



FORUM OF ESRD NETWORKS CMS / EDAC / FORUM LEADERSHIP CALLS DECEMBER 2021 & JANUARY 2022

Background:

The Executive Committee of the National Forum of ESRD networks has had a long-standing tradition of meeting with the leadership of the CMS Division of Kidney Health (DKH) to discuss a variety of topics related to the ESRD Program and activities led by the ESRD Networks. At the onset of the COVID-19 pandemic in the Spring of 2020, CMS/DKH invited Forum and Network leadership to begin meeting more frequently to discuss the concerns being seen in the kidney community and identify ways in which to work together to care for and keep kidney patients safe during the pandemic. The Forum and ESRD Networks are grateful for this ongoing commitment by CMS and the opportunity to work together as the COVID-19 pandemic continues to impact kidney patients and care providers.

Below are notes from 2 calls convened in December 2021 and January 2022. Attendees of these calls include members of the Forum's Executive Committee, Executive Directors from the ESRD Networks, and CMS DKH leadership including Shalon Quinn, Director; Melissa Dorsey, Deputy Director; Todd Johnson, Regional Program Manager; Paul McGann, Chief Medical Officer; CMS Regional Office Staff and Contracting Officers.

CMS / EDAC / Forum Leadership Call: December 13, 2021

Weekly Net Change of COVID Positive Dialysis Patients & Vaccination Trends in the ESRD Population & Dialysis Staff

Mr. Brown provided an update on national COVID positivity rates and vaccination rates as of December 7.

- The weekly net change in the national total number of COVID+ dialysis patients has increased recently with about 868 new positive cases the week of December 7, 2021.
- While the patient vaccination rates remained about the same (73.4%), staff vaccination rates have increased slightly from 67.6% to 75.3%; although there remains overall great variability by Network (from 63.2% - 91.5% for staff and 67.3%-84.0% for patients).
- Data is now available for the COVID boosters with the national average currently at 31.8%, however this data is just newly being collected and may be incomplete. An update will be provided on the next call.

Kidney Patient Observations / Concerns

Ms. Edwards thanked the Networks and community for the care they've provided to kidney patients during this time, acknowledging the KPAC could help encourage the remaining ~25% of patients to get vaccinated.

Mr. Forfang thanked members for their well-wishes during his recent health concerns and provided an update on his recovery. Dr. Molony thanked him for his commitment to leading the KPAC and his investment in this important work. Dr. Quinn shared well-wishes from all CMS staff for continued healing and recovery.

Transplant Metrics

Referencing UNOS data through week 49 of 2021, Dr. Howard provided an overview of the trends:

- The total kidney transplant rate is the highest that it has been, this is driven by the continued growth in the use of DD
- The LD rate continues to lag behind 2019 although is improved from 2020

- The waitlist has rebounded from 2020, however will likely finish the year behind 2019

Dr. Howard also provided follow-up to Dr. Huff's question concerning the approach of transplant centers mandating vaccination for waitlisted patients and prospective LDs. The AST released the follow recommendation on 11/14/2021:

"We recommend SARS-CoV-2 vaccination in individuals ages 5 years and older, including all solid organ transplant (SOT) candidates, recipients, and living donors as well as vaccination of their household members and caregivers to reduce infection risk for these vulnerable patients."

He also shared data recently published in Transplant Infectious Disease.

"COVID-19 Vaccination Timing and Kidney Transplant Waitlist Management: An International Perspective"
<https://onlinelibrary.wiley.com/doi/epdf/10.1111/tid.13763>

Attendees discussed the challenges patients are facing regarding the inconsistencies between transplant centers and the COVID vaccination requirements, noting some standardization or recommendations would be helpful for the patient community. A recommendation was made to consider a best practice be shared through TAQIL regarding this topic.

ACTION: Ms. Edwards offered to bring these concerns to the KPAC to gather patient perspectives and experiences.

Q, Quinn: Are Networks encouraging vaccinations in the transplant community, including patients on the waitlist, as part of their Task Order activities?

A: Networks are encouraging vaccination for all patients regardless of waitlist status and are working with transplant centers to gather information about their policies in the changing environment.

CMS / EDAC / Forum Leadership Call: January 10, 2022

Additional invited attendees to this call included: Kristen Finne, Director, APSR; Brian Rha, MD, MSPH, CDC; and Ana Cecelia Bardossy, MD, CDC

Weekly Net Change of COVID Positive Dialysis Patients & Vaccination Trends in the ESRD Population & Dialysis Staff

Mr. Brown provided an update on national COVID positivity rates and vaccination rates as of January 13:

- The rate of fully vaccinated patients with a booster shot (per 100 patients) is 40.24%, rates vary by Network from 31% to 53%
- The rate of fully vaccinated staff with a booster shot (per 100) is 10.84%, rates vary by Network from <1% - 21%
- The weekly net change in the national total number of COVID+ dialysis patients has dramatically increased since mid-December from less than 1000 to more than 5000 new cases the first week of January 2022. This rate is nearly as high as the highest rate seen on January 20, 2021, with 5757 new cases at that time.
- The weekly net change in the number of COVID+ staff has also dramatically increased, from less than 500 in mid-December to 1785 in early January 2022.

Dr. McGann shared that coordinating mobile vaccination clinics has worked well in the nursing home atmosphere, to increase the vaccination rates in that population. He inquired about whether the challenges of accessing timely testing have affected the increase in positivity rates for both staff and patients.

Through the Technical Assistance work, Networks are hearing that facilities have been able to keep patients in the facilities during this surge as opposed to being hospitalized at a higher rate in previous surges. This may be affecting the positivity rates. Dr. McGann encouraged the use of resources to investigate this.

Mr. Forfang reported that patients are increasingly stressed about what they are hearing on the news and the reports of the high death rates in the dialysis population, they are asking for more transparency with data to help inform them of what the risk levels are in their communities and facilities.

ACTION: Dr. Quinn will follow-up with CDC (who collect and own the data) to talk about whether some data can be shared publicly.

NEW CONCERN: Dialysis Supply Chain & Staffing Shortages

On Friday, January 7, 2022, the Forum sent a survey link to its membership including the Network Executive Directors and Medical Advisory Council (MAC) members, asking them to share the survey with facilities and colleagues in their regions. The purpose of the survey was to collect data about the dialysis supply and staffing shortages being reported in the U.S. By the afternoon of Sunday, January 9, 2022, more than 100 responses were received.

Dr. Henner provided a summary of the findings:

- 121 responses received with representation from all 18 ESRD Networks
- Approximately 65% of dialysis facilities or Networks that responded to the survey reported challenges securing dialysis supplies for in-center program, home program, or both in-center and home.
- Supply Shortages:
 - The most common supplies reported in survey as being short on supply include acid concentrate, bicarbonate, and CRRT fluid. Other supplies reported to be in short supply in certain facilities and areas in US include PD fluid, dialyzers, saline, gloves, gauze, tape, alcohol wipes, needles, syringes, blood tubing, temporary catheters, COVID-19 tests, EMLA cream sodium citrate, and chlorhexidine swabs.
 - Regarding acid concentrate and bicarbonate shortages, most commonly FMC products were mentioned as being in short supply, including Granuflo, Citrasate and other liquid acid concentrates.
 - Several products, including acid concentrate, CRRT fluid and bicarbonate was mentioned to be in critical shortage currently.
 - Areas of US that reported experiencing supply shortages, included “The entire country”, “Across the US”, “Nationwide”, and more specific areas included Texas (all areas) and Louisiana (all areas), Washington State, Oregon, New York State, Mid-Atlantic, Massachusetts, Boston, Providence Rhode Island, California, Ohio, Pennsylvania, Georgia and South Carolina, Virginia, Minnesota, Wisconsin, Missouri, Montana, South Dakota, Illinois, Indiana
- Staffing Shortages:
 - Over 95% of facilities responding to survey reported Nurse shortage and over 84% reported shortage if Technicians. Many also reported shortages of LPNs, Social Workers and Dietitians.
 - The average % of usual RN and Technician staffing reported was about 70%, with several facilities reporting operating at below 70% usual RN and Technician staffing. Several facilities also reported needing to use Traveler RNs or Technicians currently to help with shortage. Other facilities reported they could not obtain any Traveler staff to help.
 - Over 55% of facilities reported they had to alter the number of shifts offered to patients due to staffing issues.

Dr. Quinn thanked the Forum members and ESRD Networks for their work on this activity.

Discussion, Questions and Observations:

Q, Finne: How current are these experiences?

A: The survey asked for “current” experiences. Forum physicians reported they began hearing about these concerns in the first few days of 2022.

C: Some dialysis organizations have begun sending messages to their facilities to adjust dialysate flows to conserve current supplies.

Q, Finne: Is there a way to identify the specific products and manufacturers that are most affected so we can target the ASPR response to assist facilities?

ACTION: The Forum will send a follow-up survey to those you responded as experiencing supply shortages to gather information about specific products and manufacturers.

Q, Finne: Are you hearing if there is a lot of chasing distributors, i.e. going from one distributor to another to find supplies?

A: Unsure, seems to be a wide-spread issue.

Q, Finne: We know there have been driver/transportation challenges at different times across the country. Are the shortages possibly due to shortages of drivers and transportation issues, meaning the product is available but not able to be transported?

C: Did not ask that question but we suspect it’s due primarily to shortages of supplies and less (although still an issue) to transportation.

C: Network 14 is experiencing both supply and transportation issues. DaVita reports using their own staff to drive U-Haul trucks to secure supplies and are being turned away because of lack of supply.

C: Mr. Forfang shared that when facilities were experiencing shortages during the first surges, he spoke with the VPs of Procurement within the LDOs to ask for assistance. This may be a contact which can provide more information to CMS and ASPR.

C: Mr. Forfang asked CMS to consider developing a task force including representation from all organizations to begin working together to address these concerns more efficiently to ensure safe and quality care for patients.

C: A recommendation was made to convene an emergency call of KCER to discuss the supply shortage issues and gather more details about the types of supplies affected.

Q: Are any of these dialysis supplies included in the national stockpile?

A, Finne: No, not currently.

Q, Finne: Was there mention of water shortages? Are the CRRT supply shortages being seen in the hospitals? Are the shortages primarily fluids or other supplies such as PPE?

A, Henner: Yes, CRRT supply shortages are in the hospital setting. Primarily fluid shortages but the responses did also include PPE.

Forum physician leaders provided specific details about the types of fluids used in dialysis facility and the manufacturers.

Q, Finne: What is the current length of supply (i.e. days or weeks of supplies currently available)? What is the optimal number days of supplies?

A: The survey did not ask that question and likely varies across the country. Some have reported having only a few days of supplies available.

Ms. Edwards shared that many patients report they are unable to be tested in a timely manner due to the shortage of testing supplies. Patients are nervous about being in the dialysis facilities because they don’t know if they have COVID or if someone next to them has COVID. Patients who are boosted are getting infected. N95 masks aren’t available to patients but would help ease some of the concern if patients can’t be separated in the facility and tested in a timely manner.

Transplant Metrics

Due to time constraints, Dr. Howard was not able to present current transplant data, but slides were shared with attendees following the call.

Observations & Next Steps

Dr. Quinn thanked Forum members and ESRD Networks for their work in collecting the survey data.

Dr. Henner will send a summary of the first survey to Dr. Quinn and will follow-up with data from the second survey collecting information about specific supplies and manufacturers.

Q: Is KCER collecting data on staffing or just supplies?

A, Quinn: Just supplies.

Q, Vinson: Is there any actions Networks can take to address this and what do we do?

A, Finne: Granular information will help us focus our attention and services. We have direct communication with manufactures but need to understand which specific products are being affected.

Q: The national guard is helping in nursing homes, is this an option for dialysis facilities?

A, McGann: Possibly but it won't address the supply issues. They could assist with cohorting plans and transportation to a higher level of care. This would be organized at a state level not national level.