

MARYLAND COMMISSION ON KIDNEY DISEASE

THE CONNECTION

VOLUME 16 ISSUE 1 APRIL 2018

CHAIRMAN'S REPORT

The Maryland Commission on Kidney Disease and Transplantation continued its important work in 2017. Nine new dialysis facilities were evaluated and received their initial certification. In addition, the Commission surveyed 91 facilities, resulting in required Plans of Corrections from many of these units. The Commission also addressed 19 complaints, a significant increase from 2016. The Commission continues to work in collaboration with the Quality Insights Mid-Atlantic Renal Coalition in addressing involuntary discharges, and with the Maryland Board of Nursing and the Office of Healthcare Quality on many compliance issues.

As I write this in the beginning of March, we are finally seeing a decrease in the number of new flu cases in the state, although it remains a significant issue. Influenza is an example of why infection control measures are so important in the dialysis unit. It can spread between patients, or patients and staff. Influenza can lead to increased hospitalization and death in a dialysis patient and cause logistical issues in staffing a dialysis unit. Infection control issues are one of the most commonly cited deficiencies found during a survey. The importance of infection control cannot be underestimated.

While we routinely focus on measures relating to bloodborne infections, such as hepatitis B and catheter related bloodstream infections, our patients are at risk of a multitude of other infections. Strict adherence to infection control measures can help reduce infection rates, and potentially reduce the prevalence of antimicrobial resistance. Septicemia is the number four most common cause of death among dialysis patients, and an area in which providers have an opportunity to intervene.

The Commission has also seen an increase in the number of involuntary discharges. This is a significant concern to the Commission, as patients who are involuntarily discharged often have difficulty in finding an alternative unit in which to dialyze. While it may not be possible to avoid all involuntary discharges, we all need to take steps to minimize them as much as possible. The best opportunity to prevent an involuntary discharge may take place well before the precipitating event. Oftentimes, problematic behaviors have started well before the precipitating event. All dialysis providers should consider training in preventing provider-patient conflict.

Continued on Page 4

COMMISSION MEETINGS



The Commission on Kidney Disease will meet on the following dates in 2018:

May 3, 2018

July 26, 2018

October 25, 2018

The Commission meets at the Maryland Department of

Health 4201 Patterson Avenue Baltimore, MD 21215.

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:

Jeremy Yospin, M.D.

Chairman

Paul Segal, D.O.

Vice Chairman

William Rayfield II, M.D.

Susan Leon, RN

Denise Collins, LCSW-C

Joan Wise, RN

Henita Schiff

Donna Hanes, M.D.

Sumeska Thavarajah, M.D.

Adam Berliner, M.D.

Nadiesda Costa, M.D.

STAFF:

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

Executive Director

Donna Adcock, RN

Healthcare Surveyor

Leslie Schulman, AAG

Commission Counsel

INSIDE THIS ISSUE:

COMMISSION NEWS	2
KDP FISCAL YEAR 2017 ACCOMPLISHMENTS	2
A SMARTPHONE APP FOR ORGAN DONATION	3
HEART YOUR KIDNEYS	4
UPCOMING EVENTS: KEYS SCREENINGS	4
TELEHEALTH FOR HOME DIALYSIS THERAPIES	5

COMMISSION NEWS

CITATION FREE SURVEYS

The Commission is commending a record number of facilities for achieving citation free surveys:

- IDF Calvert
- FMC Waldorf
- Davita Queen Anne Home Training
- Davita Eastern Boulevard
- Davita Washington County Home Training
- USRC Prince Frederick
- FMC Cross Keys
- FMC Franklin Square Home Training
- Davita Greenbelt Home Training
- Davita Wheaton
- Davita Deer Creek

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

CONGRATULATIONS!

COMMISSION WEBSITE

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



FACILITIES APPLYING FOR CERTIFICATION

The following facilities have applied for certification with the Commission for KDP reimbursement purposes, and have been certified and in good standing with the Commission:

- Davita Odenton
- Davita Mt. Ranier
- Davita Good Samaritan
- Davita Union Memorial

KDP FISCAL YEAR 2017 ACCOMPLISHMENTS

The Kidney Disease Program (KDP) enhanced the Program's website with information and updates relative to the Program. The address of this website is <https://mmcp.health.maryland.gov/familyplanning/Pages/kidneydisease.aspx>. This website includes helpful information, such as: KDP notices of updates/changes, information resources, web links, phone numbers, e-mail address for questions about KDP, billing instructions, KDP COMAR regulations and the KDP drug formulary. This website will undergo continuing development in an effort to provide the renal community with the most up to date information available

with regard to the Kidney Disease Program. Enhancements and system developments to the KDP electronic claims management system (eCMS) and the Conduent pharmacy point-of-sale system (POS) continue in an effort to provide more efficient and timelier processing of claims. These systems continue to allow KDP to accept and return HIPAA compliant transactions from Medicare trading partners and all participating providers.

ESRD providers of service continue to be granted access to the KDP Portal. Approval of the required User Agreements, necessary to grant access, has improved to a 48 hour or less processing window. The website, to gain access to the KDP portal is www.dhmheclaims.org. This portal allows providers to verify claims' status and view detailed payment information, which includes, check numbers, check dates and voucher numbers. This information assists providers in maintaining an accurate and up to date accounts receivable system and minimizes duplicate billing. In addition, providers of service may access up to date eligibility information for all ESRD patients certified with the Kidney Disease Program of MD.

The Board of Public Works (BPW) approved the first option period for TPL on June 8, 2016 to include KDP in Medicaid's HMS (Health Management Services) contract to gather third party information in an effort to maximize collection efforts and ensure that KDP is truly a payer of last resort. The current period expires on June 30, 2018. Work has initiated to modify the KDP eligibility file, develop a resource file and develop a COB Connect document to effectively transmit and receive records in the proper format to HMS.

Santeon upgraded the entire eCMS platform to be compatible with newer Windows version and .Net frameworks. This upgrade has improved the security of the system.



Continued on Page 3

A Smartphone App for Increasing Live Organ Donation

About the Organ Shortage in the United States

In the US today, there are over 100,000 people in need of a life-saving transplant. Transplantation is the preferred form of treatment for patients with kidney failure, and for many patients, transplantation improves both survival and quality of life. Despite this profound need, only about 20,000 deceased donor organs are transplanted every year.

The Need for Living Organ Donors

To spare an individual patient a long and uncertain wait, relatives, loved ones, friends, and even individuals who wish to remain anonymous may serve as living organ donors. A living donor donates one of their two healthy kidneys. With living donation, a patient can undergo live donor organ transplantation immediately, avoiding the wait time and offering superior survival benefits. However, living donor transplantation accounts for fewer than 6,000 transplants per year despite a huge pool of millions of adults living in the US. Identifying ways to increase living organ donation is one way to influence the organ shortage crisis.

About the Donor App

DONOR is a smartphone app that has been developed to help people find living donors.

The incidence of live donor transplantation has declined over the past decade, and waitlisted candidates report substantial barriers to identifying a live donor. Since asking someone to donate can feel awkward and unfamiliar, candidates are hesitant to ask directly and may be



more comfortable with a passive approach. Johns Hopkins has collaborated with Facebook leadership to develop an app that would allow people waiting on the list to tell their story about organ failure, their need for a living donor transplant, and to identify potential living organ donors. Facebook has over 2 billion monthly users and is therefore a powerful communication tool that has the ability to directly impact the organ shortage. Many transplant candidates already have an extensive social network on the site that connects them to friends and family.

The app was tested on a group of 52 patients at Hopkins and those that used the app were 6.6 times more likely to have a potential living donor come forward on their behalf compared to patients on the waitlist that did not use the app. Johns Hopkins currently has an NIH funded study to test the app at three centers, and are rolling it out to another 10 centers beyond that. It is available in multiple languages and on iPhone, android, iPad, desktop, etc. It's easy and free and very soon, anybody who wants to try it can.

by Laura Conroy BSN, RN

Chairman's Report

(Continued from Page 1)

The ESRD Networks have put together an excellent toolkit that can help in this challenging undertaking. Consider involving the Network and the Commission early in the process, hopefully before a discharge has taken place. We must all work to minimize these situations as they disrupt the operation of the dialysis unit and put the health of the patient at risk.

By: Jeremy Yospin, M.D.

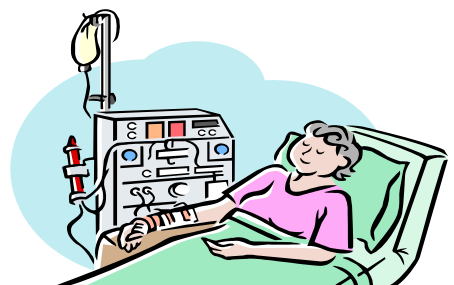
Continued from page 2

KDP FISCAL YEAR 2017 ACCOMPLISHMENTS

Upgrading the entire eCMS platform improved the security, reliability and performance of eCMS thus enhancing the efficiency and productivity of the system.

KDP, along with BCCDT and MADAP, has obtained a sole source contract with Santeon, the current KDP claims processing vendor, to continue the KDP claims functioning processes, financial payments and recoveries, in addition to reporting requirements. This 5 year contract covers the period of FY 2016 to FY 2021.

Customer service in the areas of patient certification, accounts payable and accounts receivable continues to improve. KDP personnel strive to assist KDP recipients, in processing applications as quickly and efficiently as possible, adjudicate claims in a timely manner, provide assistance with program participation fees, and provide education to members of the renal community to assist them in receiving the most accurate information possible. Training sessions have been held with Free Standing Dialysis Unit (FSDU) social workers and Senior Health Insurance Program (SHIP) personnel in an effort to educate the ESRD personnel and community in the KDP patient certification process, advise those personnel of KDP, Medicare and Medicaid regulations, and address frequent problems and concerns occurring with those processes.



**When it Comes to Vital
Organs Hearts Get all the Love—
Time to
“Heart Your Kidneys”**

*New public awareness campaign
launches for March,
National Kidney Month*

The National Kidney Foundation (NKF) is encouraging all Americans to “**Heart Your Kidneys**”. A recently released new public awareness campaign seeks to lift the kidneys to the status of other, better-understood, vital organs like the heart so that people understand what kidneys do and why they are vital to sustaining life.

“When it comes to vital organs, hearts get all the love. Kidneys get the short end of the stick,” said Kevin Longino, CEO, National Kidney Foundation.

“But kidneys are essential to keeping you healthy—when your kidneys stop working, so do you. Trust me, I know,” added Longino, who received a kidney transplant 13 years ago.

More than 30 million Americans have kidney disease, and most don’t even know they have it. When kidneys fail, dialysis or a transplant are needed just to stay alive. One in three American adults is at risk for developing the disease within their lifetimes.

The foundation is encouraging anyone with diabetes, hypertension, or a family history of kidney disease to speak with their doctor and ask about getting tested. It only takes two simple tests at the doctor’s office to check your kidney health. Even if you inherit kidney disease, you may be able to slow it down with lifestyle changes.

Join the conversation #heartyourkidneys.



**UPCOMING
EVENTS**

***KIDNEYS: EVALUATE YOURS
(KEYS) SCREENINGS**

Free screening designed to detect early markers of chronic kidney disease and identify those at risk. Includes brief medical history, measurement of weight and blood pressure, possible blood draw and medical consultation.



**Peninsula Regional Medical
Center HealthFest**

Saturday, April 7, 2018
James M. Bennett High School
07:30 am - 1:00 pm
300 East College Avenue, **Salisbury, MD**

Corporate Breakfast

Thursday, April 12, 2018
7:30am-9:30am
T. Rowe Price
4435 Painters Mill Road – Building 6
Owings Mills, MD 21117

Southern Delaware Kidney Walk

Sunday, April 29, 2018
10:00am Check In; 11:00am Walk Start
Cape Henlopen State Park
15099 Cape Henlopen Drive
Lewes, DE 19958

**Greater Baltimore Kidney
Walk**

Sunday, May 6, 2018
9:00am Check In; 10:00am Walk Start
The Weinberg Y in Waverly
900 E. 33rd Street
Baltimore, MD 21218

Salisbury Kidney Walk

Sunday, May 6, 2018
9:00am Check In; 10:00am Walk Start
Winterplace Park
6737 Blue Ribbon Road
Salisbury, MD 21804

Rappel for Kidney Health

Friday & Saturday, June 1&2, 2018
Blue Ocean Realty
201 N. Charles Street
Baltimore, MD 21201

NKF Golf Classic

Friday, September 14, 2018
1:00pm
Greystone Golf Course
2115 White Hall Road
White Hall, MD 21161

Western Maryland Bike Ride

Saturday, September 22, 2018
9:00am
Canal Place and Great Allegheny Passage
13 Canal Street
Cumberland, MD 21502

**Maryland Council on Renal
Nutrition Conference**

Wednesday, September 26, 2018
DoubleTree by Hilton
5485 Twin Knolls Road
Columbia, MD 21045

Interested in scheduling or volunteering for a screening? Please contact Jessica Quintilian, Senior Director of Field Services, jessica.quintilian@kidney.org or 410.494.8545.



TELEHEALTH FOR HOME DIALYSIS THERAPIES

Nephrology nurses in dialysis home therapies are working to improve patient connectedness with the dialysis team through new technologies. Telehealth is being discussed in Congress, in board rooms, and at the clinic level across the country. The nephrologist who manages the home programs at DaVita Kidney Care answered some questions about the use of Telehealth in the dialysis setting for this article. We interviewed Dr. Martin Schreiber, who serves as vice president of clinical affairs for Home Dialysis at DaVita Kidney Care, to learn more about the potential of telehealth.

Q: Could you explain what telehealth is exactly?

Dr Schreiber: Telehealth refers to a broad variety of technologies that enable the delivery of virtual medicine, health information or education services which are really focused on managing health conditions. It's interesting that some of these technologies include tools to transmit biometric data to a care center, such as blood pressure, temperature, respiration rate or blood sugar. Other tools can include video-conferencing, smartphone apps, and medication tracking and education. These are just a few of the different tools that can be leveraged.

With these tools, health care professionals can gain the ability to survey how patients are doing in the home or other settings on a daily basis and offer better care. The potential exists to help reduce hospitalizations and improve patient outcomes, but we need to prove this through greater experience, so continued evaluation of telehealth is really needed.

Telehealth is really in its preliminary stages and is not yet available to everyone. But there is growing enthusiasm to move in the telehealth direction to optimize patient care. It's also important to understand that telehealth is not like an ICU or receiving care on a hospital nursing floor—it doesn't mean we're responding with the level of immediacy that exists in a hospital setting to anything that happens. Telehealth tells us whether we're achieving the level of quality of care in the home as we work towards this phenomenal new introduction in technology.

Q: What are components of an effective telehealth program?

Dr. Schreiber: I would think about an effective telehealth program for home dialysis patients as an extension of the traditional dialysis unit into individual patients' homes by applying technology to capture health-related data and to expand the degree of connectivity with these patients in their home.

Three biometrics that a home remote monitoring program could measure are blood pressure, temperature and weight—fairly standard measurements, that both patients and family are familiar with.

An increase in weight may mean the dialysis is not taking enough fluid off, or the patient's own kidneys may be deteriorating further, and an adjustment needs to be made in the dialysis prescription. Elevated blood pressure, on the other hand, may increase the patient's risk of developing or experiencing a worsening in a cardiac condition or a stroke, and may require an adjustment in blood pressure medications. And lastly, fever could indicate infection and needs attention.

Other important biometrics that can be considered include ways of assessing a change in activity, or symptoms of shortness of breath which would warrant more work up. I'm sure there are others that could be added to this list, which will evolve over time.

Q: How do you see Telehealth impacting home modalities in the future?

Dr. Schreiber: Telehealth may allow home patients to feel more connected to their care team and may allow physicians to be more comfortable as well as confident in this therapy because of this increased level of connectivity. Physicians will have a window into how patients are doing on a regular basis as opposed to once-a-month visits, which occurs today, and can be more

proactive in identifying problem areas that potentially warrant a change or adjustment in the treatment plan. Patients may also be able to achieve a better understanding of their health, experience a sense of achieving more control in managing their health, and in essence become a better partner in achieving personal health.

Telehealth may also increase a patient or family's confidence and comfort in selecting the home as the best site of care for treating the patient's kidney disease. Telehealth, in my opinion, will allow the opportunity to help patients feel more connected to the support system they need, which is essential to navigating dialysis at home.

The future is about delivering more patient-centric care, which means that providers need to make the care of chronic disease more efficient for the patient. The medical community is redesigning the standard approach to how we have historically cared for patients at home and this will result in the evolution of the virtual visit. We all will learn as we go and continue to propel these innovative approaches of care forward.

Open Forum at ANNA National Meeting in April 2018

The ANNA Home Therapies Specialty Practice Network appreciates Dr Schreiber sharing this information with our members. Our SPN plans to continue this discussion at the ANNA National conference in Las Vegas in April 2018. This will be an open forum with members to exchange ideas, concerns, difficulties and successes with Telehealth in the community.

Patricia Patterson, BSN, RN, is a Peritoneal Dialysis Nurse, DaVita Annapolis, a member of ANNA's Baltimore chapter, and a member of the ANNA Home Therapies Specialty Practice Network, Bowie, MD.

Reprinted from the Nephrology Nursing Journal with permission.