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

WEDNESDAY, MAY 20, 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, Network 16 / 18
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 Brahmbhatt – 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 Hutauruk
Jennifer Milby

The meeting convened at 4:00 pm ET

Dr. Atkinson welcomed attendees, noting this is the last call on the original WebEx invitation and inquired about whether the group would like to continue with the weekly calls.

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

#1 Discussion:
Dr. Atkinson offered the support and expertise of the Forum and Networks in future discussions regarding the pandemic, and suggested a catalog of lessons learned and best practices from the Networks/Forum may be useful for the future.

2) **Nurses and PCTs Shortages in Hot Spots:** Forum may have some updates/comments to share

#2 Discussion:
To address the urgent need for trained dialysis nurses and technicians, ANNA developed a tool to help connect available staff to facilities in need of trained personnel. A member of the Forum/Networks was able to provide some input into this tool as it was being developed and the Forum has corresponded with ANNA leadership regarding the effectiveness of the tool. Dr. Atkinson suggested inviting a member of ANNA to a future call to share information about the tool, usage by the community, lessons learned and suggestions going forward. Ms. Quinn agreed.

ACTION: The Forum will follow-up with ANNA leaders regarding the invitation and arrange for them to attend a future call when more data is available from the usage of the tool.

3) **COVID Testing Priority for In-Center Dialysis 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 testing.

#3 Discussion:
Ms. Vinson referenced statistics that were sent to CMS leaders prior to the call that included a comparison of positivity rates in the general public and dialysis patients. The World Health Organization recommends a positivity rate between 3% and 12%, anything higher suggests that only the very sick are being tested. As of May 13, 2020 the general public had a positivity rate of 13.86%, compared to a positivity rate of 51.08% for dialysis patients. Guidelines for dialysis facilities recommend screening patients and testing those whit symptoms, those guidelines are working, however, a positivity rate four times higher than the general public suggest that more dialysis patients should be tested. Network 5 has been in correspondence with the Maryland Department of Health to consider additional testing for dialysis patients, currently focusing on hot spots within the state of MD based on data reported on the NCC Dashboard. At this time, Maryland is testing all nursing home patients and Network 5 would like to see an increased focus on testing to help protect the vulnerable ESRD population within the dialysis facilities. While increased testing would be ideal, they recognize the burden it may place on facilities, consideration of whether sufficient testing supplies are available, and who would perform the tests.

Dr. Roach offered that CMS has also been considering these actions and talking with CDC and HHS officials. He noted that testing nursing home patients has been easier because they are often a community amongst themselves with limited outside exposures. Testing dialysis patients more frequently presents greater challenges because of their mobility and movement outside the dialysis facility. The group has considered several testing scenarios but has not found one that would be effective and not create a burden on the facility. He asked for input from the Forum and Networks to help to continue to guide this discussion.

Attendees offered the following comments:

- Type of testing to use would be a considerable factor (i.e. Abbott test, the anticipated antigen test, standard nasal swab)
- Concerns expressed by Dr. Roach are valid. We all want our patients to be tested more frequently to keep them safe. The Forum/Networks would be a good resource into the community to help determine what might be

best. First thoughts would be that testing 1x week in hot spots would be useful, more than that would likely be disruptive to the facility as well as stressful to the patients.

ACTION: Dr. Molony offered to construct a series of questions to survey Forum MAC, KPAC and EDAC members on their ideas and suggestions concerning increased testing of dialysis patients and staff.

Dr. Huff acknowledged the work by Ms. Vinson and Network 5. Dr. Atkinson offered to follow-up with him offline to continue the discussion.

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

- [05/14/2020] 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.

CMS Bulletin 5/15/2020:
On April 19, CMS announced we'll be requiring facilities to report COVID-19 information to the CDC and to families. Within three weeks of that announcement, we published an Interim Final Rule With Comment on April 30. For the first time, all 15,000 nursing homes will be reporting this data directly to the CDC through its reporting tool. With the new regulatory requirements, nursing homes are ***required to report the first week of data to the CDC beginning May 8 but no later than May 17****. Additionally, in order to report, facilities must enroll in the CDC's National Healthcare Safety Network (NHSN). Information on how to enroll is available here. As nursing homes report this data to the CDC, we will be taking swift action and publicly posting this information so all Americans have access to accurate and timely information on COVID-19 in nursing homes. More information on the COVID-19 NHSN module can be found here.*

Forum Suggestion: Develop a standardized reporting form that includes both patient status and facility status that would accompany the patient to dialysis. Form could also be available to the transporting company to avoid exposures if a patient is traveling via a shared van.

#4 Discussion:
Dr. Atkinson recognized the recent CMS bulletin announcing the requirement of nursing homes to report testing data to CDC and enrollment in NHSN. The Forum reached out to its Medical Advisory Council (MAC) members regarding this issue. One Physician replied with an example of situation where a COVID+ dialysis patient was transported from a nursing home to a dialysis facility and the NH failed to report the positive test result to the dialysis facility. The patient realized the oversight and informed the dialysis facility. From this experience, a suggestion was made to consider the development of a standardized form that would accompany each nursing home resident who is being transported to a dialysis facility for treatment. The form would include patient status (symptom checklist, COVID-19 testing status) and facility status (reporting on cases/PUI in both residents and staff); this form could also be shared with the transportation company if the patient is traveling via a shared van.
Ms. Quinn supports this recommendation and will bring the idea back to her group for discussion.

ACTION: Dr. Henner offered to discuss this recommendation with the physician who proposed it to gather more guidance and details. He will share this information with CMS.

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

#5 Discussion:
Mr. Forfang shared that he has not heard back from Baxter or CDC regarding the previous discussions. Ms. Quinn reported that she had spoken with CDC this week; they are reviewing information to determine if this is an area where CDC could develop additional guidelines and recommendation. She will provide updates as available.

6) **Transplant Patient Concerns about Symptoms & Relieving Anxiety**: Would CMS consider waivers to facilities to provider to offer Pulse Oximeters to their transplant patients?
    - Ms. Shalon will inquire with the Medicare Division about this request and report back to the group.

#6 Discussion:
Ms. Quinn reported that after an additional discussion with the Medicare division, they are advising this is an issue to be addressed between the patient and his/her physician and that a physician could write a prescription for a Pulse Oximeter if needed.
Dr. Atkinson thanked Ms. Quinn for the update and offered to attempt this action locally and report back with results.

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

> *"CMS previously announced that Medicare would pay for certain services conducted by audio-only telephone between beneficiaries and their doctors and other clinicians. Now, CMS is broadening that list to include many behavioral health and patient education services. CMS is also increasing payments for these telephone visits to match payments for similar office and outpatient visits. This would increase payments for these services from a range of about $14-$41 to about $46-$110. The payments are retroactive to March 1, 2020"*
>
> *"Since some Medicare beneficiaries don't have access to interactive audio-video technology that is required for Medicare telehealth services, or choose not to use it even if offered by their practitioner, CMS is waiving the video requirement for certain telephone evaluation and management services, and adding them to the list of Medicare telehealth services. As a result, Medicare beneficiaries will be able to use an audio-only telephone to get these services."*

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

#7 Discussion:
Dr. Roach shared that after much review, there does not appear to be a mechanism to bill for telephone-only audio visits under the current rules; a new rule would need to be written to address this issue. He also shared that there is a potential to bill separately for an E&M visit if it is conducted by telephone-only but does not address the monthly MCP visit. Dr. Roach asked members to gather data to determine how wide-spread an issue this is; whether it would be beneficial to pursue new rule-making to accommodate the request.

ACTION: Dr. Henner will survey Forum MAC members to begin to determine the scope of the issue nationally.

8) **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.

9) **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

- Guidelines specific to the dialysis would be helpful to providers as many continue to struggle with this issue. Consistent recommendations for all regarding the best approach would be appreciated (test-based versus symptom-based).
- Ms. Quinn will bring these comments back to CDC and ask if they are planning additional guidance specific to ESRD.

10) 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.

11) Transplant Metrics: monitoring transplant performed and waitlist activity

12) 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

13) 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 issues were not able to be discussed. Members will consider whether to continue 30-minute weekly calls and gather feedback from the Forum/Network members. Ms. Quinn offered to increase the time of the call if needed to accommodate the agenda.
The call adjourned at 4:33 pm ET.