

Centers for Medicare & Medicaid Services
COVID-19 Call with Dialysis Providers
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OPERATOR: This is Conference #8481378

Alina Czekai: Good afternoon. Thank you for joining our July 8th CMS COVID-19 Call with nephrologists, dialysis providers, and others who care for patients living with renal disease. 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 as well as providers in the field who have offered to share best practices and insights with you all. I'm pleased to introduce my colleague, Dr. Jesse Roach, a nephrologist and medical officer at CMS in the Center for Clinical Standards and Quality for an update from the agency. Dr. Roach over to you.

Jesse Roach: Thank you, Alina. Welcome everyone and thanks for joining us today. We know that you're all working incredibly hard to combat the spread of COVID-19 within your communities. We appreciate all of your efforts thus far to help keep our patients safe while continuing to passionately care for those who still rely on each of you.

So, just a couple of updates before we get to the speakers that we have. As a reminder, we posted FAQs focused on extraordinary circumstances exception for the ESRD Quality Incentive Program, which you can find on the CMS Coronavirus emergency page.

Also on July 6, 2020, CMS issued a proposed rule that proposes to update payment policies and rates under the ESRD prospective payment system for renal dialysis services furnished to beneficiaries on or after January 1, 2021.

So, we are going to have a couple of speakers to discuss an overview of that role one today and then one on our next call where we're focused on payment, but today we're going to focus on some of the other policy aspects in the

quality reporting aspects of the rule. Therefore, I'm happy to turn the call over to my colleague Delia Houseal who is the ESRD QIP program lead to provide a high level overview of the proposed rule.

Delia Houseal: Thank you, Jesse, and Good evening, everyone. As Jesse mentioned, my name is Dr. Delia Houseal and I'm the program and policy lead for ESRD QIP. I wanted to provide a quick overview of some of our proposals in this year's calendar year proposed rules. The first one is that we are proposing to update the scoring methodology for the ultra-filtration rate reporting measure.

With this update, we're looking to score facilities based on the number of eligible patient's month as opposed to facility month. We believe that this proposed methodology aligns with our policy to re-evaluate our reporting measures for opportunities to more closely align then NQS endorsed measure set. And we also believe that this update focuses more on outcome safe measures.

Our other proposal in this year's proposed rules, we're also looking to update our National Healthcare Safety Network validation study. Here we're looking to -- we're proposing to reduce the number of required records from 20 records across each of the first two quarters for a total of 40 records. So 20 records across any two quarters.

And so we believe that this proposal minimizes facility burden while still ensuring the integrity and reliability of our NHSN validation study. So those are two major proposals that we are including in this calendar year's proposed rule. We encourage all of you to review those rules and provide comments and feedback.

As a reminder, the rules will be on display for 60 calendar days to allow the public to respond. So please visit the federal register and provide updates and comments. And that's all for me, Jesse.

Jess Roach: OK, thank you very much, Delia. So, we are going to go straight to our guest speaker and we'll have an opportunity to ask any questions about the rule at the end of today's guest speaker.

So, it's my pleasure to welcome our guest speaker today, Dr. Shannon Novosad, is the lead of the dialysis safety team within the division of healthcare quality promotion at the Centers for Disease Control and Prevention and she's going to talk to us about experience with COVID in dialysis units.

Shannon Novosad: Hi, everyone. Thanks so much for having me today. They said I'm Shannon Novosad from the CDC. I work on the dialysis safety team there. And for the last several months, our team has been pretty entrenched in working on COVID, particularly surrounding infection control and prevention recommendations for outpatient dialysis facilities.

And so I was just going to share a little bit today kind of walk through some high level points from our guidance and then emphasize things that I think we need to kind of continue to think about as the pandemic continues. So really kind of starting -- kind of mentioning where we started in terms of thinking through dialysis and then kind of ending at where we're at now.

I think in general, it's important to review this periodically, even though the information I'm going to share is probably stuff that many of you are very familiar with and have reviewed before, but I think it's easy to forget some of these things and to become a little lax, but giving ongoing cases and surges of COVID, again, I think periodically reviewing and kind of thinking through how your facilities or you as a provider are addressing these specific issues and how maybe some of those strategies could be altered or improved based on experiences from others.

So, I think, again important to remember that we have both dialysis specific guidance that's available on our website, as well as infection prevention and control guidance that covers all healthcare settings. And I say that just because I know a lot of people go straight to the dialysis specific guidance and don't always review the guidance that covers all healthcare settings.

But the dialysis guidance is really meant to supplement that guidance for all healthcare settings and to clarify and point out specific issues that are unique to dialysis. But it's not really meant to replace that overall guidance.

So there is definitely stuff in kind of the bigger guidance document that's not covered in the dialysis document. So again, I think it's good to kind of compare both of the documents.

Some high level areas that are particularly important for all healthcare settings, but definitely for dialysis facilities include the screening and triage of patients. So again, really critical that facilities identify patients with fever or other symptoms consistent with COVID-19 before they enter the treatment area. And if you've seen our guidance, you know that it's a little bit general and we keep it that way on purpose because we know every dialysis facility is a little bit different.

And that screening and triage may not be able to happen the exact same way at every facility, but the principle should be the same. And again, it's really being able to identify the patients before they enter the treatment area. And so it can involve kind of a number of different mechanisms. And we really encourage the facilities to have more than one in place because it's very easy for patients to forget to report them kind of at one step.

So I think they're being asked multiple times or reminded multiple times, it's really key and actually getting them identified. So, it could involve instructing patients to call ahead or text reminders for them to report symptoms and then kind of kind of immediately on arrival at the facility or outside the facility asking again, and then obviously asking again once they're back in the treatment area so that appropriate patient placement can be made.

And then in terms of patient placement, again, really emphasizing for all patients social distancing. So, ideally maintaining a distance of at least six feet from all other persons whenever possible. This includes outside the facility in the waiting space and back in the treatment area. However, it may not always be possible for all patients to be separated six feet during a particular treatment session.

So, our recommendations do really hone in again on the spacing for patients with suspected or confirmed COVID-19. So again, for those patients it's really critical to make sure that they are at least six feet separated at all times.

And so, again, we offer a number of ways to do this in our guidance. We don't say that there's one right way to do this because at every dialysis facility again, it might be a little different and may differ depending on the number of patients with suspected or confirmed COVID-19.

But possibilities include using the hepatitis B isolation rooms, if there's no current Hepatitis B patients using those rooms, using kind of an end of the row corner station or in a certain pod for suspected or confirmed COVID-19 patient. And then as many facilities are doing, designating certain shifts or perhaps facilities for these patients.

The next kind of big chunk of the guidance is the PPE for healthcare personnel. And so you guys are probably all very familiar with this too, but again, discusses the PPE that healthcare personnel that are caring for patients with suspected or confirmed COVID-19 should wear and includes an N95 or higher level respirator or a face mask if a respirator is not available, eye protection, gloves, isolation gown and gives a lot more detail kind of into actually defining what is appropriate eye protection and how to think about the isolation gowns in terms of the cover gowns that are normally worn by dialysis personnel.

And then finally, the other big bucket that's in our dialysis guidance is the environmental cleaning section. I think, again, to emphasize that the current procedures for routine cleaning and disinfection are appropriate for patients with COVID-19, but it's just really important to remain vigilant about infection and to make sure that the product that's being used for surface disinfection is active against SARS-CoV-2.

And so, again, refers facilities and providers to the EPA list in which I know has been updated several times, but you always can check that one for the product.

There's lots of bleach products and other products that are commonly used in dialysis facilities on that list, but it's always a good idea to make sure that you've checked it and to make sure that you're actually following the manufacturer's instructions that are specific to that product and not to assume

that whatever dilution that you can use standardly is the way that the product is actually designed to be used against SARS-CoV-2.

So again, this is just a really high level overview, but just kind of point out the things that we've told facilities many times. You've probably heard from many others, but I think it's important to keep emphasizing with staff as this pandemic goes on because again, we need to kind of stay vigilant to continue doing the things that we know really works to prevent the spread of COVID.

And while -- the things that I've mentioned have been kind of long standing in the guidance, there have been changes or additions to the guidance, both the dialysis guidance and kind of the overall healthcare facility guidance as well.

And this has happened when new data has come forward. So just a couple of examples are the universal source control that was added to the guidance really based on information coming forward, showing that there is a role for asymptomatic transmission or kind of pre-symptomatic transmission.

And so really encouraging that everyone in the general public wears a cloth face covering whenever they leave their home. And that by natural extension would mean they're in a healthcare facility, such as a dialysis facility.

So, that update was made there and then important information and caveats on that include kind of differentiating cloth face coverings, from face mask or respirators and that cloth face coverings are not considered PPE and should not be substituted for PPE when healthcare personnel need PPE.

And then the other change that I was going to highlight and this is one I don't know that as many people have been talking about, is the universal eye protection. This change was made more recently, but this is for health care personnel working in facilities that are located in areas with moderate to substantial community transmission. And this discusses wearing eye protection in addition to their face mask to ensure that the eyes, nose and mouth are protected at all times.

And it's really kind of based on the fact that when you're in an area with moderate to substantial community transmission, you are kind of more likely

just to encounter asymptomatic or pre-symptomatic patients, kind of in your daily routine.

And that for healthcare personnel working in areas with minimal to no community transmission, the universal eye protection could be more optional. That was a more recent change that was made so I wanted to highlight that one as well.

But I think that's already said, so despite these changes and others that I didn't mention, it's again, important to remember that many of the core components of what I mentioned when I first started speaking have really remained the same and that we need to continue to implement and educate both patients and staff on the importance of adherence to these.

And then a few other topics I think, are important to think about, I think probably your approach to them has evolved through the pandemic and will probably continue to evolve as we move forward. But I think are particularly important for dialysis facilities, because you guys are really likely to be primary care providers and maybe one of the only places patients are frequently going to outside of – while they are socially isolating in their homes.

So really, you're almost a front line for many patients in terms of thinking about these things. So the first is testing. So as you know, early in the pandemic access to testing was an obstacle for many places including dialysis facilities and may still be associated with some logistical issues depending on where you're located and if you have staff that are able to do testing in the facility.

But I think it's really important to remain vigilant for patients that do need to be tested, and it may seem obvious, but I'll just go ahead and say it anyway, that's really important that any symptomatic patients are getting tested and to think through kind of how you're actually screening and triaging patients.

The list of symptoms has expanded over time and dialysis patients may not present with typical symptoms, so really the threshold for testing them should be low. And in addition, testing is recommended for close contacts if

confirmed or probable COVID-19 patients. And this includes testing for both staff and patients.

And so you have to kind of think through and make sure this could be exposures that happened in the dialysis clinic, but also could be community exposures as well. And again, this may happen to contact tracing through health departments and others, but I do think, think as a dialysis provider again, you might be kind of the front line for this patient.

And so thinking through if you -- the processes that you have in place are kind of able to think through these for the patient as well to make sure they're getting the testing that they need.

And then when a positive case is identified, it's also important to make sure that you have a process in place to notify health departments about suspected or confirmed cases as well. And that you can establish planning consulting with them, kind of for how the exposures can be investigated and managed and how contact tracing will be performed.

And so this plan should include who is responsible for identifying contacts and notifying potentially exposed individuals, how these notifications are going to concur and what actions and follow up are recommended for those who are exposed. And so again, this may not be the primary responsibility of a dialysis clinic if the health department is involved.

But I think, again, given how integral you are to the patient's care and patient's lives, it's important to make sure you have a process in place to work with local health, public health authorities to make sure that contact tracing is happening.

And then finally, more states are opening up and more patients may be going out and about in the community, but we know that COVID-19 is continuing to spread and still a big danger to dialysis patients and staff on the front lines.

And so you as providers and facilities really play a key role in educating patients and that this is really an ongoing process, not a one-time thing and

that we should all be striving to create forums for open dialogue, make sure patients are getting the best possible information from reliable sources.

So, I think thinking through how you can create kind of an environment that encourages patients to ask questions. And even though as I did when I first started speaking, maybe communicating information that you've heard many times before, but I think it's kind of critical that we continue to do this over time because we're all human and we all will start to feel like we don't have to do some of the things that we might have been doing a few weeks ago.

Because it starts feeling very routine, but I think we just all need to help each other and kind of remind each other of this kind of throughout this time. And so there are some resources on the CDC website that you can use for patient education as well. But I encourage you to let us know, feel free to reach out to us at CDC or the dialysis coalition and we can also help with any of these education efforts as well. And that's it for me.

Jesse Roach: Thank you very much Dr. Novasad. That was very interesting. So now we're going to open it up for questions.

Alina Czekai: Operator, we'll take questions from the line. Thank you.

Operator: Thank you. And at this time as a reminder to ask a question, you will need to press star one on your telephone. Again, to ask a question, you will need to press star one on your telephone keypad. We have one question on the queue mail from the line of Nathan Newsource. Your line is now open.

Nathan Newsource: Thank you Dr. Roach. A couple of quick questions about the QIP and five star guidance. So back in May, you had mentioned that we should expect additional guidance. Is CMS considering the FAQ update that additional guidance or is there still more to come?

Jesse Roach: There is still more to come and I apologize but our clearance process in preparing documents takes -- obviously it's a long process and so to get those we have gotten those produced and they're in the clearance process. I don't know exactly when they'll be out but they should be out soon, and then I know I told this before.

I can say that one of our plans for the DFC and the five stars is there's going to be a planned rebase lining of the five stars so it's going to be happening so we're going to do the dry run for that this year, but that's going to be postponed until next year. And we will also be having that.

We'll also be post -- and the star ratings for this year will go on as planned and then because the data is from 2019, which we already have. Further updates and further plans for what's going to happen in 2021 will be in the updated guide, which I hope will be up in the next couple of weeks.

Nathan Newsome: Yes I appreciate that. And then, just one other question because I know we've had, as an industry, conversations with you and others about specifically about pediatric disease. Do you know if that will be covered in the guidance that's going through clearance now or is that going to have to start again?

Jesse Roach: I'll let Dr. Houseal talk about that.

Delia Houseal: Yes, and thanks. We are -- there is another FAQ document that should be polished any day now that will be addressing that guidance.

Jesse Roach: That's different than the one on the stars so you should have expect that one sooner than the one on the stars.

Nathan Newsome: OK. Perfect. Thank you guys so very much. Appreciate the call.

Jesse Roach: Do we have any other questions?

Operator: There are no other question on the queue now. You may continue.

Alina Czekai: Great. Well, if we have no other questions, we can wrap today's call. Thanks everyone for joining us this afternoon and thanks to our speakers today. As always, if you have any questions, you can send them into our COVID mailbox, which is COVID-19@cms.hhs.gov.

Again, we appreciate all that you are doing for dialysis patients and their families around the country as we address COVID-19 as a nation. This concludes today's call. Have a great rest of your evening.

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