Maryland Commission on Kidney Disease

The Connection

VOLUME 20 ISSUE 15 MAY 2023

Message from the Commission Chair
Sumeska Thavarajah, MD

850 million individuals worldwide have chronic kidney disease. There are 37 million adults in the US with chronic kidney disease with the majority not aware of it due to the lack of symptoms. These are staggering numbers. With diabetes and high blood pressure being the leading causes of kidney disease, there is a potential for these numbers to grow further. Efforts on early detection and recognition of the risk factors for kidney disease and management of them will make a meaningful impact in the numbers of people reaching End Stage Kidney Disease (ESKD). For those already diagnosed with kidney disease, there have been have newer medications, such as SGLT2- inhibitors, that can reduce protein in the urine and slow kidney disease progression or genetic testing to understand the susceptibility someone has for developing more rapid decline in kidney function with certain types of kidney disease. These newer therapies are often costly, out of the reach of many worldwide, and only for very specific conditions. The need for research on developing newer therapies is important for changing the course of kidney disease but this will not fully address the issues. Understanding all of the factors that impact kidney disease such as access to care, socioeconomic factors, and nutritional factors and the downstream effects of kidney disease ranging from loss of income, inability to work, and loss of functional status are just as important to understanding and managing kidney disease.

The International Society of Nephrology established World Kidney Day to increase awareness of kidney disease with different themes over the last 15 years regarding populations at risk. This year's World Kidney Day theme is Kidney Health for All- Preparing for the unexpected and support the vulnerable seeks to bring to the forefront the need to not only increase awareness of kidney disease but also to recognize the increased vulnerability of kidney patients during global events. Over the last few years, we saw evidence of this with the COVID-19 pandemic. Individuals with kidney disease were at higher risk of infection, could have lower response to vaccination due to inherent nature of their kidney disease or immunosuppressive medications, and had the risk of progression of their kidney disease if they had COVID. When vaccination became available, it took the efforts of the organizations such as the National Kidney Foundation and nephrologist to advocate for inclusion of dialysis patients in the early rounds of vaccination due to increased risk and for the vaccination to occur in the dialysis units due to challenges of getting to vaccination sites. Due to the shifting of healthcare resources to pandemic/emergent care, the suspension of elective surgeries of dialysis access surgeries for a short term were necessary but would have impact on the ability to start on home dialysis therapy and the potential risks of infection of using a tunneled dialysis catheter versus a fistula or graft.

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COMMISSION MEETINGS

The Commission on Kidney Disease will meet on the following dates in 2023:

- **April 27, 2023**
- **July 27, 2023**
- **October 26, 2023**

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.

Inside This Issue:

COMMISSION NEWS

CITATION FREE SURVEYS

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

- Holy Cross Dialysis
- Davita Frederick
- Holy Cross at Woodmore
- Davita Washington County
- Davita Lakeside
- FMC Elkton
- FMC Middle River
- Johns Hopkins Transplant
- Davita Queen Anne
- Davita Ridge Road
- University of Maryland Transplant
- FMC Southern Maryland Home

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

NEWLY CERTIFIED FACILITIES:

- Davita Hyattsville

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.

TRANSPLANT READINESS

Here are a few tips to assist patients with a smooth transition through kidney transplant evaluation and workup.

1. Keep that phone charged! Make sure they have a voicemail box set up with sufficient space to receive messages. Talk to patients about answering calls from unknown numbers. An offer may come from an unknown area code, unassociated with the transplant center.

2. Track, track, track: This process is confusing and laborious. Many facilities with the highest rates of transplant wait listing and offers have created their own tracking system for patients that include transplant center, contact information, and next steps in the process. When a new next step comes up, print it out and share with the patient to help ensure everyone in on the same page and catch any miscommunications.

3. If long wait times for evaluation appointments are anticipated, consider helping patients to set up routine screenings during that wait. Have patients bring in test results and keep them all together in a file.

4. Talk to patients about expanded criteria or high KDPI kidneys and encourage them to speak with their transplant center regarding this option.

Always talk to patients about living donation. Even if they do not have a friend or family member who would be willing to donate, perhaps they have someone who would be willing to join them in getting their story out into the community: church bulletins, social media posts, etc.

Renée Bova-Collis, MSW, LCSW
Patient Engagement Specialist

MESSAGE FROM THE COMMISSION CHAIR

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These worldwide events affected resources for the delivery of dialysis with supply chain issues in dialysate manufacturing/shipping and the nursing shortages. The shift to telemedicine helped in some cases but was a challenge for those that did not have access to use of a computer, smartphone, or internet access in some areas of the country. The changes in delivery of care probably resulted in delays of diagnosis of kidney disease. We also need to be mindful that many of the COVID infections occurred in individuals without regular access to care or health insurance and there is a proportion left with kidney damage as a complication of the infection. This will result in a new group of people with kidney disease that will need to be cared for. We have also seen environmental factors including natural disasters that interrupt necessary care such as dialysis care such as flooding, prolonged electrical outages, and disruptions to water delivery. These events disrupted the maintenance dialysis treatments for many.

Access to care and resources define the trajectory of kidney disease progression to many. Late diagnosis and care result in increased morbidity and mortality, less tendency to be listed for transplant, and less tendency to use of home dialysis options. Those without health care insurance or those that are undocumented are particularly at risk. The current system of providing emergency only care leads to greater costs to the health care system and less use of strategies that can slow down progression of kidney disease. Medically focused management alone will be insufficient to address kidney disease.

Incorporation of changes that support adequate nutrition, education, reduction of inequalities whether related to gender, race, or economic status, and responsible consumption of resources are necessary to change the trajectory of many illnesses and to improve a patient's life. Prioritizing and advocating for equitable resources for all individuals needs to be part of the strategy for addressing kidney disease.

- Sumeska Thavarajah, MD
Commission Chair

KIDNEY DISEASE PROGRAM: FISCAL YEAR 2023 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 HMSunder a new contract, in an effort to continue maximizing the State's collection efforts and ensure cost effectiveness among all MDH programs.

KDP has transitioned to working with MDThink to implement a new workflow automation system using the Salesforce platform. This platform will include a Patient Enrollment and Case Management system, Recovery and Recoupment capabilities, Premium Management system, Online Provider and Patient Portals and additional functionalities. The scheduled go live date is May 16, 2023.

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). The new contract went into effect October 31, 2022. This enhanced system provides updates and adds compliance to the existing pharmacy point-of-sale claims processing system.

KDP, along with BCCDT and CMS, contracts with Santeon, 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.

WAITING TIME MODIFICATIONS FOR KIDNEY CANDIDATES AFFECTED BY RACE -INCLUSIVE EGFR CALCULATION

Beginning in July 2022, the Organ Procurement and Transplantation Network (OPTN) prohibited the use of a race inclusive eGFR calculation for kidney transplant candidates. On December 5, 2022, The Board of Directors of the OPTN approved a policy that requires all kidney transplant programs to review their waiting lists to see if any registered Black or African American candidates could receive additional waiting time. Prior calculation of kidney function using race as one of the variables may have overestimated Black or African American patients' kidney function, resulting in delayed referral to transplant. The amount of waiting time a kidney candidate has is important, as it is a significant factor in determining who gets kidney transplant offers. Programs are required to modify the waiting times for these candidates by January 3, 2024.

What documentation do I need to submit for my patient?

Transplant centers need a lab report with creatinine and an eGFR value of over 20 with a calculation that uses race but is 20 or less with a calculation that is for all patients.

It is a shared responsibility of the transplant center, referring doctor(s), and the patient, to get old lab data that could allow transplant programs to apply for wait time modifications for patients who qualify.

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How can I learn more about eGFR and this policy change?

Go to OPTN website > Policies & Bylaws> A Closer look> Waiting Time Modifications for Candidates Affected by Race Inclusive eGFR Calculations > For Professionals: FAQ's about eGFR Waiting times modifications

Full URL: *https://optn.transplant.hrsa.gov/policies-bylaws/a-closer-look/waiting-time-modifications-for-candidates-affected-by-race-inclusive-egfr-calculations/for-professionals-faqs-about-egfr-waiting-time-modifications/*

Contact the transplant center(s) where your patient is currently wait listed.

Submitted by Laura Conroy, Johns Hopkins Transplant

TIPS AND TOOLS FOR AVERTING INVOLUNTARY DISCHARGES

To quote Will Rogers, "You never get a second chance to make a first impression." While it is safe to assume Mr Rogers' statement was anecdotal, research, none-the-less, confirms that, at the core of successful patient dialysis experiences, lies the notion of unconditional positive regard whereby staff convey overall acceptance and support of each patient without judgment or personal preference. In other words, developing positive patient rapport is essential to maintaining a therapeutic treatment milieu and minimizing the risk of involuntary patient discharge.

There are seven generally accepted steps to creating positive patient rapport:

Introduce Yourself: It is highly unlikely you will build a positive patient rapport if the patient does not know who you are, your role, and/or how that role impacts the patient.

Utilize Active Listening: Patients will shy away from accepting you as a vital member of their treatment team if they do not believe you are interested in them as a person rather than a case.

Communicate: No patient ever called Network 5 to complain about frequent, well-understood clinic communication. Talk to your patients! Utilize available resources to facilitate communication in the patient's primary language. Employ teach-back techniques. In short, do not end a patient interaction without verifying the patient fully comprehends the substance of your conversation.

Minimize Medical Jargon: While "elevated BP exacerbated by hypervolemia due to renal insufficiency" means something to you, it may not be anything but noise to your patient. Take the time to translate your message. "High blood pressure brought on by excess fluid because of kidney disease" is more likely to be understood by your patient.

Know Your Patients: Pay attention to patient likes and dislikes. Figure out what brings them joy. Identify the reason they choose to dialyze rather than opt for hospice. Are they grandparents? What is their profession? How do they spend their free time? Do they detest black jelly beans? Ask the questions and then commit the answers to memory for recall during future conversations.

Mirror Desired Behavior: Be an example of comportment for your patients. Demonstrate through your behavior what it is to have caring, supportive, and accepting relationships.

Educate Your Patients: Patient education helps inform and remind patients of best practices for managing kidney disease outside the dialysis clinic. Improved understanding through enhanced education reduces unnecessary trips to the local Emergency Room as well as decrease hospital admissions.

Making a commitment to developing positive patient rapport will assist in reducing otherwise avoidable patient behavioral escalation. It will not, however, completely eliminate all behavioral concerns. Acknowledging such and developing effective training materials has been a long-term challenge.

For those who have been involved in dialysis for more than ten years, you may remember a previous coalition convened to identify best practices for decreasing patient conflict. That coalition's findings and recommendations were assembled in a readily accessible toolkit designed for use by dialysis clinics. Building upon those efforts, in December 2022, The ESRD National Coordinating Center (NCC), in combination with ESRD Networks, Forum of ESRD Networks, and CMS, developed an addendum to the Decreasing Patient Conflict Toolkit. The addendum focuses on health equity, self-awareness, de-escalation techniques, and conflict management. It is designed to empower patients to self-advocate for dialysis safety, decrease infection rates, help patients and clinic staff preserve relationships, and to assist patients and staff in avoiding conflict escalation.

Quality Insights Renal Network 5 (QIRN5) has added these resources, along with Huddle Sheets addressing professionalism, to its recently enhanced website (https://www.qualityinsights.org/qirn5) in the hyperlink entitled "Dialysis Providers", subsection "Involuntary Transfers and Discharges" (https://www.qualityinsights.org/qirn5/dialysis-providers/involuntary-transfers-and-discharges) towards the lower portion of the page. Please take a moment to become familiar with these resources. Combining positive patient rapport with techniques in the Decreasing Patient Conflict Toolkit will go a long way towards avoiding involuntary patient discharges.

Please remember: Additional assistance is only a phone call away! Should you have questions or concerns, feel free to contact QIRN5 at 804 320 0004.

Submitted by: Phyllis Haas, LMSW,
Patient Engagement Specialist

4 Things You Should Know About the New Medicare Dental Rule

Before January 1, 2023, Medicare would pay for a dental exam only for patients who were actively seeking a kidney transplant. Now, the new Medicare dental rule will pay for a dental exam and dental treatment (e.g., dental filling, teeth removal, replacement of teeth, etc.) for patients actively seeking any organ transplant. If an individual is living with kidney disease--with or without dialysis--Medicare will not pay for preventative care, like teeth cleanings.

What this means: Medicare recipients who are actively seeking transplant, meaning they are undergoing transplant workup or are actively on the transplant waitlist, will have more dental coverage now than you did before January 1, 2023.

Only 3 to 4 percent (%) of practicing dentists are enrolled as a Medicare provider, meaning these providers accept Medicare as payment for dental services.

Medicare will pay for dental exams and treatments only done by dentists, including oral surgeons, who are enrolled in Medicare.

What this means: If a Medicare recipient's current dentist is not enrolled in Medicare, their Medicare insurance will not pay for services performed by that dentist. Remind patients that before scheduling an appointment with a dentist, they should always ask if their preferred dentist accepts Medicare Part A or Part B for payment.

If a dentist would like to enroll in Medicare as a provider or supplier: Forms are available HERE and HERE

If a dentist has questions about enrolling in Medicare and would like to talk with a Medicare Fee-for-Service Provider Enrollment contractor in your state: Contact list available HERE

As of February 2023, 40 states (including DC) have adopted Medicaid expansion. Medicaid expansion offers Medicaid-eligible adults dental benefits. The benefits Medicaid-eligible adults receive differ based on the state in which they live. Although most states have adopted the Medicaid expansion, only 39 percent (%) of dentists throughout the United States accept Medicaid as payment for dental services.

Location	Status of Medicaid Expansion Decision
United States	Adopted-40 state (incl. DC); Not Adopted-11 states
Alabama	Not Adopted
Alaska	Adopted
Arizona	Adopted
California	Adopted
Colorado	Adopted
Connecticut	Adopted
Delaware	Adopted
District of Columbia	Adopted
Florida	Not Adopted
Georgia	Not Adopted
Hawaii	Adopted
Idaho	Adopted
Illinois	Adopted
Indiana	Adopted
Iowa	Adopted
Kansas	Not Adopted
Kentucky	Adopted
Louisiana	Adopted
Maine	Adopted
Maryland	Adopted
Massachusetts	Adopted
Michigan	Adopted
Minnesota	Adopted
Mississippi	Not Adopted
Missouri	Adopted
Montana	Adopted
Nebraska	Adopted
Nevada	Adopted
New Hampshire	Adopted
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New York	Adopted
North Carolina	Not Adopted
North Dakota	Adopted
Ohio	Adopted
Oklahoma	Adopted
Oregon	Adopted
Pennsylvania	Adopted
Rhode Island	Adopted
South Carolina	Not Adopted
South Dakota	Adopted
Tennessee	Not Adopted
Texas	Not Adopted
Utah	Adopted
Vermont	Adopted
Virginia	Adopted
Washington	Adopted
West Virginia	Adopted
Wisconsin	Not Adopted
Wyoming	Not Adopted

What this means: Not all dentists accept Medicaid. However, if a patient has state Medicaid they will have an easier time finding a dentist who will treat them than if they have Medicare as their only insurance. When scheduling an appointment with a dentist, remind patients to always ask if the dentist accepts Maryland Medicaid as payment.

If a patient is seeking dental services as a person with Medicare insurance who is actively seeking transplant, it is important that their primary care doctor or transplant team speak with the dentist before receiving dental services. Communication between the dentist and the primary care doctor or transplant team is important to making sure the dental care will be paid for.

NETWORK NEWS

Get Credit for Meeting CMS/Network Patient & Family Engagement Measures

Report Cards have been shared with facilities showing their standing in meeting CMS/Network goals and measures. Each facility has been provided with access to their progress on the Network's online dashboard. Patient & Family Engagement (PFE) measures are part of this and include QAPI, Life Plan, and Peer Mentoring efforts. Most facilities have been enrolled in technical assistance projects for one of these measures at some point, but facilities should be working to meet ALL measures.

Information about each of the project goals, expectations, and tools and resources is available on each topic on the project webpage.

QAPI- Report online at https://esrdqiaforms.qualityinsights.org/nw5/epic2021/create for any month in which you had a patient/family member participate in a monthly quality meeting (example: In July, Mr. X attended your team's QAPI meeting in which June data was reviewed. You would select 'July' and indicate 1 patient participated.) Facilities are credited when patients are included in QAPI as valued members of the team.

Life Plan- It is our mission that patients, their families, and caregivers have the opportunity to collaborate in their Plan of Care meetings as valued members of their interdisciplinary team (IDT). This involvement provides them the opportunity to *share their personal experiences, values, preferences and life goals*. Doing so ensures that their voices are heard and their insight is used to formulate interventions that will benefit their individualized quality of care. Facilities are credited when they assist patients in utilizing tools found on the project webpage to articulate these values and personal goals through the development of self-directed goals. Contact Renée Bova-Collis, Patient Engagement Specialist to claim credit when you have a patient to include their self-directed goal on their care plan document.

Peer Mentor- Assist your patients in submitting applications to the Network to become Mentors and/or Mentees. Facilities are credited when patients successfully complete Mentor training (or when Mentees are paired with Mentors).

Contact Renée Bova-Collis at 804-320-0004, extension 2705 or rbovacollis@qualityinsights.org with any questions or concerns related to Patient & Family Engagement activities.

MARYLAND COMMISSION ON KIDNEY DISEASE

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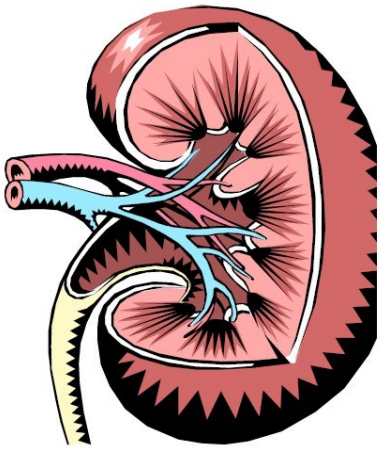

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