

FORUM OF ESRD NETWORKS
CMS / EDAC / FORUM LEADERSHIP CALL
CALL NOTES

JANUARY 6 & FEBRUARY 3, 2021

4:00 PM ET

FORUM EXECUTIVE COMMITTEE & NETWORK DIRECTOR ATTENDEES: *(those highlighted are confirmed as attending)*

Ralph Atkinson, MD – President
David Henner, DO – President-Elect
Donald Molony, MD – Past-President
Kam Kalantar-Zadeh, MD, MPH, PhD – MAC Chair
Derek Forfang - KPAC Co-Chair
Dawn Edwards – KPAC Co-Chair
Andrew Howard, MD, FACP – Board Member
John Wagner, MD – Board Member

Network 1

Network 2

Network 3/4

Network 5

Network 6

Network 7 / 15 / 17

Network 8

Network 9

Network 10

Network 11

Network 12

Network 13

Network 14

Network 16 / 18

Kelly Mayo, ESRD NCC

Guest Presenter 01/06/2020: **Eric Weinhandl**, PhD, MS, US Renal Data System

Guest Presenters 02/03/2020: **Bridget L. Pfaff**, MS & **Paraic Kenny**, MD, Gundersen Health Systems

Dee LeDuc - Forum Staff

CMS ATTENDEES: *(those highlighted are confirmed as attending)*

Anita Monteiro – Acting Group Director, iQIIG
Paul McGann - Chief Medical Officer for QI, iQIIG
Shalon Quinn –Director, Div of Kidney Health, iQIIG
Melissa Dorsey –Dep Dir, Div of Kidney Health, iQIIG
Todd Johnson –Regional Program Mgr, Div of Kidney Health, iQIIG
Jesse Roach, MD – Medical Officer, CMS
Ekta Brahmhatt – QSOG, CMS
Ed Huff
Steven Preston
Lisa Rees
Johannes Hutaaruk
Jennifer Milby
Filita Long
Daniel Thompson
Christina Goetee

The call convened at 4:02 pm ET.

Dr. Atkinson welcomed attendees and noted that although there are now more than 26 million positive cases of COVID, there have been more than 32.8 million doses of the vaccine administered.

Guest Presentation 01/06/2020:

Eric Weinhandl, PhD, MS, US Renal Data System, provided an overview of an analysis featured in the USRDS 2020 Annual Data Report specific to the national COVID-19 Dialysis and Transplant Data and Trends. Some of the data in the presentation is summarized below. More information is available at the ADR link below.

<https://adr.usrds.org/2020/covid-19-supplement/1-covid-19-supplement>

- Data included in the report was for Medicare beneficiaries receiving dialysis
- **Unadjusted data, COVID-19 hospitalizations for Medicare beneficiaries receiving dialysis:** trends show a peak in late April, declining in mid-May and increasing again for the past 2-3 weeks
- Above data by age groups: trends show older patients with higher rates in April, early June rates are the similar for all age groups, the age group 45-64 is now trending higher than others in the last 2-3 weeks
- Above data by race: trends show black beneficiaries with much higher rates in March/April, with the second surge in June trends show similar rates between blacks and whites
- Above data by ethnicity: trends show Hispanic and non-hispanic have similar rates during the first surge but as the virus became more prominent in the South there is a larger disparity between with Hispanics at a higher rate
- Above rate by modality (hemo and peritoneal): trends show hemodialysis with much higher rates overall
- **Adjusted data, COVID hospitalizations for Medicare beneficiaries receiving dialysis:**
 - Age: constantly evolving risk factor
 - Black race: higher risk, but attenuating during spring
 - Hispanic/Latino ethnicity: higher (and higher) risk
 - Peritoneal dialysis: persistently lower risk, relative to hemodialysis
- All-cause mortality on dialysis: noted increase beginning week 13 through week 16 compared to the same time in the 3 previous years (2017, 2018, 2019)
- All-cause mortality with transplant: similar trend as dialysis above
- Non-COVID hospitalizations on dialysis: dramatic decrease beginning in week 11 compared to same time in the previous 3 years, slowly trending up again through week 20+
- Heart failure hospitalizations on dialysis: dramatic decrease beginning week 11 compared to same time in the previous 3 years, some trending up through week 25
- ESRD incidence 2017-2020: comparing trends to the previous 3 years, dramatic decrease in 2020 during March, April, May
- Number of people undergoing dialysis 2015-2021: first part of 2020 the data shows a dramatic change in the trends, fewer people undergoing dialysis

Discussion 01/06/2021:

Q, Quinn: excellent presentation, CMS is looking at some of the same data, regarding the excess mortality data – what are the actual number for 2020?

A, Weinhandl: referred attendees to the USRDS ADR website

Q, Atkinson: Has USRDS been able to determine how much of the excess mortality is due to access of care?

A, Weinhandl: USRDS is working on this, requires additional analysis of the 2746 forms which did not include a COVID cause of death in early 2020

Q, Huff: Any data available at the state level regarding mortality?

A, Weinhandl: will follow up after the call via email regarding this request

Guest Presentation 02/03/2020:

Bridget L. Pfaff, MS, & Paraic Kenny, MD, Gunderson Health System: *“Outbreak or pseudo-outbreak? The role of SARS-CoV-2 sequencing in infection control in an end stage renal disease facility”*

<https://www.medrxiv.org/content/10.1101/2020.12.30.20249062v1>

- Ms. Pfaff acknowledged Dr. Henner for inviting her and her colleagues to present on the call.
- Data and outcomes shared during this presentation are from the Gunderson Health System in LaCrosse, WI. This system spans 3 states, 4 outpatient dialysis facilities (1 home based program) and an acute program. Gunderson Health System has made significant investments in research in infection control for many years.
- Ms. Pfaff acknowledged CMS survey tools published to support the COVID-19 pandemic.
- Communicating directly with patient and partners was of foremost priority from the beginning of the pandemic, including expectations for screening patients and ensuring safety in SNFs and transportation services.
- Dr. Kenney provided a brief overview of the Gunderson COVID-19 genomic epidemiology program which began in March 2020 and continues today. They used residual specimens from testing samples, testing more than 1400 specimens from their population to date (30% of all cases diagnosed at Gunderson). They are now testing about 1 in 6 samples.
- Current focus is on the detection of new variants in the U.S.

Ms. Quinn thanked the presenters for sharing. Q: Did you change your educational approach or did your findings help you to understand whether procedures were working?

A: We didn't have genetic results quickly enough to affect immediate investigations.

Articles:

“COVID-19 Infection Among US Dialysis Patients: Risk Factors and Outcomes From a National Dialysis Provider - American Journal of Kidney Diseases” [https://www.ajkd.org/article/S0272-6386\(21\)00025-1/fulltext](https://www.ajkd.org/article/S0272-6386(21)00025-1/fulltext)

1) Observations, Updates, and Concerns from Hot Spots:

[01/06/2021]

Mr. Brown noted that data from the weekly KCER ESSRD spreadsheets was received just prior to the call. Slides prepared for the call will be updated with some of the noted missing data and distributed to attendees once complete. The current data shows a sharp increase in cases in California and Texas over the past month; New York has the 3rd highest rates and continues to trend upward but more gradually. COVID+ cases per 1000 dialysis patients shows a dramatic increase in South Dakota and Tennessee in the past month.

[02/03/2021]

Mr. Brown provided an update on the YTD positive cases of COVID reported via the weekly KCER ESSRD spreadsheets. The top 3 states continue to be CA, TX and NY although AZ has shown a sharp increase as of January 20th. Data shows the current rate for dialysis patients contracting COVID-19 is 1 in 5.

2) COVID Testing & Vaccination Priority for Kidney Patients: Incenter dialysis is a congregate care situation similar to prisons and nursing homes and could benefit greatly from the use of more frequent, rapid-results testing.

[01/06/2021]

- Nephrology Dialysis Transplantation: “Chronic kidney disease is a key risk factor for severe COVID-19: a call to action by the ERA-EDTA” Alberto Ortiz
- Plos One, November 12, 2020: “Electronic health record analysis identifies kidney disease as the leading risk factor for hospitalization in confirmed COVID-19 patients” M.Oetjens et.al. [Electronic health record analysis identifies kidney disease as the leading risk factor for hospitalization in confirmed COVID-19 patients \(plos.org\)](#)
- Referencing two recent articles (above), Dr. Molony noted these analyses demonstrated that renal disease is shown to be an independent risk factor for COVID-19 death.
- Dr. Atkinson shared that decisions about who receives the vaccination in Tennessee is handled by county. He inquired about whether CMS has received any updates from CDC about the prioritization of kidney patients.
- Dr. Molony shared the state of Texas is requesting DDLs (digital data loggers) which is a thermometer that saves the readings, to be registered to administer the vaccine. Many facilities are not equipped for this currently and there is concern this will delay the industry from vaccinating in clinics.
- A, Quinn: CMS is aware of the DDL issue and is working with CDC to get resources out to address the concern. Hope to have guidance soon.
- A, Quinn: CMS agrees with the prioritization of kidney patients and continues to work with CDC. The Administrator provided data on the ESRD population, including hospitalization rates, to all of the Governors to help support the case for kidney patients.

[02/03/2021]

Dr. Atkinson acknowledged that dialysis facilities are now beginning to make plans for vaccination of their patients, noting that although the LDOs are partnering with CDC this still leaves about 25% of patients within MDO/SDO and independent facilities.

Ms. Vinson applauded and thanked CMS and CDC for their efforts to partner with the LDOs to get vaccinations to those dialysis patients, noting these actions help the Networks to focus their efforts on the remaining dialysis population which is about 130,000 patients (DFR 2019) in MDO/SDO and independent facilities. On behalf of the Networks, she proposed an ESRD Specific COVID-19 Vaccination Toolkit to assist the Networks in advocating locally for the prioritization of ESRD patients to receive the vaccine. If the Networks were able to share supporting data with local health departments, this may influence the prioritization of dialysis patients receiving the vaccine. She noted that the cost to healthcare systems for COVID hospitalizations (average \$73,300, Forbes October 2020) and the current hospitalization and mortality rates for the dialysis population due to COVID-19 (hospitalization rate 48.1%, mortality rate 11.14%). Endorsement from CMS and CDC, stating that this population needs to be at the top of the 1B lists, was also requested.

Ms. Quinn offered to inquire about whether the data that CMS shared with state Governors last year, could be shared with the Networks as a starting point. **ACTION**

Dr. Molony shared his experience in Texas 1) late CKD and ESRD patients are at the bottom of the 1B list within our systems and are not being prioritized before other chronic conditions 2) appears there may be under reporting of COVID deaths because many deaths are occurring at home. He noted that he has seen more deaths in his program in the past 6 weeks than he did in all of 2020.

Ms. Vinson provided an update on the national positivity rates since the December call.

- The slightly revised table is using ESSR data since the launch of the NHSN modules.

- National positivity rates for dialysis patients by week, generally show increased testing and decreased positivity rates.
- Cumulative rates remain about the same.
- Cumulative rates compared to the general population show positivity rates are much higher within ESRD than the general population.

3) Network Observations related to Contract Mods: On behalf of the ESRD Networks, Ms. Vinson and Ms. Avery present observations and comments from the Networks.

[01/06/2021]

Due to time constraints, observations from the Networks will be postponed to the next call.

[02/03/2021]

See above comments/discussion.

4) Kidney Patient Observations: Mr. Forfang and Ms. Edwards have shared concerns expressed by kidney patients from the Forum KPAC and Network PACs. Some of the topics discussed include Safety as States Reopen, Telehealth Concerns, Baxter Response to Delivery of Dialysis Supplies, and Transplant Patient Concerns about Symptoms & Relieving Anxiety.

[01/06/2021]

- Referencing the new flyer developed by the KPAC, Mr. Forfang shared that patients are feeling the fatigue of safety precautions for COVID and the KPAC wanted to provide encouragement to their fellow patients to stay strong and persevere. He shared that one of the KPAC members has received the first vaccine and is communicating how he is feeling. The KPAC is considering a video to encourage patients to get the vaccine.
- Ms. Quinn shared CMS' appreciation for the flyer. She requested the assistance of the KPAC, asking them to report back reasons patients may NOT be choosing to receive the vaccine or concerns they have regarding the vaccine, so CMS can address these issues and provide additional education. Mr. Forfang shared that patients are receiving various messages from their providers and having some clear guidance nationally, especially for transplant patients, would be helpful.

[02/03/2021]

Ms. Edwards thanked attendees for the opportunity to share the patient perspective.

- As follow up to the CMS request in December, KPAC members continue to hear concerns about receiving the COVID-19 vaccination, in particular, that some of the newer vaccines waiting approval include a live version of the virus which is concerning to some. Information being shared in the community has been confusing to some patients and we have found this and other data to be false.
- The KPAC is working on a new vaccination flyer for dialysis patients to provide clarification about the vaccinations and the importance of getting the vaccine.
- The KPAC recognizes the strong efforts of the Networks and CMS to help prioritize dialysis patients and we want to honor this commitment by encouraging our fellow patients to get the vaccine.
- Some KPAC members have received the first vaccination and have shared they are only experiencing minor symptoms.
- While the first shot usually only has minor symptoms, Dr. Kalantar cautioned that people often have more significant symptoms with the second shot and the KPAC should be open about these experiences. Ms. Edwards agreed and will clarify this in the flyer.

5) Transplant Metrics: monitoring transplant performed and waitlist activity

[01/06/2021]

- Dr. Atkinson highlighted a recent AJKD article which provided a good review of COVID and the vaccines.
“Practicing With Uncertainty: Kidney Transplantation During the COVID-19 Pandemic” K. Lentine et. al.
[https://www.ajkd.org/article/S0272-6386\(20\)31191-4/fulltext](https://www.ajkd.org/article/S0272-6386(20)31191-4/fulltext)
- Referencing UNOS data as of 01/01/2021, total adult kidney transplants in 2020 was about 500 less than 2019. While there were less LD transplant in 2019, there were more significantly more DD transplant in 2020. There was a noted decrease in both LD and DD kidney transplants in December, due in part to the Holidays but also the increase positivity rates of COVID.

[02/03/2021]

- Referencing UNOS data as of 01/31/2021, total adult kidney transplant remains about the same compared to this time last year. While deceased donor transplant are down slightly, living donor transplant are up slightly since December. There were 858 new patients added to the adult kidney waitlist during the last week in January. Looking at a snapshot of waitlist holds for the past year, it was noted that while on average 40% of people on the waitlist became inactive at some point during the time, most of those inactivation’s were due to reasons other than COVID-19.

6) Tracking Nursing Home residents in EQRS: CMS is working on this, any updates to share?

Lisa Rees reported CMS continues to work on this request.

7) Tracking Lessons Learned and Preparing for Future Surges: What can the Forum and Networks do to support CMS in preparing for future COVID surges?

- a. Nurses and PCT shortages in hot spots
- b. Transportation of COVID+ Patients
- c. Shortage of CRRT Fluids & Supplies
- d. Vascular Access
- e. Variability in Infection Control Surveys
- f. Data Reporting at the national level
- g. Telehealth Waivers
- h. Triage of COVID+ Patients
- i. Monitoring COVID-19 recovering and treating ESRD patients
- j. Transparency of sharing COVID-19 test results between dialysis facilities/healthcare providers and nursing homes

The call adjourned at 5:03 pm ET.