

**MARYLAND COMMISSION ON KIDNEY DISEASE
OPEN SESSION MEETING MINUTES
Thursday October 22, 2009
4201 Patterson Avenue, Room 108-109**

The Open Session meeting of the Commission on Kidney Disease was held on Thursday, October 22, 2009 at 4201 Patterson Avenue in room 108-109. The Chairman, Dr. Jeffrey Fink called the meeting to order at 2:10 PM. Commission members present were: Drs. Edward Kraus, Ken Yim, Kulwant Modi and Luis Gimenez and William Frederick, RN, Kim Sylvester, RN and James Stankovic, Sarah DeCerbo, and Belinda Lindsay, LGSW. Commission staff present were: Eva Schwartz, Executive Director and Donna Adcock, RN, Surveyor. Commission counsel present: Leslie Schulman, AAG.

DHMH staff present: Carol Manning, Chief KDP and Chuck Lehman, Executive Director of Medicaid Systems Operations, Pam Ambush Burris, Alice Williams and Barbara Newman, Maryland Board of Nursing (BON), Maria Krasnansky, RN, Office of Health Care Quality.

Guests present were:

Elena Balovlenkov, Tracey Mooney, IDF, Karen Lambrecht, Amgen, Ryan Brown, FMC, Sharon Bloom, DHMH, Bonnie Kaiser, Davita, Mary Keller, DCA, Kim Dunston, Davita, Lorrie Flannery, Davita, Tracey Sease, Western MD Hospital, Stuart Lessner, Union Memorial, Tom Pianta, Delmarva Foundation, Pam Pacheco, DCA, Brenda Falcone, NKF, Ivy Simmons, Good Samaritan, Keisha Greene, RAI, Juathawala Harris, Liberty, Micki Misiaszek, Genzyme, Anne Gaffney, FMC, Stephanie Barkley, RAI, Juliet Osborne, VA

I. APPROVAL OF July 23, 2009 MINUTES

The minutes were approved as submitted.

II. CHAIRMAN'S REPORT

Dr. Fink welcomed everyone and requested that the new Commission members introduce themselves. Ms. DeCerbo, Mr. Stankovic and Dr. Edward Kraus introduced themselves.

Dr. Fink briefly discussed the CMS proposed ESRD Bundling project. He urged the guests to review the proposal and comment.

Ms. Mooney reported that CMS' bundling would impact the patient population and noted concern about the oral drugs, which are proposed to be included in the bundle. She noted that the bundling might impact the KDP budget. Ms. Mooney urged everyone to log onto www.regulations.gov and type in ESRD bundle and comment on the proposal. She stated that bundling might pose a tremendous risk to the patients and providers.

III. EXECUTIVE DIRECTOR'S REPORT

Mrs. Schwartz thanked everyone for attending the meeting. She noted that she would like the opportunity to discuss the new Commissioners' responsibilities with them and encouraged them to meet with her at their convenience.

Mrs. Schwartz noted that the Commission budget has been cut by three percent. She reported that she hopes the Commission will not have to raise the certification fees due to budget cuts. She stated that she would send out an email to the group regarding budget hearings in Annapolis.

IV. OLD BUSINESS

A. Proposed Amendments to COMAR 10.30

Mrs. Schwartz directed the Commissioners' attention to the draft regulations. The Transmissible Disease and Water sections were reviewed and approved with the exclusion of the phrase "except infectious tuberculosis" under the Transmissible Disease section. Mrs. Schwartz noted that the final draft must be submitted to the Department before November 14th for consideration.

B. CNA-DT – Requirements for Certification

Barbara Newman, RN, Director of Nursing Practice for MBON discussed the new CMS requirements for national certification of the CNA-DTs. She reported that representatives from the renal community met at MBON earlier this month. The group unanimously voted not to pursue obtaining approval from CMS for a State program and test that would meet the CMS requirements as the current CNA-DT certification does not meet CMS requirements. Mrs. Newman made it clear that MBON would continue to mandate certification of CNA-DTs before they practice as a CNA-DT in Maryland.

Mrs. Newman reported that the community may continue with the current process for certification of the CNA-DT and utilize the current CNA-DT exam. She noted that a group of volunteers from this month's meeting has agreed to work on updating the exam and reviewing the current curriculum. Two meetings have been scheduled to begin this process. She reported that the group has requested several versions of the exam.

Ms. Newman noted that the CNA-DT will be made into a free standing category by MBON, a separate certification category from the CNA. The MBON will recognize all three of the national exams for dialysis technicians for endorsement and will eventually require the national exams as part of the MBON's regulations.

Mrs. Newman introduced Pam Ambush Burris, Director of Education and Alice Williams, Coordinator of Education. Ms. Williams will be surveying the CNA-DT training programs. She thanked everyone for their help.

C. Dialysis Facility Disaster Plans

Mr. Frederick reported that the Commission is still pursuing specific dialysis facility disaster plans. He noted that he presented information regarding dialysis facilities and their needs in a disaster to the Office of Preparedness Management in August and that he will attend a meeting next week with the Emergency Management Agency to present the same information. Mr. Frederick stated that the Disaster Workgroup created a list for the Federal Facility Resource Emergency Database System or FREDS in March and that he would have more information regarding the progress to report at the January Commission meeting.

D. Every Diabetic Counts

Mr. Pinata from the Delmarva Foundation presented the Every Diabetic Counts program that the Foundation would like to pilot in Maryland dialysis facilities. He noted that IDF has agreed to be a pilot facility. Diabetic patients would utilize a laptop computer loaded with learning activities in a self-paced program to improve education about the disease. He reported that the program could also produce a brochure for the patients.

Mr. Pinata stated that the next step is to have 20 laptops ready for patient education and start the pilot at IDF. He noted that the plan would be to move from facility to facility to offer the program. The program would allow the laptops to be left at the facility, allowing staff to work with the patients.

V. NEW BUSINESS

A. Kidney Disease Program - Stats and Budget

For the new Commissioners, Ms. Manning explained that the KDP program provides financial assistance for certified KDP patients with ESRD. She noted the program is the payer of last resort and includes income requirements, thus prorated premiums for the beneficiaries.

Ms. Manning presented the KDP budget. She reported that the program is currently in compliance with processing time for KDP applications without a backlog of claims. She noted that the KDP is no longer manually pricing claims and that the new KDP Web Portal will assist providers in viewing claim status and payment information. Ms. Manning stated that the KDP staff would assist providers in utilizing the system until they become accustomed to the system. She provided handouts to the group and announced that a mass mailing would be accomplished to provide this information to the community.

o Letters from the Council of Renal Nutrition regarding KDP OTC Budget Cuts

Mr. Lehman noted that after several rounds of budget cuts, the KDP has only sustained one cut which eliminated reimbursement for the over the counter medications and supplements. He noted that patients with Medicaid still have coverage for the insulin, test strips and syringes. He stated that this cut affects mostly recipients with higher incomes.

Dr. Fink stated that he felt this decision was arbitrary and that he would have liked for the Commission to be consulted regarding any cuts in the future.

Dr. Kraus noted that he is concerned that the elimination of insulin endangers patients and discussed his concern regard the lack of clinical input regarding this decision.

Dr. Fink stated that insulin is not an over the counter drug and reiterated his concern about this decision.

Mrs. Schwartz stated that the Commission would make a recommendation in writing to the Secretary regarding the insulin coverage.

B. Protecting Personal Information

Mrs. Adcock directed the guests' attention to the attachment provided by the Network. She noted that the Network and Commission are concerned about facilities including patient identifying information in emails.

C. Veteran's Administration Hospital, Baltimore – Referrals

Dr. Fink introduced Juliet Osborne, CRNP, from the Veterans Health Administration (VA) in Baltimore. Ms. Osborne reported that the VA is now providing limited vascular access care. She reported that there has been an influx of patients into the VA emergency room for declots. She noted that

patients report that they have been sent to the VA for care but that the VA does not receive referrals for the patients.

Dr. Fink noted that the Baltimore VA does not have a dialysis unit and that the Vets obtain dialysis in the community. He stated that he realizes that there is confusion about payment for veterans' services and directed the guests' attention to the attachment regarding payment of dialysis care administered to veterans by non-VA health care providers. He reported that the Baltimore VA provides very limited access services. The services are offered only 2 days per week and that Interventional Radiologists can only accommodate a limited number of patients. He notes that these services are available but may not be available in a timely manner. Dr. Fink stated that physicians have responsibilities for continuity of care for their patients and should assure that patients are appropriately referred for services.

Dr. Modi noted that it is difficult to reach the VA staff and that some of the patients' accesses have been placed at the VA. Dr. Fink reported that most of the accesses are placed in the community.

Discussion ensued. Dr. Fink requested that contact information for the VA be placed on the Commission website and discussed the possibility of a letter that would be sent to facilities to inform the community of the VA referral system and contact information.

D. CDC Recommendations for the H1N1 Flu in the Dialysis Setting

Mrs. Adcock directed the group's attention to the attachment from the CDC regarding recommendations for hemodialysis patients with H1N1 in the hemodialysis setting.

E. Commission on Kidney Disease Budget Cuts

This information was reported with the Executive Director's report.

F. Complaints

Mrs. Schwartz noted the Commission has received the following types of complaints since the last meeting:

o Written

-Patient complaint regarding facility's no eating policy

-Patient complaint regarding care received at a facility

-Complaint regarding preferential treatment of a patient at a facility, lack of supplies and staffing violations

-Facility complaint regarding an abusive patient

-Facility complaint regarding a patient for non-payment

-Patient complaint about privacy issues at a facility

- **Verbal**

- Family member complaint regarding difficulty finding placement for significant other

- Social worker's complaint regarding patient behavior at facility

- Facility complaint about a patient who is lost to follow-up

- Patient complaint about feeling rushed at a facility

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

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

Hospital	Granted	Refused
Washington Hospital Center	2	0
Christiana Hospital	2	0
Georgetown University Hospital	2	0

H. Surveys (21)

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

Citations

Compliance with Federal, State and Local Laws and Regulations	0
Infection Control	1
Water and Dialysate Quality	12
Reuse of Hemodialyzers/Bloodlines	4
Physical Environment	5
Patient Rights	0
Patient Assessment	1
Patient Plan of Care	5
Care at Home	0
Quality Assessment and Performance Improvement	5
Laboratory/Affiliation Guidelines	0
Personnel Qualifications/Staffing	13
Responsibilities of the Medical Director	2
Medical Records	2
Governance	1

I. Surveys Completed (21)

The following facilities have been surveyed since the last meeting:

Davita Berlin
 FMC Wheaton
 Davita Frederick
 Davita Downtown
 DCA N. Baltimore
 Davita Cottage City
 Davita N. Rolling Rd.

Holy Cross Hospital Dialysis
 Davita Seton Drive
 Holy Cross at Woodmore
 FMC Adventist
 Davita Baltimore County
 Charing Cross
 FMC S. Annapolis

Davita Easton
ARA Adelphi
Davita Laurel *
Davita Frederick*

Davita Cambridge
DCA W. Baltimore
RAI Oxon Hill

*Citation free survey.

Dr. Fink commended the citation free facilities.

CLOSED SESSION: Pursuant to Maryland State Government Annotated "10-508", on a motion made by Dr. Jeffrey Fink, the Commission unanimously voted to close its meeting on October 22, 2009 at 3:45 p.m., for the purpose of complying with the Maryland Medical Practice Act that prevents public disclosures about particular proceedings or matters.