

ESRD NETWORK STRUCTURE

End Stage Renal Disease Networks are organizations under contract with the Centers for Medicare and Medicaid Services (CMS). The Networks' role is to monitor and assure quality of dialysis and transplantation services within a defined geographical area. They maintain Medical Review Boards with responsibility for quality improvement and oversight initiatives in their region. Individuals with ESRD are represented on these Boards, and Networks rely upon Patient Advisory Committees to increase patient involvement. Providers are required by regulation to participate in Network activities. Board of Directors and Medical Review Board members of ESRD Networks are typically volunteers.

Your Network

Your Network is the Southern California Renal Disease Council, Inc., ESRD **Network 18**. Please visit our website at www.esrdnetwork18.org or contact us at (800) 637-4767 to learn more about our resources and technical assistance services.

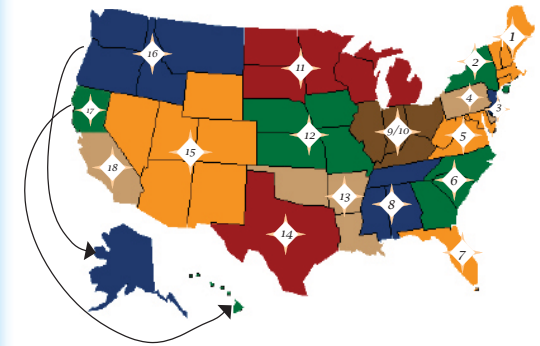


CMS NATIONAL GOALS AND NETWORK ACTIVITIES

The current ESRD Network Statement of Work outlines four goals to provide direction to the national ESRD Network program. These goals outline the basic functions of the ESRD Networks and direct the Network daily activities. Each Network tailors its activities to meet and exceed CMS expectations. The four goals are:

1. Improving the quality of health care services and quality of life for ESRD beneficiaries and evaluating and resolving grievances
2. Improving data reporting, reliability, and validity between ESRD facilities/providers, Networks and CMS
3. Establishing and improving partnerships and cooperative activities among and between the ESRD Networks, Quality Improvement Organizations, State Survey Agencies, and ESRD facilities and providers
4. Supporting the marketing, deployment, and maintenance of CMS-approved software (i.e. CROWN—Consolidated Renal Operations in a Web-Enabled Network).

End Stage Renal Disease Networks



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WHAT NETWORKS DO

Under the direction of CMS, the ESRD Network Program consists of a national Network of 18 ESRD Networks, responsible for each U.S. state, territory, and the District of Columbia. ESRD Networks service geographic areas based on the number and concentration of ESRD beneficiaries.

Through ESRD Networks and in partnership with other stakeholders, the Program assists providers in transforming healthcare quality to:

- Improve the quality of care and quality of life for ESRD patients
- Improve data reporting, reliability, and validity
- Establish and support partnerships and cooperative activities among ESRD Networks, Quality Improvement Organizations (QIOs), Medicare Advantage organizations, state survey agencies, professional groups, patient organizations, and ESRD facilities/providers.

ESRD NETWORK PROGRAM PROJECTS

Clinical Performance Measures (CPM)

The Balanced Budget Act of 1997 required CMS to develop a method for measuring and reporting the quality of renal dialysis services provided to persons covered by Medicare. Sixteen (16) clinical performance measures, based on Kidney Disease outcomes Quality Initiative (K-DOQI) Practice Guidelines, were developed. This project involves the collection and reporting of data and provides the foundation for many of the national and local Network quality improvement activities. It provides important feedback on outcome measures to providers of ESRD services and the renal community at both the national and Network levels.

AV FISTULA FIRST

As further example of the impact of the ESRD Network Program, the ESRD Network vascular access project (FistulaFirst) increased the use of Arteriovenous Fistulas (AVFs) for hemodialysis access. In 2003, the ESRD Network Fistula First project became a CMS Breakthrough Initiative with the aim of increasing the AVF rate in eligible patients to 66%. In addition to National projects, each Network conducts local quality improvement initiatives that specifically address the

regional and local needs to ensure that all individuals in need of dialysis receive quality care regardless of their geographic residence.

ESRD Networks maintain a real-time registry of over 400,000 ESRD patients in over 4,500 dialysis centers and sustain an accuracy rate of 90% or better for all forms.

ABOUT THE ESRD NETWORKS PROGRAM

The 1972 Social Security Amendments (P.L. 92-603) extended Medicare coverage to individuals with End Stage Renal Disease (ESRD) who require dialysis or transplantation to sustain life.

The ESRD Network Organizations Program was established in 1978 (P.L. 95292) when Section 1881 was added to the Social Security Act authorizing the creation of ESRD Network Organizations.