

MARYLAND COMMISSION ON KIDNEY DISEASE

THE CONNECTION

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CHAIRMAN'S REPORT

Over the past year, I am pleased to report that the Commission's work continues to bear fruit in fostering the mission and commitment to safeguard the delivery of dialysis care in Maryland.

An implemented disaster plan is in place now, including the working plan to provide timely notice to the dialysis facilities, thus ensuring the uninterrupted delivery of dialysis services for our patients in case of inclement weather or a disaster. Information to the dialysis units is also provided by the water treatment plants of "shock chlorination" to the water supply in case of contamination. The Department of the Environment, to whom we are most grateful for their assistance, was instrumental in accomplishing this dissemination of information policy. These endeavors would not have come to fruition without the collaboration and coordination of other State Agencies, dialysis providers and other stakeholders.

Over the past several months, the Commission has received complaints from some patients and Social workers, regarding missed rides to and from the dialysis facility resulting in missed treatments or stranding in the dialysis unit without means of transportation. This raised the concern about the potential adverse impact on these patients' health. Presently, the Commission is closely working with the Maryland Transportation Authority to address and correct these issues. The Commission appreciates the assis-

tance provided by Daniel O'Reilly, Acting Director of the Agency, and is looking forward to a continued collaboration.

Continued focus proceeds as usual through our site visits to adhere to safe and sound practices in the provision of dialysis treatments to our patients. Infection control and staffing responsibilities including documentation and dialysis prescription enforcement are the most cited areas that we continue to address and monitor on an ongoing basis.

The Commissioners have been working with the Kidney Disease Program to help them in the transition from ICD-9 to ICD-10, as mandated by the Federal Government. Additionally, reviewing, approving and updating the currently approved formulary drug list is being accomplished so that Maryland's renal patients have access to the latest and best drugs available.

It has been a challenging year for the Commission, as noted by our Executive Director's report included in this issue.

Finally, I could not end this letter without acknowledging the hard work of our Nurse Surveyor, Mrs. Donna Adcock, our Executive Director, Mrs. Eva Schwartz, Leslie Schulman, AAG and the rest of the Commissioners who give generously their time to help carry on our Mission.

By: **Luis Gimenez, M.D.**

COMMISSION MEETINGS



The Commission on Kidney Disease will meet on the following dates in 2014:

April 17, 2014

July 24, 2014

October 23, 2014

The Commission meets at the Department of Health and

Mental Hygiene, 4201 Patterson Avenue Baltimore, MD 21215, Room 118. The Open Session of the meeting begins at 2:00pm and is open to the public. For further information regarding these meetings, please contact the Commission office at (410) 764 - 4799.

COMMISSIONERS:

Luis Gimenez, M.D.

Chairman

William Frederick, RN

Vice Chairman

Bernard Jaar, M.D.

Edward Kraus, M.D.

Paul Light, M.D.

Kulwant Modi, M.D.

Matthew Weir, M.D.

William Rayfield II, M.D.

Belinda Lindsay, LGSW

James Stankovic

Kimberly Sylvester, RN

STAFF:

Eva H. Schwartz, MS, MT, SBB (ASCP)

Executive Director

Donna Adcock, RN

Healthcare Surveyor

Leslie Schulman, AAG

Commission Counsel

INSIDE THIS ISSUE:

CHAIRMAN'S REPORT	1
COMMISSION NEWS	2
NATIONAL KIDNEY FOUNDATION OF MARYLAND	2 & 3
LIVING DONOR KIDNEY TRANSPLANT	4
MID-ATLANTIC RENAL COALITION	4
NKF-MD EVENTS	5
EXECUTIVE DIRECTOR'S REPORT	5
KIDNEY DISEASE REPORT	5

COMMISSION NEWS

CITATION FREE SURVEYS

The Commission commends the following citation free facilities:

It is an achievable goal, and should be the goal of each facility.

Davita Middlebrook
 Davita Carroll County
 Davita Washington County
 Johns Hopkins Hospital Transplant Center
 University of Maryland Medical Center
 Transplant Center
 IDF Allegany
 Western Maryland Regional Medical Center
 Davita Charles County
 Davita Deer Creek
 Davita Kidney Home
 IDF Chestnut
 IDF Arundel

CONGRATULATIONS !

FACILITIES APPLYING FOR CERTIFICATION

The following facilities have applied for certification with the Commission, for KDP reimbursement purposes:

- **FMC Middle River**
- **Davita Rock Creek**
- **FMC Odenton**
- **Davita Glen Burnie Home Training**

The above stated facilities have been certified and are in good standing with the Commission. Patients should be advised of the Kidney Disease Program.

COMMISSION WEBSITE

www.dhmh.maryland.gov/mdckd
 Find the latest Commission information: meeting dates, new facility information, complaint forms, regulations, Governor's report and past and current newsletters.



NATIONAL KIDNEY FOUNDATION OF MARYLAND

The National Kidney Foundation of Maryland (NKF-MD) is celebrating its 50th anniversary this year! NKF-MD offers many community and patient service programs to build awareness, drive prevention and support treatment of kidney disease. Each year, NKF-MD screens over 1,000 people through our KEY screenings and Kidney Health Risk Assessment programs, provides an average of \$200,000 in emergency assistance and transportation funds and helps more than 1,000 patients and their families meet basic, urgent life needs. NKF-MD funds over \$200,000 in research grants each year to local institutions and offers support to patients, caregivers and organ donors with access to the NKF Cares Hotline. An annual Scientific Session and Renal Rounds provide a forum for medical professionals to hear about local research and discuss renal pathology cases. Below is a snapshot

of NKF-MD's programs and services.

KHRA (Kidney Health Risk Assessment)

This Level 1 FREE assessment is designed to help increase awareness of kidney disease risk factors in the community using a brief questionnaire, blood pressure measurement, body mass index and consultation with medical professionals. The program is typically offered in large venues such as community expos and convention centers.

KEY (Kidneys: Evaluate Yours) Screenings

This Level 2 FREE screening is a hallmark NKF-MD program. These screenings are held throughout NKF-MD's service area and are open to anyone age 18 and older. Staffed by medical professional and lay volunteers, these screenings are designed to detect early markers of chronic kidney disease, identify those who may be at risk and encourage them to follow up with their primary care physician. Screenings consist of brief medical history; measurement of height, weight and blood pressure; blood draw to test creatinine and glucose levels; and physician, nurse practitioner or physician assistant and dietitian consultation to review the measurements and discuss risk factors and prevention efforts. All participants receive their results by mail, and those with significant results receive a phone call from a supervising physician and are encouraged to share the results with their primary care physician.

Outreach & Education

In addition to providing printed education materials, NKF-MD hosts semi-

COMMISSION NEWS

nars and meetings to inform patients and the public about the latest in awareness and education of kidney health. NKF-MD participates in health fairs, media interviews and is a phone resource for the public, responding to callers who need assistance, answers and referrals.

Camp All Stars

NKF-MD is a proud sponsor of Camp All Stars, an outdoor program for children, adolescents and young adults with kidney disease, organized by The Harriet Lane Kidney Center at Johns Hopkins Children's Center. Campers learn how to better manage the challenges of having kidney problems while living life to the fullest.

Transplant Games Team Maryland

NKF-MD is proud to support The Living Legacy Foundation and Team Maryland. Team Maryland is a special group of transplant recipient athletes, living donors and donor families celebrating the success of organ donation and transplantation. Transplant recipient athletes compete in the Transplant Games, an Olympic-style athletic competition presented biennially by the Transplant Games of America.

Professional Education

NKF-MD hosts two Renal Rounds annually for nephrologists and medical professionals. These events feature presentations and lively discussions of interesting renal pathology cases, discussed by a local renal pathologist. In May, the annual Scientific Session features renowned speakers presenting the latest infor-

mation on the diagnosis, treatment and management of kidney disease, and poster sessions highlighting research findings by NKF-MD research grant awardees.

Patient Emergency Assistance Program & Emergency Transportation Fund

The Patient Emergency Assistance program provides direct grants up to \$200 per calendar year for qualifying low-income patients with chronic kidney disease or transplant donors/recipients who are in financial crisis and need immediate assistance to meet basic life expenses, such as groceries, gas/electric or medications.

The Emergency Transportation fund provides special funds to dialysis centers for patients who need help with transportation to and from their dialysis treatments.

Medical ID Jewelry

NKF-MD provides FREE medical alert jewelry to kidney dialysis and transplant patients.

Renal Nutrition Program

NKF-MD's Renal Nutrition program provides nutrition supplements to eligible low-income patients who meet the nutritional criteria. Applications are reviewed by a committee comprised of dietitians who volunteer their time and are part of the Council on Renal Nutrition.

Beyond Dialysis

In 2013, the Beyond Dialysis series transitioned from a single event to multiple events held throughout NKF-MD's service area. These events pro-

vide an opportunity for dialysis patients and their caregivers to receive education, share their experiences, and have their questions answered as they network with one another on their dialysis journeys. In 2014, this new and improved program will include four patient education conferences that focus on patients and their families being informed, inspired and engaged.

Advocacy

NKF-MD is involved in advocacy at the local, state and national levels, conducting letter writing campaigns and visits to legislators to urge them to make early detection and treatment of kidney disease a health priority.

Research – *The best treatment for kidney and urinary tract diseases is the discovery of a cure...*

NKF-MD funds more research locally than any other NKF affiliate in the country! Through a formal application process, NKF-MD awards annual grants to support critical research in the areas of kidney and urologic disease, and hypertension. The goal of the grants program is to promote basic, clinical, translational and public health research that is aimed at preventing and treating diseases of the kidney and urinary tract. NKF-MD currently offers two types of research funding mechanisms: Mini-Grants and Professional Development Awards.

For more information about NKF-MD's programs or services, contact Jessica Quintilian, Director of Programs & Advocacy at 443-322-0375 or jquintilian@kidneymd.org.

Living Donor Kidney Transplant

As of February 14 there are over 99,000 individuals in the United States awaiting a lifesaving kidney transplant. Currently, in the state of Maryland, there are 2,000 individuals. The unfortunate reality is that there are simply not enough deceased donor organs available to meet this demand. Which is why; in addition to raising awareness of registering to becoming an organ donor, it is imperative to discuss the importance of Living Donation with potential kidney transplant recipients.

There are many advantages to recipients receiving a living-donor kidney transplant. Foremost, is the ability to receive a transplant sooner than a patient would while awaiting a deceased donor organ. Unlike a deceased donor transplant, the living donor transplant can be planned

ahead of time when the receipt is in better health. Most important of all, the long-term survival rates of living donation transplant are often higher. There is one more, very important advantage to living donation – using a living-donor organ frees up a deceased donor kidney for someone else who doesn't have a living donor.

At The Johns Hopkins Comprehensive Transplant Center we have implemented the use of an online registration system for potential Living Donors. We recognize that potential living donors are generally active in the work force and may be unavailable during normal business hours to initiate contact. To help alleviate any potential communication issues, this online tool will allow potential donors to start the initial intake process on their time. This comprehensive online questionnaire is designed to gather basic health and demo-

graphic information.

The online donor registration portal also enables individuals who are actively awaiting renal transplantation to inform potential donors how to sign up. By empowering potential recipients with the appropriate tools and education, we are able to spread the word regarding the need for more living kidney donors. We are optimistic that the use of this technology will assist us with increase living donation and better yet, transplanting more individuals on the waitlist.

To access the donor portal please visit: <http://johnshopkins.trcareportal.com>. If you would like more information on Living Donation contact the Johns Hopkins Living Donor Team at 410-614-9345.

By: Amy Morris, MHA
Transplant Outreach Coordinator
Johns Hopkins Hospital

Mid-Atlantic Renal Coalition

The Mid-Atlantic Renal Coalition (MARC) defines patient engagement as the respectful, welcomed, and valued involvement of the patient, including family as requested, in every aspect of medical care in order to achieve the highest quality and best possible health outcomes for the patient. The benefits of patient engagement for both patients and providers are well documented and include lower costs, improved outcomes, and increased satisfaction. Facilities that are committed to patient engagement should participate in MARC's ENGAGE initiative, a certification and recognition program. The ENGAGE program provides a template that facilities can follow to

increase patient and family engagement, and successful completion of the program qualifies a facility to receive special recognition at the Network's annual Council Meeting in Fredericksburg, VA on October 23, 2014.

Additional resources on patient engagement can be found through:

e-lets – MARC's biweekly electronic newsletter

5-Diamond Patient Safety Program – 15 modules available to help your facility ensure a culture of safety

Learning and Action Networks (LANs) – The Network facilities have two LANs, which focus on patient engagement and reducing Healthcare-Associated Infections (HAIs)

Power Hours webinar series – Educational webinars for dialysis facility staff; continuing education credits available

Patient educational sessions – Free monthly presentations for patients

For more information on any of these initiatives or resources, visit the MARC website at www.esrdnet5.org.



EXECUTIVE DIRECTOR'S REPORT

During this 2014 Legislative Session, Senate Bill 756 -Commission on Kidney Disease - End-Stage Renal Disease Quality Incentive Program – Regulations -was introduced by Senator Muse. Due to requirements proposed in this Bill mandating regulations to be promulgated for compliance at the State level with the Federal Quality Incentive Program (QIP), a Medicare pay per performance system for ESRD facilities, the Commission opposed SB 756.

The Commission's rationale for their position addressed the redundancy of this Bill which would impose a system that is already mandated for compliance purposes of all ESRD facilities that are Medicare providers in the State, as well as Certified by the Commission on Kidney Disease for Kidney Disease Program reimbursement purposes. Some of the introduced amendments included that DHMH and the Commission would be required to educate the patients on the QIP, and other Federal websites providing information about comparisons between the dialysis facilities. The Commission, in the Hearing before the Senate has stated that such information is readily accessible to patients from different sources; additionally, at a facility level much information is disseminated and available, addressing the large number of renal health care providers involved during dialysis. Thus, this Bill as amended would not

have been fiscally and administratively feasible without substantial State, Commission and Renal Provider expenditures, funds better directed toward direct quality dialysis care.

The Commission extends their thanks to DHMH and all those stakeholders, IDF, DaVITA, FRESNIUS and MEDCHI, who worked collaboratively with the Commission during this Legislative session, emphasizing that continuity in advancing the well being and quality of care rendered to the renal citizens, is a priority in Maryland.

This is a call to all of us to continue to reach out to the patients with information regarding developments such as posting the QIP in your facilities, discussing modalities of care and ensuring that patients are familiar with their Rights and Responsibilities and the benefits of the Kidney Disease Program.

See you at each of our Commission meetings, and remember to advertise the meetings to your patients in each of your facilities.

THANK YOU FOR CARING.
Eva Schwartz

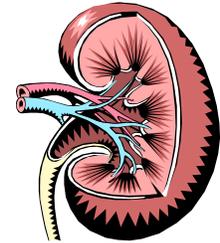
Kidney Disease Program Report

The Program expects the average number of beneficiaries for Fiscal Year 2013 to be 2,340. The Kidney Disease Program is working with contractors to develop and implement the Medicaid Enterprise Restructuring Project (MERP). All KDP claims functioning processes and financial payment and recovery processes will be incorporated into the Medicaid eCAMS system. The anticipated implementation date is January 2015. The Program continues to work with our contractor, Santeon, and data processing analysts and programmers to ensure compliance with federally mandated requirements. The Kidney Disease Program will develop and implement the federally mandated updates to the CMS-1500 claim form to accommodate the federally mandated ICD-9 to ICD-10 conversions. The implementation of

the federally mandated requirement to accept ICD-10 is scheduled for January 2014. The federally mandated required implementation date is October 2014. The Program will continue to develop and provide enhancements to the electronic claims management system and KDP provider portal in an effort to improve processing time and customer service. These enhancements include the ability for providers to verify patient eligibility, electronically check claims' status, ability to access payment vouchers online, access the FMIS history of paid claims, and speedier reimbursement to providers. In addition, the Kidney Disease Program will continue to work with the Commission on Kidney Disease to provide quality service to the end stage renal disease (ESRD) patients in the State of Maryland and the ESRD community.

MARYLAND COMMISSION ON KIDNEY DISEASE

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WE ARE ON THE WEB

www.dhmh.maryland.gov/mdckd/

UPCOMING NKF- MD EVENTS

Southern Delaware Kidney Walk

April 27, 2014

9:00 a.m. registration; 10:00 a.m. Walk
Cape Henlopen State Park, Lewes, DE

Greater Baltimore Kidney Walk

May 4, 2014

9:00 a.m. registration; 10:00 a.m. Walk
Camden Yards, Baltimore

Eastern Shore Maryland Kidney Walk

May 4, 2014

9:00 a.m. registration; 10:00 a.m. Walk
Winterplace Park, Salisbury

Western Maryland Kidney Walk

May 4, 2014

9:00 a.m. registration; 10:00 a.m. Walk
Greenbrier State Park, Boonsboro

2014 Scientific Session

Thursday, May 8, 2014

6:00 p.m. – 9:00 p.m.

Johns Hopkins Bayview Asthma & Allergy
Center

Rappel for Kidney Health

June 6-7, 2014

Baltimore Marriott Waterfront

For more information, contact NKF-MD
at 410-494-8545.