

**MARYLAND COMMISSION ON KIDNEY DISEASE
OPEN SESSION MINUTES
Thursday April 28, 2005
4201 Patterson Avenue, Room 108-109**

The Open Session meeting of the Commission on Kidney Disease was held on Thursday, April 28, 2005 in Room 109, 4201 Patterson Avenue. The meeting was called to order at 2:10 PM by the Chairman, Dr. Jeffrey Fink. Commission members present were: Drs. Joseph Eustace, Kenneth Yim, Roland Einhorn, Jose Almario, Dean Taylor, Ms. Tracey Mooney, CPA, Mr. Isaac Joe, Jr, Esquire and Ms. Margery Pozefsky. Commission staff present were: Eva Schwartz, Executive Director and Donna Adcock, RN, Surveyor.

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

Guests present were:

Dorothy Dukes, Davita	Bill Frederick, Holy Cross
Sharon Culbertson, Davita	Tim Bradshaw, Genzyme
Laura Gearhart, Davita	Debbie Ferguson, FMC
Leslie Geary-Smith, Davita	Vanessa Ajaiy, Maryland General
Mary Keller, Davita	C. Madden, FMC
Frances Bedford, Davita	Juathawala Harris, Liberty Dialysis
Toba Hausner, FMC	Sara Hayes, Union Memorial
Karen Passante, Genzyme	Micki Misiaszek, Genzyme
Brenda Redilla, Amgen	Karen Lambrecht, Amgen
Chris Simon, IDF	Susanne Talbott, FMC
Rodney Carter, Union Memorial	Joan Rogers, IDF
Francine Babineau, FMC	Marc Allegro, Good Samaritan
Judy Thomas, FMC	Kyle Bergman, FMC

I. APPROVAL OF JANUARY 27, 2004 MINUTES

The Commission approved the Open Session minutes as submitted.

II. CHAIRMAN'S REPORT

Dr. Fink welcomed everyone to the meeting. He discussed the Terry Schiavo case and the events that transpired around her death. He especially noted the need for living wills, clear guidelines for end of life decisions and the need for patients and their families to think in that direction. Dr. Taylor noted that someone in the family should be designated as the patient's medical power of attorney in preparation and planning for such events.

III. EXECUTIVE DIRECTOR'S REPORT

Ms. Schwartz welcomed the guests and congratulated Ms. Manning for her formal appointment as Chief of the KDP. Ms. Schwartz announced the passage of House Bill 1416, which modifies the membership of the Commission to include a renal social worker. This law goes into effect October 1, 2005. A renal social worker will be nominated by the Maryland and DC Chapters of the Council of Nephrology Social Workers. The nominations will go to the Office of Executive Nominations with a cover letter, resume, and a letter from the nominating entity. Ms. Schwartz reported that the Commission's fund surplus was not cut during this legislative session and the requested KDP budget was approved and appropriated.

IV. OLD BUSINESS

Social Work Task Force Update

Ms. Adcock reported that as tasked at the last meeting, she has been tracking social work minutes per patient per week. Currently the average social work minutes per patient per week are 22. She noted that this number is only the number of minutes the social worker works at a facility divided by the number of patients the social worker covers and does not include time the social worker may spend in meetings or doing administrative activities. Ms. Adcock requested that the social work task force assist her in defining "*psychosocially stable and psychosocially*

unstable patients," and their comments on the last social work recommendations that were submitted.

V. NEW BUSINESS

A. Kidney Disease Program

1. Statistics and Budget

Ms. Manning presented and discussed the KDP Budget, Statistics, and Expenditure Reports. Ms. Nowakowski noted that numerous DHMH employees have accepted positions at CMS in support of the Medicare part D initiative. She reported that only three people are left in the eligibility policy office. She noted that to process any requests might take a while.

Dr. Fink questioned what proportion of KDP dollars were spent on transplant. Ms. Manning reported that the largest transplant expense for KDP is the immunosuppressants. She stated she would attempt to get a breakdown on the KDP transplant costs. Dr. Fink reported that he discovered that at University of Maryland 10-15 percent of calls to potential transplant recipients were met with inability to reach the potential recipient.

Ms. Pozefsky discussed the need for transplant education efforts and increase referrals for transplants in the dialysis facilities.

Dr. Fink requested that a subcommittee be formed to address transplant issues. He requested that anyone interested in serving on this committee contact him or the Commission office. He noted that pre-emptive transplant was the best mode of therapy and would like to study the possibility of expanding KDP coverage to pre-ESRD patients.

2. Fosrenol

Ms. Adcock noted that many patients are being placed on Fosrenol, a new phosphate binder. A request came forward from the renal community to add the drug to the KDP formulary. A discussion ensued including price comparison. The Commission decided to vote on the recommendation in closed session.

3. Prosource

Ms. Adcock reported that Ms. Sullivan, a dietitian working with the KDP Nutrition Supplement Committee, had contacted the Commission to request that Prosource Liquid, a protein supplement, be added to the KDP formulary. A discussion ensued including price comparison. The Commission decided to vote on the recommendation in closed session.

4. Electronic Claims Processing

Ms. Manning reported that as of April 11, 2005, KDP could receive electronic files from Trailblazers and Care First. She stated that notification letters have been sent out to providers to request that each provider complete a Providers' Agreement and User Agreement. She reported that the process is moving forward and the electronic claims processing would become live before July 1, 2005.

B. Certification Letters

Ms. Schwartz reported that the Commission office receives numerous calls from dialysis facilities requesting copies of their facility Commission certification letters. She stated that with the limited Commission staff these requests were burdensome and requested that the facilities keep these letters in a central place and inform their staff of this location. She requested that the facilities denote on the renewals where and to whom the certification letters are to be sent. The Commission may consider promulgating regulations allowing the Commission to charge for copies of these forms.

C. Statute Change-Membership Composition

Ms. Schwartz reported that HB 1416 had passed and the Commission would be adding a renal social worker to its membership effective October 1, 2005.

D. C.N.A License-Practice

Ms. Adcock reported that the CNA-DT student may be considered in the 3:1 staffing ratio only after they have completed the theory, clinical and exam requirements. The application must be in the mail to the Maryland Board of Nursing (MBON) before the staff member can take a full assignment. She noted that this information was obtained from Ms. Newman, Director of Nursing Practice at the MBON.

E. Definition of Monitoring

Ms. Adcock noted that an entity had requested the definition of monitoring which is addressed in the ratio calculations of staff to patients. The Commissioners agreed that participation in the monitoring of dialysis means providing direct patient care during treatment, which would included at a minimum: initiation of treatment, termination of treatment, and vital signs. This clarification of the existing regulations will be disseminated to the renal community.

F. Commission Newsletter

Ms. Schwartz noted that the Commission newsletter was mailed to all facilities in March. She welcomed anyone interested to submit articles for future newsletters.

G. New Certifications

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

- Renal Care of Seat Pleasant
6274 Central Ave.
Seat Pleasant, MD 20743
- Davita Cambridge
300 Byrn Street
Cambridge, MD 21613

H. Facilities Closed

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

- FMC Metropolitan- January 8, 2005

I. Complaints

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

Written

- Complaint regarding the facility's charge of insurance copays
- Complaint regarding patient's outcome post transplant
- Complaint regarding PD patient's experience during a hospitalization
- Complaint regarding patient's treatment time

Verbal

- Complaint regarding the discharge of a verbally abusive patient
- Complaint regarding concerns of facilities monitoring practices

J. Citation Free Surveys

Ms. Schwartz commended the following facilities for having a citation free survey:
GHC – Frederick and Davita Dulaney-Towson

K. Commission Approval/Disapproval for KDP Transplant Reimbursement

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

Hospital	Granted	Refused
Washington Hospital Center	3	0
Inova Transplant Center @ Fairfax Hosp	0	0
Georgetown University Hospital	0	0
UPMC Health System/Presbyterian	1	0

L. Surveys (17)

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

Deficiencies

Compliance with Federal, State and Local Laws and Regulations	3
Governing Body and Management	6
Medical Supervision	0
Long Term Program and Care Plan	7
Patient Rights/Responsibilities	0
Medical Records	8
Physical Environment	6
Transmissible Diseases	1
Reuse	2
Affiliation Agreements	2
Director of Dialysis Center	0
Staff of a Renal Dialysis Facility	3
Minimal Service Requirements	2
Transplant Centers/ Affiliation Agreement	1
Abusive and Dangerous Patients	0

Ms. Adcock noted that this quarter Medical Records had more citations than Long Term Program and Care Plans and praised the facilities for improving compliance with care plans. She noted that many Medical Record citations result when the facility does not follow documented physician orders.

M. Surveys Completed (17)

The following facilities have been surveyed since the last meeting:

Maryland Kidney Care-Arnold	FMC PG County
UMMS Dialysis	GHC Frederick
Manor Care Dialysis	IDF Parkview
GHC Glen Burnie	FMC QCDC
FMC Baltimore	FMC Wheaton
Davita Owings Mills	Union Memorial
Maryland General Renal Laboratory	Bon Secours Hospital Dialysis
Davita Towson	IDF Deaton
DCA Rockville	

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

N. Medicare Part D (late addition)

Mr. Simon inquired if KPD recipients would be required to apply for Medicare Part D. Ms. Nowakowski reported that they were still looking at how Medicare Part D would affect KDP and if KDP would retain the KDP formulary. She added that KDP is always the payer of last resort. Ms. Nowakowski reported that the Pharmacy Discount Program would be discontinued. Notices are being sent out to notify beneficiaries. She noted that there is still a lot of uncertainty surrounding Medicare Part D at this time.

With no further business, the open meeting concluded at 3:46 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.