



Mindful Pathways Pilot
Project Kick-Off

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House Keeping

- Session is being recorded
- Lines are on mute
- Please use the chat to ask questions

Agenda

- ESRD Network Program
 - Conditions for Coverage
 - ESRD Network 5
- Background on Behavioral Health
 - Prevalence of Depression in ESRD patients
 - QIP reporting
- Mindful Pathways Pilot Project
 - Goals
 - RCA Summary
 - Next Steps
- Q&A



ESRD Network Program

- 18 ESRD Networks
- Contracted with CMS to support achieving national quality improvement goals and statutory requirements
- Network goals align with the Department of Health and Human Services National Quality Strategy, CMS Quality Strategy
- ESRD Networks are required to conduct specific quality improvement activities focused on patient care, maintaining a patient registry, providing educational materials, and investigating patient grievances.



Conditions for Coverage

- CMS established regulations that in order for facilities to be certified under the Medicare program, the CfC must be followed.
 - “The dialysis facility must cooperate with the ESRD network designated for its geographic area, in fulfilling the terms of the Network's current statement of work. Each facility must participate in ESRD network activities and pursue network goals.” *42 CFR 494.180(i)*
- Partner with State Survey Agency to ensure CfC are met.

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



ESRD Network 5

- Quality Insights Renal Network 5 (QIRN 5)
 - Formerly know as Mid-Atlantic Renal Coalition (MARC)
 - VA, MD, WV, DC
 - 451 Dialysis Facilities
 - 14 Transplant Centers
 - Over 28,000 dialysis patients and 17,000 transplant recipients



Data Source: Admission EQRS data as of January 3, 2022, provided by the ESRD NCC



Behavioral Health Background

- Depression is highly prevalent in patients with kidney disease
 - 39.3 % ESRD patients receiving dialysis when evaluated by screening questionnaires
 - 22.8% when evaluated by clinical interview
- CMS added Clinical Depression Screening as reporting measure to ESRD QIP in 2016 (PY 2018)

Potential Consequences

- Skipped/missed treatments
- Non-adherence to medication regimen
- Compromised daily life activities
- Reduced health-related quality of life
- Increased hospitalizations
- Self-medication (substance abuse)
- Clinical treatment provided in emergency rooms/intensive care units
- Fatalities

Data Summary Performance Year 2021

	National	Network 5
# of Patients Screened	451277	24195
# of Patients for Whom Screening was Required	458521	24535
Reporting Rate	98.42%	98.61%
Number of depression screenings with Screening for clinical depression is documented as being positive, and a follow-up plan is documented selected (Option 1)	31824	1746
Number of depression screenings with Screening for clinical depression is documented as being positive, and a follow-up plan is not documented, and the facility possess documentation stating the patient is not eligible selected (Option 2)	831	33
Number of depression screenings with Screening for clinical depression is documented as being positive, the facility possesses no documentation of a follow-up plan, and no reason is given selected (Option 3)	7561	405
Total Positive Patients (Options 1, 2, 3)	40216	2184
Total Positive	8.91%	9.02%
Number of depression screenings with Screening for clinical depression is documented as being negative, and a follow-up plan is not required selected (Option 4)	364456	19300
Total Negative (Option 4)	80.76%	79.77%
Number of depression screenings with Screening for clinical depression is not documented, but the facility possesses documentation stating the patient is not eligible selected (Option 5)	17003	819
Number of depression screenings with Clinical depression screening not documented, and no reason is given selected (Option 6)	30044	1931



Behavioral Health Goals

- **Identifying Depression**
 - Increase the percentage of patients identified as having depression and documented in EQRS (Annual QIP requirement, increase in reporting options 1, 2, 3)
- **Receiving Treatment for Depression**
 - Increase the percentage of patients with Medicare Part B identified as having depression who have received treatment by a mental health professional



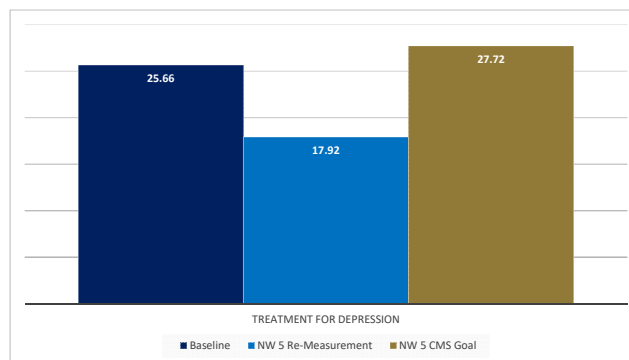
Project Focus



- **Receiving Treatment for Depression**
 - Increase the percentage of patients with **Medicare Part B identified as having depression** who have received treatment by a mental health professional
- Goals are established based off of performance during the baseline period of January 1, 2020 – December 31, 2020
- Performance Period – May 1, 2022 – April 30, 2023
- Data source is EQRS and Medicare Claims



Current Status



- Re-measurement May 1, 2022 – October 31, 2022



Shout Outs

- DaVita Easton
- DaVita Virginia Beach
- DaVita Catonsville



Project Specifics



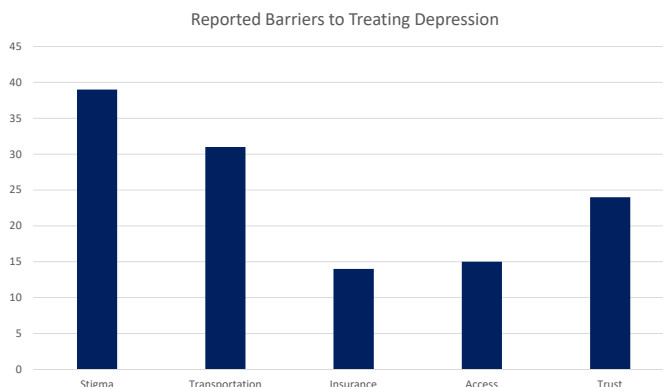
- Project notification, 11/16/2022

Facility Name:	CCN:	
# of patients with positive depression screening reported in EQRS	# of patients with positive depression screening reported in EQRS with Medicare Part B	# of patients that need to be treated by a mental health professional (GOAL to be reached by April 30, 2023)

- Complete RCA, due 11/28



RCA Summary



- N=50



Additional Barriers



- Denial
- Feeling too ill, exhausted/overwhelmed with medical appointments
- Healthcare Professional buy-in
- Lack of access to technology (ie telehealth)
- Lack of family support
- Lack of mental health professionals that have knowledge base of CKD and/or chronic illness
- Lack of patient f/u with appointments
- Limited providers that accept patient's insurance, or copay associated with this
- Most don't really understand the questions on the form and are not necessarily depressed.
- Most test positive for depression because of how the questions are presented and deny depression and the ones which are very few who are actually depressed already have a diagnosis prior to being on dialysis and have care.
- Motivation to "take the first step."
- No desire for another appointment
- Don't think they are "that" depressed
- Non-english speakers, lack of time due to multiple medical appointments, pts also deny depression when they have a positive score based mostly on poor sleep and energy levels, copays, fatigue, low health literacy
- Patients are experiencing "normal" feelings associated with being chronically ill and previously experiencing a worldwide pandemic.
- They don't see the value/effectiveness of mental health professionals



What's Next



- 1:1 Technical Assistance – providing what you need
- NW will provide patient level data via fax
- NW will provide list of providers offering telemedicine and accept Medicare
- Participate in “Perspectives: Treating Depression in Dialysis Patients” webinar January 5, 2023 at 1:00 PM – 2:00 PM, ET (more information coming soon!)
- Ad-hoc calls as needed



Patient Level Fax

ccn_num	org_name	ptnt_id	ptnt_last_name	ptnt_1st_name	admsn_dt	rptg_optn	rptg_optn_desc
123456	ABC Dialysis	121654646	DiCaprio	Leonardo	30-Mar-20	1	Screening for clinical depression is documented as being positive, and a follow-up plan is documented
123456	ABC Dialysis	64451164654	Hanks	Tom	22-Jun-18	1	Screening for clinical depression is documented as being positive, and a follow-up plan is documented
123456	ABC Dialysis	164646464	Washington	Denzel	7-Feb-20	1	Screening for clinical depression is documented as being positive, and a follow-up plan is documented
123456	ABC Dialysis	2105188490	Hopkins	Anthony	25-Sep-17	3	Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given
123456	ABC Dialysis	2105249639	Bullock	Sandra	20-May-22	3	Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given
123456	ABC Dialysis	2105507638	Lawrence	Jennifer	7-Jan-20	1	Screening for clinical depression is documented as being positive, and a follow-up plan is documented
123456	ABC Dialysis	3103710634	Stone	Emma	26-Jan-22	1	Screening for clinical depression is documented as being positive, and a follow-up plan is documented





Questions from the Audience

- Any questions related to depression.
- More information on the project.
- How do I encourage the patients to seek help.
- Mindful Pathway
- What should we do with a patient who scores high on a depression screening but doesn't want to see a therapist?

Network Expectations

- **Engage**
 - Respond to inquiries and request for information
 - 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**
 - Educational materials
- **Pursue Network Goals**
 - Participate in Network Quality Improvement Activities (QIAs)
 - Engage in Network facilitated technical assistance



References

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5720531/pdf/main.pdf>
- <https://pubmed.ncbi.nlm.nih.gov/16310620/>
- <https://pubmed.ncbi.nlm.nih.gov/22012131/>



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