Compliance Made Easy With KDQOL-Complete



A PROGRAM OF THE NON-PROFIT - MODE

Why use KDQOL-Complete if your EHR can score the survey?

On April 1, 2008, CMS adopted 26 clinical performance measures (CPMs) of dialysis quality. Among these, clinics must report the number of patients who complete an annual KDQOL-36[™] survey. But, the requirement doesn't stop there.

The Conditions for Coverage require clinics to use KDQOL-36 results to develop each patient's Plan of Care. So, simply getting a score of "42" or "51" is NOT enough. **Without interpretation, these key data are meaningless**.

In fact, each year many clinics are cited by CMS Surveyors for deficient KDQOL-36 documentation and processes. KDQOL-Complete can help you avoid citations.

KDQOL-Complete does the work for you...

KDQOL-Complete helps your clinic(s) make SENSE of the data—while offering unique insights:

- Offer the KDQOL-36 in 10 languages (with more to come). Since the KDQOL-36 *must be used in the patient's Plan of Care*, it must be offered—whether or not patients read English. KDQOL-Complete is more convenient and less costly than an interpreter.
- See color-coded results: Above Average, Average, or Below Average so outliers stand out right away.
- Get case mix adjusted data by age, gender, *and* diabetes status for apples-to-apples comparisons.
- Generate custom QAPI reports at the push of a button—by patient, clinic, or group of clinics.
- Offer FREE, targeted patient education materials—automatically suggested based on data algorithms and patient health status. Save time, meet CMS patient education rules, and boost your outcomes.



Charting is a breeze with KDQOL-Complete. Clinics quickly find that KDQOL-Complete is a time-saver and documentation has never been easier. And, patients love the colorful, easy-to-understand charts—which aid learning, empowerment, and self-management. KDQOL-Complete lets your staff spend less time on paperwork and more on patient care and clinic needs. Across the board, KDQOL-Complete is THE comprehensive tool for helping you with CMS-required KDQOL-36 data.

Need more information about new or continued use of KDQOL-Complete?

Check out our summary overview of the CPM standards. Our handy chart shows how KDQOL-Complete can help you adhere to these often cumbersome and timeconsuming requirements.

More questions? Call to learn why KDQOL-Complete is the MUST-HAVE tool for comprehensive management and analysis of KDQOL-36 data. **(608) 833-8033**





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Understanding Expectations for the Health-related Quality of Life CPM

How is the CPM interpreted?

The ESRD Interpretive Guidance

(IG) interprets the CPMs for CMS surveyors. The IG states that the Plan of Care must include interventions individualized to meet the patient's psychosocial needs.

The social worker must have a system for routine use of the KDQOL-36, evaluation of the results, and incorporation of results into the psychosocial portion of the plan of care.²

NOTE: There are no exceptions for non-English speakers. ALL patients are included.

How do CMS surveyors evaluate clinics on the CPM?

CMS expects social workers to evaluate each patient's psychosocial needs and share that information in the comprehensive interdisciplinary team (IDT) assessment. Further, CMS expects the social worker to take the lead in helping the IDT recognize and address areas that need improvement. This includes making sure the IDT knows:

- When the patient has been offered and taken an age-appropriate survey at least annually. NOTE: If >20% of eligible patients refuse, a surveyor may see this as a red flag.
- The five KDQOL-36 scores, what they mean, and whether a patient's scores have changed over time.
- What the social worker learned in the post-survey interview about patients' reasons for responses and personal goals.

CMS surveyors use these tools to assess and evaluate clinics:

- 1. **Measures Assessment Tool (MAT)** A summary of the community-based standards used to assess compliance. The MAT states that the IDT must monitor patients' physical and mental functioning and use KDQOL-36 data in each Plan of Care and in the clinic's QAPI program.³
- 2. Evidence of Recognizing and Addressing Interdisciplinary Clinical Care of the Individual Patient - Identifies clinic actions based on KDQOL-36 findings.⁴ Surveyors look for steps that address barriers to survey completion, efforts to improve low scores, and evidence that patient's needs and goals are being identified and addressed.
- 3. **Outline of ESRD Core Survey Process** Includes physical and mental functioning items to ask during staff interviews. Surveyors will ask how scores are tracked and trended in QAPI, the threshold for refusals, and how the QAPI team uses the KDQOL-36 data.⁵





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References

- 1. Centers for Medicare and Medicaid Services Clinical Performance Measures (CPM) Project. Phase III ESRD Clinical Performance Measures in effect April 1, 2008. http://www.cms.gov/Medicare/End-Stage-Renal-Disease/CPMProject/Downloads/ESRDPhaseIIICPM04012008Final.pdf
- Centers for Medicare and Medicaid Services. ESRD Interpretive Guidance Interim Final Version 1.1, October 2, 2008. http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/esrdpgmguidance.pdf
- 3. Measures Assessment Tool (MAT). Included in the ESRD Surveyor "Laminates." Available from: http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Dialysis.html
- 4. Evidence of Recognizing and Addressing Interdisciplinary Clinical Care of the Individual Patient. Included in the ESRD Surveyor "Laminates." Available from: http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations
- 5. Outline of ESRD Core Survey Process. Included in the ESRD Surveyor "Laminates." Available from: http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations
- 6. Personal communication with Mike Miller, 866-288-8912, qnetsupport-esrd@sdps.org, from CROWNWeb and Howard Thomas, 425-888-4399, HTconsulting@comcast.net from the NRAA's Health Information Exchange. August 2013.

KDQOL-Complete exceeds these expectations

KDQOL-Complete[™] is a web-based data management system that provides a secure and easy way for your clinic to manage KDQOL-36[™] data. Here is how KDQOL-Complete exceeds CMS requirements and can benefit your clinic.

Monitor data and understand KDQOL-36 scores		
Understand the five survey scores	Scores are categorized and color-coded by above average, average, and below average based on age, gender, and diabetes status.	
Document compliance for CMS surveyors	Clinic level reports show survey dates, refusal dates and reasons, and performance.	
Reduce staff time for data entry	 Our API can sync with your electronic health records (EHR) system to eliminate double data entry. Ask your EHR company to work with KDQOL-Complete to make this work. Patients can <i>self-administer</i> the KDQOL with a smartphone, tablet, or computer. Their data will automatically populate their record. 	
Meet the CMS foreign language requirement—in 10 languages!	KDQOL-Complete currently offers the survey <i>and</i> Personal Patient Report in English, Chinese, French, German, Haitian Creole, Italian, Korean, Polish, Spanish, and Tagalog.	

Use scores and interventions in the patient's Plan of Care				
View easy-to-read reports for patients and IDT	Reports for the patient explain scores and provide tips on how to improve them (in all 10 languages). Clear and customizable reports on KDQOL-36 data can be used for the Plan of Care.			
See at-risk patients at a glance	Graphics displays are color-coded to categorize scores <i>and</i> alert staff to score drops of 10 or more points on the chart report.			
Tie scores to the patient's POC with Individual Action Plans	Address negative KDQOL-36 responses with a tailored Action Plan the IDT can share to improve patient outcomes and document clinic efforts for CMS surveys.			

Take action from the data collected			
Engage patients; reduce refusals	Patients can see their scores and learn how to improve them with the Patient Re- port—reducing future refusals. An Individual Action Plan, and Tailored Educa- tion Plan help the patient & IDT set goals and plan care to boost quality of life.		

KDQOL-36 data for clinic-level QAPI review			
Report clinic(s) aggregate scores to meet the CMS QAPI requirement	Access and print easy-to-read data reports to help the IDT address low performing areas in QAPI meetings.		
Track and trend survey scores at the individual <i>and</i> aggregate level	Assess scoring trends of individuals <i>and</i> across clinics. Filter results for specific patient demographics and modalities, and take action.		
Export clinic or patient data	Use your data for research or QAPI.		
Submit KDQOL-36 data to CROWNWeb if required	KDQOL-Complete contacted CROWNWeb and the NRAA's Health Information Exchange. Currently, CROWNWeb is <i>not</i> collecting KDQOL-36 data. ⁶ KDQOL- Complete will continue to review this decision with CROWNWeb to make sure our customers will be able to submit their data to CROWNWeb in the future.		