

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

WEDNESDAY, MAY 5, 2021
4:00 PM ET

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 8
Network 9
Network 10
Network 11
Network 12
Network 13
Network 14
Network 16 / 18
Kelly Mayo, ESRD NCC
Guest Presenter: **Eric Weinhandl, PhD**, MS
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 Brahmabhatt – QSOG, CMS
Ed Huff
Steven Preston
Lisa Rees
Johannes Hutaaruk
Sherri Morgan-Johnson
Jennifer Milby
Filita Long
Daniel Thompson
Christina Goetee

The call convened at 4:01 pm ET, Dr. Atkinson welcomed attendees. He noted recent data shows more than 100 million adults in the U.S. are fully vaccinated and the 7-day rolling average of positive COVID cases is less than 60,000, the lowest since Oct 2020. However, the number of vaccines administered per day has declined from over 3 million to less than 2.5 million. The Networks and Forum continue their work to advocate and encourage the kidney community to receive the vaccine.

Dr. Atkinson welcomed Dr. Weinhandl and encouraged attendees to follow him on Twitter at:

https://twitter.com/eric_weinhandl

Guest Presentation:

Eric Weinhandl, PhD, MS, Senior Epidemiologist, U.S. Renal Data System Coordinating Center, Mpls, MN

<https://adr.usrds.org/2020/covid-19-supplement/1-covid-19-supplement>

<https://jasn.asnjournals.org/content/early/2021/04/07/ASN.2021010009>

Dr. Weinhandl provided an overview of the April 2021 JASN article “Initial Effects of COVID-19 on Patients with ESKD” and an analysis of USRDS claims data available through the 3rd quarter of 2020. More information is available at the USRDS website (link below) and highlights of the presentation are provided below.

<https://adr.usrds.org/2020/covid-19-supplement/1-covid-19-supplement>

- Receiving an inquiry about what relationships are being seen between hospitalizations of dialysis patients compared to the general population: findings show the dialysis rate is 40x higher than general population.
- ESKD Incidence in 2020: significant decline in week 15 of 2020 (late March, April) before increasing again in late April. There was a 20% reduction of patients receiving dialysis or pre-emptive transplant from mid-March to early April. The decline of incidence was most pronounced in the elderly population versus other age groups. The non-Hispanic White population had the largest decline compared to other races and ethnicity.
- Relative ESKD Incidence per Modality: While all modalities saw a decline in incidence in weeks 11-18, Dr. Weinhandl highlighted there was less of a decline in PD starts relative to HD starts.
- Difference in eGFR in Dialysis Initiation: Noticeable decline in eGRF dialysis initiation in weeks 19-22. When calculated on percentage of incidence patients with eGFR at 10, the percentage is up 1.74 to 2.31 in weeks 15-36. These changes are seen most pronounced in the very elderly population compared to other age groups, and non-Hispanic Blacks compared to other racial/ethnicity group.
- Change in % of Incident patients on HD with a catheter for vascular access: Was up 3.34 % points weeks 15-18 as most would have expected.
- COVID-19 Incidence by KRT Modality and Setting: especially looking at COVID diagnosis of patients receiving hemodialysis in a SNF and patients residing in a SNF and being transported to an in-center hemodialysis facility compared to dialysis patients with no history of SNF connections. Tentative evidence shows that in-center setting versus home setting was associated with risk of transmitting or developing incidence COVID-19 infection. Patients on HD in SNFs peaked higher but came down below patients receiving care in SNF but dialysis in-center. Premature to make definite conclusions of this data without adjustments but deserves additional analysis.

Discussion:

From a provider perspective, Dr. Atkinson shared that during the pandemic and the transition to telehealth it was a bit more challenging to see patients and draw labs which may have contributed to the change in eGFR outcomes, delayed starts and the transition from Stage 4 and 5.

Q, Molony: Being in a nursing home may be a confounder, but your data about being somewhat protected because not they were not being transported to the dialysis facility. Does that take care of the issue of confounding?

A, Weinhandl: To an extent, possibly. Not sure we have enough evidence to say for sure.

Recent COVID-19 Related Articles:

- ❖ “Vexed about Vaccines? Ed Explains” 04/24/2021 <http://www.nephjc.com/news/covid-vaccines-caveats>
- ❖ **Attachment:** ANNA Year Review 2020: includes a summary of the ANNA COVID-19 Surge Support Tool

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

The national total number of COVID positive dialysis patients continues to remain under 1000 and has been around 700 for the past several weeks. Net new cases by state also continues to decrease.

Mr. Brown shared Network 3 and Network 4 Dialysis Patient Vaccination Rates as a sample of what Networks are seeing across the U.S. In Networks 4 and 3, 61% and 58% are fully vaccinated respectively, 14 and 10% are partially vaccinated respectively, 13% and 8% have declined vaccination. Networks continue to collect vaccination data from facilities; about 15% of the Network 3 and 4 patient data is unreported but expected to be received soon.

Dr. Molony shared that Network 14 looks similar with about 60% of patients fully vaccinated and about 13% declining vaccinations.

Ms. Quinn thanked Mr. Brown for the presentation and expressed interest in seeing National data to begin to learn more about best practices and spreading them across the country.

Q, Huff: Is it possible to look at variations of declination in the patient groups?

A, Brown: The data Networks have access to is aggregate data by facility, we know ownership by group which would allow Networks to see rural versus urban.

Q, Cash: Could we overlay this data with the SVI reports in CDC to see data relative to the social determinants of health (i.e. housing, economic by zip code and county)?

A, Brown: Yes, that would be possible.

A, Molony: It may be possible for us to look at ethnicity and social determinants in NW14.

Dr. Atkinson expressed concern for the significant declination rate of dialysis facility staff.

Q, Vinson: Could we look at healthcare worker data next month using the data on the Dialysis Facility Report?

A, Brown: Yes

Dr. Molony recognized the work of the KPAC to help encourage their fellow patients to receive the vaccine, making note that the declination rate in the dialysis population seems to be less than the general population.

2) COVID Testing & Vaccination Priority for Kidney Patients:

Ms. Vinson presented a summary of the weekly positivity rates as of 04/28/2021, using data reported via NHSN. COVID testing continues to decline in the dialysis facility population, the positivity rate as of 4/28 was 32.74. The cumulative national rates in dialysis patients remains about the same at 53.55. The data source for the national positivity rates in the general population stopped reporting data in early March, however, the CDC data tracker reports a cumulative positivity rate for the general population of 8.24% as of May 3rd.

3) Network Observations related to Contract Mods: On behalf of the ESRD Networks, Ms. Vinson and Ms. Avery present observations and comments from the Networks.

- On behalf of the Networks, Ms. Vinson reports that Networks continue to work with facilities to support the weekly reporting of COVID positive patients and vaccination data in NHSN. Some facilities are still facing challenges accessing NHSN, noting that the Help Desk remains back up with calls.
- During a recent call, KCER was asked to clarify how the Networks are to pull vaccination data, so all Networks are doing this the same way. Reporting began today and the Networks look forward to seeing vaccination rates at the national level; it is hoped that CMS will consider asking NCC to develop a national dashboard for this data.

4) Kidney Patient Observations:

Ms. Edward reports patients are excited to be receiving the vaccine and are anxious to be moving back to normal again. She thanked CMS and the Networks for all their work to support and assist patients. Mr. Forfang expressed concern regarding the vaccine efficacy rates being reported in transplant patients. Some KPAC patients are a part of the Johns Hopkins study about this and have expressed similar concerns. Dr. Atkinson shared these concerns and reports the transplant community is aware and working to learn more about the efficacy rates for transplant patients. This may be a question/concern to bring to the FDA and/or CDC when more data is available to provide additional guidance to transplant patients. **ACTION**

5) Transplant Metrics: monitoring transplant performed and waitlist activity

As follow-up to Dr. Forfang's comments above, Dr. Howard referenced a recent JAMA article which reported that the use of the immunosuppressive medication mycophenolate may inhibit the antibody response. He encourages transplant patients to consult their transplant physician about antibody testing to determine the degree of protection.

Referencing UNOS data as of 05/04/2021, Dr. Howard offered the following highlights:

- The total number of adult kidney transplants continues to improve and is ahead of the 2019 rates. The improvement has been driven by continued growth in the DD transplant rate. This is independent of the new OPO final rule which will not take effect for several years and should only serve to further increase the supply of available DD kidneys. The LD rate continues to lag behind prior years. This is a very appropriate area for focus and, of course is part of the metric for the ETC model.
- The waitlist rate has completely rebounded to pre COVID levels (a positive development as this is the main driver of the metric in the ETC model) although a small number of patients on hold remain related to COVID each week. The percent of the waitlist on hold for COVID remains 0.8-1.0%. The percent active on the waitlist remains about 5% less than prior to COVID meaning that the number of non-COVID reasons for being on hold is increased and the percent active on the waitlist is decreased. The data as presented does not allow for an explanation.

The call adjourned at 4:51 pm ET.