

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

WEDNESDAY, JUNE 10, 2020
4:00 PM ET

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

Ralph Atkinson, MD – President
Donald Molony, MD – Past-President
David Henner, DO – President-Elect
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
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 Brahmabhatt – 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
Filita Long

The call convened at 4:00 pm ET

Dr. Atkinson thanked Ms. Quinn for recent emails which included the CDC response to testing guidelines and the OCR response to the triage documents inquiry. He also asked Ms. Quinn to pass along acknowledgements to CMMI colleagues for the recent emails which included updates to the voluntary models and ESCOs; noting that for groups that applied for KCF or CKCC voluntary models part of ACA, acceptance letters are now being received.

1) 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.

- A summary of the responses received from Forum and Network members was presented verbally by Dr. Molony during the 06/03/2020 call. A written summary will be shared soon.
- Dr. Atkinson inquired about whether CMS is considering reimbursement for antibody testing.

ACTION: Dr. Molony will review the additional responses received and prepare a written summary.

ACTION: Ms. Sharon will look into the reimbursement question and report back when more information is available.

#1 Discussion:

Dr. Molony presented the written summary including additional responses that were received. Ms. Quinn reported that she had shared the summary data with ASPR colleagues last week but has no additional information regarding reimbursement of antibody testing that was discussed last week.

Ms. Vinson presented an update on the positivity rates that were discussed last week, comparing the general population with the dialysis population using KCER ESSR data.

- ✓ May 13, 2020 General Population was 13.86% and this week is 9.7%
- ✓ May 13, 2020 Dialysis Patients was 51.08% and as of June 3 was 47.60% - which is still about 3x the general population. This may indicate a more aggressive approach of testing in the general public than the vulnerable population of ESRD patients.

Ms. Sharon reported she will be meeting with ASPR and CDC following this call and will bring the data to their attention.

Dr. Atkinson invited Ms. Forfang to share observations and experiences from kidney patients that were recently discussed on the monthly KPAC call. Mr. Forfang announced that Dawn Edwards has been elected as Co-Chair of the KPAC and will be joining future calls. Ms. Edwards has over 28 years of ESRD experiences.

The primary issue discussed during the KPAC call was the concern of cities beginning the process of re-opening. Some patients are observing increased laxness in their dialysis facilities of wearing masks, not maintaining the 6-foot distance, and staff not wearing full PPE as they had been. Patients are not receiving updates and education as frequently as they had been and are turning to outside resources for information. Many patients must rely on public transportation to get to/from their dialysis treatment, as cities reopen these places are becoming more crowded and patients are feeling unsafe. Additionally, families of patients are also moving around more freely but coming home to the patient who still feels the need to isolate to stay healthy. There is a general feeling that things have improved even when some areas of the county are still seeing increased numbers each day.

Ms. Quinn thanked Mr. Forfang and his colleagues for sharing these observations and the value of receiving feedback from patients directly. CMS will consider how to better inform the public about this issue and welcomed additional feedback as concerns arise.

The Forum recently discussed the impact of the recent protests, riots and curfews on dialysis facilities; Dr. Atkinson asked Ms. Vinson to report on what the Networks had observed in their regions.

- Some Networks reported that dialysis facilities altered schedules by closing early or providing dialysis on an alternate day or time

- There were lots of changes in transportation schedules
- The dialysis population was impacted but there were not permanent closures and only minor damage to one dialysis facility.

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.
- 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 widespread an issue this is; whether it would be beneficial to pursue new rule-making to accommodate the request. Dr. Henner will survey Forum MAC members to begin to determine the scope of the issue nationally
- [06/03/2020] Dr. Henner provided a brief summary of the responses received from Forum MAC and Network MRB members. Answers varied by region but most are doing some audio-only calls for home patients and more so in areas more hard hit by COVID. Survey results showed that not many were using audio-only for incenter patients; there doesn't appear to be a large need for this group.

#2 Discussion:

Dr. Henner referenced the updated spreadsheet and noted that telehealth was used frequently for home dialysis patients and audio-only was used significantly due to connectivity/access issues. There didn't seem to be much of a need for the incenter patient population. Some were using telehealth for incenter patients in the beginning of the PHE when there was a shortage of PPE or the nephrologist was uncomfortable being present physically. Some are using telehealth for incenter patients to include family members or care providers in the rounds.

Mr. Forfang reported that during the recent KPAC calls, patients expressed concern for the use of telehealth when they are experiencing health complications, they did not feel they could adequately explain and visually show issues they are experiencing. KPAC members feel generally that telehealth is a good fit for stable patients but not for those who have health issues.

Ms. Shalon expressed CMS' appreciation for the data and will work internally to see what might be done. Dr. Roach shared that it is a complicated issue which would require regulatory changes.

3) **Network Observations related to Contract Mods**

#3 Discussion:

On behalf of the ESRD Networks, Ms. Vinson presented a summary of observations and comments from the Networks, expressing appreciation for the opportunity to have these weekly discussions with CMS leaders.

- Networks are seeing a decrease in COVID related facility concerns and immediate advocacy cases, while general grievances and clinical quality of care remain flat. Access to care is still very volatile
- While the rate of improvement has slowed down during the pandemic patients do continue to move to a home modality.
- Still experiencing obstacles to getting patients waitlisted – non clinical are working remote, some staff are furloughed, transplants are occurring but the process for adding patients to the waitlist are very disjointed right now. Networks are focusing on communication between the TX centers and dialysis facilities, referrals are still happening and we might see a bigger surge later
- Working with health departments on recommending more testing of dialysis patients;

- Offering telehealth education through resources and webinars, identifying gaps in telehealth utilization with home patients;
- Working with the NCC to develop a hand sanitizer audit, about to start piloting.
- Bridging the communication gap between dialysis providers and nursing homes, utilizing the forms shared by the Forum.

Ms. Sharon recognized the Networks for their work in being able to pivot and respond so quickly to these changing situations, and was encouraged and grateful to hear about movement on home even if the goal requirements have stopped.

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.
- Above resource speaks to an individual patient that has tested positive. Physicians/dialysis centers would find it helpful to know if anyone in a nursing home has tested positive if that dialysis facility is receiving a dialysis patient from that nursing home into their facility for treatment.

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.

- As follow up to the previous call, three reporting forms were shared prior to the call. These forms were developed by Dr. Palevsky and some of his colleagues in Pennsylvania. Each form provides for specific reporting of patient status regarding COVID-19 testing, symptoms, and results. One of the forms also allows for reporting of the status of the broader patient population of the nursing home or skilled facility from which the dialysis patients resides. Dr. Henner noted that these forms have been submitted to the Forum's Best Practices initiative to be reviewed by members and will most likely be approved as Best Practice and made available on the Forum website for community use in the near future.

#1 Discussion:

Ms. Sharon will be meeting with QSOG soon and will share the transitions documents them.

- 5) **Baxter Response to Delivery of Dialysis Supplies:** Update of Forum correspondence with Baxter representatives
- Ms. Quinn has been corresponding with CDC to determine if this will be an area where CDC could develop additional guidelines and recommendations. She will provide updates on future calls.

#5 Discussion:

No updates on this issue at this time.

- 6) **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.

OCR Response to Ms. Quinn, received 6/8/2020:

- The Forum of ESRD networks may be interested in OCR's recent bulletin which reminds covered health care entities that civil rights laws and regulations remain in effect during the COVID-19 national emergency and that decisions by covered entities concerning whether an individual is a candidate for treatment should be based on an individualized assessment of the patient and his or her circumstances, based on the best available objective medical evidence.
<https://www.hhs.gov/about/news/2020/03/28/ocr-issues-bulletin-on-civil-rights-laws-and-hipaa-flexibilities-that-apply-during-the-covid-19-emergency.html>.
- Forum members may also be interested in the technical assistance OCR provided to the Pennsylvania Department of Health to resolve concerns related to the use of criteria that automatically deprioritized patients on the basis of particular disabilities. Pennsylvania revised its Crisis Standards of Care Guidelines to require individualized assessments based on the best available, relevant, and objective medical evidence to support triaging decisions, and to ensure that patients are not denied care based on stereotypes, assessments of quality of life, or judgments about a person's "worth" based on the presence or absence of disabilities.
<https://www.hhs.gov/about/news/2020/04/16/ocr-resolves-civil-rights-complaint-against-pennsylvania-after-it-revises-its-pandemic-health-care.html?language=es>.
- Additionally, in 2019, OCR favorably resolved a complaint against the University of North Carolina system (UNC Health Care) alleging that UNC Health Care unlawfully denied an individual with an intellectual disability the opportunity to be placed on the United Network for Organ Sharing (UNOS) transplant list on the basis of disability. UNC Health Care agreed to amend the medical records to clarify that the individual was eligible to be considered for placement on the UNOS list.
- If anyone is aware of a specific state or hospital that is using discriminatory criteria in allocating resources, they should file a complaint online: <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

#6 Discussion:

Ms. Quinn shared the above updates which were prepared and sent to her by OCR.

7) **Transplant Patient Concerns about Symptoms & Relieving Anxiety:** Would CMS consider waivers to facilities to provide Pulse Oximeters to their transplant patients?

- Ms. Shalon will inquire with the Medicare Division about this request and report back to the group.
- 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. Henner shared a 06/01/2020 Press Release from the Vermont Department of Health regarding the “Use of Pulse Oximeters to Monitor Novel Coronavirus 2019 Among Individuals with Laboratory-Confirmed SARS-CoV-2 Infection.” Through a new community initiative, they are providing pulse oximeters to patients and have provided guidance on when to seek further medical evaluations based on the recordings.

#7 Discussion:

Not aware of other states taking similar action to Vermont. Ms. Shalon will share the Vermont DOH letter with her colleagues. Dr. Atkinson offered to bring additional patient observations to CMS on future calls.

8) **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.

CDC Response to Ms. Quinn, received 6/8/2020:

- Currently we don't have enough evidence to be able to define specific strategies for discontinuing transmission-based precautions (TBP) in different groups such as ESRD patients. As you know, 2 strategies are currently offered (time-based or test-based) to help decide when to discontinue TBP in COVID+ patients with symptoms. Either one is acceptable but once someone has gone down the road of the test-based strategy (meaning they have obtained a f/u test and it is positive) they have to continue testing until the 2 criteria are met. You cannot move back and forth between the 2 strategies. So the patient mentioned below (highlighted in yellow above) would remain in TBP precautions (be dialyzed in the COVID+ unit or in isolation) until there have been 2 negative tests collected 24 hours apart.
- In regards to the appropriate assessment, based on current evidence, either the test-based or symptom-based is acceptable. We have heard that some units are using the test-based strategy because they are more comfortable having the patient return if they see the negative test results. However, we don't recommend one over the other.

#8 Discussion:

As noted, Ms. Quinn forwarded the CDC response to attendees (copied above)

9) **Transplant Metrics:** monitoring transplant performed and waitlist activity

#9 Discussion:

Referencing the June 8, 2020 weekly slides, Dr. Howard noted that overall transplants continue to rebound and are near the pre-COVID rates. Looking more specifically at the regional data, the NE Region has been lagging due to the impact of COVID-19 in their states. It is presumed that once this region comes back, the US data as a whole will

increase as well. The inactivated patients on the waitlist has been decreasing over time. However, the referral process for patients is complicated and can often involve a number of different providers who may not be fully-functional yet which would impact the process and are likely responsible for the continued delay we are seeing in the number of new weekly additions to the waitlist.

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

11) Nurses and PCTs Shortages in Hot Spots

- Representatives from ANNA offered to share information about their COVID Staff Support webpage. CMS supports this offer and would be interested in learning about their successes and lessons learned. The Forum will follow-up with ANNA to identify an appropriate date for them to present on a future CMS call (i.e. when more data is available and finalized from the use of the webpage).

12) 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.

[06/03/2020] Ms. Rees shared that she continues to work with ISG on this issue. Although the updates will not be part of the Fall 2020 EQRS roll-out, she expects the updates to follow soon after.

Due to time constraints, the remaining topics were not discussed. The call adjourned at 4:45 pm ET