

## **CROWNWeb: Transforming How Nephrology Social Workers Access Patient-Centric Data**

*Oniel Delva, FMQAI: The Florida ESRD Network, Tampa, FL*

*In February 2009, the Centers for Medicare & Medicaid Services (CMS) launched a web-based data-collection system in an effort to transform the way End-Stage Renal Disease (ESRD) facilities report care provided for their patients. This system, dubbed CROWNWeb, gives Medicare-certified dialysis providers a central database in which clinical and administrative information can be entered. This system is a universal resource that social workers, patient services coordinators (PSCs) and other ESRD Network personnel can use to access near real-time data pertaining to a patient's course of treatment. This key element will also aid CMS and the renal community in their ongoing commitment to improving quality of life for people with chronic kidney disease.*

*This article focuses on the CROWNWeb system's impact as it relates to the duties of social workers and the interdisciplinary team that are outlined by CMS' updated Conditions for Coverage for ESRD Facilities, published April 15, 2008. It analyzes how the system can help the ESRD community as a whole to boost patient care efforts, quality of life and satisfaction with care. In addition, this article delves into how the system is designed to reduce the barriers that social workers and PSCs may face in obtaining key data regarding their patients.*

### **INTRODUCTION**

To gain access to the CROWNWeb system, users must complete what is known as the "QIPS Account Process." This procedure ensures that all Health Insurance Portability and Accountability Act measures are met, and that only authorized personnel can access the patient-sensitive data within the system. See [www.ProjectCROWNWeb.org](http://www.ProjectCROWNWeb.org) for details regarding the QIPS Account Process.

Neither Centers for Medicare & Medicaid Services (CMS) nor the End-Stage Renal Disease (ESRD) Networks specify which facility personnel should enter data into the CROWNWeb system. Each facility is responsible for selecting personnel who have a high-level understanding of the information needed to properly submit data to CMS and the ESRD Networks. This article focuses on tasks that may be required of social workers in the renal community. It is each facility's right and responsibility to appoint responsible staff for these tasks on an individual basis.

### **CROWNWEB OVERVIEW**

CROWNWeb is mandated under Section 494.180(h) of CMS' updated Conditions for Coverage for ESRD Facilities (CfCs), which require all Medicare-certified dialysis facilities to submit data electronically—a move away from previous CMS paper-based data-collection methods (Centers for Medicare & Medicaid Services, 2008).

CROWNWeb is CMS' first step in leveraging the benefits of health information technology for the ESRD population, and will aid the agency in receiving more complete and higher-quality data about dialysis patients (CMS, personal communication, June 23, 2009). The system, which allows authorized users to securely submit patient-based data to CMS from virtually anywhere at any time,<sup>1</sup> provides a means of expediting how patient information is reported,

thus assisting with some of the requirements placed on social workers and interdisciplinary teams (IDTs) by the updated CfCs. These requirements include being informed of patients' current statuses, including:

- Awareness of admission status.
- Assurance that CMS-2728 Medical Evidence forms are completed correctly.
- Awareness of modality, educational level and vocational rehabilitation status.

### **BOOSTING PATIENT CARE EFFORTS**

Social workers are recognized advocates for patients at many dialysis units (Browne, 2009). With the CROWNWeb system, social workers are able to continue campaigning for patients' rights and quality of care. They can also demonstrate that the requirement of measuring patients' psychosocial status (mandated by the updated CfCs) has been met because CROWNWeb allows one to enter the number of patients in each facility who completed the KDQOL-36 survey, a validated health-related quality-of-life analysis specifically created to assess the physical and mental functioning of individuals with kidney disease (Browne, 2009).

### **REDUCING BARRIERS**

CROWNWeb is designed to help reduce the barriers social workers and IDTs may encounter when dealing with patient data procurement. The day-to-day obstacles that are abridged by CROWNWeb include a user's ability to instantly access a CMS-2728 form that was completed at a previous facility and obtain details regarding changes in a patient's treatment modality. Additionally, it provides facilities the ability to work with their respective ESRD Networks to determine if a transfer patient is in a "gap"

<sup>1</sup> With the exception of scheduled downtime for maintenance.

status. A “gap” patient is an individual who is not currently associated with a facility, within the past 30 days, and is not deceased.

Below are detailed examples of how the CROWNWeb system is purposed to help alleviate the challenges social workers and IDTs may come across when dealing with patient admissions and discharges:

- **Managing admission/discharge status:**

CROWNWeb can facilitate patient discharge documentation. The system allows facility staff, including social workers, to log in to the secured website where the data is held and process a patient discharge, entering a reason of “discontinue,” “acute,” “lost to follow up,” or “death” in a matter of seconds.

Involuntary patient discharge is a situation to avoid, and one that the CfCs address directly. Under § 494.70(b)(2) of the updated CfCs, a patient has the right to receive written notice 30 days in advance of a facility terminating his/her care involuntarily, and requires the procedure described in § 494.180(f) be followed. Only in the case of immediate threats to the health and safety of others may an abbreviated discharge procedure be allowed (CMS, 2008). Social workers may enter any involuntary discharge in CROWNWeb once the requirements outlined by the updated CfCs have been met.

CROWNWeb also keeps a detailed history of a patient’s admission summary, which grants authorized users (those who are affiliated with the patient’s current facility) instant access to admit/discharge records, including the justification for certain types of discharges. The system requires users to explain a discharge if the selected discharge reason is “involuntary” or “transfer.”

- **Tracking transient patients:** CROWNWeb can assist social workers with ongoing patient care efforts by providing a better means of tracking patients after a natural or man-made disaster. In 2005, Hurricane Katrina forced the evacuation and relocation of more than one million residents of New Orleans and the Gulf Coast of the United States. There were almost 6,000 patients with ESRD on life-sustaining dialysis treatment in the region affected by the storm (Anderson et al., 2009). Dialysis centers across the country took in thousands of evacuees who needed treatment, but early on, many patients were still unaccounted for. In an interview with the *Wall Street Journal*, then-acting chief medical officer, Barry Straube, said an “accurate guesstimate” was that “hundreds” of patients were still missing (Jeffrey, 2005). According to the data managers for ESRD Networks 13 and 14, the majority of dialysis patients displaced by Hurricane Katrina were located through the efforts of dialysis providers and ESRD Networks. Even so, it took months to document the status of those displaced dialysis patients.

Learning from this catastrophe, CMS determined that CROWNWeb should provide facilities and ESRD Networks a common means of tracking all patients who are in a transient status. By default, receiving facilities are not required to admit transient patients if they will be at the unit for less than 30 days and/or less than 13 treatments. However, in the case of a natural or man-made disaster, CMS asks that receiving facilities admit the patients via CROWNWeb as transients with a reason of “disaster.” This enables patients’ original dialysis units, ESRD Networks and CMS to better track patient locations and confirm that the patient is still receiving treatment. The “temporary” facilities can ultimately admit patients as transfers if their treatment exceeds 30 days and/or 13

**Figure 1.** Sample of Transient Patient Admission in CROWNWeb

ADMIT/DISCHARGE SUMMARY							
Ima Patient							
Admit Date	Admit Reason	Admit Facility	Discharge Date	Discharge Reason	Treatment	Physician	
11/18/2009	Transfer In	FMC DIALYSIS - TECUMSEH			Dialysis Facility/Center Hemodialysis	Love, Jessica NPI:	Treatment Summary
10/01/2009	New ESRD Patient	CHIPPEWA DIALYSIS SERIVCES			Dialysis Facility/Center Hemodialysis	Cali, Sally UPIN:	Treatment Summary

treatments. See Figure 1 for a sample of how transient patient admission records are captured in the system. In a transient admission, CROWNWeb retains the patient's information at both the original and transient facilities until a discharge is processed from one of the facilities.

In an e-mail interview regarding how the CROWNWeb system may impact the renal community, Beth Witten, MSW, ACSW, LCSW, of the National Kidney Foundation stated:

Being able to access CROWNWeb to track where patients are currently receiving treatment following a natural or man-made disaster could help social workers with contacting patients and/or notifying next of kin and any other family the patient has given the facility permission to contact, as well as collaborate with the temporary facility to answer questions of a psychosocial nature to assure continuity of care.

#### ADDITIONAL INFORMATION

You can obtain more information on CROWNWeb by visiting the Project CROWNWeb website at [www.projectcrownweb.com](http://www.projectcrownweb.com). Register for the CROWNWeb LMS to access tutorials and online courses about completing all of the required tasks in the CROWNWeb system. Information regarding the system is also available at the CMS CROWNWeb website at [www.qualitynet.org](http://www.qualitynet.org) when you click on the ESRD tab.

#### REFERENCES

- Anderson, A. H., Cohen, A. J., Kutner, N. G., Kopp, J. B., Kimmel, P. L., & Muntner P. (2009). Missed dialysis sessions and hospitalization in hemodialysis patients after Hurricane Katrina. *Kidney International*, 75(11), 1202–1208.
- Browne, T. (2009). How to make the new Conditions for Coverage work in your dialysis clinic: Psychosocial considerations. *Nephrology News & Issues*, 23(4), 42–43.
- Centers for Medicare & Medicaid Services. (2008). Conditions for Coverage for End-Stage Renal Disease Facilities; Final Rule. Retrieved Nov. 24, 2009, from [www.cms.hhs.gov/CFCsAndCoPs/downloads/ESRDfinalrule0415.pdf](http://www.cms.hhs.gov/CFCsAndCoPs/downloads/ESRDfinalrule0415.pdf).
- Jeffrey, S. (2005). Officials still trying to account for missing dialysis patients after Katrina. *Medscape Medical News*. Retrieved Nov. 22, 2009, from [www.medscape.com/viewarticle/538795](http://www.medscape.com/viewarticle/538795). **JNSW**

#### DISCLAIMER

The work upon which this publication is based was performed under contract number HHSM-500-2006-NW007C, entitled End Stage Renal Disease Networks Organization for the State of Florida, sponsored by the Centers for Medicare & Medicaid Services, Department of Health and Human Services. The content of this publication does not necessarily reflect the views or policies of the Department of Health and Human Services, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Government.

The author assumes full responsibility for the accuracy and completeness of the ideas presented. This article is a direct result of the Health Care Quality Improvement Program initiated by the Centers for Medicare & Medicaid Services, which has encouraged identification of quality improvement projects derived from analysis of patterns of care, and therefore required no special funding on the part of this contractor. Ideas and contributions to the author concerning experience in engaging with issues presented are welcomed. Ideas and contributions can be sent to [CRAFT@nw7.esrd.net](mailto:CRAFT@nw7.esrd.net). Publication number: FL2010RCT41811574