

MARYLAND COMMISSION ON KIDNEY DISEASE
OPEN SESSION MEETING MINUTES
Thursday January 27, 2005
4201 Patterson Avenue, Room 108-109

Commission members present were: Drs. Jeffrey Fink, Joseph Eustace, Kenneth Yim, Roland Einhorn, Jose Almario, Tracey Mooney, CPA, and Marianne Andrews, RN. Commission staff/consultant present: Eva Schwartz, Executive Director, Donna Adcock, RN, Surveyor and Jodi Moskowitz, LCSW-C.

DHMH staff present: Carol Manning, Acting Chief KDP; Pat Nowakowski and Dee Spanos, RN, Medicaid Operations; Vivian Connard, RN, Surveyor, and Barbara Fagan, OHCQ.

Guests present were:

Brian Nelson, Gambro	Bill Frederick, Holy Cross
Sharon Culbertson, Davita	Linda Gordon, Holy Cross
Laura Gearhart, Davita	TriDonna Brandford, Davita
Leslie Geary-Smith, Davita	Shirley Yoakum, FMC
Bob Ward, FMC	Bonnie Obright, FMC
Kathy Dane, JHH Transplant	Heather Gould, Bon Secours
Toba Hausner, FMC	Tricia Restivo, IDF
Dee Anderson, FMC	Micki Miasaszek, Genzyme
Betty Grandison, Gambro	Alexis Southworth, MPAG
Brenda Redilla, Amgen	Karen Lambrecht, Amgen
Chris Simon, IDF	Drew McManigle, Davita
Mary Keller, Davita	Tim Bradshaw, Genzyme
Francine Babineau, FMC	Jide Salako, FMC
RoseMary Gall, JHH Transplant	Susanne Talbott, FMC
Angie Muir, JHH Transplant	Donna Atwell, Davita
Diane Johnson, GHC	Louise Wright, Davita
Vernita Amos, Davita	Elaine Boyd, Davita
Rodney Carter, Union Memorial	Amanda Bayless, GHC

I. APPROVAL OF NOVEMBER 4, 2004 MINUTES

The Commission approved the Open Session minutes as submitted.

II. CHAIRMAN'S REPORT

Dr. Fink welcomed everyone to the meeting and reiterated that the meetings are open forums for comments from the renal community.

III. EXECUTIVE DIRECTOR'S REPORT

Mrs. Schwartz addressed the guests and thanked everyone for open, proactive communication with the Commission. She noted that the renal patient population is more complex with many varied difficult issues. The facilities are working very closely with the Commission to diffuse difficult and adversarial situations, the objective being the continuation of dialysis for these complex patients.

IV. OLD BUSINESS

A. KDP Drug Formulary

Dr. Yim reported that he has made the most recent KDP recommended changes to the "user friendly" version of the KDP formulary. The Commission will submit those changes to the KDP and will request final approval for distribution to the renal community.

B. Social Work Task Force Update

Anne Marie Gregory addressed the Commission and guests and reported that the social workers task force met with Commission representatives for a summary of proposals. The task force will work on developing practice standards and recommending criteria for evaluation of such through surveys and possible regulatory changes. Ms. Gregory reminded everyone that the task force was formed to address the issues of increased ratios of patient load per social worker. She reiterated that the social workers appreciate the

collaborative effort between the task force and the Commission and requested that the surveyor look at social worker's time allocation per patient per week, and the consistency of services rendered. Mrs. Schwartz reported that if social work services are cited at a facility the Governing Body and Management would also be cited for not offering appropriate services to patients. She noted that the Commission is working closely with the Office of Health Care Quality (OHCQ) on this issue. Ms. Melvin noted that the Council of Nephrology Social Workers (CNSW) has been receiving complaints regarding the increasing ratios of patients to social worker, and that the issue is global not only in Maryland but in the entire United States. Dr. Fink noted that the Commission is not taking this issue lightly and that the Commission and the task force are working towards a resolution.

V. NEW BUSINESS

A. KDP Statistics and Budget

Ms. Manning presented and discussed the KDP Budget, Statistics, and Expenditure Reports. She reported that processing applications is taking approximately 40 days at this time due to staffing issues. The online KDP Formulary is being updated, although the new drugs that have been added are not on the published list but are covered. The online list should be updated in the next few weeks. The electronic claims management system is very close to completion. The KDP has moved to room SS3, which is still at the 201 W. Patterson address. Ms. Nowakowski introduced Dee Spanos, RN, who is a new employee and will be working with the alien population and determining which cases are to be considered emergencies. She noted that the legislative session is now in session. So far the KDP's budget has not been cut but may face cuts.

- **Alcon Pharmaceuticals to Discontinue KDP Rebate Program**

Ms. Adcock notified the guests that Alcon Laboratories has decided not to participate in the KDP rebate program and therefore Timolol ophthalmic preparations would no longer be covered. Ms. Manning reported that there are comparables on the KDP list for this drug.

B. Criteria for KDP Certification of Facilities

Ms. Schwartz noted that many facilities are experiencing delays in certifying with the Commission because they are waiting for more than 6 months for their Medicaid certifications. Ms. Manning noted that the facilities must have Medicaid for KDP to access the Medicaid rate tables in order to know what to reimburse the facilities for services. She volunteered to look into why it has been taking so long for the Medicaid certification and relay the Commission's concerns to Medicaid.

C. Governor's Report

Ms. Schwartz directed the guests and the Commissioners to review the draft version of the Annual Governor's report. Comments should be addressed to the Commission office.

D. Issues Regarding Discharge Practices

Ms. Adcock reported that the Commission is working on a policy to address patients who are no shows for their dialysis for more than 30 days. She noted that the policy would only apply to patients who are lost to follow up, and not those in the hospital (acute or subacute). The facilities would need to show documentation that they attempted to contact the patient.

E. Transplant Issues

Ms. Lewis reported that the Maryland Patient Advocacy Group (MPAG) has received complaints from patients stating that they are not being notified when organs are available to them. Ms. Gall from the Johns Hopkins Hospital Transplant team discussed their process of contacting patients. She noted that patients have the responsibility to notify the transplant centers when their contact information changes but many times this does not occur. Many patients are missing transplant opportunities and the centers are wasting precious time attempting to find patients. Dr. Fink requested that Ms. Gall report the percentage of patients that cannot be found so that the Community can assess the general scope of the problem.

Ms. Southworth noted that the MPAG has received many requests regarding which Medicare Discount Drug Cards are best. The MPAG volunteered to develop guidelines regarding the most appropriate cards for the renal patients.

F. Proposal-Request for Statutory Authority

Ms. Schwartz withdrew this agenda item.

G. Statute Change-Membership Composition

Ms. Schwartz reported that Ms. Lewis has a sponsor who is willing to introduce a change in the existing Commission statute to the General Assembly. The change would add a renal social worker to the Commission membership, replacing a vacancy for a layperson.

Ms. Schwartz requested that the social workers recommend a mechanism by which a nominee would be chosen. Discussion ensued regarding the merits of self-nomination versus nomination through a professional group such as the CNSW. Mr. Simon noted that there are two active chapters of the CNSW in Maryland. The renal social workers will get back with Eva with their recommendation for the nomination process.

H. C.N.A License-Practice

Ms. Adcock reported that during surveys she is finding that some facilities are allowing CNA-DTs to practice before passing the standardized test. A request for clarification from the Maryland Board of Nursing has been made and Ms. Adcock will report that ruling when available.

I. New Certifications

Mrs. Schwartz reported that the following facilities have requested and received approval for certification:

- Davita – Germantown (12/14/04)
20111 Century Blvd.
Germantown, MD 20874

J. Facilities Closed

Mrs. Schwartz noted that the Commission has been notified that the following facilities are closed:

- BMA Upper Marlboro- January 8, 2005

K. Change of Ownership

Ms. Schwartz reported the following change of ownership:

- FMC Springbrook- Adventis Dialysis Services- December 31, 2004

L. Complaints

Mrs. Schwartz reported that the Commission has received and investigated the following types of complaints since the last meeting:

Written

- Patient complaint of discrimination at facility
- Facility complaint against dangerous patient

Verbal

- Patient complaint regarding temperature and cleanliness at facility
- Physician complaint about a patient
- Patient's daughter complaint regarding financial issues at facility
- Patient complaint regarding staff member
- Anonymous complaint regarding staff's treatment of patient

M. Citation Free Surveys

Dr. Fink commended the follow facility for having a citation free survey:

- Artificial Kidney Center – Silver Spring

N. Commission Approval/Disapproval for KDP Transplant Reimbursement

The following Hospitals have been granted out of state transplant approvals:

Hospital	Granted	Refused
Washington Hospital Center	1	0
Inova Transplant Center @ Fairfax Hosp	0	0
Georgetown University Hospital	0	0

O. Surveys (17)

The Commissioners reviewed the results of the surveys and the deficiencies noted:

Deficiencies

Compliance with Federal, State and Local Laws and Regulations	2
Governing Body and Management	8
Medical Supervision	0
Long Term Program and Care Plan	10
Patient Rights/Responsibilities	0
Medical Records	10
Physical Environment	10
Transmissible Diseases	6
Reuse	5
Affiliation Agreements	2
Director of Dialysis Center	3
Staff of a Renal Dialysis Facility	1
Minimal Service Requirements	3
Transplant Centers/ Affiliation Agreement	1
Abusive and Dangerous Patients	0

P. Surveys Completed (17)

The following facilities have been surveyed since the last meeting:

DCA Chevy Chase	FMC Porter Pikesville
Davita Chestertown	Davita Pikesville
GHC Landover	Community Dialysis
Davita Rockville	Artificial Kidney Center Silver Spring
FMC Greater Baltimore	IDF Arundel Center
Davita Renal Care Takoma	Davita Downtown
Davita Harford Road	GHC Southern Maryland
FMC Anne Arundel	GHC Howard Street
GHC N. Rolling Rd.	

It was concluded that the surveys were accepted as presented. Where appropriate, follow up corrective action plans will be discussed in the closed session.

With no further business, the open meeting concluded at 3:30 PM.

CLOSED SESSION: Pursuant to Maryland State Government Annotated "10-501 et seq., on a motion made by Dr. Jeffrey Fink and seconded by Tracey Mooney, the Commission unanimously voted to close its meeting on January 27, 2005 at 3:40 p.m., in room 108-109 for the purpose of complying with the Maryland Medical Practice Act that prevents public disclosures about particular proceedings or matters.