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

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 7 / ESRD NCC
Network 8
Network 9
Network 10
Network 11
Network 12
Network 13
Network 14
Network 16 / 18

Guest Presenter 11/04: Shuchi Anand, MD, MS and Maria Montez-Rath, PhD
Guest Presenter 12/02: Jonathan Segal, MD, Network 11 MRB Chair
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 Brahmbhatt – QSOG, CMS
Ed Huff
Steven Preston
Lisa Rees
Johannes Hutauruk
Jennifer Milby
Filita Long
Daniel Thompson
Christina Goetee
The call was convened at 4:00 pm ET
Dr. Atkinson welcomed attendees and shared that currently there are 13.8 million people in the U.S. who have tested positive for COVID-19, more than 270,000 deaths, and more than 99,000 currently hospitalized.

**Guest Presentation 11/04/2020:**
Shuchi Anand, MD, MS, and Maria Montez-Rath, PhD, presented an overview of their work, an article from The Lancet forwarded to CMS leaders following the September 30th call.

“Prevalence of SARS-CoV-2 antibodies in a large nationwide sample of patients on dialysis in the USA: a cross-sectional study” S. Anand, M. Montez-Rath, J. Han, J. Bozeman, R. Kerschmann, P. Beyer, J. Parsonnet, G. Chertow

**Discussion:**
Q, Quinn: Considering how CMS can transform our response to COVID and targeting our testing in the community, do you have specific recommendations for the dialysis population?
A, Anand: We will continue to do more work and build on what we’ve already done. Two suggestions at this time would be 1) patients who are poor or minority with any mild symptoms should be tested because they are at higher risk and 2) patients whose serum albumin has dropped suddenly could indicate that maybe they were sick and have had exposure and should be tested.
Q, Quinn: Will some of your follow-up include correlation of testing?
A, Anand: Yes, we are working on that. [Dr. Anand referenced 2 studies from London]
Dr. Atkinson thanked the presenters for joining the call.
Dr. Henner offered a brief summary of the antibody testing he is doing in his facilities in New England.

**Guest Presentation 12/02/2020:**
Jon Segal, MD, Nephrologist and MRB Chair for Network 11: COVID-19 and the Native American Population
Dr. Segal provided an overview of the COVID-19 experience in the Southwestern region of South Dakota, the location of two Native American Reservations. In this area, there are currently 8 dialysis centers serving approximately 410 dialysis patients; 64% are American Indian compared to 35% in the state of SD. To date, there have been 67 COVID+ dialysis patients (16% of patients in SW SD). Network 11 has been providing Technical Assistance to these facilities, identifying needs and assisting with coordination efforts with local emergency preparedness teams and the state survey agency, as well as, resources through KCER and CMS. They have also asked providers in other NW11 states to assist with support of PPE to help meet the needs of these facilities. To date, they are facing an imminent shortage of gloves and remain unable to secure enough gowns for their staff.

**Discussion:**
Q, Quinn: Regarding the PPE shortages, is there anything CMS can assist with?
Segal: Network 11 has been in touch with the Chicago Regional Office, CMS/KCER to request assistance, we are awaiting a response about this request.
D. Bowe: The glove shortage is the most concerning issue at present. The back up resources is nearly gone and the delivery truck did not arrive yesterday as scheduled.
D. Forfang: Offered the assistance of the Forum KPAC to advocate on behalf of their fellow patients by reaching out to LDO leadership to request donation assistance with PPE to these facilities.
Dr. Atkinson offered the assistance of the Forum as well.

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

[11/04/2020]
Mr. Brown provided an update on the data presented on previous calls; graphs showing the top 25 states four-week moving average of new COVID+ cases in the dialysis population. Current data shows a sharp uptick in cases in a few states including South Dakota and D.C. in recent weeks.

[12/02/2020]
Mr. Brown provided an update on the data presented on previous calls; graphs showing the top 25 states four-week moving average of new COVID+ cases in the dialysis population. The current data shows a remarkable sharp increase in cases in South Dakota over the last couple weeks, reaching nearly the same rate as NY per 1000 patients. The data also shows that 36 of the 50 states have had their highest number of new positive cases in the dialysis population week to week, just in the last 2 weeks. Evidence of a new surge across the country.

Lastly, Ms. Brown noted that data recently released by USRDS on all-cause mortality for the first 27 weeks of 2020, shows a spike at week 15 when COVID was surging in NY. Although mortality has gradually decreased since week 15, COVID continues to spread across the country.

2) **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.

**[11/04/2020]**
- Dr. Atkinson asked if CMS has been corresponding with CDC on the prioritization of COVID vaccinations when they become available, sharing that the Forum has received several inquiries from nephrologists about whether dialysis patients will be a priority for receiving the vaccination.
- Dr. Quinn shared that she had been in contact with the CDC about this and is awaiting a response.
- Ms. Vinson inquired about whether the nursing home positivity rates in NHSN influenced the decision to prioritize nursing home residents for the vaccine, and whether the Network reporting of positive dialysis patients will bring more attention to the need for vaccinations in the dialysis population. Dr. Quinn will add this to her discussion topics with the CDC.
- Ms. Vinson provided an update on the national positivity rates since the last call more than 4 weeks ago. The data shows weekly increases in the positivity rate since mid-October, the cumulative rate remains about the same for both the dialysis population and compared to the general population.

**[12/02/2020]**
- Dr. Atkinson inquired about whether kidney patients will be included in one of the first phases of the release of the COVID-19 vaccination. Information just released noted health care professionals and LTC residents will be in the first phase, essential workers and first responders in the second phase, and people 65+ and those with high risk medical conditions in the third wave. There was no specific mention of kidney patients.
- A, Quinn: CMS has been in communication with CDC and will continue to inquire about this, she will provide more information when available.
- Ms. Vinson provided an update on the national positivity rates since the last call on November 4th. The week of November 11th shows an increase in testing in the dialysis patient population and positivity rates remain high. Cumulative rates remain about the same at 53.78% (up slightly from 51.85% on Nov 4). Comparing the percent of total dialysis patients tested to positivity rates, it was noted that SD had the highest percentage of the dialysis population tested of all states, and the greatest increase in percentage of patients tested since mid-August. She noted that last week (Nov 25) was the first week that dialysis providers entered COVID data into NHSN.

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

**[11/04/2020]**
During the last call on September 30, Dr. Quinn requested feedback from Networks on the use of the Nursing Home Communication form that had been referenced in the 8/17/20 CMS DHHS memo to the renal community. Since the last call, the ESRD Networks were surveyed about the Communication form and other resources they may be using to improve communication between nursing homes and dialysis facilities to keep patients safe. Dr. Avery provided an overview of the survey results, some highlights include:
- Since uploading the form to the Forum website, there have been 891 views and 336 downloads of the form
- 17 Networks distributed the form to facilities
While Networks are still gathering data and assessing the use and success of this form, some of the dialysis facility utilization observed to date included: shared within monthly QIA education, presented to LTC facilities and dialysis clinics.

Some Networks are working with their QIN-QIO to collect additional feedback.

The majority of Networks answered “yes” to the question of whether the form had improved communication.

Barriers to using and implementing the form were also identified and shared in the survey including: challenging to incorporate it into existing processes, missing information – more education needed on how to complete the form, form getting left behind or forgotten by transportation drivers.

10 Networks have implemented other processes include the use of a “call-ahead process and tracking form”, assembly of a “Nursing Home Provider Task Force”, development of a video series sharing best practices, joint webinars with QIN/QIOs to bring nursing homes and dialysis facilities together to discuss.

In summary, Networks felt incorporating any form of communication is effective, facilities are identifying methods that work best for their population, and additional buy-in from nursing homes is key to sustained communication.

Dr. Quinn thanked the Networks for the presentation, she asked for a copy of the slide set to share with QIN/QIO colleagues. ACTION

[12/02/2020]

- On behalf of the Networks, Ms. Vinson asked if modifications could be made to the NHSN COVID reporting module. Specifically, could users specify the time frame for reports to allow the reporting of weekly data to KCER more efficient and ensure all Networks are reporting the same data. It was agreed these requests could be brought to the KCER call on Friday to discuss in further detail.
- During the last KCER call, it was announced that Networks would be able to share COVID data more publicly and Networks are beginning to receive requests about this. Can CMS provide additional guidance to the Networks about this?
  A, Quinn: CMS is working on a plan to share data, the format and frequency. More instructions and guidance will be provided very soon.

4) **Kidney Patient Observations**

[11/04/2020]  
No new concerns at this time

[12/02/2020]

- Mr. Forfang shared that kidney patients are increasingly concerned about spikes being reported across the country and appreciate CMS efforts to develop ways in which to share data more publicly.
- The KPAC is finalizing the design of a 1-page resource for patients about how to stay safe, with a focus on encouragement and support rather than data and information because so many patients have expressed burnout about the information being shared.
  ACTION: Mr. Forfang will share the 1-page resource on the next monthly call.

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

[11/04/2020]  
Dr. Howard shared, as follow-up to the previous call, the NE region is doing well at this time. Referencing UNOS data as of 11/02/2020, total kidney transplant is about 400 less than this same time in 2019 and the primary difference remains due to the decrease in number of living donor transplants compared to this time last year. The waitlist numbers have now returned to pre-COVID numbers, however, the number of holds due to COVID is again increasing slightly.
[12/02/2020]
Referencing UNOS data as of 11/30/2020, total adult kidney transplants remain about the same as this time last year. The living donor rate is less than 2019, about 4500 this year compared to 6000 in 2019. The deceased donor rate is significantly ahead of 2019 and this has allowed the total transplant rate to remain close to 2019 this year. The total number of adult kidney transplant performed weekly has dropped since the last call on November 4th. The waitlist has also seen a significant drop in listings, this may be due to the strain on hospitals and not scheduling elective surgeries or due to an impact from the Thanksgiving holiday last week. The cause will become apparent over the next few weeks.

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

In closing, Dr. Atkinson shared the 2020 Nephrology Match Statistics that were recently released: 43.5% of programs went unfilled and 27.2% of fellowship positions went unfilled. However, despite the COVID-19 pandemic, the number of internal medicine residents matching into nephrology increased 19% YOY.

https://data.asn-online.org/briefs/09_ay-2021-match/

The call adjourned at 4:50 pm ET