The ESRD Network Peer Mentoring Program (CMS-10768)
Supporting Statement – Part A

Background

The End Stage Renal Disease (ESRD) Network Peer Mentoring Program is a voluntary program designed to provide patient peer support to people with kidney disease. In part, the peer support is beneficial because patients can give each other something most practitioners do not have: lived experience with kidney disease. The support and perspective of someone who has "been there" can help people better cope with their circumstances.

The ESRD Network Peer Mentoring Program is a partnership between dialysis facilities, ESRD Networks, and patient peer mentors and mentees that wish to engage in the program. The peer mentoring program is organized and published with educational opportunities for peer mentors and mentees, provides resources, and includes a complementary toolkit for ESRD Networks and dialysis facilities to promote and operationalize the program.

*Program applicants are people with ESRD who: (1) are adults over the age of 18; have been receiving in-center or home dialysis or have been transplanted for at least six months; actively engage in the care plan; consistently demonstrate leadership qualities at facility Quality Assurance & Performance Improvement (QAPI) meetings, Lobby Days, and other facility activities; and wish to be a peer mentor; or (2) are over 18 years of age; are newly diagnosed patients but have been on in-center dialysis for at least six months; are looking for peer support to help them transition to their new reality; and are known as a peer mentee.

To participate in the ESRD Network Peer Mentoring Program, peer mentors and mentees will complete an online application form stored in Confluence. The application serves to validate the peer mentor or peer mentee interest in the ESRD Network Peer Mentoring Program. Information collection is important to the process of pairing peer mentors and mentees with similarly lived experience and interests with their kidney disease. In addition, the application collects information about the peers' interest in kidney disease, treatment modality, age range, preferred gender recognition, and attitudes toward their kidney disease diagnosis. It also supports aligning hobbies, and genders to support best matched peers with each other.

The collection includes: first and last name, city, state, email address, phone number, best time of day to be contacted, age range (not specific age), length of time (not specific years) range as an ESRD patient, current treatment modality, facility name/city/state/ZIP code, preference to be a mentor or mentee, peer gender preference, topics of interest (new to dialysis, ESRD overview, home modalities, transplant), hobbies, skills, vocation, preferred language, Internet access, disposition toward meeting, and willingness to converse with new

people. The information collected on the ESRD Network Program Peer Mentoring Peer Application will be used solely for the purpose of matching mentors and mentees.

A. Justification

1. Need and Legal Basis

Executive Order 12862 supports putting people first and ensuring that the federal government provides the highest quality service possible for the American people. Customer service equal to the best in business is the aim. For the purposes of this order, ''customer'' shall mean an individual or entity that is directly served by a department or agency. ''Best in business'' shall mean the highest quality of service delivered to customers by private organizations providing a comparable or analogous service. The ESRD Network Peer Mentoring Program strengthens the opportunity for the federal government and private organizations to best serve people with kidney disease.

Under contract with the Centers for Medicare & Medicaid Services (CMS) as part of the ESRD National Coordinating Center (NCC) contract HHSM-500-2016-00007C, Task 1, Subtask 1.D, the ESRD NCC is to develop, implement, and manage a National Peer Mentoring Program.

Peer-based programs ask people successfully managing their kidney disease—representing "someone like me"—to assist other patients with adjusting to a new diagnosis or treatment and in managing their own health. Both psychological theory and empiric evidence posit that peer mentoring can increase patient self-efficacy and improve outcomes.[1] Peer mentoring has been shown to be beneficial to patients with multiple health conditions, including cancer, diabetes, or more complex situations such as a traumatic brain injury. According to Peers for Progress, a program of the American Academy of Family Physicians Foundation, there is significant evidence that peer support helps with managing chronic diseases and coping with emotional stress, engages populations who are traditionally hard to reach, reduces hospitalizations and unnecessary care, and decreases feelings of isolation and depression.[2]

Patients with kidney disease could benefit from a peer mentoring program where peer mentors and mentees are paired for the purpose of sharing concerns and lived experience to improve health outcomes and inspire hope. The ESRD Network Peer Mentoring Program is 100 percent voluntary; at no time is a patient required to participate.

2. Information Users

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1 St. Clair Russell J, Southerland S, Huff ED, Thomson M, Meyer KB, Lynch J. (2017) A peer-to-peer mentoring program for in-center hemodialysis: A patient centered quality improvement program. Nephrology Nursing Journal, 44(6):481.
2 Boothroyd RI, Fisher EB. Peers for progress: promoting peer support for health around the world. Family Practice 2010; 27: i62–i68.

The application information will be used by dialysis facility staff and ESRD Networks to optimize successful peer mentor/mentee matching for the purpose of transferring lived experience between peers with a goal of improving the quality of life of people with kidney disease. The dialysis facilities will recruit interested mentors and mentees based on the outlined program criteria (noted in the background section of this application*). Networks will work closely with facilities in their service areas to pair patient mentors and mentees for the purpose of providing patient peer mentoring for those who wish to use the service. The information collected on the ESRD Network Program Peer Mentoring Application will be used solely for the purpose of matching mentors and mentees.

3. Use of Information Technology

The collection will be available electronically using the JIRA/Confluence platform on the Health Care Quality Information Systems (HCQIS) server. Screenshots of the online application are attached to this Paperwork Reduction Act (PRA) application.

4. Duplication of Efforts

This information does not duplicate any other source.

5. Small Businesses

This information collection does not impact small businesses or other small entities.

6. Less Frequent Collection

The consequence to the federal program if this information collection is not conducted is that the ESRD Network Peer Mentoring Program would not be possible. The one-time information collection is tied directly to identifying those with kidney disease who voluntarily wish to mentor another person (mentee) with similar circumstances and connecting mentors and mentees so that mentors may support mentees through sharing their lived experience and known resources—including printed materials, videos, and organizations—focused on serving those with kidney disease. The technical obstacles to reducing burden would be the inability to use JIRA as the platform for collection.

7. Special Circumstances

There are no special circumstances.

8. Federal Register/Outside Consultation

The 60-day Federal Register notice published on July 16, 2021 (86 FR 37756). There were no comments received.

The 30-day Federal Register notice published on October 12, 2021 (86 FR 54980).

The form was tested with ESRD Network Patient Services Directors (i.e., CMS contractors) and patient subject matter experts (i.e., Medicare beneficiaries).
This is a one-time collection. The only change would be if the ESRD Network Peer Mentoring Program became a mandated program within the ESRD Networks.

9. Payments/Gifts to Respondents

There is no payment or gift associated with this information collection.

10. Confidentiality

The ESRD NCC, acting as a contractor for CMS, observes all confidentiality statements/clauses as outlined in the Statement of Work and conducts annual security training as a requirement of the contract. In addition, patient peer mentors and mentees will sign a confidentiality statement attesting to their understanding of and commitment to keeping patient information between a mentor and mentee private.

11. Sensitive Questions

There are no questions of a sensitive nature.

12. Burden Estimates (Hours & Wages)

The estimated number of respondents is less than 75 individuals. This is a one-time information collection with an average time of 15 minutes to complete and submit the collection.

The burden hours are 19 (75 individuals X .25). The cost is $239.40 (19 hours X $12.60).

The Kaiser Family Foundation indicated the median per capita income among Medicare beneficiaries for 2016 was $26,200.
(https://www.kff.org/medicare/issue-brief/income-and-assets-of-medicare-beneficiaries-2016-2035/)

13. Capital Costs

The cost estimate should be split into two components:
(a) a total capital and start-up cost component (annualized over its expected useful life); and
(b) a total operation and maintenance and purchase of services component.

As to (a), there are no capital costs for the respondents.

The ESRD NCC, as the record keeper, has no software or equipment costs; however, start-up costs for labor include 42 labor hours total + an indirect rate/fee = $6,966.
- Research = 10 hours
- Development of draft form = 5 hours
- Identification/recruitment of primary and secondary testers = 2 hours
- Collection/review of feedback = 8 hours
- Revision/final form = 5 hours
- Technical review/disclaimers/508 compliance = 4 hours
- Set-up/load to approved platform = 8 hours

Cost estimates for start-up were determined using the HSAG (current ESRD NCC Contractor) average staffing rates for the positions of executive director, subject matter expert, nephrology nurse, communications coordinator, and analyst, as well as the indirect rate per HSAG's approved rate letter from CMS.

As to (b), a total operation, maintenance, and purchase of services component exists.
There is no purchase of services required. Yearly operating and maintenance costs for labor include 64 labor hours total = indirect rate/fee = $8,997.
- Data pull/quality check = 26 hours
- Data review/distribution = 26 hours
- Trends/feedback = 12 hours

14. Cost to Federal Government

Cost to the federal government includes:
- One hour a month for the NCC Contracting Officer Representative (COR)
- Two hours a month for the CMS subject matter expert of patient and family engagement

The cost for each position is calculated at $48 per hour at 3 hours per month, totaling 36 hours per year at an annual cost of $1,728.

15. Changes to Burden

This is a new information collection.

16. Publication/Tabulation Dates

There will be no published results.

17. Expiration Date

The expiration date will be displayed on the online application form.

18. <u>Certification Statement</u>

There is no exception.