

**MARYLAND COMMISSION ON KIDNEY DISEASE
OPEN SESSION MEETING VIA GOOGLE MEET
THURSDAY JULY 27, 2023
2PM**

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**I. APPROVAL OF THE MINUTES OF THE PUBLIC SESSION OF
April 27, 2023 (Attachment A)**

II. CHAIRMAN’S REPORT – Dr. Sumeska Thavarajah

III. VICE CHAIRMAN’S REPORT - Dr. Sonal Korgaonkor

IV. EXECUTIVE DIRECTOR’S REPORT – Eva Schwartz

VI. NEW BUSINESS

A. Kidney Disease Program - Carol Manning

**B. Reporting directly to the Commission IVD(s) based on threatening behavior by patients in
Commission certified facilities**

C. Network Update

D. Citation Free Facilities

- Western Maryland Regional Dialysis
- IDF Garrett County
- FMC Merritt

E. Categories of Complaints

a. Written

- IVD requests from facilities (4)
- Patient complaint regarding staffing and dialysis machines

b. Verbal

- Patient complaint regarding IVD
- Patient complaints regarding care at facility (3)
- Patient complaint regarding dialysis machine failures
- Complaint regarding facility staffing and lack of face shields
- Patient complaint regarding new staff members

F. Commission Approval/Disapproval for KDP Out of State Transplant Reimbursement

Hospital	Granted	Refused
Inova Fairfax Transplant Center	1	0

G. Surveys (19)**Citations**

Citations	July 2023	April 2023	Jan 2023	Oct 2022
Total Surveys		24	20	14
Compliance with Federal, State and Local Laws and Regulations	0	0	0	0
Infection Control	9	13	16	9
Water and Dialysate Quality	10	6	6	6
Physical Environment	6	9	13	6
Patient Rights	0	0	0	0
Patient Assessment	0	0	1	1
Patient Plans of Care	5	1	3	1
Care at Home	1	0	1	0
Quality Assessment and Performance Improvement	0	1	1	0
Laboratory/Affiliation Guidelines	0	0	0	0
Personnel Qualifications/Staffing	12	14	15	9
Responsibilities of the Medical Director	0	0	0	1
Medical Records	0	0	3	2
Governance	1	6	2	4

H. Surveys Completed (19)

Davita Easton	FMC Nashua Court
Davita Carroll County	FMC Pikesville
Davita District Heights	FMC Greater Baltimore
Davita Catonsville North	Renal Care Seat Pleasant
Advanced Dialysis Easton	FMC Odenton
Davita Bowie	Davita Mercy
Western Maryland Regional	IDF Garrett
Davita Livingston Village	Davita Glen Burnie Home
Davita Deer Creek	FMC Brightseat
Davita Hyattsville	

Next Scheduled Meeting – October 26, 2023

The Commission will adjourn into a Closed Session in accordance with the Open Meeting Act, Md. Code Ann., General Provisions Article, Section 3-305(b)(1) for the purpose of discussing personnel matters.

**MARYLAND COMMISSION ON KIDNEY DISEASE
OPEN SESSION MEETING VIA GOOGLE MEET
THURSDAY APRIL 27, 2023**

MEETING MINUTES

The Maryland Commission on Kidney Disease held an Open Meeting on Thursday, April 27, 2023 via Google Meet, a virtual platform.

Vice-Chairman Korgaonkar, called the meeting to order at 2:06 P.M.

Commissioners present: Dr. Donna Hanes, Dr. Nadiesda Costa, Dr. Jeremy Yospin, Dr. Adam Berliner, Chairman Dr. Sumeska Thavarajah, Susan Leon, RN, Jacqueline Hires, LCSW NSW-C, Andrene Townsend, RN, Jerome Chiat, and Tisha Guthrie, LMSW.

Commissioner Harris was absent.

Staff present: Eva Schwartz, Executive Director, Donna Adcock, RN, Nurse Surveyor

Commission Counsel present: Leslie Schulman, AAG

MDH staff present: Carol Manning, Chief Kidney Disease Program

Renal Network 5 representatives: Renee Bova-Collis, MSW, LCSW and Phyllis Haas, LMSW

**I. RATIFY APPROVAL OF THE MINUTES OF THE PUBLIC SESSION OF
January 26, 2023**

Commissioner Chiat motioned to ratify the approval of the Public Minutes from the January 26, 2023 session. Commissioner Hanes seconded the motion and the Commission voted unanimously to ratify the approval of the Minutes of the January 26, 2023 Public Session.

II. RATIFY APPROVAL OF THE MINUTES OF THE CLOSED SESSION OF January 26, 2023

Commissioner Costa motioned to ratify the approval of the Closed Minutes from the January 26, 2023 session. Commissioner Hanes seconded the motion and the Commission voted unanimously to ratify the approval of the Minutes of the January 26, 2023 Closed Session.

III. CHAIRMAN'S REPORT – No report.

IV. VICE CHAIRMAN'S REPORT - Palliative Care Utilization in ESRD Patients

Dr. Korgaonkar reported on the utilization of palliative care and hospice for ESRD patients. She noted that patients choosing palliative care are not forgoing life saving treatments such as dialysis. Hospice care focuses on symptom relief and is not curative. Dr. Korgaonkar reported that 36% of patients initiating dialysis survive five years, noting that the survival rates for these patients is less than patients diagnosed with cancer. The number of dialysis patients over the age of 75 has doubled over the past few years.

Dr. Korgaonkar noted that early referrals to palliative care programs can prevent some hospitalizations for ESRD patients. She discussed hospice enrollment barriers for ESRD patients including the requirement for patients to stop dialysis if their primary diagnosis is ESRD. Dr. Korgaonkar reported on the VA program's trial that permits their ESRD patients to continue with dialysis while receiving hospice care. They report greater patient and family satisfaction with care. She encouraged dialysis facility staff to discuss options with patients and the need to push for policy changes that would provide hospice care as an option for all dialysis patients.

V. EXECUTIVE DIRECTOR'S REPORT

Mrs. Schwartz reported that the new Secretary of Health, Dr. Laura Herrera Scott is aware of recent facility security issues and recognizes that it is not within the purview of the Commission to require facility security. Mrs. Schwartz stated that facilities should be cognizant of security and safety issues.

Ms. Schwartz also reported that the Commission will need to form a Regulatory Review Committee that will begin 7/1/2023. She explained that every 8 years, State agencies are required to prepare a report to the Administrative, Executive and Legislative Review (AELR) Committee that evaluates the need to retain, amend, or repeal each existing regulation based on the following criteria: continues to be necessary for public interest; continues to be supported by statutory authority and judicial opinions; are obsolete or otherwise appropriate for amendment or repeal; and continues to be effective in accomplishing the intended purpose of the regulations. She requested that anyone interested in serving on the Committee contact her. Dr. Thavarajah and Kim Sylvester, RN volunteered.

VI. NEW BUSINESS

A. Kidney Disease Program

Ms. Manning reviewed the KDP budget and expenditures. She noted that due to the MDH cyber security incident that the provided statistics may not be accurate.

Ms. Manning addressed a letter received from the University of Maryland Division of Transplantation regarding the new Medicare Part B Immunosuppressive Drug (Medicare Part B-ID) coverage. This coverage was rolled out by CMS on 1/1/2023 and provides coverage for transplant recipients who have no other insurance coverage to receive immunosuppressant medications beyond the current 36-month coverage.

Ms. Manning noted that KDP coverage for immunosuppressant medications does not terminate for certified patients. She stated Maryland Medical Assistance (MA) also pays for immunosuppressive drugs for those Maryland residents who qualify for funding.

Dr. Alvarez-Casas, Assistant Professor of Surgery for the University of Maryland (UM) Department of Surgery, Division of Transplantation discussed UM's new program that focuses on care for patients seeking transplantation from the Hispanic community. He noted that some of these patients, who are contributing tax paying immigrants, do not have insurance coverage for post-transplant care that include these immunosuppressive medications. Dr. Alvarez-Casas reported that unlike Maryland, the state of Illinois has a medical assistance program that addresses this coverage issue

Discussion ensued. Ms. Manning commented that KDP is a payer of last resort and that coverage of certain immunosuppressant drug mirrors MA's policy on eligibility for financial assistance. The current statutory and regulatory framework for eligibility requires that a patient be a citizen of the United States who is a permanent resident of Maryland, or a "qualified alien" who has obtained a green card. She noted absent a statutory change to accommodate this population, patients should be encouraged to apply for green cards or seek assistance from the American Kidney Foundation. Dr. Hanes thanked Dr. Alvarez-Casas for bringing the issue to the Commission's attention and stated that the Commission would work to make suggestions to address the issue. Ms. Schwartz also acknowledged the dilemma but suggested that UM seek to have a legislative change.

B. Network Update

Renee Bova-Collis reported that on May 1st the Network began a new CMS contract year. She noted that the same quality focuses are in place and some goals and measures would be changed. The changes will be shared during the virtual Council Meeting and that all providers would be invited.

Ms. Bova-Collis stated the CMS is requiring Network staff to perform in person facility visits to 25% of the Network's dialysis facilities. She reported that the visits would span a half a day to 2 days and emphasized that the visits are not inspections but an opportunity for the Network staff to establish relationships, reconnect with facility staff and provide technical assistance. The facilities will receive notice and information to prepare for the visits.

C. Network Notification from Facilities Regarding Issues that Could Lead to Involuntary Discharges

Phylliss Haas discussed the dialysis facilities assumption that if a patient misses 30 days of treatment that the patient may be discharged. She noted that patients have the right to refuse care and that missing treatments should not initiate a discharge. These patients remain a patient of record for the facility. Ms. Haas reviewed the CMS permitted reasons for patient discharge: nonpayment, significant change in medical condition, permanent closure of a facility (facility responsible for orderly transfer) and severe, threatening behavior.

Ms. Hass reported that between 1/1/22 and 3/1/23 there have been more than 500 unauthorized discharges noted in EQRS. She believes some of those unauthorized discharges are related to inadequate training of staff maintaining the EQRS database.

Discussion ensued.

D. Requirements for Supporting Documents with Plans of Corrections (POC)

Dr. Hanes inquired regarding facilities submitting attachments referred to in submitted POCs. Discussion ensued. The Commission will require submission of copies of the attachments referred to in POCs.

E. Facility Closures Due to Staffing

Ms. Adcock reported that there have been facility closures due to a lack of nursing coverage. She noted that facilities are required to notify the Network in the event of closure. The Network has been notifying the survey agencies of the closures. Ms. Haas suggested that facilities think creatively and consider opening on a Sunday or dialyzing the patients on an additional shift at another facility.

Discussion ensued. Dr. Costa noted that patients who end up presenting at emergency rooms for treatment are often evaluated for symptoms and discharged if they are not in need of emergent dialysis. The hospitals are also plagued with staffing issues.

F. MDH Amended Secretary's Orders

Dr. Korgaonkar referred the guests to the attached orders related to COVID-19. Ms. Schwartz noted that the information is also posted on the Commission's website.

G. Commission Newsletter

Mrs. Schwartz noted that the attached Newsletter contained 2 typos that would be corrected prior to posting on the Commission's website. Commissioner Hanes motioned to approve the amended Newsletter for dissemination and Commissioner Yospin seconded the motion; and the Commission voted unanimously to approve the Newsletter.

H. Citation Free Facilities

Dr. Korgaonkar congratulated the following facilities for achieving citation free surveys:

- UM Transplant
- JHH Transplant
- Davita Queen Anne Home Training
- Davita Ridge Road
- FMC Middle River
- FMC Southern Maryland Home

I. Reopened Facility

Dr. Korgaonkar reported that FMC Robinwood's Director informed the Commission of the facility's reopening on 2/8/23.

J. Closed Facility

Dr. Korgaonkar reported that Davita Golden Mile closed on 3/31/2023.

K. Categories of Complaints

Dr. Korgaonkar reported that during the past quarter the following complaints have been reviewed and resolved by the Commission:

a. Written

- Nocturnal shift staffing complaint
- Involuntary discharges (3)

b. Verbal

- Patient complaint regarding care at a facility (4)
- Complaint regarding bed bugs at a facility
- Patient complaint regarding discharge from nephrologist's care

Dr. Korgaonkar thanked facilities who were able to avert involuntary discharges.

L. Commission Approval/Disapproval for KDP Out of State Transplant Reimbursement

Dr. Korgaonkar reported that the Commission received and approved the following out of state transplant prior approvals for KDP reimbursement purposes:

Hospital	Granted	Refused
Georgetown University Hospital	6	0

She noted that Georgetown's transplant program is providing transplant evaluations around the state potentially attributing to the number of out of state transplant requests received their program.

Dr. Korgaonkar stated that the Commission requests reporting of the number of renal transplants performed at Johns Hopkins and UM each quarter.

M. Surveys (24)

Citations

Citations	April 2023	Jan 2023	Oct 2022	Jul 2022
Total Surveys	24	20	14	21
Compliance with Federal, State and Local Laws and Regulations	0	0	0	0
Infection Control	13	16	9	10
Water and Dialysate Quality	6	6	6	7
Physical Environment	9	13	6	13
Patient Rights	0	0	0	0
Patient Assessment	0	1	1	0
Patient Plans of Care	1	3	1	0
Care at Home	0	1	0	0
Quality Assessment and Performance Improvement	1	1	0	0
Laboratory/Affiliation Guidelines	0	0	0	0
Personnel Qualifications/Staffing	14	15	9	15
Responsibilities of the Medical Director	0	0	1	0
Medical Records	0	3	2	0
Governance	6	2	4	3

The categories and total number of citations are reported above and trended for informational purposes. Dr. Korgaonkar commented that the number of infection control and personnel qualifications/staffing trends may be related to staffing issues and staff turnover.

N. Surveys Completed

The following 24 facilities have been surveyed since the January 2023 meeting:

Davita Northwest	FMC Broadway
FMC Wheaton	IDF Calvert
Davita Severn River	FMC Middle River
JHH Transplant	Davita Queen Anne
Davita Greenmount	Davita Ridge Road
UMMS Transplant	Davita Laurel Lakes
Davita Rock Creek	USRC West Baltimore
FMC Southern MD Home	FMC LaPlata
ARA Universal	FMC Fleet Street
Davita Bel Air	Davita Seton Drive
Davita Aberdeen	IDF Parkview
Davita Falls Road	FMC Robinwood

Late Additions

Mrs. Schwartz noted that some of the current Commissioners have completed their terms and that the Governor's office will likely begin making new appointments. New Commissioners may be in place before the July 2023 meeting. The application is on the Governor's website. Automatic reappointments may not be honored by this administration.

Dr. Alvarez-Casas inquired regarding a Spanish version of the KDP application. Ms. Manning reported that a Spanish version is not currently available. She suggested that patients be provided assistance with completing the forms. She will present the issue to leadership next week.

Commissioner Guthrie invited everyone to the National Kidney Foundation's (NKF) Sante – Taste of Baltimore on May 10th from 6-9 pm. This the NKF's premier fundraiser.

Next Scheduled Meeting – July 27, 2023, will be held virtually.

There being no further public business, upon motion made by Commissioner Berliner and seconded by Commissioner Guthrie, the Commission unanimously voted to adjourn the Open Meeting Session at 3:38 P.M.

FISCAL YEAR 2023 BUDGET & EXPENDITURE REPORT
KIDNEY DISEASE PROGRAM TREATMENT SERVICES
07/01/2022 through 06/30/2023

Kidney Disease Program 32.06.03	(General* and Special ** Funds) Expenditures
Hospital (Inpatient)	122,021
Hospital (Outpatient)	498,869
Free Standing Dialysis Units	3,919,893
Pharmacy	544,421
Physician/Miscellaneous	<u>628,084</u>
Total Expenditures FY '23	5,713,288
Total Budget FY '23	9,033,526
Unexpended Balance FY '23	3,320,238

* General Funds – the State of Maryland’s share of the total funds available to the Program.

** Special Funds – funds recovered from KDP premiums.