

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

WEDNESDAY, MAY 13, 2020  
4:00 PM ET

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

**Ralph** Atkinson, MD – President  
Don Molony, MD – Past-President  
**David** Henner, DO – President-Elect & MAC Chair  
**Derek** Forfang - KPAC Co-Chair  
**Andrew** Howard, MD, FACP – Board Member  
John Wagner, MD – Board Member  
**Danielle** Daley, Network 1  
**Sue** Caponi, Network 2  
**Chris** Brown, Network 3/4  
**Brandy** Vinson, Network 5  
**Shannon** Wright, Network 6  
**Helen** Rose, Network 7, 15, 17  
**Kelly** Mayo, Network 7  
**Natasha** Avery, Network 8  
**Vicky** Cash, Network 9  
**Audrey** Broaddus, Network 10  
**Diane** Carlson, Network 11  
**Stephanie** Smith, Network 12  
**Linda** Duval, Network 13  
**Mary** Albin, Network 14  
**Stephanie** Hutchinson, MBA – Treasurer  
**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 – Acting Director, Div of Kidney Health, iQIIG  
Melissa Dorsey – Acting Dep Dir, Div of Kidney Health, iQIIG  
**Jesse** Roach, MD – Medical Officer, CMS  
Ekta Brahmhatt – QSOG, CMS  
Todd Johnson – Acting Regional Program Mgr, Div of Kidney Health, iQIIG  
Renee Dupee – Director, Div of Strategic Innovation, Evaluation & Communication, iQIIG  
**Ed** Huff  
**Steven** Preston  
**Lisa** Rees  
Johannes Hutaaruk  
**Jennifer** Milby

The meeting convened at 4:00 pm ET

Dr. Atkinson acknowledged and thanked CMS leaders for their time and availability to meet.

**1) Baxter Response to Delivery of Dialysis Supplies:** Update of Forum correspondence with Baxter representatives

**#1 Discussion:**

Mr. Forfang shared that he had reached out to Priti Patel, MD, Medical Officer at CDC, to inquire about whether CDC is or will be developing guidelines for people entering homes of COVID+ patients and the proper use of PPE. Noting this would be extremely useful and solve the issue that had been reported regarding Baxter drivers unwilling to carry dialysis supplies into homes of COVID+ patients. He is hoping to hear back from Dr. Patel soon and will follow-up on the next call or via email before as needed.

During recent Forum calls, it was shared that DaVita has been monitoring this issue and working with their patients to send a staff member to a patient home if supplies are not being brought inside and the patient is physically unable to do it themselves. Baxter has also established a hotline for this issue and that has been shared with the Networks to share with their facilities.

Ms. Quinn reported that she had recently received a call from CDC about this issue and responded with correspondence received from Mr. Forfang. CMS is working closely with them on guideline development.

### **#1b Discussion**

Mr. Forfang also shared that during recent conversations with many kidney transplant patients, they have expressed concern and anxiety about the guidance they are receiving from their providers when they are experiencing symptoms and call for assistance. Many are told to stay home, monitor symptoms and go to the emergency room if they have trouble breathing. Some patients live alone and have expressed fear of feeling worse overnight and not waking up. Many are also experiencing very high BP readings due to the anxiety and worry about the potential being done to their transplanted kidney. One potential solution would be to provide Pulse Oximeters to patients so they can monitor their breathing and be reassured or know when to seek help. **Request:** Would CMS have the ability to provide a waiver to facilities to offer Pulse Oximeters to their patients or request from the appropriate department?

- Ms. Shalon will inquire with the Medicare Division about this request and report back to the group.

**2) Telehealth Clarification:** Regarding recent announcement below, although this allows audio for 99212, 99213, 99214 office visits; clarification on home dialysis and MCP visits.

- (5/6/20) Dr. Roach reported he is working on this issue and will provide an update on subsequent calls as updates are available.

### **#2 Discussion:**

Dr. Roach continues to work on this request and expects additional guidance in the next 1-2 days, CMS is awaiting a clarification about which code should be used for home dialysis and MCP visits.

Dr. Atkinson asked if the telehealth waivers will end when the PHE is lifted or if they will be extended. He shared that many of his patients have expressed appreciation for the opportunity to use telehealth.

Ms. Milby noted that the intention of the waivers was to be effective through the PHE, however, CMS is having conversations about future potential use. They have been working with QSOG and considering CfC requirements as they pertain to telehealth.

Dr. Roach shared that one primary concern about telehealth that has been discussed by CMS is access evaluation of home dialysis patients and how that is done effectively. Forum physicians offered the following responses:

- Most home patients are still doing a site visit at the dialysis home facility so an access evaluation could be done at that time. Interactions via telehealth are supplemental to these regular visits to the home unit.
- Most home patients still do come into the unit for various reasons (i.e. blood draw, pick up supplies, etc.) and although a provider doesn't always see the patient, a nurse is typically viewing the access when they come in. The access can also be seen, and parameters gathered via the video telehealth visit.
- Recognize telehealth is a new territory for all of us in medicine but the advancements in this short time have been extraordinary. Although hands-on, in-person visits are critical and preferred and there are benefits to

access evaluation done in-person, providers have learned what is possible using telehealth and video telehealth. We hope there is a bigger role for telehealth in the future after the PHE.

3) **Triage Documents** that put dialysis patients at a real disadvantage especially when the main determinant is a SOFA score that is heavily weighted against those with high Cr. Triage documents are prepared by states and health systems to help guide which patients receive ICU care during an emergency situation like a pandemic where critical care resources are compromised. Many of these documents specifically exclude ESRD patients and even the presence of acute kidney injury may count against a patient (SOFA score). The NKF recently released a statement about this as well: <https://www.kidney.org/news/national-kidney-foundation-urges-america-s-hospitals-and-health-systems-to-not-implement>

- (5/6/20) Ms. Quinn offered to bring this issue to OCR to determine if CMS has policies or guidance around this issue.

### **#3 Discussion:**

Ms. Quinn reported OCR is reviewing this request, doing research and will provide more information as it becomes available

4) **Monitoring COVID-19 recovering and treating ESRD patients:** There is some confusion about how to assess ESRD patients and their status following a positive COVID-19 diagnosis. Once recovered, many patients are still testing positive using the nasal swab. Where should these patients be dialyzed (i.e. with the COVID positive or PUI population)? What is the appropriate assessment to clear patients to return to the general population? <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

### **#4 Discussion:**

Dr. Atkinson thanked Ms. Quinn for sharing the link to the CDC website, however, the guidelines provided do not specifically relate to dialysis facilities and he inquired as to whether additional guidance is being developed for dialysis facilities. He shared that providers continue to struggle with this issue because patients continue to test positive for many days following onset of symptoms. He noted that the two largest LDOs are handling the situation differently: one using the symptom-based approach, the other using the test-based approach. The renal community would be very much appreciative of additional specific guidance for dialysis patients.

- Ms. Quinn will bring these comments back to CDC and ask if they are planning additional guidance specific to ESRD.

### **5) Shortage of CRRT Fluids & Machines:**

CMS/Dr. Roach noted that CMS continues to work on this, corresponding with ASPR and FEMA and the FDA. He provided some comments related to the manufacturing of ultra-pure dialysis fluid by facilities as they are able and is working with FDA to provide additional guidance.

### **#5 Discussion:**

Dr. Atkinson acknowledged that 50 Tablo machines were distributed to the NY area this week, he thanked CMS for their work on this issue.

6) **Vascular Access Procedures:** CMS request to quantify and identify regions where surgeons/hospitals do not consider vascular access procedures an essential procedure. The Forum is collaborating with Network MRBs to determine scope of problem. Dr. Henner provided a verbal summary of the data collected from the MAC/MRBs

and the detailed spreadsheet will be forwarded to Shalon. This remains an issue and Derek reported that many patients are concerned about access to surgery services (vascular access & transplant) during this time.

**#6 Discussion:**

Dr. Atkinson reported that as states are receiving Governors orders to reopen, outpatient surgeries are also being resumed and many colleagues are reporting that procedures are being schedule.

**7) 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 Discussion:**

Ms. Rees continues to work on this and will provide additional information when available.

**8) Transparency of sharing COVID test results** between dialysis facilities/healthcare providers and nursing homes:

Any updates from CMS that can be shared?

**#8 Discussion:**

Nursing homes continue to be hot spots for positive test results, it would help ensure patient safety to know there was more transparency between dialysis facilities and nursing homes regarding testing. Is CMS discussing this?

Ms. Quinn reported that CMS continues to work with QSO colleagues on this issue to ensure communication is occurring. She encouraged members to contact CMS if they have specific cases that need assistance or guidance.

Following the call, Ms. Quinn shared the following link:

*In regards to the issue of nursing homes not informing dialysis facilities or transportation providers of a COVID positive resident, CMS provided the memo: [QSO Memo 20-28-NH](#) which addresses this issue. Please see FAQ #9 for the specific language that you can refer to. I hope this helps.*

**#9Q:** If a resident must be transported to an appointment outside of the nursing home, what information should I share regarding suspected or confirmed COVID-19 status of residents in my nursing home? **A:** For medically necessary appointments outside of the nursing home, such as dialysis, it is imperative that facilities share, prior to that appointment, if the resident is suspected of, or has tested positive for COVID-19 with both the transportation service, as well as with the entity with whom the resident has the appointment.

**9) Transplant Metrics:** The decline of transplants performed & use of telehealth for referrals

Andy shared the most recent UNOS data regarding adult kidney transplant trends (LD vs CAD) and adult kidney transplant waitlist inactivation's since January. He touched briefly on the effects to reporting and the Network QIAs.

**#9 Discussion:**

Dr. Howard reported that UNOS data as of Monday, May 11<sup>th</sup> showed that although living donor transplants are resuming, overall national numbers remain flat since the previous week and are still very low. Names on the waitlist continue to drop and holds for COVID-related reasons seem to be dropping off quickly as well. Ms. LeDuc will forward the slides Dr. Howard prepared using UNOS data to all attendees. Although most recognize that transplant will likely resume to normal it will take some time and will critically impact the voluntary models and QI activities.

Dr. Atkinson brought to the attention of the group two recent articles published about transplantation, one in the NY Times and another in USA Today. The later featuring extensive quotes by Forum Board Member Stephen Pastan.

**10) Transportation:**

CMS referred attendees to HSS Federal Register (link below) page 166 section ***AA.Origin and Destination Requirements Under the Ambulance Fee Schedule***, which includes specific language regarding the transportation of beneficiaries receiving dialysis treatment.

<https://s3.amazonaws.com/public-inspection.federalregister.gov/2020-06990.pdf>

**11) LDO data reporting at the national level:** As of Friday (5/1), Networks report all facilities are reporting data but concerns about inconsistencies remain.

Due to time constraints the remaining topics were not discussed.

Ms. Quinn recognized the work of the Forum and Networks and thanked everyone for their contributions. Dr. Atkinson again acknowledged CMS for their continued partnership and collaboration.

Call adjourned at 4:31 pm ET.