Centers for Medicare & Medicaid Services
COVID-10 Call with Dialysis Providers
August 12, 2020
5:30 p.m. ET

Operator: This is Conference #1027088

Alina Czekai: Good afternoon. Thank you for joining our August 12th 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 in the Office of CMS Administrator Seema Verma.

Today we are joined by CMS leaders and we also have a patient who has joined us today to share their perspective.

First, I'd like to turn it over to Jean Moody-Williams from the Center for Clinical Standards and Quality for an update from the agency. Jean, over to you.

Jean Moody-Williams: Hey, thanks so much and thanks everyone for joining this call this afternoon. I really do appreciate you taking the time out to come together to have discussions about what you're learning, what you're hearing, get questions answered, and share best practices as well as what's not working.

We want to know what's working, what's not, and how we can work together for purposes of improvement. I wanted to, along those lines, note that as we continue to watch the case loads across the country and we see certain areas that have been designated as hotspots, we want to be proactive and we want to ensure as we look at the data that we can at least curb the transmission, if not, get ahead of it.

We've asked our ESRD network to do focused efforts on targeted response to COVID. They're using database assessments of COVID outbreaks and hotspots. They're providing technical assistance to dialysis facilities with

increased cases or as I said, facilities in hotspot areas. And we are – we've changed their focus in many instances because of the importance of this.

And so when they reach out to you, again, it's been based on data. We're asking that you work with them. And they kind of help us understand what's going on in the field. But most of all, they're there to support you and your efforts, as well as to inform us so that you can get the resources that you need, are ready.

And as we get more qualitative and quantitative data, we'll be able to come back to you with what we're learning and some of the things that seem to be most effective. Some of the best practices gathered so far center around telehealth for virtual nephrologist visits and using weekly or monthly infection control audits and increased surface disinfection of high touch areas.

There's been quite a bit of pre-screening of our patients via a call ahead culture. And also special procedures for nursing home patients including cohorting at dialysis units using communication forms and screening before transport to dialysis.

We've had a couple of calls with both nursing home and dialysis facilities to see how we can coordinate and work together more closely as we provide care for the residents and the patients that are dependent on receiving dialysis care and that are most important as we plan our policy work and any actions that we want to take.

Along those lines, we are very honored I should say, to have with us today Ms. Laura Novi who's from Bellevue, Nebraska. She is the mother of two boys, Zabian 19 and Zion 12. Laura has been an in-center hemodialysis patient for four years now. Prior to in-center dialysis, she had a transplant that lasted 18 months, but it failed and had to be removed.

She did peritoneal dialysis for seven years before receiving the transplant. She volunteers for the ESRD Network 12 patient advocacy committee and we certainly do appreciate that volunteer work.

And she can certainly speak to the importance of working with the network when she works with our Coordinating Center in our Patient and Family Engagement Learning and Action Network.

And, and so with that, we just want to thank you Laura for joining us and turn to you so you can kind of give us a different perspective on things. Thank you.

Laura Novi: Hello and thank you for that nice introduction. My name is Laura Novi and like she said, I have been doing dialysis in-center for the last four years. I am currently in one of the cohort clinics due to possible COVID exposure.

I actually – I'm very observant. I do lots of handwashing audits at my clinic. So, I pay attention especially at this clinic. And I've noticed just a few little things that myself as well as other clients or other patients have noticed as far as with the cohorting. I appreciate that they separate the clinic is for asymptomatic and symptomatic.

But yet, it's still very scary for some of us patients with a lot of us have anxiety, because we, like myself, I'm negative, but I'm scared that I could catch it in the clinic because I'm still around others that are symptomatic and they could be positive, I'm not sure.

And I've noticed as well like with PPE. I know that there is a shortage. I know that there is also a shortage in staff as well at some clinics, but myself as well as other patients have noticed they only change their gowns between each side of the clinic versus the asymptomatic and the symptomatic.

Whereas some of us patients feel that it should be every patient, like, they could just hang it up on like the IV pole or something to protect the other patients because we don't know if COVID could possibly be on the PPE, then they still spread it.

As well as one of the signs says, in all the clinics that I've seen, it says that we should always wear our face coverings to protect one another and to consider ourselves as being like under the ocean and we wouldn't want to take off our oxygen masks. And we feel that that can be also applied for the staff as well

because a lot of the time they switch out like I said, they go back and forth between the PPEs, but they'll do it right there and in front of everybody.

And we're like, oh, don't breathe on this, kind of aired because it's been implemented that everybody wears face masks. So we're very and rightly concerned that sometimes they have to switch them out, but yet, maybe step away from the treatment floor when you do it, but sometimes they don't do that.

It's just having to deal with COVID at this time and already being an immunosuppressed person, it is extremely stressful. And I get extremely anxious myself because I am a mother of two children, so I still drive. I drive myself to and from dialysis and that's how I was possibly exposed. So, I still have to live. I still have to leave my house. I don't have the luxury of being quarantined like most other people.

And I can't do home dialysis because I've already done that and it's not going to work anymore, but I do appreciate everything that everybody does because they do a lot of good things. I do recognize and I always give praise to the clinics and the staff that do excellent jobs because we appreciate them and I tell them constantly, thank you for helping to keep us alive.

But there's not really too much that I wish that they knew, besides just the fact that try to put yourself in our shoes and we are anxious, you can't get comfortable at all when dealing with other people that could possibly be exposed because that one time you relaxed could be the time that you contaminate somebody else.

Jean Moody-Williams: Thank you, Laura. And how true that it is just – it just takes one time for (inaudible) and we – I really appreciated, number one, that you came and shared your experience with us because it does help us as we go, as I said from a policy perspective, from a frontline perspective as well. You mentioned handwashing audit, could you say a little bit more about how that goes and how it's received?

Laura Novi: Yes. Well, like I said, I have been to more than one clinic and I've done it at more than one clinic. And those clinic – I'm sorry – those clinics, they give

me the printout and it will go person to person. I don't put anybody's names down, I just distinguish whether or not it's a nurse, a tech, and dietitian, whoever it is.

And basically, do they wash their hands in between each patient? Do they sanitize in between each patient? Right now with COVID, it's a little bit different because one thing that I kind – me personally I've noticed is that even though we are still do our right to privacy, we still don't get that six feet distance when we get – when sometimes the dietician or the social worker will come up to us. They're trying to give us privacy but yet, it's still COVID like give me my six feet even though you have a mask on.

And I'll write that in the comments, but I just note that if – whether if they wash their hands in between, if they sanitize in between, if they're wearing gloves, it gives every option for like, if there's a contact with a patient or if it's just contacting the machine or if they're breaking down the machine, if they're claiming it and how they're disposing of the – when they take down the machine.

So that's how that goes. And then I just turn it into the clinic manager and forwards it on to whoever it needs to go to, down to the network. But if there's any problem, I do put down the person's initials, so that at a later time to be in touch with that person.

Jean Moody-Williams: Right. Yes. No, observation is absolutely important. We find as we are doing our on-site focused infection control surveillance that, as you observe and for purposes of learning, that feedback can be very helpful. So, what you're doing is extremely important.

I'd like to open up to see if there any questions or thoughts or comments from our participants, either for Laura or for CMS. So if we could give instructions for those who might have questions.

Operator: At this time, I would like to remind everyone, in order to ask a question, simply press star then the number one on your telephone keypad. We'll pause for just a moment to compile the Q&A roster.

Jesse Roach: While we're waiting, I have a question. I am Jesse Roach. I am a nephrologist here at CMS and I just wanted to, one, thank you for telling us your experience. But secondly, I wanted to sort of go maybe more into your experience at the COVID unit. Like, if you could just give us some idea of what that's like.

Was it a unit that's very far from where you are? How difficult was it to manage transportation? Do you feel that the transition between that unit and your unit was pretty smooth? Is there anything that you change about that process? I know I gave you four questions instead of one. But just if you want to tell us about your experience, instead of how it was to be in that setting compared to being at your home unit?

Laura Novi: No problem. Well, I actually was possibly exposed about two months ago and that was at a clinic that would, I would say, is about 17 miles away from where I live. So, and I drive myself and it was a little inconvenient, but I was further away and early at 5:00 in the morning, so of course, but I understand.

I don't want to get anybody else infected if I was possibly infected, so I didn't really think too much of it. But being on a fixed income, that's the only problem that I ended up. I'm on a strict budget because I am on disability. I'm no longer working right now because I was trying to work but because of COVID, I just had to stop.

But going to that location was harder because I had to budget differently to make sure I had enough gas to get out there. But currently, the clinic that I'm at is centrally located. It's maybe three miles away from my current clinic, so it's not too horrible. But when I go, I go early in the morning, so I'm one of the first people there and they try to stack everybody's appointment so that we're not having to wait in the lobby.

Of course, they screen everybody before they go in, I noticed. They screen each one of us. Now, that is one thing. That's another thing that I did notice. When they hand us our masks in the morning, sometimes they're not wearing gloves, which I feel that they should be because if you're handing me that

mask, I don't know if you washed your hands before you came out here, I don't know if that pen you're writing with has germs and then you touch my mask on the inside part and handed to me.

Like I physically have said, can I get another mask, grab it by the ear loop. So that's one thing I noticed, but other than that, it's great going in. They make sure – the same thing as the other clinics, you get weighed in. They take your temperature to make sure. They ask you all of the qualifying questions and screen us before we go on the treatment floor.

And then of course, they make sure everybody washes their hands before you sit down at your station. And everybody, like I said, is packed up so, I'm the first person in there. So I watch everybody come in, and it's the same process. So they do – they have been doing a good job about that. And the only thing that I would say like I said, is about the PPE.

They only switch it from the asymptomatic versus the symptomatic when some of us feel it should be more than one because there was one gentleman that I felt had symptoms but he was on in asymptomatic side – somebody's coughing and it's just – and you still just feel like oh, germs are in the air, the mask can only cover so much. It's still a scary feeling.

But overall, most people that were there, I noticed were calm. The majority of people went to sleep. I never sleep. I'm always watching and looking and paying attention to my surroundings. But when it was time to go, they did the same thing. They make sure everybody gets off at a separate time so that none of us really have to be around each other.

They have each station separated. So of course, it's like, say one-third capacity, but they try to make sure they are six feet in between all of us. But overall, the cohort clinic is just like the regular clinic. They still do an excellent job besides just those couple little things that we feel probably could be a little different. But like I said, I understand that there's a PPE shortage. They may not have enough staffing things to that nature to that may be why they don't do it that way.

Jesse Roach: OK. And then if you could just tell us where in Nebraska are you? Are you near the city?

Laura Novi: Yes. I am actually in the suburbs of Omaha. So Omaha is one of the high risk. They've been talking about it being one of the new current hotspots, and that's why I feel like they've actually added more questions to the screeners. Before they used to only ask if you had a fever? Have you been around somebody?

But now they ask like, eight or nine questions and they're all about your symptoms. Have you had a headache? Have you felt nauseous? Been around anybody, have you've been exposed? You have COVID. So, they've done a better job of screening. And I think that's why more people are ending up at the cohort clinic because of the possible exposure, because that's how mine was.

I was picked up by someone because my car had broken down. I was with her for a little while and while my car was in the shop. And just while I was sitting in her car waiting, the very next day she wasn't feeling well and got tested and was positive. So the fact that I was with her for that time, made them send me to the cohort unit, which is good. Make sure be safe. I'd rather be safe than sorry.

Jesse Roach: Thanks a lot. We can see if there's any other questions.

Operator: Once again, I would like to remind everyone, in order to ask a question, simply press star then the number one on your telephone.

We have our first audio question from the line of Nathan Muzos from DaVita. Your line is now open. Please ask your question.

Nathan Muzos: Thank you. Hey, Dr. Roach. Just wondered if there was any update on the guidance that we're expecting, that it was still going through the review process.

Jean Moody-Williams: And I don't know. Dr. Roach, if you can answer that. I did ask about that yesterday. So, it is going through the review process, but we do hope to have that really, really shortly. Thank you.

Jesse Roach: I just wanted to make sure you're talking about the guidance for clinics or you're talking about something specifically to DFC? The answer is the same for both.

Nathan Muzos: Yes, specifically around QIP and Five Star.

CMS - Jesse Roach: Yes, we have a document that is in clearance about that, too. This is something that was what Jean was referring to was another documents that we also have in clearance that we're hoping to get released soon.

Nathan Muzos: OK, great. Thank you guys.

Operator: Once again to ask a question, simply press star then the number one on you telephone keypad.

We don't have any questions at this time. Presenters, please continue.

Jean Moody-Williams: Great, thank you so much, everyone, and Alina, I'll turn it back to you.

Alina Czekai: Great. Thanks, Jean, and thanks everyone for joining our call today. If you have any questions, you can continue to submit them to our COVID-19 e-mail box, which is COVID-19@cms.hhs.gov.

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

Operator: That concludes today's conference call. Thank you for your participation and you may now disconnect. Have a great afternoon and stay safe, everyone.

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