

MARYLAND COMMISSION ON KIDNEY DISEASE

THE CONNECTION

VOLUME 20 ISSUE 14 MAY 2022

MESSAGE FROM THE COMMISSION CHAIR ADAM BERLINER, MD

I recently found myself hospitalized with a medical emergency, fortunately a brief one. Coincidentally, I was cared for by a former hemodialysis nurse I knew well; we had worked together in the past for over a decade when she still worked in dialysis. I was immediately comforted by her presence, and I thought of the thousands of dialysis patients who'd been lucky enough to have been under her care at one point or another. I trusted her as my nurse and as my advocate. Her caring instincts and her concern for me both exemplified the very best of nursing. Although this particular nurse no longer works regularly in dialysis, I took solace in remembering the legions of similarly wonderful and committed nurses spread widely across Maryland's ESRD care landscape. Unfortunately, these days it often feels they're spread much too thin.

It is well known that the nationwide nursing shortage during the past two years has profoundly affected the ESRD nursing community, with resultant shortages in dialysis nursing having the unintended but unavoidable downstream effects of reducing the timeliness and availability of acute or chronic dialysis care. Understandably, longer hours and increased patient loads, coupled with the generalized increase in basal stress level during the COVID-19 pandemic, have

led to an exit from the dialysis field for many nurses.

Dialysis nursing vacancies are challenging to fill. ESRD nursing is very specialized, with duties and expertise not able to be rapidly filled in by nurses from other backgrounds. I recently read with great interest "The Nephrology Nursing Shortage: Insights From a Pandemic" which has shined a spotlight on this evolving problem.

The editorial by Boyle et. al. succinctly outlines the factors contributing to nursing losses in dialysis over the course of the COVID-19 pandemic, and discusses several strategies to enrich the retention of current dialysis nurses and recruitment of new nurses.

In terms of retaining nurses, Boyle et al. stress the promotion of a positive work-environment, which includes optimizing work hours to avoid long shifts, feelings of safety and support at work, nurse-to-patient ratios that avoid nursing burnout, and making opportunities available for continuing nursing education.

On the recruitment side, some ideas to boost the number of nurses entering the

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COMMISSION MEETINGS



The Commission on Kidney Disease will meet on the following dates in 2022:

April 28, 2022 (virtual)

July 28, 2022 (virtual)

October 27, 2022

The Commission meets at the Department of Health,

4201 Patterson Avenue
Baltimore, MD 21215.
The Open Session of the meeting begins at 2:00pm and is open to the public. For further information regarding these meetings, please contact the Commission office at (410) 764 - 4799.

COMMISSION NEWS

CITATION FREE SURVEYS

The Commission is commanding a record number of facilities for achieving citation free surveys:

- ◆ Davita Kidney Home Downtown
- ◆ FMC Cross Keys
- ◆ FMC Franklin Square Home
- ◆ Davita Greenbelt Home Training
- ◆ ARA Salisbury
- ◆ USRC Prince Frederick
- ◆ Davita Deer Creek
- ◆ FMC Merritt
- ◆ Davita Briggs Chaney
- ◆ IDF Chestnut

It is an achievable goal, and should be the goal of each facility.



QUALITY INSIGHTS

In recognition of Kidney Awareness Month, Quality Insights Renal Network 5 offers the following resources for facilities to use and share with patients:

- ◆ **Behavioral Health and Treatment Resources:** <https://www.qirn5.org/Files/Projects/Behavioral-Health/BHMH-Resource-List.aspx>
- ◆ **Finding the Words resource to help patients express their feelings without stigmatization:** (English) https://www.qirn5.org/Files/Projects/Behavioral-Health/Mindful-Pathways-Finding-the-Words_ENG_508.aspx; (Spanish) https://www.qirn5.org/Files/Projects/Behavioral-Health/Mindful-Pathways-Finding-the-Words_SPANISH_508.aspx
- ◆ **Patient Voices audio recording of patient stories:** (Home) www.qualityinsights.org/home-dialysis-voices; (Transplant) www.qualityinsights.org/transplant-voices
- ◆ **My Dialysis Plan care planning tools and resources developed by UNC Kidney Center for patients and providers, available in English and Spanish:** <https://unckidneycenter.org/kidneyhealthlibrary/my-dialysis-plan/>
- ◆ **Peer to Peer Support resources:** (for patients interested in mentoring others) www.qirn5.org/Files/Patients-Families/2021/05pmgenericinvitationflyer508.aspx; (for patients interested in having a mentor) www.qirn5.org/Files/Patients-Families/2021/FinalMenteeMenteeSKnow508.aspx

NEWLY CERTIFIED FACILITIES:

- ◆ FMC Lexington Park
- ◆ FMC Waldorf West

These facilities have been certified and are in good standing.

COMMISSION WEBSITE

health.maryland.gov/mdckd

Find the latest Commission information: meeting minutes, meeting dates, new facility information, complaint forms, regulations, Governor's report and past and current newsletters.

MESSAGE FROM THE COMMISSION CHAIR

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dialysis field include enhanced partnerships between nursing schools and dialysis providers to allow for more clinical exposure to dialysis during nursing school, “nurse residency programs,” and employee-sponsored loan forgiveness programs (similar to programs already sponsored for nurses employed in government or non-profit agencies).

The COVID-19 pandemic has presented a variety of challenges to the provision of chronic hemodialysis care, including the need to rapidly cohort and re-assign patients, adoption of strict screening protocols to minimize viral spread within clinics, the rationing of dialysis materials and fluids, and enhanced utilization of telemedicine capabilities. The pandemic has exposed these and other vulnerabilities within the ESRD care system, and to varying degrees the solutions have been extraordinary and should be applauded. Unfortunately, deficits in nursing needs are projected to keep climbing, with one projection of a national deficit of over 900,000 nurses in the US by 2030. Data from the US Renal Data System estimates an annual 5-7% deficit in registered nurse positions at outpatient dialysis clinics since 2004.

Although the nephrology nursing shortage existed prior to the COVID-19 pandemic, the pandemic has further intensified the strain on the dialysis nursing community. As Boyle and colleagues write, “...the most vulnerable resource for delivering lifesaving care for kidney patients [is] the expertise of a nephrology nurse.” This must never be forgotten, and should spur ongoing innovation within the nursing and dialysis worlds to ensure the viability of a robust and content dialysis nursing community for decades to come.

-Adam Berliner MD

Reference: Boyle SM, Washington R, McCann P, Koul S, McLarney B, and Gadegbeku, CA. “The Nephrology Nursing Shortage: Insights From a Pandemic.” AJKD Vol 79 | Iss 1 | January 2022.

KIDNEY DISEASE PROGRAM: FISCAL YEAR 2021 ACCOMPLISHMENTS

The Kidney Disease Program (KDP) enhanced the Program's website with information and updates relative to the Program. The address of this website is: <https://mmcp.health.maryland.gov/familyplanning/Pages/kidneydisease.aspx> This website includes helpful information, such as: KDP notices of updates/changes, information resources, web links, phone numbers, e-mail address for questions about KDP, billing instructions, KDP COMAR regulations and the KDP drug formulary. This website will undergo continuing development in an effort to provide the renal community with the most up to date information available with regard to the Kidney Disease Program. The KDP Brochure has also been updated. The brochure may be viewed at <https://mmcp.health.maryland.gov/familyplanning/Documents/KDP.pdf> Enhancements and system developments to the KDP electronic claims management system (eCMS) and the Conduent pharmacy point-of-sale system (POS) continue in an effort to provide more efficient and timelier processing of claims. These systems continue to allow KDP to accept and return HIPAA compliant transactions from Medicare trading partners and all participating providers.

ESRD providers of service continue to be granted access to the KDP Portal. User agreements must be submitted online through the updated portal. Approval of user agreements has improved to a 48 hour or less processing window. To gain access to the current KDP Provider Portal, users must utilize their user name and password to log into www.mdeclaims.health.maryland.gov. The KDP portal allows providers to verify claims' status and view detailed payment information, which includes, check numbers, check dates and voucher numbers. This information assists providers in maintaining an accurate and up to date accounts receivable system and minimizes duplicate billing. In addition, providers of service may access up to date eligibility information for all ESRD patients certified with the Kidney Disease Program of MD.

The Kidney Disease Program is successfully transmitting a KDP recipient eligibility file, resource file and a COB Connect document to HMS (Health Management Services) on a monthly basis in an effort to gather patients' third-party insurance information to maximize collection efforts, update the KDP eligibility file with accurate TPL information and ensure that KDP is the payer of last resort. KDP is working with HMS under a new contract, in an effort to continue maximizing the State's collection efforts and ensure cost effectiveness among all MDH programs.

KDP continues to work with Enovational Corporation to implement a new workflow automation system using the Salesforce platform. This platform will include a Patient Enrollment and Case Management system, Recovery and Recoulement Module, Premium Management system, Online

Patient Portal and additional functionalities.

KDP, along with MD Medicaid, BCCDT and MADAP, has secured a new contract with Conduent for a pharmacy point-of-sale electronic claims management system (POSECMS). This system will provide system updates and add compliance to the already existing pharmacy point-of-sale claims processing system.

KDP, along with BCCDT and CMS, contracts with Santheon, the current KDP electronic claims processing (eCMS) vendor, to continue the KDP claims functioning processes, financial payments and recoveries, in addition to reporting requirements. This contract has been extended through FY 2023.

Customer service in the areas of patient certification, accounts payable and accounts receivable continues to improve. KDP personnel strive to assist KDP recipients, in processing applications as quickly and efficiently as possible, adjudicate claims in a timely manner, assist with explaining the calculation and billing of program participation fees, and provide guidance to members of the renal community to assist them in receiving the most accurate information possible. Training sessions have been held with Free Standing Dialysis Unit (FSDU) social workers and Senior Health Insurance Program (SHIP) personnel in an effort to educate the ESRD personnel and community in the KDP patient certification process, advise those personnel of KDP, Medicare and Medicaid regulations, and address frequent problems and concerns occurring with those processes.

PROJECTIONS FOR THE KIDNEY DISEASE PROGRAM

The Kidney Disease Program continues to work with our contractors, Santheon, HMS, Conduent and Enovational, in addition to data processing analysts and programmers, to ensure compliance with State and Federal mandated requirements. The Kidney Disease Program will strive to deliver the best services possible to ensure that each KDP recipient continues to receive quality medical care and efficient customer service from KDP staff.

KDP will continue to work with its colleagues in defining the best possible route to obtaining and developing a new KDP electronic claims processing system and completing the development of the Patient Enrollment, Case Management and Premium Management systems. In addition, the Kidney Disease Program will continue to work with the Commission on Kidney Disease to provide quality service and education to end stage renal disease (ESRD) patients in the State of Maryland and ESRD community.

Promoting Patient Engagement on Dialysis

Innovations in the dialysis unit that promote patient involvement are critical to patients' wellbeing, and in turn, success as dialysis patients. I remember while growing up the whole family would sit around the TV yelling out answers to Jeopardy questions in a friendly but competitive manner! Since then, the format of Jeopardy has long been a favorite for team building exercises, and we found that we could apply this method in a dialysis facility as well. Consequently, World Kidney Day, March 10, 2022 was the perfect day to engage our unit. So the staff at IDF Chestnut Square Dialysis Unit in Hampden set out to challenge our patients to learn more about chronic kidney disease and dialysis.

In order to foster equity among the participants and to bolster the shyer and more detached patients, we created a lobby board, with handouts, about which the Jeopardy questions would be drawn. The patients were given two weeks' notice to prepare. Everyone had the opportunity to play. We divided the unit into two teams geographically and supplied whistles instead of buzzers (assuring a 6-foot separation between players). Our primary concern was to dissuade people from raising their access hands and disrupting cannulation sites. During each shift, our announcer posed the statements over the speaker system, and patients chimed in when they knew the answer.



While some patients were much more energetic and engaged than others, as time elapsed and scores accumulated, the competition became more spirited. Ultimately, everyone was working together to

achieve the win for their team. We selected "categories" aimed at reinforcing knowledge about kidney disease. We included topics like the National Kidney Foundation, preferred foods to boost protein levels, routine ways to achieve treatment goals, vaccine benefits, and important historical dates in the domain of renal replacement therapies. One of the patients even knew more than I did about the first human kidney transplant and was more than willing to share that! Our goals were to facilitate team building between "contestants", have them pool their knowledge, and practice their negotiation and persuasion skills. I'm delighted to say that the cooperation between team members and even staff was remarkable.

At the end of the game, snacks were given to all contestants and the sense of camaraderie was palpable in the unit. Staff and patients were engaged, entertained, and learned new facts



about dialysis. Patient engagement is at the forefront of dialytic care, and we look forward to continuing this tradition in our unit. We plan to create an information board on diverse topics regularly to keep the patients engaged and informed. I'm honored to be involved in this undertaking and I sincerely want to thank our staff and patients for their participation in Jeopardy this year. I eagerly look forward to the next round!

- Donna S. Hanes, MD

COVID-19 Vaccine Response in Transplant Recipients

We have long known that individuals who are immunosuppressed can potentially have a less than optimal response to vaccines. When COVID-19 vaccines became available in late 2020, it was important to understand their level of protection in the most vulnerable populations. This included those with an organ transplant.

The initial safety data was encouraging; neither of the mRNA vaccines appeared to cause unexpected side effects and did not seem to affect the health of donor organs. However, data from a Johns Hopkins study of 658 transplant recipients indicated that after the first dose, as few as 15% had developed antibodies against COVID-19, and after a second dose, that number increased to just 39%. These response rates showed the increased risk of COVID-19 infection and hospitalization in fully vaccinated transplant patients, when compared to the general population.

In September 2021, a small study of 30 transplant patients showed that a third vaccine dose could significantly boost the number of patients who produced antibodies. However, the majority of patients who did not generate a positive antibody response after their first two doses, continued to lack antibody response following their third dose.

This data suggests that we need to continue to identify and study strategies to improve effective protective measures against COVID-19 in the most vulnerable patients. Vaccinated transplant patients need to remain cautious until we have a better understanding of the level of antibody provided to immunocompromised individuals.

*Laura Conroy, BSN, RN
Transplant Program Development Manager
Johns Hopkins Hospital*