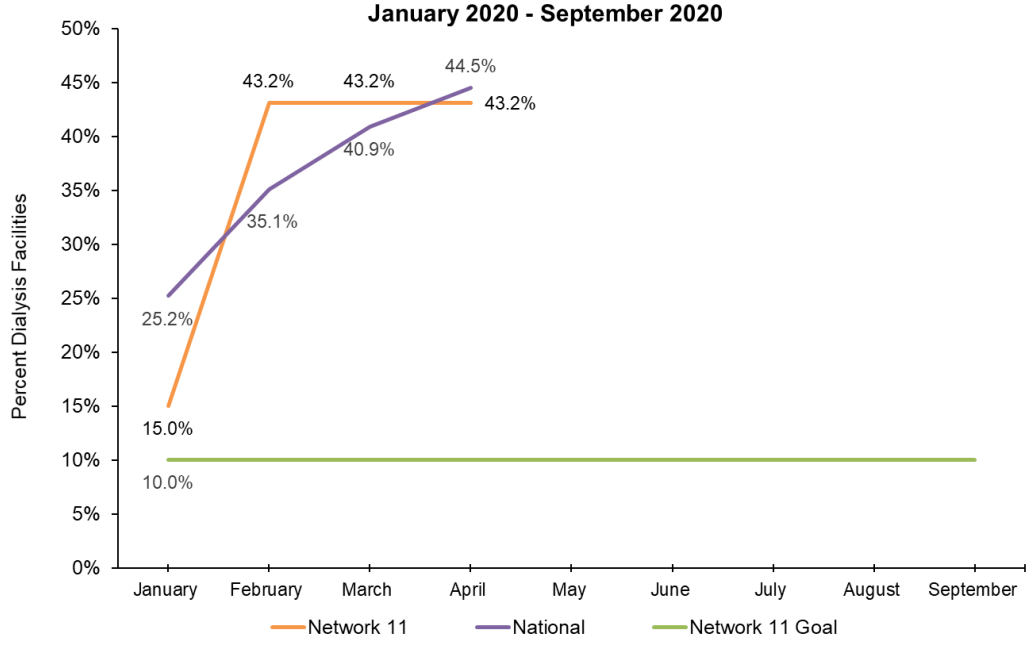


Network 11: Percent of Dialysis Facilities with At Least One Person Who Has Completed the NHSN Dialysis Event Surveillance Training
January 2020 - September 2020



Source of data: ESRD NCC 2020 Dashboard accessed March 2021

Network 11: Percent of Dialysis Facilities with a Health Information Exchange or Evidence-Based Highly Effective Information Transfer System
January 2020 - September 2020



Source of data: ESRD NCC 2020 Dashboard accessed March 2021

Transplant Waitlist Quality Improvement Activity

Network Goals

Achieve an increase in the rate of patients added to the transplant waiting list in the Network service area by at least 1.25%. The transplant waitlist project had a baseline rate of 2.56% with a goal of increasing to a rate of 2.62%.

Project Participants

511 dialysis and 21 transplant centers participated in the 2020 project with a cohort focus group of approximately 50 dialysis facilities.

Patient Engagement

Patients across the Network service area shaped the direction of this project by supporting the development of educational tools and interventions. Patients helped identify key focus areas such as patient readiness for transplant, understanding the steps to waitlisting, and staying well-informed throughout the process.

Interventions

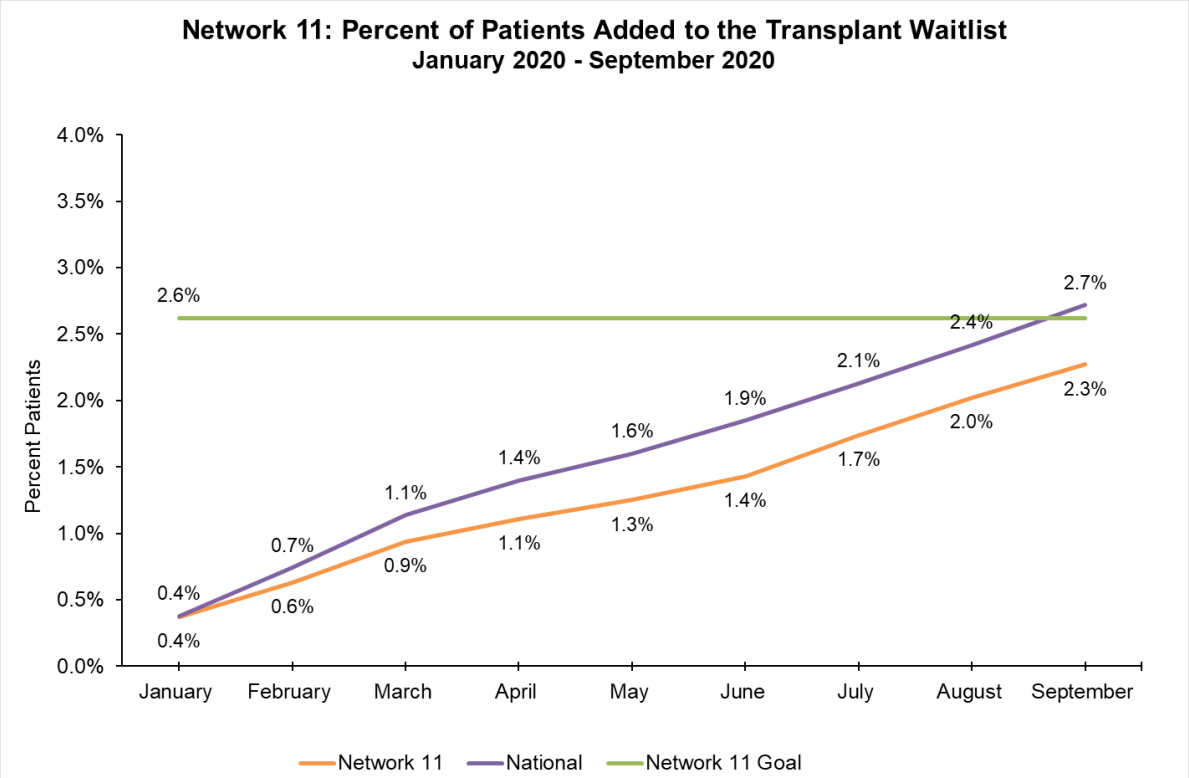
Midwest Kidney Network incorporated a variety of strategic interventions to enhance working relationships between dialysis facilities and their kidney transplant centers. We promoted best practices to support patient education and patient transition from transplant referral to transplant waitlist. Results-oriented interventions included the following activities.

- We developed an on-demand presentation for dialysis providers that explained the project goals and objectives, educational events, and expectations for facilities.
- We immediately identified low, middle, and high performing facilities to tailor interventions and provide facility-specific technical assistance.
- We connected transplant center coordinators with transplant liaisons in the dialysis facilities to establish processes for frequent communication about patient status.
- We developed two new tools specifically for this project:
    - ***Interactive webpage*** for patients and professionals to become familiar with transplant center locations and staff points of contact.
    - ***Patient Transplant Readiness Questionnaire*** to standardize review with patients currently active on the transplant waitlist.
- Through collaboration with four Organ Procurement Organizations in our service area, we identified common goals and strategies for increasing kidney transplantation.
- Network staff hosted a quarterly transplant advisory group including dialysis social workers, nurses, transplant surgeons, transplant coordinators, and patient subject experts to identify challenges and best practices and recommend process changes.

- We convened monthly technical assistance sessions with focus dialysis facilities to determine what strategies were implemented successfully and how they were being sustained.
- We promoted patient-created educational resources from the ESRD National Coordinating Center and other stakeholders.

Results

The COVID-19 pandemic caused a nationwide flattening of the number of patients added to the kidney transplant waitlist during the middle of 2020. By the second half of 2020, Midwest Kidney Network's rate of patients added to the kidney transplant waitlist rate progressed to 2.3%, working toward the goal of 2.62%.



QIA: Quality Improvement Activity
Source of data: ESRD NCC 2019 Dashboard accessed March 2021

Home Therapy Quality Improvement Activity

Network Goal

Increase the rate of patients starting a home dialysis modality by at least 2.5% (using the ABC™ Methodology model).

Project Participants

The 2020 project included all dialysis facilities in the Midwest Kidney Network region.

Patient Engagement

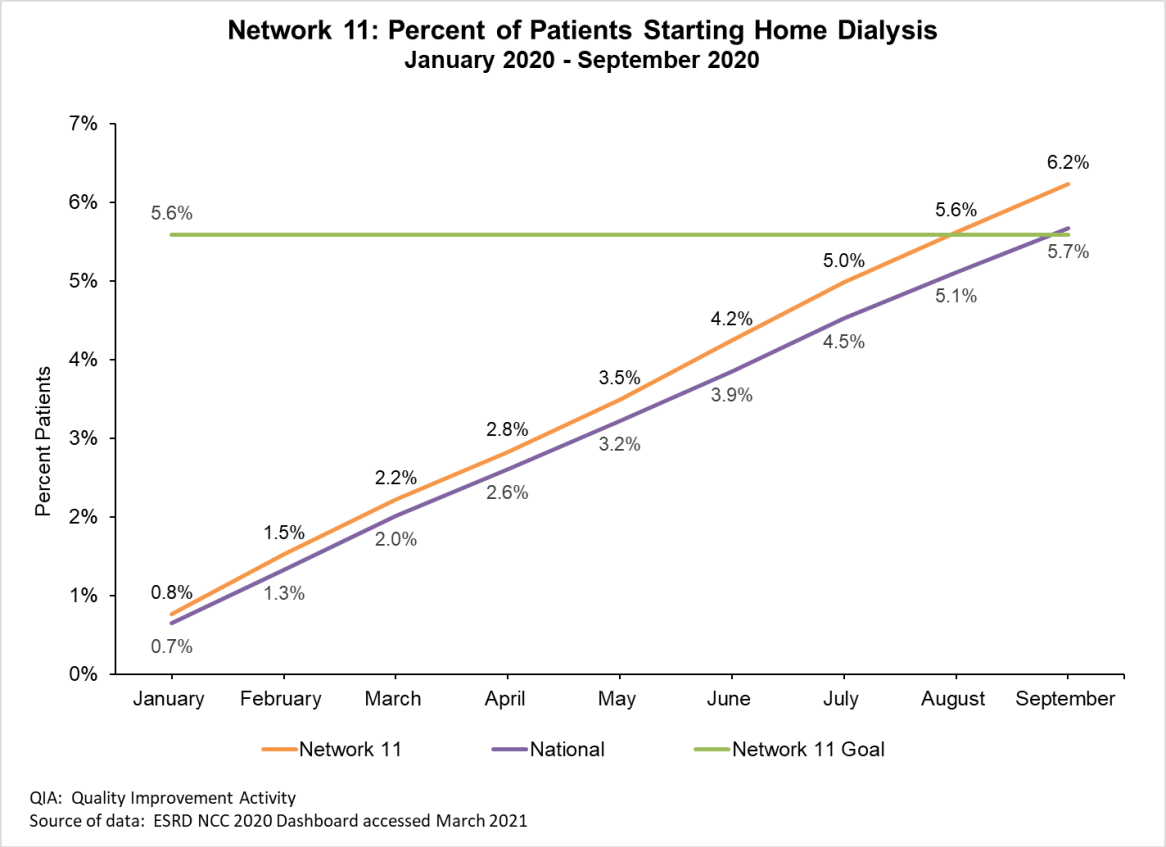
Patients across the Network service area shaped the direction of this project by supporting the development of educational tools and interventions. Patients helped identify key focus areas such as ongoing modality education and sharing patient experiences with each modality choice. The Network Consumer Committee developed the patient-centered booklet ***My Life, My Choice*** to share patient specific experiences with different modalities including home hemodialysis and peritoneal dialysis.

Interventions

- We developed an on-demand presentation for dialysis providers that explained the project goals and objectives, educational events, and expectations for dialysis facilities.
- We immediately identified low, middle, and high performing facilities to tailor interventions and provide facility-specific technical assistance.
- We promoted early modality education for patients through webinars, on demand presentations, and educational strategies and tools.
- Network staff hosted a home modality advisory group to identify current challenges, share best practices, and align appropriate strategies for increasing home dialysis.
- Through collaboration, we incorporated patient perspectives into actionable strategies. These included short videos and printed materials that focused less on clinical information and more on the patient experience.
- We promoted the value of telemedicine for both urban and rural patients by creating a ***telemedicine tip sheet.*** We shared this resource on the Network COVID-19 webpage and via Facebook.
- We convened monthly technical assistance sessions with focus dialysis facilities to determine what strategies were implemented successfully and how they were being sustained.
- We promoted patient-created educational resources from the ESRD National Coordinating Center and other stakeholders.

Results

The Network met and exceeded the goal for percent of patients starting home dialysis in 2020 with a rate of 6.2%.



QIA: Quality Improvement Activity
Source of data: ESRD NCC 2020 Dashboard accessed March 2021

Population Health Focus Pilot Project Quality Improvement Activity

Network Goal

Ensure that at least 95% of patients are screened for interest in vocational rehabilitation services. Increase the percent of eligible patients referred to an employment network or vocational rehabilitation services by 50%. Ensure that at least 1% of eligible patients receive employment network or vocational rehabilitation services. Demonstrate referral of at least 10 eligible patients between the ages of 55-64.

Project Participants

Thirty dialysis centers in Michigan participated in the project. They served approximately 3,100 dialysis patients.

Patient Engagement

We engaged patients in the cohort facilities though the following activities:

- Provided dialysis facilities with a best practice guide to use while educating patients during their care planning meetings to increase patient awareness of vocational rehabilitation services.
- Produced a word search puzzle, which was emailed to all cohort facilities to distribute to their patients. The word search used words regarding vocational rehabilitation and employment networks. This educational tool was popular and helped to generate conversations between patients and dialysis staff at the cohort facilities.

Interventions

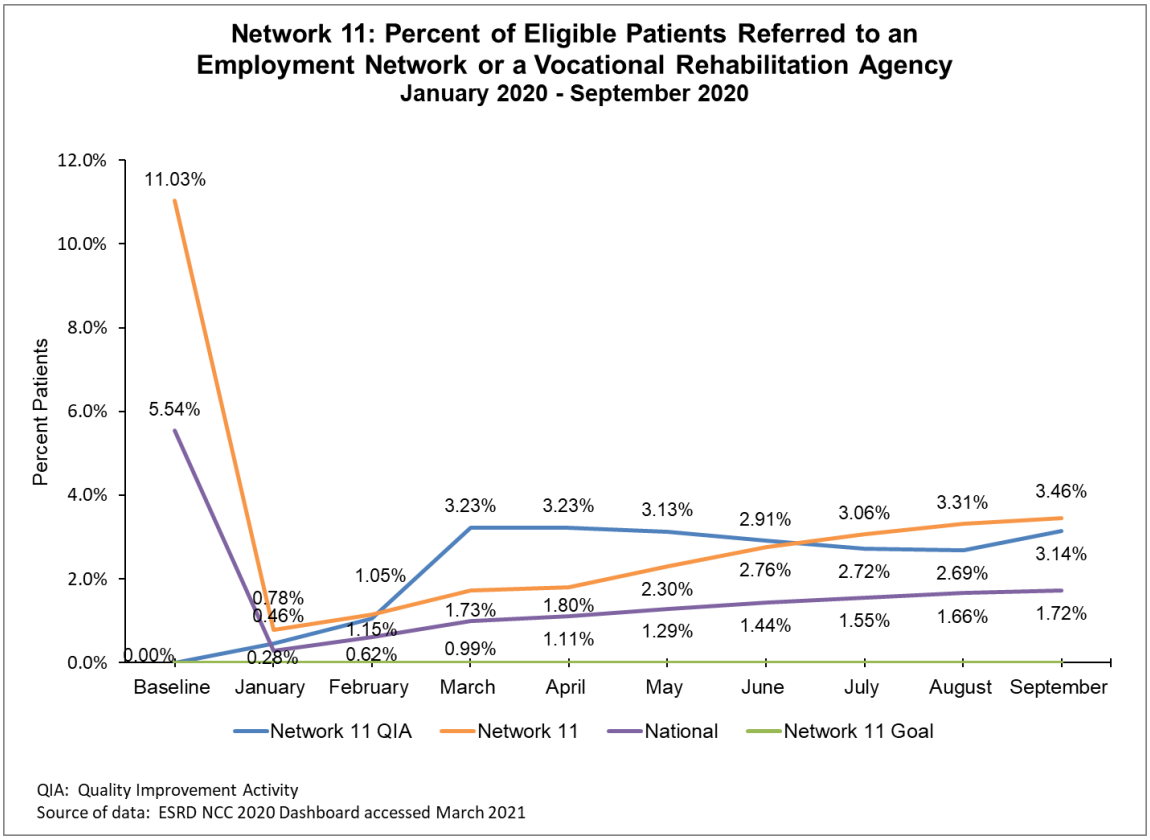
- We asked cohort facilities to perform a root cause analysis to identify barriers to patients returning to work and/or school.
- We hosted a presentation from the Michigan Department of Rehabilitation Services focused on getting ESRD patients into the work force.
- Network staff made regular check-in calls to cohort facility social workers to gauge progress and provide technical assistance.
- We convened a learning session for cohort facilities on how to correctly enter vocational rehabilitation data into CROWNWeb. This was also an opportunity to discuss challenges and share best practices.
- Midwest Kidney Network collaborated with five other ESRD Networks to host two Subject Matter Expert webinars including:
    - Beth Witten, MSW, presented on resources available to ESRD patients interested in returning to the workforce.
    - Faith Saunders a consultant and founder of the Career Connection Employment Resource Institute at the Mental Health Association in New Jersey (MHANJ). In

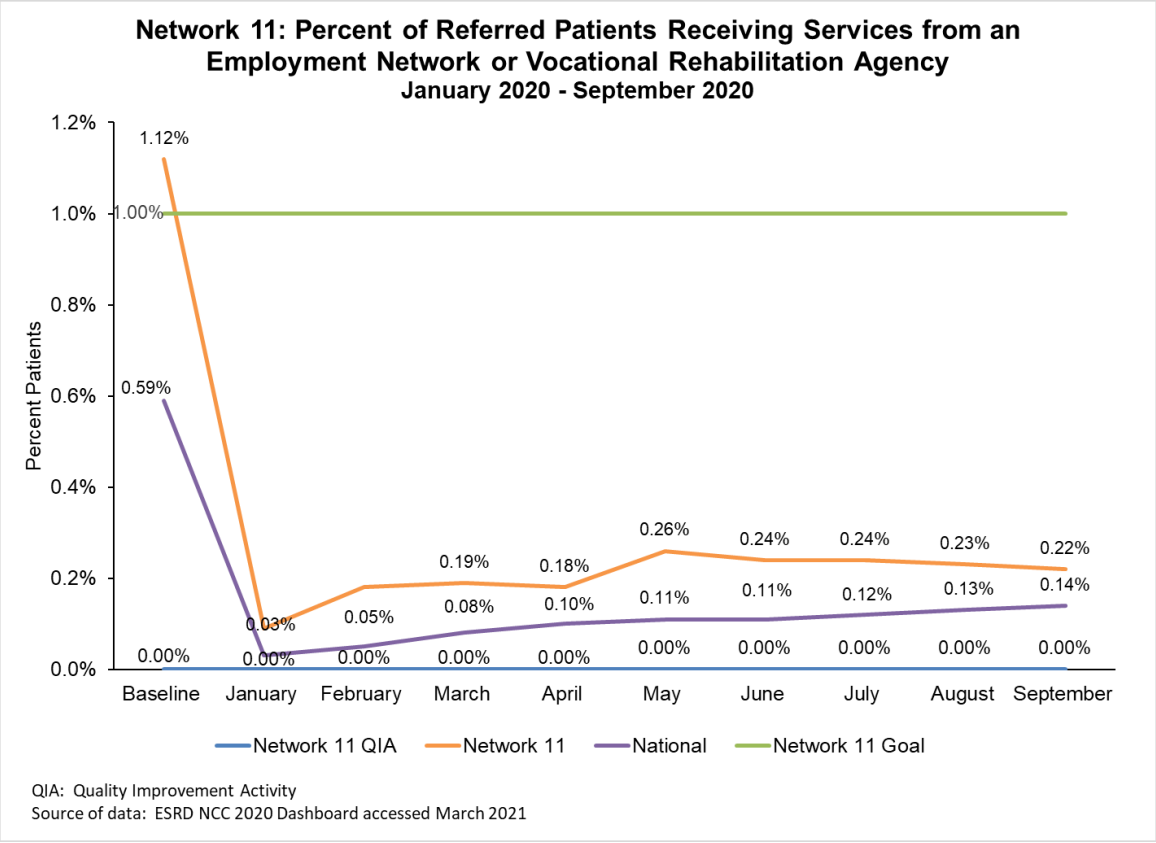
her previous role with MHANJ, Faith provided training and technical assistance to organizations on mental health and employment-related issues.

- We promoted the regularly scheduled ***Ticket to Work*** webinars via social media.
- In response to the COVID-19 pandemic we shared information with cohort facilities on the following topics:
    - Resources on working during the COVID crisis.
    - Presentation from Lisa Hall, MSW, LICSW, Patient Services Director, ESRD Network 16 presented on *Health and Safety at Work During the COVID-19 Pandemic*.
- We promoted the Midwest Kidney Network's *Gainful Employment for People with End Stage Renal Disease (ESRD) Quality Improvement Activity Toolkit*.

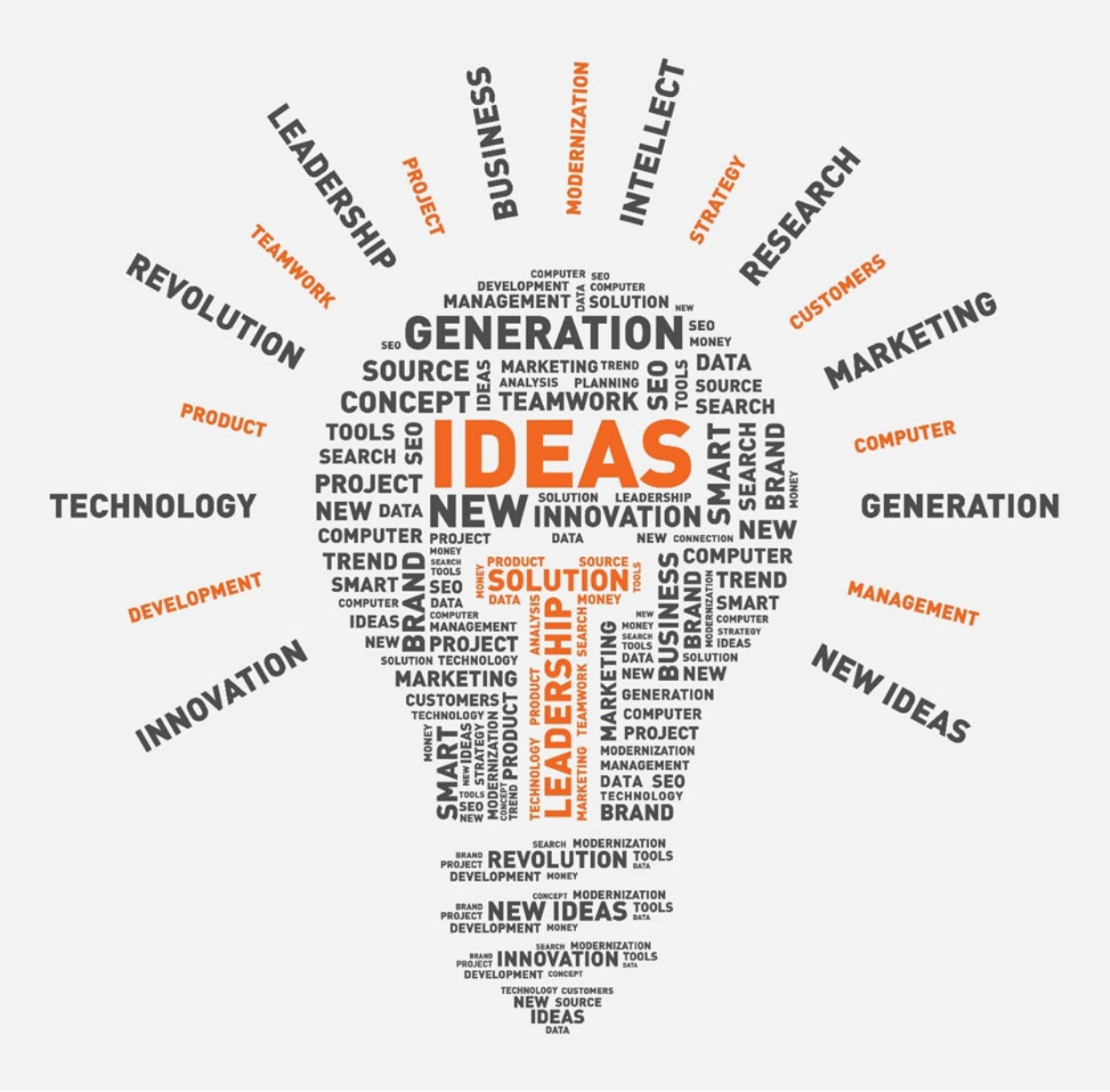
Results

By September 2020, 99% of patients were screened for interest in vocational rehabilitation services, and 3% of eligible patients were referred for employment network or vocational rehabilitation services in the cohort facilities.





QIA: Quality Improvement Activity
Source of data: ESRD NCC 2020 Dashboard accessed March 2021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ESRD NETWORK RECOMMENDATIONS

Recommendations for Sanctions

Midwest Kidney Network monitors ESRD facilities in this region using annually updated Midwest Kidney Network Recommended Treatment goals and other indicators. In 2020, the Network did not recommend any sanctions or alternative sanctions.

Recommendations to CMS for Additional Services or Facilities

Problems persist with patients having access to concurrent hospice and dialysis. This is a problem which prevents dialysis patients from using hospice at the end of life.

It is well documented that hospice use by people with End Stage Renal Disease is far lower than hospice use by people with other chronic diseases such as cancer. Patients currently must stop dialysis or have the hospice pick up the cost of treatment if they choose to continue dialysis. This is unrealistic as hospice cannot afford to pay for dialysis care under their per diem.

There has been at least one pilot to determine how long patients continue dialysis treatment after starting hospice, and the estimated average is about 7 dialysis treatments. Also, concurrent dialysis/hospice results in a considerable cost saving assuming that many of the patients would have been admitted to the hospital and incurred an expensive dialysis treatment as an inpatient.


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COVID-19 EMERGENCY PREPAREDNESS

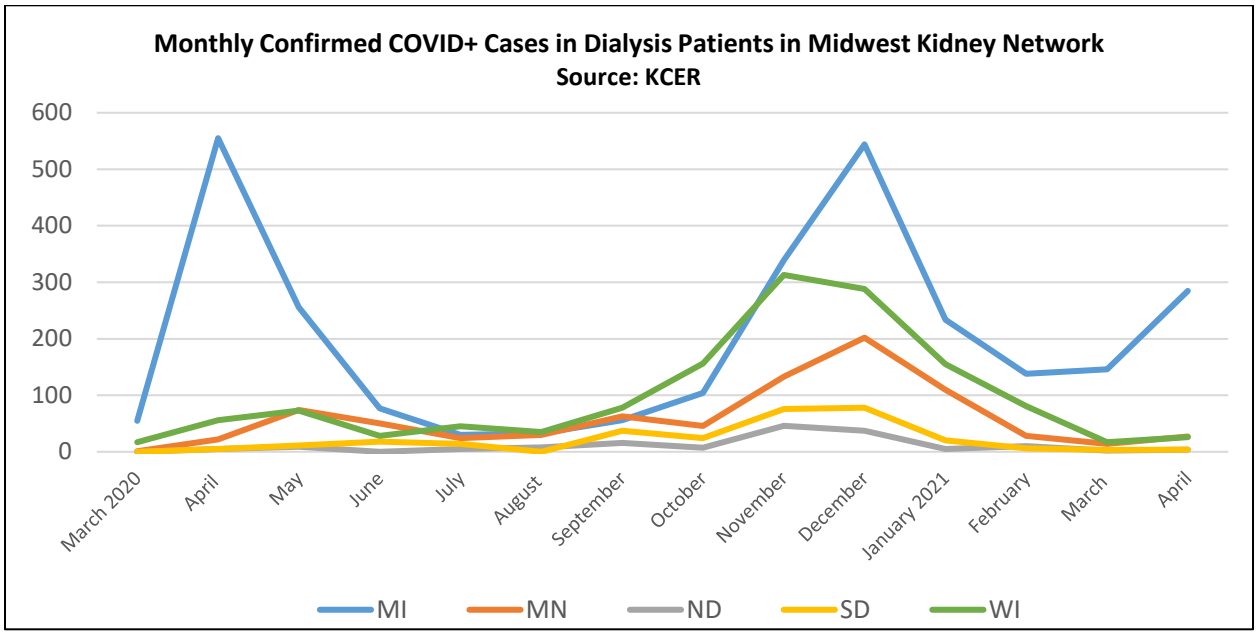
ESRD NETWORK INTERVENTION

Initial Impact of COVID-19 on ESRD Providers

Michigan was the first state in the Midwest Kidney Network region to be significantly impacted by COVID-19. As shown in the graph below, Michigan had an initial peak in April 2020. Over 600 dialysis patients had tested positive by the end of April 2020. Dialysis patients and facility staff faced many concerns about the safety of receiving and providing dialysis treatment. There were still many unknowns about the pandemic.

The entire Network region was impacted by the second wave that began in the fall of 2020. Dialysis units in Minnesota, Wisconsin, North Dakota, and South Dakota were able to use lessons learned by Michigan to address some of the COVID-19 challenges, but these states also faced new challenges. North Dakota and South Dakota, while small in population, soon had the highest rates of COVID-19 positivity in the country. Some of the issues that these dialysis facilities faced were high rates of multigenerational housing, high poverty rates, rural locations that made cohort facilities impractical, and shortages of personal protective equipment (PPE).

The different locations also had different sources of community spread. Some areas were affected by meat processing plants or college campuses in the community. Others experienced surges after large events such as the Sturgis motorcycle rally in South Dakota or the hunting opener in Wisconsin.



Assessing Provider and Patient Needs

The Midwest Kidney Network continuously reviewed surge areas across the five-state region to identify facilities whose patient population showed increases in COVID -19 cases. Each unit that reported a COVID+ case received a phone call from Network staff. Early emergent issues included safely transporting COVID-19 patients and acquiring PPE for dialysis staff.

The Network provided facility-specific technical assistance to these clinics, identified possible exposure sources, reviewed current interventions, and offered specific strategies for facilities and patients to improve safety and infection control in the clinic setting as well as community-based exposures.

Collaboration with Stakeholders

We quickly realized the varying COVID-19 dynamics in each state required tailored strategies for assistance. The Midwest Kidney Network hosted and facilitated regularly scheduled state-specific calls with a variety of stakeholders. This group included state surveyors, state emergency preparedness staff, representatives from large dialysis organizations as well as regional chains, independent and home-only dialysis providers.

These calls provided a platform to discuss emerging state-specific COVID-19 issues and the potential impact on the provision of dialysis care. These calls also offered opportunities for stakeholders to discuss response activities, to identify needs of patients and providers, and collaborate across provider types and care settings.

Network staff participated in weekly COVID-19 update calls led by the Kidney Response Emergency Coalition (KCER) and CMS. We provided weekly counts of COVID-19 positive patients to KCER and weekly updates on technical assistance to dialysis providers.

Impact to Native American ESRD Population

Two Native American reservations in South Dakota experienced a surge of COVID-19 cases. Indian Health Services (IHS) and the elders of the reservations closed both reservations to outside traffic for a 10-day period. This affected the dialysis patient travel to the dialysis unit as well as all dialysis supplies that were delivered by truck.

Working the Forum of ESRD Networks and the large dialysis providers, we assisted in the procurement of personal protective equipment (PPE) for one of the Native American reservations in South Dakota. One large dialysis provider donated their supplies, and the reservation providers also received the discounted pricing for future PPE orders. Their par levels were increased with their supplier, and they have been able to maintain enough PPE to safely take care of their patients. They continue to get adequate supplies delivered.

Long-term care facilities

With long-term care facilities being a possible source of COVID spread, communication about dialysis patients residing in this care setting was critically important. Network staff distributed a

communication tool to all units to document patient status, including COVID symptoms and testing, as patients moved between the dialysis unit and the long-term care facility.

Prioritization of vaccines for dialysis patients

With the news of COVID-19 vaccine availability, Midwest Kidney Network sent a letter to each state requesting that patients on dialysis be included in the first wave of vaccinations. In Minnesota, representatives from the large dialysis organizations in the area along with independent units reached out to the governor's office with their request. They received vaccine in January, one of the first months that the COVID-19 vaccine was available.

Resource Developed and Education Provided

Providing COVID-19 resources, guidance, and updates were a critical part of the Network's interaction with dialysis and kidney transplant providers in 2020. In addition to providing this information to our stakeholders via email and social media, we developed a dedicated webpage on the Network Website to house COVID-19 resources. Resource categories included: Patient Education, Telehealth, Infection Control, Administrative Guidance, Kidney Transplant, Mental Health, and Vaccination.

During 2020, Network staff developed new resources for COVID-19 education. These included state-specific guides for transportation of COVID-19 patients and a telehealth tip sheet for kidney patients. We promoted the use of a door sign, adapted with permission from ESRD Network 10, for dialysis patients to post at home offering precautions for any visitors; we also adapted the sign for kidney transplant recipients. In addition, we encouraged providers and patients to participate in the ESRD National Coordinating Center's COVID-19 webinar series.

SIGNIFICANT EMERGENCY PREPAREDNESS INTERVENTIONS ESRD NETWORKS

In 2020, dialysis providers in the Midwest Kidney Network region experienced several non-COVID related emergencies such as inclement weather, power outages, and flooding. Despite these challenges, dialysis providers experienced very few interruptions in service. In partnership with the Kidney Community Response (KCER) Coalition, we submitted four Emergency Status Situational Reports (ESSRs) in 2020.

- **May 19, 2020**: Monitored flooding the Midland, Michigan area ensuring patients could travel safely to and from dialysis treatment.
- **May 29, 2020:** Monitored several facilities in Minneapolis, Minnesota during civil unrest in response to the murder of George Floyd by a Minneapolis police officer.
- **July 13, 2020:** Assisted the dialysis facility in Sharp's Corner, South Dakota after a tornado destruction.
- **August 11, 2020:** Monitored facility in Lake Geneva, Wisconsin that experienced a power outage caused by a fire in the unit.

Additional Activities

- Distributed over 2,000 emergency preparedness guides for patients on dialysis.
- Updated Midwest Kidney Network's emergency preparedness plans.
- Provided technical assistance to dialysis providers on emergency plans.

ACRONYM LIST APPENDIX

This appendix contains an acronym list created by the KPAC (Kidney Patient Advisory Council) of the National Forum of ESRD Networks. We are grateful to the KPAC for creating this list of acronyms to assist patients and stakeholders in the readability of this annual report. We appreciate the collaboration of the National Forum of ESRD Networks especially the KPAC.