



FORUM OF ESRD NETWORKS CMS / EDAC / FORUM LEADERSHIP CALLS APRIL & JUNE 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 two calls convened in April and June 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, PhD, Director; Melissa Dorsey, Deputy Director; Mitzi Christ, Regional Program Manager; Paul McGann, Chief Medical Officer; CMS Regional Office Staff and Contracting Officers.

CMS / EDAC / Forum Leadership Call: April 25, 2022

Additional invited attendees to this call included: Bridget Pfaff, Megan Meller, Arick Sabin, and Paraic Kenny of Gunderson Health.

"SARS-CoV-2 in ESRD Facilities: Infection Control and Immunization" Presentation and Q&A

Dr. Henner introduced Bridget Pfaff and Megan Meller from Gunderson Health. The team originally presented to the group about sequencing genes on COVID variants they were able to isolate. They presented on today's call with follow up and lessons learned, specifically regarding infection control and vaccinations.

During the COVID outbreak, there was a total of 14 cases (10 patients, 1 support person, 3 staff). Vaccine effectiveness was 91% among patients and 85% among staff. In total, 6 patients were hospitalized with 1 patient (unvaccinated) passing away. Interventions included:

- Cohorting – turned 1 of 3 pods with a door to the outside (bypassing waiting room) into a cohort treatment area.
- PPE – different color to easily identify
- Screening protocol – did not change screening protocol but be more probing with questioning
- Education – continuously re-layered education around masking, vaccination, etc.
- Vaccination – continuously encouraged importance of vaccination for patients and staff
- Ventilation – worked to increase air exchanges in facility from 3.8 per hour to 6.3.

In summary, infection control, including ventilation, and immunization are powerful tools to halt outbreaks.

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

Mr. Brown presented the COVID data. Rates of patient and staff vaccination have remained relatively stagnant. In terms of case counts, numbers remain low but there has been a slight uptick, particularly in New England, which could be indicative of the next wave.

Dialysis Staffing and Supply Chain Shortages – Updates & Discussion

Per Dr. Henner, we are still seeing staffing shortages though maybe has improved a bit. Supply shortages seem to be improving as well. Per Dr. Quinn, shortages should be resolved by the end of April or early May. The problem has been primarily logistical, with staffing issues on the transportation end, vs. a true supply production issue.

CMS / EDAC / Forum Leadership Call: June 13, 2022

Dialysis Staffing and Supply Chain Shortages – Updates & Discussion

Dr. Henner asked if CMS had any updates on the supply chain shortages. Per Dr. Quinn, supply chain issues seem to be untangling. Per Dr. Molony, there are hiccups every now and then, but issues are resolving more quickly. However, citrate is in short supply. Dr. Quinn noted this and will check with Kristen Finne (ASPR) on this issue.

Staffing issues, however, remain problematic. Dr. Molony noted that there are still a lot of temporary staff (technicians and nurses in short supply) in the facilities. In the last three months, there have been 15 days on which patients haven't received their full treatment in his clinic. This may impact hospitalizations and ER visits. Ms. Hutchinson, Mr. Brown, and Ms. Vinson all shared that clinics in their Networks have had to close due to staffing shortage. Per Dr. Molony, more facilities are denying new patients so they are sitting in the hospitals for longer periods of time. How does this all impact staff's ability to do other things like administrative work or meeting Network goals?

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

Per Mr. Brown, there have been difficulties getting data since NHSN changed its file specs; Networks are unable to download data therefore there are no data to present. Ms. Rees will see what she can do with the CDC. Mr. Brown will send her an example of the issue so she can take it to CDC.

Observations from the ESRD Networks

Ms. Vinson noted a stall in COVID vaccination progression in patient population. At this point she believes we have reached all patients who are going to get vaccinated. Unless there are mandates, we're not going to get any more vaccinated. Per Dr. Henner, many patients are not comfortable going to local pharmacy for vaccination so facilities offering boosters was very helpful. Dr. Molony noted that this is being impacted in part by dialysis facilities now referring patients to other sites for vaccinations. Getting it back into facilities will increase the rate of acceptance. Per Ms. Vinson, LDOs have said there is so much paperwork and logistics involved, and they are short staffed so vaccinations are just one more thing they have to coordinate. It's easier to refer patients to their local pharmacy. Dr. Henner noted that transportation is also a challenge for patients to get to the pharmacy for the vaccine. Ms. Rees asked if the Networks have considered working with the LDOs to designate a vaccination day whereby they can vaccinate a large number of patients on one day. The KPAC/Forum could be useful in getting this campaign together. Per Ms. Cash, this speaks to the value of the collaborative calls with the LDOs where these issues could be discussed. Ms. Vinson suggested this issue be discussed on the next KCER call. Dr. Quinn also recommended speaking with the QIOs about best practices as they have similar directives.