Centers for Medicare & Medicaid Services
COVID-19 Call with Dialysis, Nephrologists and Kidney Providers
May 06, 2020
5:30 p.m. ET

Alina Czekai: Good afternoon. Thank you for joining our May 6th CMS COVID-19 weekly call with dialysis, nephrologists and other providers who care for kidney patients.

We appreciate you taking time out of your busy schedules to join us today. 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 and 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 at the Center for Clinical Standards and Quality at CMS, for a brief update on the agency's latest guidance in response to COVID-19.

Jean, over to you.

Jean Moody-Williams: Great, thank you so much. And thank you all for joining this call this afternoon. We have had quite a few updates over the past week, so hopefully you have been checking the website.

We were able to publish an interim final rule with comment last week, and it really did provide a number of waivers and flexibilities based on the requests that we have received. Really some expansion to workforce and other items, so please take a look at those waivers.

We also – we've been receiving requests related to some of the activities for our ESRD network contractors who do a valiant job of working throughout the year with dialysis facilities and really helping to improve the care that I know that of the patients are receiving along with those right on the front line.

However, I know that during this time of COVID crisis and pandemic, there's certain activities that we've received requests that we suspend or delay, and

we are looking at that and making some modifications to the expectations for the networks, and we should be able to give you a little more detail on that in the next week or so. But just wanted you know now that we are – we heard you and we are taking a look at that.

Also, we continue to get information, and we're hearing of fewer shortages with the dialysis fluid machines. So, we think that things are at least working through that, although we do know that they still exist.

So, HHS is working with the FDA and the Department of Defense to increase manufacturing and strengthening the supply chain to address future needs, as we want to prepare for now, but for whatever is ahead of us as well.

So, and HHS and our Health and Human Services is working with Department of Health from the states, to really understand the needs that as they come about. So, thank you – I want to thank you for all this data that you've helped to provide and the information you've provided, which has really helped address many of the needs that you have brought forth.

But I'll – I am pleased to introduce our speaker for the evening before we go to our question and answers, and we have Dr. Baweja who is the Assistant Professor of Medicine and Nephrology at the Icahn School of Medicine at Mount Sinai in New York. So, let me turn to Dr. Baweja and then after that we will take questions.

So, I'll turn to you now. Thank you.

(Mukta Baweja): Hi everybody. Thank you so much for having me. So, as was mentioned, I'm a Nephrologist at Mount Sinai Hospital in New York City. And have been seeing dialysis patients at the hospital on dialysis unit.

So the hospital is affiliated with several dialysis units, but I personally run the main hospital on dialysis units, which actually happens to be a commercial shopping complex. So, as the pandemic was unraveling we started to screen patients for symptoms of COVID at the door with a questionnaire and temperature screening. This was done actually by redeployed staff from clinics that had to be closed in favor of televisits.

If patients were not wearing a mask by the time they entered the facility, they were given a mask to wear as best practice, and with time during the – as the pandemic was unfolding, about one-third to a half of the chairs in the waiting room were taking out to avoid seating in close proximity.

This is especially challenging with New York City real estate, but the treatment areas are larger and no patients are treated in seats closer than six from each other. No visitors have been allowed also with exception of patients who absolutely require assistance from an aid, for example, patients with significant disabilities.

And if a patient screens positive for symptoms with the questionnaire, they were taken – they're now taken back anyway to a patient examination area and they're examined by the staff.

If they have consistent symptoms they are tested for COVID at the dialysis unit and that is sent to the main hospital with a turnaround time of results to several hours, four to six hours.

The – for that session they're treated as a PY or a person under investigation and dialyzed in a separate, single enclosed room that is currently being used exclusively for PY patients.

If they are found to be positive, those patients are moved to a separate shift that has been designated for COVID positive patients. That happens to be the last shift in the dialysis unit and it starts no earlier than 6:30 p.m., to allow for sufficient for the COVID negative patients to leave the facility.

In order to return to their original shift time, they have to symptom free for at least two weeks prior to return to that regular shift.

Many of the patients that were positive, in my personal experience, they also had significant symptoms that required them to be hospitalized. Several of my patients were suspected to have the illness, but were also just found down on their homes as opposed to the dialysis unit unfortunately.

Although there was a plan in the beginning of the pandemic to set chair times to staggered patients and avoid them congregating all at once in the waiting room this is delayed due to the unexpected nature of the pandemic. And that's the staggered chair times is expected to start shortly.

The delay was largely due to staff limitations and the need to move patients from the original last shift to other shifts so that we could make that into a COVID positive shift. The nurse manager at the dialysis unit has now created a schedule so that there will be the staggered patient chair time. And there'll be a town hall for the dialysis patients tomorrow to explain this new system to them as well as a formalized letter to each them explaining the staggered system.

Transportation is also going to be arranged to stagger their arrival to the dialysis unit. The hospital is also affiliated with other dialysis units, one of which is in a nursing home that I don't personally round at but they also have a similar system. As, given that it's in a nursing home they are checking temperatures upon entry to the nursing home and again upon entry into the dialysis unit in and of itself.

In terms of physician rounding experiences, due to the increase in inpatient demands during the peak of the pandemic the timing and physical rounding by attending was quite limited. So, but, personal though people still went at least three times in a month and we've now recently acquired iPads and video technology to allow for more televisits.

But, for the purposes of supporting patients and nurses we are still physically rounding there at least once a week. So, those are the practices that we've generally been following at Mount Sinai Hospital.

Jean Moody-Williams: Thank you so much for sharing that valuable information and I want to open up. First, let me see if Dr. Roach has any questions for you. But, also we will open up for others. So, Operator, if you could please queue up questions because I want to turn it to Dr. Jesse.

Jesse Roach: Thank you very much, Dr. Baweja. I do have one question. Have you guys had – or have you been affiliated with any of the – or have you COVID

positive – I know you had a shift but have you had any units that were specifically set up for this? Or were there in New York or I'm curious as to how that has worked out? Because there was a plan for that, I just don't know if it happened.

(Mukta Baweja): Right, so I know – so Mount Sinai (inaudible) several of the Vita units. And the Vita as I believe had been talking about making some – designating some of their units into COVID positive units in Brooklyn and in the Bronx. However, due to the – in the beginning of this pandemic there was a lot of fatalities particularly in the dialysis population and it ended up being such that some of these new units simply started to place their patients in other units and allocated them that way as opposed to just designated only COVID units.

As least the ones affiliated with Mount Sinai. So we just stuck with dialysis shifts at all of our facilitated units.

Jesse Roach: OK. Thank you. Do we have any other questions?

Operator: As a reminder to ask a question you will need to press "star" "1" on your telephone keypad. To withdrawal your question press the "pound" key. Please stand by while we compile the Q&A roster. Again, as a reminder to ask a question you will need to press "star" "1" on your telephone keypad.

Jesse Roach: Dr. Baweja, I'll ask another question while we're waiting. Do – you might have said this, and I apologize. Do you have an idea of percentage of your unit ended up being positive, or a rough idea?

(Mukta Baweja): Yes, about 10 percent.

Jesse Roach: Ten percent, OK.

(Mukta Baweja): Unfortunately, they all happened to be my patients, as well. And which initially made me believe that maybe there was something to do with contact. But, I don't believe that's the case anymore.

Jean Moody-Williams: Thank you. Do we have any additional questions?

Operator: Again, as a reminder to ask a question you will need to press "star" "1" on your telephone keypad. And we have a question from Kim Bosaneli. Your line is now open.

(Kim Bosaneli): Hi, thank you for the information. I have a question for the CMS folks on the phone. I actually have two. For facilities that are needing to add stations to account for segregation of COVID and non-COVID patients. In the waiver (inaudible) surgery guidelines it seems like those were specific to special need facilities and the ability to provide services in a nursing facility.

You just need additional stations within your facility, is that subject to any waivers right now? Can they do that without a new survey pending the end of the public health emergency?

(Mukta Baweja): Yes.

(Karen Tritz): So this is ...

(Mukta Baweja): Go ahead.

(Dr. Baweja): This is Karen Tritz. Yes, they can just request that and work with the state to get approval for those. That is not subject to the survey. Or to the waiver documents.

(Kim Bosaneli): And then the request is that, in what form does that take or is it just up to the state? Does CMS need specific certification? Do we need to update the 3427 or anything like that?

(Karen Tritz): Yes, it would be the (inaudible) document that would have that information.

(Kim Bosaneli): OK. So just update that and then work with the state (inaudible)?

(Karen Tritz): Yes.

(Kim Bosaneli): OK. And then – I apologize – I've been asking this every week. I know the providers are very anxious about it. Any news on guidance around the ability to do home dialysis for HKI patients during telepath emergency?

Jesse Roach: I can answer that one. So – to answer your question – no, we do not have any further guidance on that. We're still discussing it. We're still talking about it, and we're still trying to figure out a way to implement it; and do it in the safest possible way for all of the patients. It's a little more complicated given the statues and current regulations.

(Kim Bosaneli): I absolutely understand, but it's certainly becoming more and more of an urgent issue, so if there's anything you need from the community please reach out. And thank you very much.

Jean Moody-Williams: Thank you. Do we have anymore questions?

Operator: Your next question comes from the line Benton Williams. Your line is now open.

(Benton Williams): Yes. I just had a question for the presenter. And I was just wondering about how the process worked itself out? Did you guys – was it some trial and error or things like that?

Did you share information with other providers to get some best practices down to come up with the current process that you have in place there for handling patients that had corona virus?

(Karen Tritz): Yes, thank you for that question. There's not really a precedent for this, but it was really in the practices that we developed were – we talked to other institutions to see what they had been doing – but really it was an independent understanding and a trial and error.

In the beginning, patients were sitting together in the waiting room and it was clearly a problem. And a lot of them didn't have masks, so we started to provide them masks. This was partially a trial and error and then it became more of a systematic approach particularly with questionnaires and an understanding of protecting staff as well.

So a lot of it was happened very fast. It was very dynamic, but it very fast. Because at the end of the day, we implemented the same practices that we were doing inside the hospital so.

(Benton Williams): Thank you.

(Karen Tritz): Thank you.

Jean Moody-Williams: Do we have any additional questions? Next question, please.

Operator: Your next question comes from the line of Juliana Lu. You may ask your question.

(Juliana Lu): Yes, I just have the same question like how we distribute the two (inaudible) that they will open the new shift. Like how much is gabu digest and what kind of infections that – infection contra we should do in between the COVID positive shift and COVID active shift?

(Karen Tritz): Right, yes. So in some facilities have their COVID positive shift as the first shift. We chose the last shift so it allows more time to clean after the patients are dialysis and we only allow patients who are COVID positive to come into the facility once all the COVID negative patients have left.

So for example for COVID positive patient ends up actually missing their treatment they can't actually reschedule because there's only the one shift at the end of the day. And the cleaning is just like any other cleaning that you would do – in between there's not a new practice necessarily – it's just more dedicated.

And yes, so we – they clean chairs down and the nurses wearing just surgical masks. And initially there was a little bit more concern because we didn't know what we were dealing with, a lot of the facility – including myself – were wearing N95 at the time.

But it's an open unit and we keep the patients far from each other – more than six feet apart – we don't have put consecutive chairs. We don't allow visitors.

(Juliana Lu): Yes and do you suggest the designated personnel – the PCPs and the nurse only help with COVID or it's OK to share that to the other shift. Let's just say the nurse works MWF and its okay to work on the TTF COVID shift as well?

(Karen): Yes it – that has been determined to be OK. Including for attending faculty – even in the hospital – I thought the same COVID positive and negative patients.

(Juliana Lu): OK. Thank you.

(Karen Tritz): OK. Thank you

Operator: And there are no further questions.

Jean Moody-Williams: Wonderful. So again we thank you for participating and we absolutely enjoy that (inaudible) and thank for answering questions. I'm going to turn it back to Alina to give us our closing comments.

Alina Czekai: Great. Thanks Jean. Thanks everyone for joining our call today. We hope that you'll join us tomorrow for our CMS COVID-19 Office Hours. That will take place Thursday May 7th at 5:00 p.m. Eastern.

And on that call we'll have our CMS subject matter experts on the line available to answer technical questions. In the meantime, please continue to direct your questions to COVID-19@cms.hhs.gov.

And again we appreciate all that you are doing for patients and their families around the country as they address COVID-19 as a nation. This concludes today's call.

Operator: Ladies and gentlemen, this concludes today's conference call. Thank you for participating. You may now disconnect.

End