Centers for Medicare & Medicaid Services
COVID-19 Call with Dialysis Providers, Nephrologists and Kidney Providers
Moderator: Alina Czekai
May 27, 2020
5:30 p.m. ET

Operator: This is Conference # 6152699.

Alina Czekai: Good afternoon. Thank you for joining our May 27th CMS COVID-19 Call with Dialysis Providers, Nephrologists and Others Who Care for Patients Living with Kidney Disease. This is Alina Czekai, leading stakeholder engagement on COVID-19 in the Office of CMS Administrator Seema Verma.

Today, we are joined by CMS leaders as well as providers in the field who have offered to share best practices with you all. I'd first like to turn it over to Jean Moody-Williams, Acting Director of the Center for Clinical Standards and Quality, for an update on the agency's latest guidance in response to COVID-19. Jean, over to you.

Jean Moody-Williams: Great. Thanks, Alina, and good afternoon, everyone. Thank you for joining this call. We are so please to have you and just to give a few updates from HHS perspective, we – HHS recently launched the Project America Strong and have initiated shipments of reusable cloth face coverings to each outpatient dialysis facility that staff and patient can use when PPE is not required.

So, this is really more so that it can be used when commuting to and from the facility. And then, there had been some deployment of dialysis machines by HHS, I believe some with the New York Department of Health and also working with major manufacturers of dialysis fluid, supplies and machines to assess production capacity for upcoming surges.

And so there's just a number of things going on and the point of even mentioning this is a lot of this is based on the data and the input that you have provided, the needs that you have noted in the field. And so we do appreciate continuing to get your feedback and also ways that we can continue to support

in getting the needed care to those patients that are so dependent on dialysis facilities and dialysis care and all the staff that also provide that care.

I wanted to – so take questions but before we open up for questions, we have an excellent guest that's joining us today and – that's prepared to share some best practices with you. So, it's really my pleasure to introduce Dr. Maru, who's the Section Head for the Division of Nephrology and Medical Director for Brighton and Romulus Fresenius Care Nephrology Associates of Michigan. Dr. Maru?

Vidooshi Maru: Hi. Thanks everyone for coming. So, I wanted to give you a sense of sort of the scope of patients that I see. In my one dialysis unit, Brighton, I have 54 in-center patients and 16 home patients and I have zero COVID patients in that unit. So, we had a couple of patients who require testing. I think three so far and all had been negative.

That unit is a little bit further removed from Detroit versus the other unit that I go to which is the one in Romulus. That one I have 38 in-center patients, that's a much smaller unit and I have had five COVID-positive patients there. Six that had been tested have been negative and two COVID deaths in that unit. So, the demographic of course of both units are very different but what I find striking is the Romulus unit, there's definitely in that area there's more prevalence of COVID. In that population, there's been much more community spread, it's closer to Detroit.

Brighton is much further removed geographically and even though there are nursing home patients there, they don't seem to have been affected nearly as much as the patients in Romulus. So, what we found in Romulus initially was that our threshold for suspicion had to be very, very low. And I'm sure that many of you are finding this as well that dialysis patients are not presenting with classic COVID symptoms.

So you know, one patient had mild GI symptoms and attributed it to food poisoning and so escaped notice, one treatment came at the next treatment with different GI symptoms and a low-grade temp like low-grade 99.2. And we sent her for testing and she was positive, so exposed the unit. You know,

things like that, one nursing home patient was just slightly altered more so than usual and that had to be the tip off and he ended up being positive.

One patient was completely asymptomatic but had – his roommate was positive and so he ended up getting tested and the ECF told us that he came back positive. So, that's the patient population that we're kind of dealing with. Of the positive patients at my Romulus unit, all of them are nursing home patients.

So, in terms of practices in the unit and what's being recommended with masking everybody and hand hygiene and face shield for staff and all the rest of it, that seems to be doing really well to prevent spread within the unit. The challenges that we have with identifying COVID patients from nursing homes is – so we are getting erroneous information from nursing home staff who are telling us tests are negative when in fact they're positive and vice versa.

It's actually causing a lot of confusion for both patients and our dialysis staff because as many of you know when they're positive or marked as PUI patients, they end up going to a different unit which is a challenge to coordinate. We are also finding that patients don't really know what's going on with their health, so they're very poor historians and they're either completely in denial about their symptoms or everyone thinks they have COVID which they don't.

So, what we're trying to do to – and what seems to be working is the morning of every dialysis day, every ECF patients that we have scheduled to come in that day, my nurse is calling those ECF, every single one of them, and reviewing with nursing at the ECF what the patient status is terms of COVID testing, if there had been any known exposures to positive patients or PUI patients. And if they have any tests that had been done, then we ask for those results to be faxed directly to us.

So, there's no room for misinterpretation of them and we have actually caught a couple of patients just by doing that. We have also advised the nursing home and again on this morning phone calls, we do the same like if they have any symptom, please do not send them.

Please call us and let us know before you send them here and just continually reeducate the patient through kind of fishing like hey, how's everyone that you're hanging out with and how's the health with your neighbor and how's the health of you know, I'm trying to get a sense of what's going on in that ECF, so we can better protect the rest of the patient center unit. We seem to have things under control within the unit and I'm thankful – I'm thankful for that, so I wanted to share.

Jean Moody-Williams: Thank you. Thank you so much for sharing that and for kind of – obviously best practices as well as lessons learned. I don't know Dr. Roach, are you on the line? I wanted to see if you have any updates as well, Dr. Jesse.

Jesse Roach: I'm here. I'm sorry I got disconnected.

Jean Moody-Williams: OK.

Jesse Roach: From the call earlier.

Jean Moody-Williams: No problem.

Jesse Roach: So, I don't have any updates per se except for what you had mentioned. We're working on some of the issues that we're continuing to look at and work on our dialysis and so the AKI patient issue, I know that's been mentioned before and that's something that we're continuing to look at. And we're continuing to look at quality reporting. We hope to have a report out soon on what's going to happen for the Five-Star program, the Dialysis Facility Compare program and the QIP for the rest of the year.

So, be on the lookout for upcoming information on that. We've been working hard on that. We haven't been trying to ignore people but we want to make sure that we got something that would be workable going forward which I think that this is going to affect the data for the rest of the year, so. And that's it.

Jean Moody-Williams: Great. Thank you so much. Operator, I'd like open up the line now to see if there are any questions for CMS or for Dr. Maru who has shared

some wonderful information with us today. So, could you please give instructions?

Operator: Yes, certainly. And at this time, I'd like to remind everyone in order to ask a question, simply press star one on your telephone keypad. Again, to ask a question, simply press star followed by the number one on your telephone keypad.

We have our first question coming in from the line of Susan Fenetch. Your line is now open.

Susan Fenetch: Good afternoon. First of all, I wanted to join the choir of thanking CMS for having these calls. They're very helpful. Dr. Roach, touched on my question about the QIP and the question that was asked last week about the waivers for quality reporting and that – the updated guidance is going to be, you say, soon?

And the second part is, is there going to be an adjustment to the calculation for the performance scores at the end of the year based on the limited data that CMS is going to have? So, those are my two questions. Thank you.

Jesse Roach: So I can take that, so – I mean it's not going to be the most complete answer, so the answer is I can't tell you right now of what we're going to do exactly with the scoring. It's something that we'll hopefully be able to clear up when we finally have a full guidance release.

Susan Fenetch: And the updated guidance is going to be in June or July?

Jesse Roach: So, it's unclear. We have to go through multiple levels of clearance, so I can't give you an exact date on it but we should have some information hopefully in the next few couple of weeks, so hopefully in – hopefully in June. Definitely, I'm almost going to – almost certain we'll have something by June.

Susan Fenetch: OK, thank you.

Jean Moody-Williams: OK, great. Is there another question?

Operator: Next question will be coming from the line of Julie Williams. Your line is now open.

Julie Williams: Hi, thank you. My question is as a rural provider, we have just seen an uptick in patients and normally this is the first year we actually got to be a low volume provider. And I didn't know if Medicare would consider doing like a waiver for low volume facilities this year because we're just seeing an unusual intake of patients who are kind of not wanting to start dialysis in some of the metropolitan areas. So, they're willing to drive 45, 60 miles outside of, let's say, Kansas City, to a smaller rural facility just to try to like be in a non-COVID facility that's smaller. And – but you know this basically is probably going to just kill me on low volume just for this year. I mean we took six patients in like six weeks due to the outbreak in Kansas City but I'm sure that once this calms down, those patients will probably go back.

But in the meantime, it could really compromise – for four years I've tried – I finally made it to a low volume status. So, would CMS consider making this just a waiver year for the 4,000 treatment?

Jean Moody-Williams: So thank you for – go ahead.

Abby Ryan: Hi, this is Abby Ryan, Julie, with payment, so the PPS payment side, I wanted you to know that we are in the process of evaluating it and looking at different options of what we can do to help those people. But in 2019, their census numbers – their treatment amounts were lower than the allowed amount for LVPA and we are actively considering different options about what we can do to make sure that your adjustment is preserve.

Julie Williams: All right, OK, thank you. Thank you so much.

Abby Ryan: You're welcome.

Jean Moody-Williams: Great, thank you. Do we have any more questions?

Operator: We don't have any further questions at this time. Please continue.

Jean Moody-Williams: OK.

Jesse Roach: All right, Jean, I'm sorry, I have one more question. I have a question for Dr. Maru. Are you guys testing in your facility at all or are you having people go outside for testing?

Vidooshi Maru: So, it's kind of a mix and it depends on what the patient is willing to do and where they can get to. So, we don't have testing in our facility but Fresenius is offering testing at the COVID – at the designated COVID unit which is about 20 minutes away. So unfortunately, those tests go to Spectra which is our centralized lab and then it takes two to five days to result. So in all that time, they're going to run in the – as a PUI in that COVID unit on an earlier shift.

So if I need an answer right away, I'm going to send them to another facility for outpatient testing which is rapid testing followed up by a PPR which still takes 24 hours but it's much faster. So, what I'll typically do is I'll send them there and then we'll send them to the PUI unit, get the second test and then – and then bring them back or if it's a very low suspicion I might just do the one test at the – at the facility and then have them come back, skip that day of treatment and then come back as a makeup treatment the next day.

Dr. Roche: Wow, OK, thank you.

Jean Moody-Williams: Great. Thank you for that and if there are no other questions, I again thank you for joining this call and I would turn it to Alina to close us out.

Alina Czekai: Thanks Jean and thanks everyone for joining our call today. We hope that you'll join us for our CMS COVID-19 Office Hours next Tuesday, June 2nd at 5:00 p.m. Eastern for technical Q&A with our CMS subject matter experts. And in the meantime, you can continue to direct your questions to COVID-19@cms.hhs.gov.

Again, we appreciate all that you're doing for patients and their families around the nation as we address COVID-19 as a nation. This concludes today's call. Have a great rest of your day. Thank you.

End