

# MARYLAND COMMISSION ON KIDNEY DISEASE

Thursday July 25, 2019

4201 Patterson Avenue

## PUBLIC MINUTES

The Public Meeting of the Commission on Kidney Disease was held on Thursday, July 25, 2019 at 4201 Patterson Avenue. Vice-Chairman, Dr. Adam Berliner called the meeting to order at 2:07 P.M. Commissioners Dr. Jeremy Yospin, Dr. Sonal Korgaonkar, Susan Leon, RN, Dr. Nadiesda Costa, Dr. Sumeska Thavarajah, Jacqueline Hires, Raymond Harris and Tisha Guthrie were also present.

Commission staff present: Eva Schwartz, Executive Director and Donna Adcock, RN, Surveyor

Commission Counsel present: Leslie Schulman, AAG

Maryland Department of Health (MDH) staff present: Barbara Fagan and Evidelia House, Office of Health Care Quality (OHCQ); Kim Lang, Associate Director of Health Occupation Boards and Commissions; and Carol Manning, Chief of the Kidney Disease Program (KDP).

### Guests present were:

Eileen Chiat

Cathy Negley, Davita

Kim Sylvester, IDF

Chris Simon, IDF

Hillary Murray, Davita

Kyle Engelmann, Davita

Elisabeth Wright, Davita

Ashley Costello, Davita

Laura Conroy, JHH

Jerry Chiat

Ben Viray, Davita

David Smith, Davita

Kelly Morgan

Janice Wise, FMC

Eric Giles, Davita

Kirsten Kelly, Davita

Pattie Dash, NKF

### I. RATIFY APPROVAL OF THE MINUTES OF THE PUBLIC SESSION OF April 25, 2019

Commissioner Yospin motioned to ratify the approval of the Public Minutes from the April 25, 2019 session. Commissioner Korgaonkar seconded the motion and the Commission voted unanimously, with one abstention to ratify the approval of the Minutes of the April 25, 2019 Public Session.

### II. CHAIRMAN'S REPORT

Dr. Berliner presented the Chairman's report. He discussed President Trump's Advancing American Kidney Health Executive Order. The initiatives promote improved access to patient centered treatment options, reduction in the risk of kidney failure and increased access to kidney transplants.

Discussion ensued. Dr. Berliner noted that most nephrologists would choose home dialysis for themselves. In-center versus home modalities and the benefits of dialyzing at home were discussed. Websites such as homedialysis.org are good sources of information for patients.

Ms. Guthrie noted the need for preventive measures and identification of patients with risk factors.

### III. EXECUTIVE DIRECTOR'S REPORT

Mrs. Schwartz welcomed everyone to the meeting. She deferred her report regarding hospital challenges regarding discharged patients to outpatient facilities until later in the meeting.

#### **IV. OLD BUSINESS**

- **Enrolled Commission Bill**

Mrs. Schwartz reported that the Commission's bill passed this legislative session and has been signed by the Governor. She reported that the Commission will have broader access to practitioners to serve on the Commission by allowing the practitioners to own up to 30% of a dialysis facility. The legislation will also decrease the number of names required to be submitted to the Governor's Office of Appointments for nomination for a Commission vacancy from 3 names to at least 2 names.

#### **VI. NEW BUSINESS**

##### **A. Kidney Disease Program (KDP) - Carol Manning**

- **Stats and Budget**

Ms. Manning presented the KDP budget and statistics. She reported that the deficit of almost \$845,000 was triggered by the Department reallocating \$1.7 million at the beginning of the fiscal year. She noted that all claims have been paid and that there were no disruptions of services to the beneficiaries.

Ms. Schwartz thanked Ms. Manning for being a staunch supporter of the KDP budget. Ms. Guthrie noted that the report's new patient demographic classification of Oriental was outdated and inquired why the Latino population was not being captured. Ms. Manning discussed ongoing internal projects at the KDP and indicated that it may be possible, in the future, to revise the KDP application to capture updated patient demographics.

Ms. Schwarz encouraged all dialysis facilities to certify with the Commission as uncertified facilities and their patients are not eligible for KDP benefits.

- **KDP Formulary**

Dr. Berliner reported that he has reviewed the KDP Formulary and noted that it is a wonderful resource and a comprehensive list of covered medications. He noted that approximately 8% of the KDP budget is allocated to pharmacy services. Pharmacy manufactures must participate in the KDP Drug Rebate Program in order for their drugs to be placed on the KDP formulary.

Discussion ensued. Dr. Costa noted that calcimimetics and some anticoagulants are not on the current list. Ms. Manning reported that the drug manufactures must request that their medications be added to the KDP formulary. Those requests are then forwarded to the Commission who will review and evaluate each request.

##### **B. Clinical Oversight in Dialysis Facilities**

Mrs. Adcock reported that several recent surveys revealed concerning compliance and deficiency findings that may jeopardize patient safety and welfare. She noted that several facilities are staffing outside of the State regulatory requirement of 3 patients per 1 staff member ratio. She discussed the lack of RN oversight in the facilities. Ms. Adcock stated that some organizations are utilizing their nurse managers or clinical coordinators as charge nurses. She indicated that the lack of clinical insight is reflected in poor survey and patient outcomes. Several Davita Regional Directors contributed to the discussion and claimed that 2/3 of their facility administrators (FAs) are clinical.

##### **C. Hospital Challenges Regarding Discharging Patients to Outpatient Facilities**

Mrs. Schwartz reported that the Department of Health has been contacted by hospital representatives who have complained about the difficulty in discharging hospital patients, who have been discharged from dialysis facilities for dangerous and threatening behavior, to other outpatient dialysis facilities. The hospitals have said that they cannot safely discharge the patients from their hospitals without arrangements for outpatient dialysis. She noted that the Commission and the OHCQ do not have the authority to force facilities to admit patients to their programs but requested the facilities open their doors a little more and consider accepting these patients with behavioral agreements; have the patients provide a sitter; or enhance facility security.

Discussion ensued. Ms. Guthrie reported that Bayview is working on a workplace violence initiative and there is another program that provides social work support in the community for at-risk youth. Dr. Costa suggested that some of the discharges may be prevented with increased patient support and social work intervention.

**D. CMS Innovation Payment Models for ESRD**

Dr. Berliner discussed this initiative in the Chairman's report and referred the guests and Commissioners to the attached documents for more information. (See, Attachment D)

**E. Citation Free Surveys**

Dr. Berliner recognized the following facilities for achieving citation free surveys:

- FMC Robinwood
- Davita Edgewood
- FMC Hagerstown
- Davita Glen Burnie Home
- USRC Prince Frederick

**F. New Facility**

Dr. Berliner reported that the following facility has applied for and been granted Commission certification:

- Davita LaPlata (7/1/19)

**G. Closed Facility**

The following facility has notified the Commission of its closing:

- FMC Charing Cross (6/30/19)

The facility's administrator reported that all patients have been transferred to nearby dialysis facilities.

**H. Non-Renewed Facilities**

The following facilities have chosen not to renew with the Commission:

- NxStage Linthium Heights
- NxStage Greenbelt

The facilities and their patients will be ineligible for KDP benefits.

**I. Categories of Complaints**

Dr. Berliner reported the Commission has received and resolved the following complaints since the April 2019 Commission meeting:

**Written:**

- Patient complaint regarding treatment at a facility and facility machine issues

**Verbal:**

- Hospital complaint regarding patient placement in an outpatient dialysis facility
- Complaint regarding hospitalized patient readmission to an outpatient facility
- Facility self-report regarding patient Hepatitis B conversion
- Patient complaint regarding fluid removal

**J.** Dr. Berliner noted that the Commission received and approved the following out of state transplant prior approvals for KDP reimbursement purposes:

<b>Hospital</b>	<b>Granted</b>	<b>Refused</b>
MedStar Georgetown Transplant Center	6	0
Inova Fairfax Transplant Center	1	0
George Washington University Transplant	2	0

**K. Surveys (21)****Citations**

<b>Dates</b>	<b>July 2019</b>	<b>May 2019</b>	<b>Jan 2019</b>	<b>October 2018</b>
Compliance with Federal, State and Local Laws and Regulations	0	0	0	0
Infection Control	14	16	14	13
Water and Dialysate Quality	10	6	7	12
Physical Environment	8	2	7	7
Patient Rights	0	1	0	0
Patient Assessment	0	2	1	1
Patient Plans of Care	4	6	3	6
Care at Home	1	0	0	0
Quality Assessment and Performance Improvement	0	0	1	1
Laboratory/Affiliation Guidelines	0	0	0	0
Personnel Qualifications/Staffing	14	12	11	12
Responsibilities of the Medical Director	0	0	0	0 (cited under Governing Body)
Medical Records	0	2	2	2
Governance	5	2	4	8

Dr. Berliner reported that the Commission surveyor surveyed 21 facilities since the April 2019 meeting. The categories and total number of citations are reported and trended for informational purposes. Infection Control and Personnel Qualifications/Staffing continue to be the most consistently cited categories.

**L. Surveys Completed (21)**

The following 21 facilities have been surveyed since the April 2019 meeting:

Davita Takoma	USRC New Carrollton
FMC Pikesville	Davita PG South
USRC Prince Frederick	FMC Camp Springs
Davita Greenspring	Davita Glen Burnie Home
Davita Downtown	FMC Hagerstown
FMC Robinwood	Bon Secours Dialysis
Davita Calverton	Davita Edgwood
USRC North Baltimore	Davita Lanham
Davita Dulaney Towson	Davita Germantown
FMC Princess Anne	FMC North Salisbury
Davita Largo	

**Late Addition**

Ms. Fagan reported that the OHCQ has hired a new dialysis facility surveyor, Connie Ford. Ms. Ford formerly worked at the Carroll County Health Department and will be orienting with Julie Capinpin.

There being no further public business, upon motion made by Commissioner Yospin and seconded by Commissioner Thavarajah, the Commission unanimously voted to adjourn the Public Session at 3:22 P.M. and move into a Closed Session in accordance with §3-103 of the General Provisions Article for the purpose of discussing compliance matters specific to a large dialysis organization.