



The Journey From CROWNWeb to ESRD Quality Reporting System (EQRS)

With CROWNWeb Outreach, Communication, and Training (OCT)

July 26, 2018– 2pm to 3pm ET



Submitting Questions

Type questions in the “Q&A” section, located in the top right corner of your screen. Send all Q&A questions to “All Panelists”

Note: Some questions may require additional research. Unanswered questions may be submitted to CRAFT@MyCROWNWeb.org.



A screenshot of a web application interface. At the top, there are three icons: 'Participants' (a person icon), 'Chat' (a speech bubble icon), and 'Q&A' (a question mark icon). Below these icons, there are two expandable sections: 'Participants (2)' and 'Q&A'. The 'Q&A' section is expanded, showing a list with one item: 'All (0)'. At the bottom of the interface, there is a form with a dropdown menu labeled 'Ask:' set to 'All Panelists'. Below the dropdown is a text input field with placeholder text: 'Select a panelist in the Ask menu first and then type your question here. There is a 256-character limit'. To the right of the input field is a 'Send' button. At the bottom right corner, there is a 'Connected' status indicator with a green dot.

Today's Host and Presenters

P. Nicole Crenshaw, MPA

*Contract Officer's Representative (COR)
Head of EQRS*



Kirsten Keating

Communications Manager



Michael Seckman

Training Manager





Latest News and Reminders

Clinical Month(s)	Date of Closure for Clinical Submissions
May 2018	July 31, 2018 at 11:59 p.m. ET
June 2018	August 31, 2018 at 11:59 p.m. ET
July 2018	October 1, 2018 at 11:59 p.m. ET

- **Clinical closures apply to all Collection Types.**
- **Clinical data submission applies to all submission methods.**

Joint Announcements

- The OCT and ESRD Quality Incentive Program (QIP) Teams will be making joint announcements for both the CROWNWeb and ESRD QIP systems!
 - Joint announcements will inform all users about upcoming enhancements in either system.
 - This is another fantastic step in aiding the community's journey to EQRS.
- To join the Distribution list, please use the registration form on the left side of the CROWNWeb website. www.MyCROWNWeb.org

ESRD QIP Preview Period

- Preview Period:

Monday, August 6th

thru

Thursday, September 6th

at

2:59AM ET / 11:59PM PT

- Training was held July 19th and July 23rd
- Available Resources
 - Training Recording
 - Training Slides (PDF)
 - ESRD QIP Quick Start Guide

ESRD QIP Page at www.MyCROWNWeb.org



The Journey to EQRS, the ESRD Quality Reporting System

Overview of EQRS

- EQRS is a compilation of three distinct systems: CROWNWeb, REMIS, and ESRD QIP (Legacy Systems)
- The Legacy Systems support the submission of patient, clinical, and provider data, as well as the production of performance analyses on quality data for the ESRD Program
- EQRS will be a single system for ESRD reporting by consolidating the current ESRD Legacy Systems
- EQRS will be the single source of record, thus creating system, architectural, and process efficiencies
- EQRS will provide a user-friendly, patient-centric system that will fulfill the ESRD Program's business and patient needs of the ESRD community

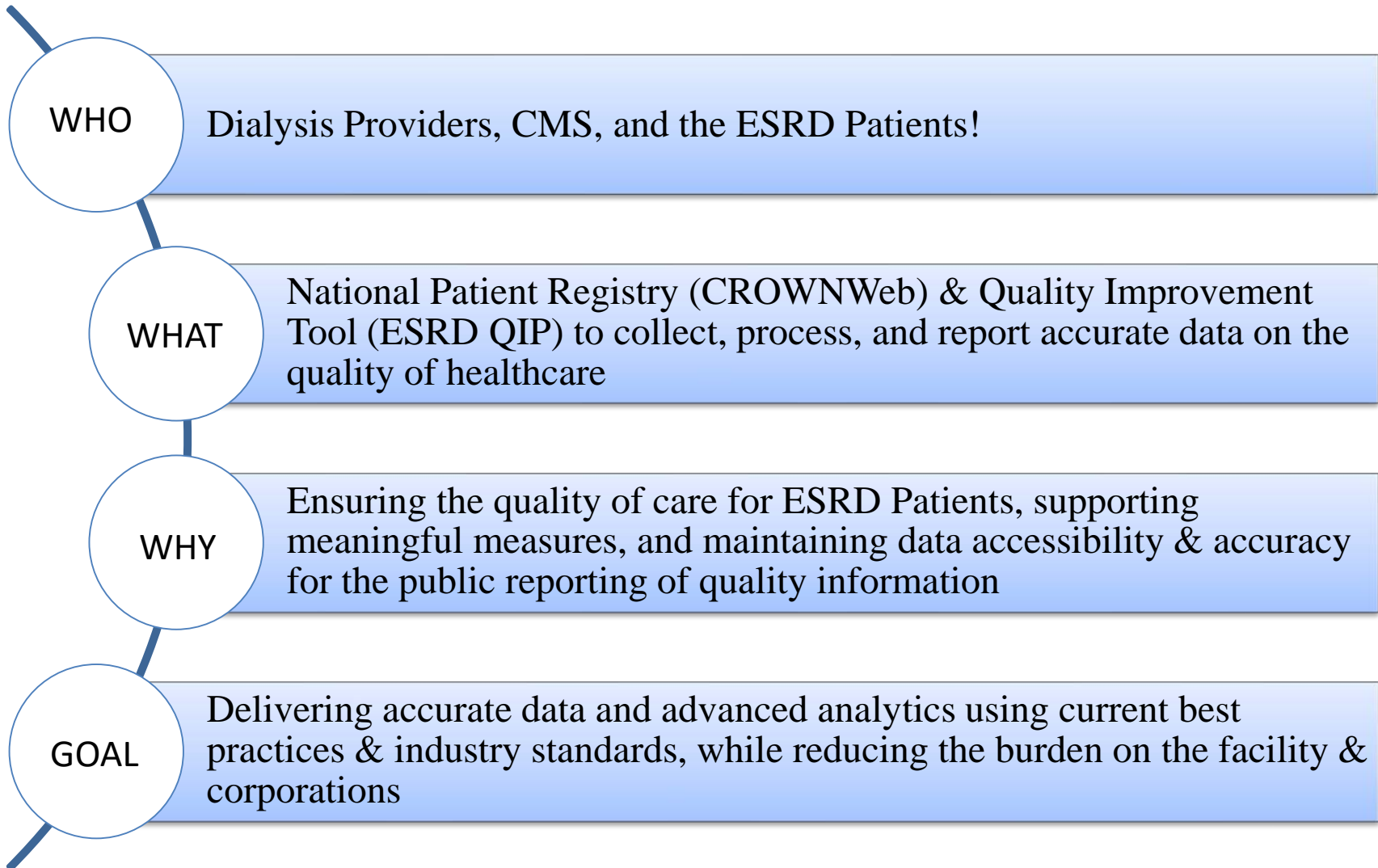
*ESRD: End Stage Renal Disease

*EQRS: End Stage Renal Disease Quality Reporting System

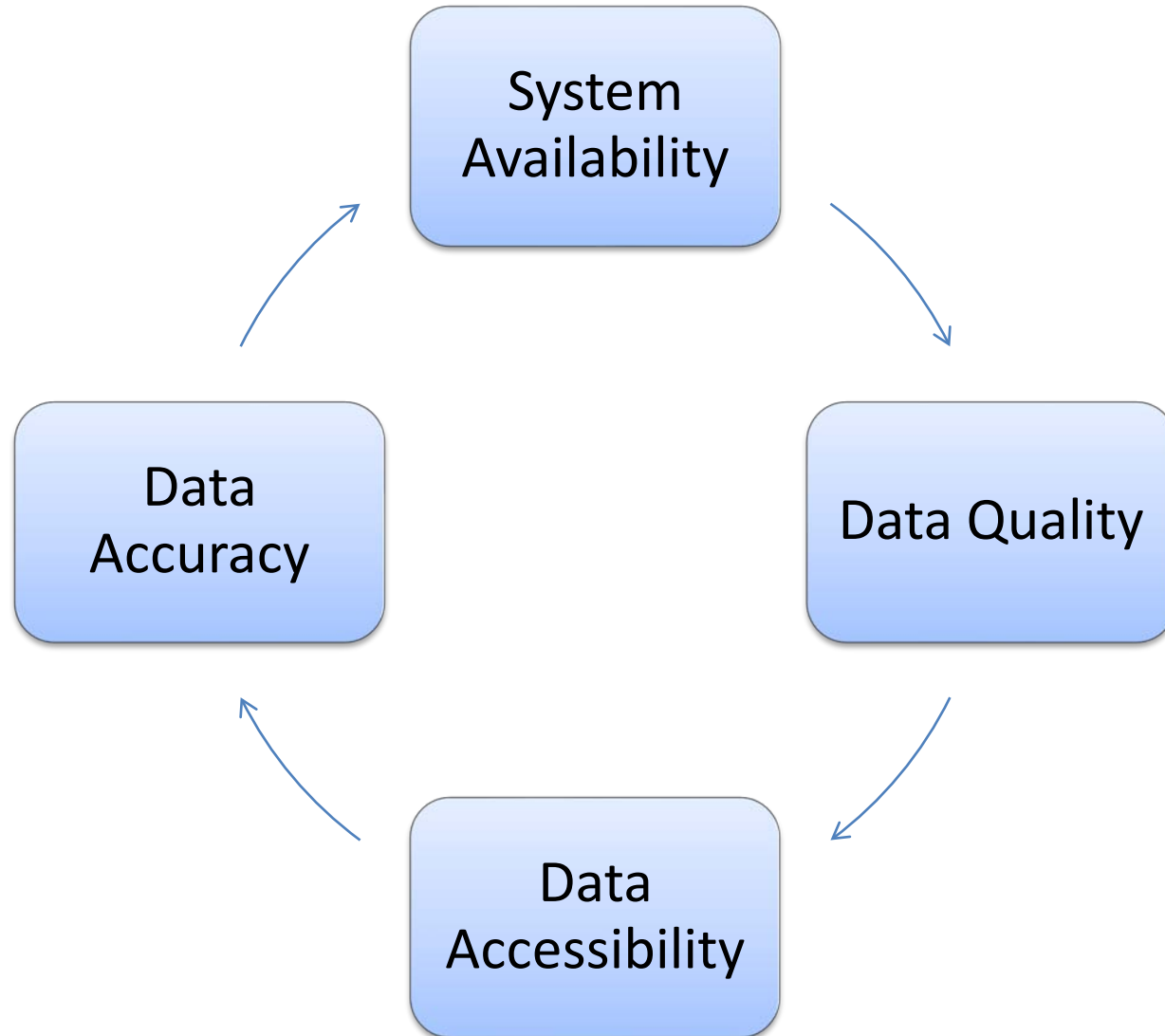
EQRS Vision Statement

To improve healthcare outcomes for ESRD Patients by providing Dialysis Providers with a National Patient Registry & Quality Improvement Tool that utilizes current best practices to ensure the quality of care for Patients by supporting meaningful measures and reducing burden, while maintaining data accessibility & accuracy for public reporting of quality information in accordance with policy

EQRS Vision Breakdown



EQRS Shared Values





EQRS 2.0 Update

EQRS 2.0 Release

- Release
 - Thursday, August 9th
 - During regularly scheduled weekly maintenance
- Training
 - August 9th from 2-3p.m. ET
 - August 10th from 2-3p.m. ET
 - Recording and PDF of slides will be made available in the Education Menu of www.MyCROWNWeb.org
- June CROWNWeb Town Hall provided details on this release, is available on the Events Page of www.MyCROWNWeb.org



Pain and Depression Review

Pain and Depression Dashboard

- Dashboard will show all patients potentially available for Pain Assessments and Depression Screenings
- It is the facility's responsibility to determine if the Assessments and Screenings need to be completed, based on the requirements

Clinical Depression Screenings	
Required Screenings	Upcoming Screenings
112	4

Pain Assessments	
Required	Upcoming
0	203

CROWNWeb Clinical Screen

Pain and Depression data entry is completed in the Clinical Menu under Patient Reporting

The screenshot displays the CROWNWeb Clinical Screen interface. On the left is a navigation menu with the following items: Manage Clinical, Anemia Management, Adequacy, Ultrafiltration, Mineral Metabolism, ESA, Infection, Iron, Fluid Weight Management, Hospitalization, Vaccination, and Patient Reporting (highlighted with a red box). Below the menu, the version number is listed as 5.1.5-v1.6. The main content area is titled "Manage Patient Clinical Values" and includes a "Show Help" link. The "Patient Information" section contains fields for Facility CCN, Facility NPI, Facility DBA Name, Collection Type, Clinical Month, Last Name Group, Display Patients, Patient, and Common Lab Test Date. Below this is a "Patient Details" table with columns for Patient Number, Patient Name, Date of Birth, and SSN. A message states "No Clinical Data Available For All Collection Types". The "Clinical Values" section is expanded to show "Anemia Management" data entry fields: Hemoglobin (Hgb) (g/dL), Ferritin (ng/mL), Iron Saturation (TSAT) (%), and Reticulocyte Hemoglobin (CHR) (pg), each with a text input, a checkbox for "N/A", and a date picker. Below this is the "Adequacy" section with fields for Kt/V, Kt/V Method, and Blood Urea Nitrogen (BUN) Pre-Dialysis (mg/dL), also including "N/A" checkboxes and date pickers. Buttons for Save, Submit, Reset, and Delete are located at the bottom of the form.

Pain Assessment Requirements

- Completed twice a year, for the periods
 - January 1 – June 30
 - July 1 – December 31
- Patient Requirements
 - Only required to be submitted for patients 18 years and older
 - Age 18 by 10/31/2017, for assessment period 01/01/2018 to 06/30/2018
 - Age 18 by 10/31/2018, for assessment period 07/01/2018 to 12/31/2018
 - Only required to be submitted for patients treated at the facility for 90 days or longer
- Facility Requirements
 - Only required of facilities with at least 11 eligible patients during the assessment period
 - Only required of facilities with a CMS Certification Number (CCN) open date prior to July 1 of the assessment period

Pain Assessment Options

If all requirements are met, the facility **MUST** choose from one of the provided options

- Pain assessment using a standardized tool is documented as positive and a follow-up plan is documented
- Pain assessment documented as positive, a follow-up plan is not documented and the facility possesses no documentation that the patient is not eligible
- Pain assessment documented as positive using a standardized tool, a follow-up plan is not documented and no reason is given
- Pain assessment using a standardized tool is documented as negative and no follow-up plan required
- No documentation of pain assessment and the facility possesses documentation the patient is not eligible for a pain assessment using a standardized tool
- No documentation of pain assessment and no reason is given

Pain Assessment Screenshot

Select the radio button that applies to your patient's pain assessment and then choose Submit.

The screenshot shows a web application interface for "Pain Assessment and Follow-Up Reporting". On the left is a navigation menu with "Manage Clinical", "Patient Reporting", "Clinical Depression", and "Pain Assessment". The "Pain Assessment" option is highlighted. Below the menu is the version number: "Version Number : CROWNWeb 5.1.5-v1.6".

The main content area is titled "Pain Assessment and Follow-Up Reporting" and includes a "Show Help" link. Under "Patient Selection", there are input fields for "Facility CCN" (082583), "Facility NPI" (empty), and "Facility DBA Name" (OCT Dialysis (400000101)). There is a "Go" button next to the NPI field. Below these are "Assessment Period" (07/01/2018 - 12/31/2018) and "Patient" (Patient, Ima (2107778422)).

The "Pain Assessment and Follow-Up Reporting Options" section contains explanatory text and a list of requirements:

- Only required to be submitted for patients 18 years or older
- Only required to be submitted for patients treated at the facility for 90 days or longer
- Only required of facilities with at least 11 eligible patients during the assessment period selected
- Only required of facilities with a CCN open date prior to July 1 of the assessment year selected

Below this is a section titled "Please select one of the following options describing the pain assessment and (when necessary) the follow-up plan documented for the selected patient." with six radio button options:

- Pain assessment using a standardized tool is documented as positive and a follow-up plan is documented
- Pain assessment documented as positive, a follow-up plan is not documented and the facility possesses documentation that the patient is not eligible
- Pain assessment documented as positive using a standardized tool, a follow-up plan is not documented and no reason is given
- Pain assessment using a standardized tool is documented as negative and no follow-up plan required
- No documentation of pain assessment and the facility possesses documentation the patient is not eligible for a pain assessment using a standardized tool
- No documentation of pain assessment and no reason is given

The first radio button option is highlighted with a red box. At the bottom left, a "Submit" button is also highlighted with a red box.

Clinical Depression Screening Requirements

- Completed once a year
 - January 1 – December 31
- Patient Requirements
 - Only required to be submitted for patients 12 years and older
 - Only required to be submitted for patients treated at the facility for 90 days or longer
- Facility Requirements
 - Only required of facilities with at least 11 eligible patients during the assessment period
 - Only required of facilities with a CCN open date prior to July 1 of the assessment period

Clinical Depression Options

If all requirements are met, the facility **MUST** choose from one of the provided options

- Screening for clinical depression is documented as being positive, and a follow-up plan is documented
- Screening for clinical depression is documented as positive, and a follow-up plan not documented, and the facility possesses documentation that the patient is not eligible
- Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given
- Screening for clinical depression is documented as negative, and a follow-up plan is not required
- Screening for clinical depression not documented, but the facility possesses documentation stating the patient is not eligible
- Clinical depression screening not documented, and no reason is given

Clinical Depression Screenshot

Select the radio button that applies to your patient's clinical depression screening and then choose Submit.

[Show Help](#)

Clinical Depression Screening and Follow-Up Reporting

Patient Selection

¹ Facility CCN: 082583 ¹ Facility NPI: ¹ Facility DBA Name: OCT Dialysis (400000101)

* Assessment Period: 01/01/2018 - 12/31/2018 * Patient: Patient, Ima (2107778422)

Clinical Depression Screening and Follow-Up Reporting Options

In order to comply with QIP requirements, you must submit Clinical Depression Screening and Follow-up Plan information for each eligible patient at least once during the calendar year.

The assessment periods are from 01/01 to 12/31 of each calendar year. Users can enter data during the entire assessment period and are given one month past the end of the assessment period (01/31 of the next calendar year) to complete their reporting. On 02/01 the previous year's assessment period closes and the reported values become read-only.

- Only required to be submitted for patients age 12 or older
- Only required to be submitted for patients treated at the facility for 90 days or longer
- Only required of facilities with at least 11 eligible patients during the assessment period selected
- Only required of facilities with a CCN open date prior to July 1 of the assessment year selected

Please select one of the following options describing the clinical depression screening and (when necessary) the follow-up plan documented for the selected patient.

- Screening for clinical depression is documented as being positive, and a follow-up plan is documented
- Screening for clinical depression documented as positive, and a follow-up plan not documented, and the facility possess documentation stating the patient is not eligible
- Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given
- Screening for clinical depression is documented as negative, and a follow-up plan is not required
- Screening for clinical depression not documented, but the facility possesses documentation stating the patient is not eligible
- Clinical depression screening not documented, and no reason is given

Questions

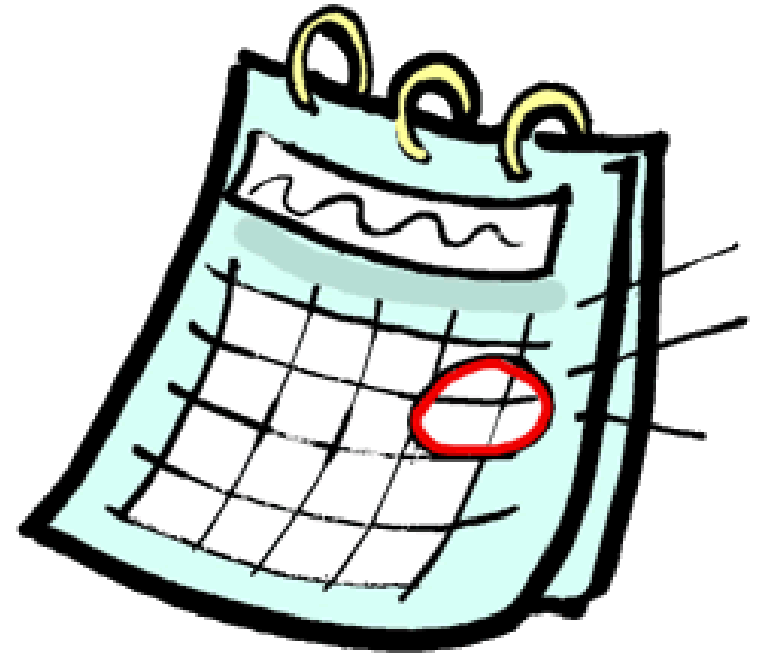


Thanks for Attending!

**Our next CROWNWeb
Town Hall will be held:**

Date: August 23, 2018

Time: 2pm-3pm EDT



For Further Information...

Help Me Form: <http://help.MyCROWNWeb.org>

QualityNet Help Desk: 1-866-288-8912

Website: <http://www.MyCROWNWeb.org>

A survey will pop up in your browser when the session ends.

Please follow the link and let us know what you think and what you would like to be covered in future Town Hall events, thank you!