

MARYLAND COMMISSION ON KIDNEY DISEASE

Thursday January 24, 2019

4201 Patterson Avenue

PUBLIC SESSION MINUTES

The Public Meeting of the Commission on Kidney Disease was held on Thursday, January 24, 2019 at 4201 Patterson Avenue. Chairman, Dr. Jeremy Yospin called the meeting to order at 2:09 P.M. Commissioners Dr. Donna Hanes, Dr. Adam Berliner, Joan Wise, RN, Dr. Nadiesda Costa, Dr. Sumeska Thavarajah, Tisha Guthrie and Susan Leon, RN were also present.

Commission staff present: Eva Schwartz, Executive Director and Donna Adcock, RN, Surveyor

Commission Counsel present: Leslie Schulman, AAG

Maryland Department of Health (MDH) staff present: Barbara Fagan, Office of Health Care Quality (OHCQ) Program Manager, Evi House, OHCQ Coordinator, Julie Capinpin, RN, OCHQ Surveyor, Kim Lang, Associate Director of Health Occupation Boards and Commissions, and Carol Manning, Chief of the Kidney Disease Program (KDP)

Guests present were:

Kim Sylvester, IDF

Hillary Murray, Davita

Greg Hoey, Astra Zeneca

Samantha Larkin, JHH

Jamie McNeill, Bon Secours

Chris Simon, IDF

Janice Wise, FMC

Jennifer Capozzoli, Davita

Heather Weirich, IDF

I. RATIFY APPROVAL OF THE MINUTES OF THE PUBLIC SESSION OF October 25, 2018

Commissioner Wise motioned to ratify the approval of the Public Minutes from the October 25, 2018 session. Commissioner Thavarajah seconded the motion and the Commission voted unanimously, with one abstention to ratify the approval of the Minutes of the October 25th, 2018 Public Session.

II. CHAIRMAN'S REPORT

Dr. Yospin reported that the flu season seems a bit milder this year. He noted that a link to the Maryland Flu Watcher is available on the Commission website. Dr. Yospin suggested the facilities require patients with flu symptoms to wear masks and keep them 6 feet away from other patients. He noted that some patients are refusing the flu vaccine and that nephrologists should consider treating patients with flu symptoms with Tamiflu, recognizing recommended dosing for dialysis patients.

Dr. Yospin discussed the prevalence of Hepatitis C in dialysis units and suggested that nephrologists consider treating those patients. He reported that there have been outbreaks in dialysis facilities with breaks in infection control practices contributing to the outbreaks. Dr. Yospin noted that Mavyret was approved by the FDA for the treatment of Hepatitis C in dialysis patients. He reported that the CDC recommends that monthly monitoring of dialysis patients ALT levels to screen for possible Hepatitis C seroconversion. He warned that, if ALT levels are drawn, a system should be in place to monitor trends.

Dr. Yospin discussed Transitional Care units for new dialysis patients. He noted that patients in enrolled in these programs receive an introduction to dialysis and intensive patient education. He reported high rates of conversions to home therapies in patients participating in the programs.

Dr. Yospin reported on a minimally invasive fistula placement procedure has been approved by the FDA. The procedure can be performed under local anesthesia.

Dr. Yospin discussed the use of telehealth for PD patients. He noted that the use of telehealth would be a good for PD patients who travel. Dr. Yospin noted that physicians and facilities are awaiting CMS guidance.

III. EXECUTIVE DIRECTOR'S REPORT

Mrs. Schwartz welcomed everyone and introductions were made. She reported that Ms. Tisha Guthrie was recently appointed as a consumer Commission member. Ms. Guthrie introduced herself and stated that she was a dialysis patient in 2004 and was transplanted in 2006. She works with the National Kidney Foundation, is a licensed social worker, and has a passion for wellness and fitness.

Ms. Evi House was introduced by Ms Fagan as a new OHCQ Coordinator for the ESRD programs.

Ms. Schwartz and Ms. Lang reported on the Department's Intranet Quarum (IQ) system which a centralized electronic record keeping system utilized by State government for complaints initiated through the Governor or Secretary's offices.

Last, Mrs. Schwartz discussed providing teleconference or videoconference access to Commission Public meetings. Discussion ensued. Ms. Schwartz will work on the logistics of providing this service.

IV. OLD BUSINESS

- **Proposed Legislation to Change the Commission Membership Qualifications for Governor's Appointment Purposes**

Mrs. Schwartz reported that she has obtained sponsors on the Senate and House side for filing a proposed Bill that would alter the requirement to submit 3 names for each Commission vacancy to 2 names and would remove the current financial interest restriction. These statutory changes would have the effect of improving the recruitment process for Commission membership.

V. ELECTION OF COMMISSION OFFICERS

Mrs. Schwartz accepted nominations from the floor for Chair and Vice-Chair. She noted that the new officers would serve for one year and that the purpose of holding annual elections was to increase the opportunity for a Commissioner to serve as an officer.

Dr. Yospin nominated Dr. Hanes for Chair. The Commission members voted unanimously with one abstention to accept Dr. Hanes as the new Chairperson.

Dr. Yospin and Commissioner Wise nominated Dr. Berliner for Vice-Chairman. The Commission members voted unanimously with one abstention to accept Dr. Berliner as the new Vice-Chairman.

VI. NEW BUSINESS

A. Kidney Disease Program (KDP) - Carol Manning

- Stats and Budget

Ms. Manning presented the KDP budget and statistics. She also commented that the Kidney Disease Program, which was established in 1971 as a payor of last resort, is the only such program in the United States.

B. The Medical Cannabis Commission requirements for registration for eligible

Prescribers to be able to obtain certification for patients to receive medical cannabis

Mrs. Schwartz reported on proposed legislation (House Bill 18) that would alter the definition of certifying provider to include certain physical therapists, psychologists, and physician assistants; and alter membership on the Cannabis Commission. She also provided for informational purposes, House Bill 33 that would encourage the Cannabis Commission to approve provider applications for patients who have an opioid use disorder. She noted that this legislation is relevant to the renal community as some dialysis patients may be recommended for Cannabis use.

C. OHCQ Update – Barbara Fagan

Ms. Fagan reported that the Office of Healthcare Quality has moved its offices to Columbia. She noted that the information is on OHCQ's website and that phone numbers would remain the same. She discussed staffing changes including Ms. Petersen's retirement and new hires: Evi House, Coordinator and Peter Wilcox, RN, Surveyor.

D. Network Patient Representatives

Mrs. Adcock reported that, after investigating recent patient complaints, some facilities did not have patient representatives. The network recommends that each facility select a patient representative; ideally one per each shift. The representative's activities may include serving as a peer counselor to new patients; working with the Network groups; planning patient events; and facilitating meetings between patients and facility representatives. The network's Patient Liaison booklet was included as a packet attachment C.

E. Staffing Issues Relating to Patient Safety

Mrs. Adcock reported that the Commission and OHCQ have been noticing issues with facility staffing. Some facilities are not meeting State required minimum staffing ratios. Nursing supervision is lacking in many facilities. Patient assessments and nursing notes are not being documented, care plans are late and patient education is lacking. New facilities are being opened with minimum staffing; no free charge nurse, no administrator on site, social workers and dietitians that are only on site a few times per month and a lack of administrative/secretarial support to assist with paperwork, admission process and answering phones. She noted that the lack of appropriate staffing contributes to patient dissatisfaction and may jeopardize patient safety.

Discussion ensued. Ms. Fagan reported that OHCQ can sanction facilities for non-adherence to COMAR. Sanctions could include imposition of financial penalties.

Mrs. Schwartz and Dr. Hanes invited guests and the renal community to share viable recommendations to the staffing issue.

F. Discussion regarding facility procedures when accepting a patient with a history of challenging behavior

Mrs. Schwartz encouraged facilities to consider meeting with their patients before accepting them. They should discuss concerns and facility expectations. Facilities may consider patient behavior agreements, and if accepting a challenging patient they should meet with them regularly to address any problems before they manifest into behavior that may trigger an Involuntary Discharge (IVD).

Discussion ensued. Dr. Costa noted that "more investment" in identifying and working with challenging patients could avert some of the behaviors that lead to patient discharges.

Mr. Simon noted that there are challenging patients who are successfully managed in the dialysis facilities.

Mrs. Adcock reported that two recent IVD discharge packages were submitted this week with incomplete documentation. She requested that staff, who gather the information required in the packet, assure that the documentation is complete and is supportive of the involuntary discharge. Social work and other practitioner notes, the most recent care plan, witness statements, police reports, restraining orders etc. should be included to support the discharge. The Commission, OHCQ and Network must be contacted when a facility decides to involuntarily discharge a patient.

G. Network Update

Mrs. Adcock reported that the Renal Network 5 has provided the Commission with a Summary Report regarding their Quality Improvement Projects and Activities, Patient and Family Engagement, Patient Experience of Care, Patient Access to Care. Attachment D summarizes Network Projects that include the following: reducing rates of blood stream infections; reducing long term catheters; increase in the rates of patients on transplant waitlist; increase rates of patients dialyzing at home; and increasing referrals to and patients receiving vocational rehabilitation service.

H. Governor's Report

Mrs. Schwartz directed everyone's attention to the 2018 Annual Governor's Report. She noted that the document is a report on the activities of the Commission and the Kidney Disease Program that is sent to the Governor, Secretary, and Legislative Library, as well as several Legislative Committee Chairpersons. Commissioner Yospin motioned to approve the Governor's Report. Commissioner Wise seconded the motion and the Commission voted unanimously with one abstention to approve the Governor's Report.

I. Citation Free Surveys

Dr. Hanes commended the following facilities for achieving citation free surveys:

- FMC Middle River
- Davita Queenstown
- IDF Calvert
- Renal Care Seat Pleasant
- Davita Ridge Road

J. Categories of Complaints

Dr. Hanes reported the Commission has received and resolved the following complaints since the October 2018 Commission meeting

Written

- Facility requests to discharge dangerous/threatening patient (5)
- Facility request to discharge patient for non-payment (1)
- Request for transplant assistance
- Complaint regarding facility staffing

Verbal

- Hospital complaints regarding patient outpatient placement (2)
- Patient complaints regarding care at a facility (2)
- Patient complaint regarding mal-functioning HVAC system in facility

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

Dr. Hanes noted that the Commission has received and approved the following out of state transplant prior approvals for KDP reimbursement purposes:

Hospital	Granted	Refused
MedStar Georgetown Transplant Center	10	0
George Washington University Transplant	2	0
Christiana Care Transplant Center	1	0

L. Surveys (21)

Citations

Compliance with Federal, State and Local Laws and Regulations	0
Infection Control	14
Water and Dialysate Quality	7
Physical Environment	7
Patient Rights	0
Patient Assessment	1
Patient Plans of Care	3
Care at Home	0
Quality Assessment and Performance Improvement	1
Laboratory/Affiliation Guidelines	0
Personnel Qualifications/Staffing	11
Responsibilities of the Medical Director	0
Medical Records	2
Governance	4

Dr. Hanes reported that the Commission surveyor surveyed 21 facilities since the October 2018 meeting. The categories and total number of citations are reported for informational purposes. Infection Control and Personnel Qualifications/Staffing continue to be the most commonly cited categories.

M. Surveys Completed

The following 21 facilities have been surveyed since the last meeting:

Davita Catonsville	Davita Windsor
FMC Wheaton	IDF Calvert
FMC Waldorf	Davita Rock Creek
Davita Bertha Sirk	Davita Harford Road
Davita Queen Anne	Davita District Heights
FMC Towson	Davita Aberdeen
Davita North West	Davita Southern Maryland
FMC Middle River	Davita Bel Air
Davita Laurel Lakes	FMC Dundalk
Renal Care Seat Pleasant	Davita Ridge Road
USRC West Baltimore	

Dr. Hanes thanked Dr. Yospin and Dr. Segal for their service to the Commission. She also requested that the guests and renal community members submit topics of interest, best practices and accomplishments to the Commission office for discussion at the April 25, 2019 Public Session.

There being no further public business, upon motion made by Commissioner Wise and seconded by Commissioner Costa, the Commission unanimously voted to adjourn the Public Session at 4:13 P.M.

MARYLAND COMMISSION ON KIDNEY DISEASE
Thursday October 25, 2018
4201 Patterson Avenue
Room 110

PUBLIC SESSION MINUTES

The Public Meeting of the Commission on Kidney Disease was held on Thursday, October 25, 2018 at 4201 Patterson Avenue. Chairman, Dr. Jeremy Yospin called the meeting to order at 2:13 P.M. Commissioners Dr. Donna Hanes, Dr. Paul Segal, Dr. Adam Berliner, Dr. William Rayfield, Joan Wise, RN, Raymond Harris and Susan Leon, RN were also present.

Commission staff present: Eva Schwartz, Executive Director and Donna Adcock, RN, Surveyor

Commission Counsel present: Leslie Schulman, AAG

Maryland Department of Health (MDH) staff present: Barbara Fagan, Office of Health Care Quality (OHCQ) Program Manager, Kim Lang, Associate Director of Health Occupation Boards and Commissions, and Carol Manning, Chief of Kidney Disease Program (KDP)

Guests present were:

Kelly Morgan	Georgianna Lecompte, Advanced Dialysis
Debbie Taylor, USRC	Mary Keller, USRC
Pam Earll, Davita	Chris Simon, IDF
Jessica Quintilian, NKF	

I. RATIFY APPROVAL OF THE MINUTES OF THE PUBLIC SESSION OF July 26, 2018

Commissioner Wise motioned to ratify the approval of the Public Minutes from the July 26th session. Commissioner Segal seconded the motion and the Commission voted unanimously to ratify the approval the Minutes of the July 26, 2018 Public Session.

II. RATIFY APPROVAL OF THE MINUTES OF THE CLOSED SESSION OF July 26, 2018

Commissioner Hanes motioned to ratify the approval of the Closed Minutes from the July 26th session with amendments correcting spelling typos. Commissioner Wise seconded the motion and the Commission voted unanimously to ratify the approval the Minutes of the July 26, 2018 Closed Session with amendments.

III. CHAIRMAN'S REPORT

Dr. Yospin welcomed everyone and introductions were made. He reported that the Commission election of Chairman and Vice-Chairman would be deferred until the January 2019 meeting to accommodate Commissioners not in attendance at today's meeting.

IV. EXECUTIVE DIRECTOR'S REPORT

Mrs. Schwartz raised a topic of concern that of repeated findings of deficiencies in infection control and staffing. She requested community input from someone who has been successful in maintaining infection control in their facility and to have them share their best practices success story at the January 2019 Commission Meeting. She noted anyone interested should contact her or Mrs. Adcock.

Mrs. Schwartz also reported that the Commission receives requests from the Kidney Disease Program to approve ICD codes related to End Stage Renal Disease for KDP reimbursement purposes. She noted that in the past the Commission's KDP Formulary Committee Chairman would be responsible to track and report upon these types of requests. She requested a volunteer from the Commission to serve in this capacity and Dr. Berliner accepted. Mrs. Schwartz will contact Dr. Berliner to discuss the role and responsibilities.

V. OLD BUSINESS

- **Change in Commission Membership Qualifications for Governor's Appointment Purposes**

Mrs. Schwartz reported that the proposed legislation is currently on hold. She noted that the proposal would remove the restriction for individuals to be appointed to serve on the Commission if they have a direct ownership in renal dialysis facilities and would reduce the minimum number of submitted names required per position from 3 to 2. Mrs. Schwartz stated that it is uncertain if the proposed legislation would move forward this legislative session.

VI. NEW BUSINESS

A. Kidney Disease Program

Ms. Manning presented the KDP statistics. She noted that the budget information was not available for the meeting but would be forwarded to the Commission office when available.

Ms. Manning reported that prescribed Oral B Complex Vitamins have been removed from the KDP formulary because they have been determined by First Data Bank to be available as over-the-counter drugs which are not covered by KDP. She also noted that these drugs had not been widely reimbursed by the KDP.

Ms. Manning reported that the manufacturer of Procrit decided that it would no longer provide the required rebate to KDP and, therefore, Procrit was removed from KDP's formulary. She noted that, after consultation with the Commission, Aranesp was deemed comparable to Procrit and has been added to the KDP formulary as a substitute for Procrit.

Ms. Manning also presented the revised KDP brochure to the Commission. The brochure provides answers to commonly asked questions about KDP and the Program's governing State regulations, COMAR 10.20.01. She noted that the booklets are on order from the printer and that the information is also available on the KDP website.

B. Monitoring for Nocturnal HHD Patients

Ms. Adcock reported on her findings at a facility regarding nocturnal home hemodialysis (HHD) patients and raised her concern that patients are not required to check their vital signs during their nocturnal treatment. She stated that the patients document only their pre-treatment and post-treatment vital signs. The patient's typically dialyze 8 – 10 hours. Discussion ensued.

The Commissioner nephrologists noted that this is typical behavior for the nocturnal HHD patients. They stated that these patients normally start on HHD during the day and are only moved to nocturnal HHD if they are stable. Patients prefer nocturnal dialysis so that they can sleep during their treatment and waking up to take vital signs would interrupt their rest.

C. Facility Notice to the Commission for Involuntary Patient Discharges

Dr. Yospin reported that facility notice to the Commission regarding immediate and 30 day discharges often comes too late for the Commission to intervene on the patients' behalf. Dr. Yospin stated that the Commission reviews each involuntary patient discharge for merit and to assure that the facility followed its own discharge policies and has adhered to the Commission's regulations. He encouraged the Community to submit timely notice which would allow the Commission help avert some patients from being discharged without being transferred to another dialysis unit and to intervene before patients are sent to emergency rooms for treatment.

D. Facility Staffing

Mrs. Adcock and Ms. Fagan reported on survey findings regarding facilities that are not staffed according to State requirements. Ms. Fagan noted that she has been receiving calls from patients and their families concerned for their well-being at facilities due to low staffing levels including those facilities having only one nurse at the facility. She noted that in the

past 6 months OHCQ has cited staffing deficiencies at a greater rate than infection control deficiencies. Discussion ensued. Ms. Adcock and Ms. Fagan noted that facility Governing Bodies are being held accountable for the lack of staffing.

E. ANNA Meeting – November 11, 2018

Commissioner Leon reported that the American Nephrology Nurses Association (ANNA) educational meeting will be held at Good Samaritan Hospital on November 11, 2018 and referred the guests to Attachment D reflecting the Agenda for the meeting.

F. Inquiry about Dietetic Practice

Mrs. Schwartz reported that the Commission has received an inquiry regarding dietitians writing orders. She noted that the Boards are not permitted to interpret the regulations; however, the Director for the Board of Dietetic Practice provided an excerpt from its regulations and suggested that facilities develop a written policy for this practice. She advised that dietitian's orders must pertain to the practice of dietetics and may not exceed the practice of dietetics.

G. Tentative Dates for 2019 Commission Meetings

Dr. Yospin reported that in 2019 Commission will meet on the following dates: January 24, April 25, July 25 and October 24.

H. Citation Free Survey

Dr. Yospin congratulated the following facilities for achieving citation free Commission surveys:

- ARA Salisbury
- ARA Ellicott City
- UMMS Transplant
- NxStage Baltimore North

I. New Facilities

Dr. Yospin noted that since the last Commission meeting the following facilities have applied and been certified by the Commission:

- Davita Gaithersburg
- Davita Edgewood

J. Categories of Complaints

Dr. Yospin reported that since the last meeting the Commission has received and resolved the following types of complaints:

Written

- Anonymous complaint regarding facility operations
- Hospital complaint regarding facility refusal to readmit patient
- Facility requests to involuntary discharge patients (2)

Verbal

- Facility complaint regarding patient behavior
- Patients complaints regarding care at facilities
- Hospital complaint regarding facility discharge of noncompliant patients

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

This quarter, the Commission has received and granted 9 out of state transplant prior authorizations for KDP reimbursement purposes.

Hospital	Granted	Refused
MedStar Georgetown Transplant Center	7	0
George Washington University Transplant	1	0
Inova Fairfax Transplant	1	0

L. Surveys**Citations**

Compliance with Federal, State and Local Laws and Regulations	0
Infection Control	13
Water and Dialysate Quality	12
Physical Environment	7
Patient Rights	0
Patient Assessment	1
Patient Plans of Care	6
Care at Home	0
Quality Assessment and Performance Improvement	1
Laboratory/Affiliation Guidelines	0
Personnel Qualifications/Staffing	12
Responsibilities of the Medical Director	0 (cited under Governing Body)
Medical Records	2
Governance	8

For informational purposes, the Commission shared the results of its Survey Findings Deficiency report for the past quarter. It was noted that infection control, water and dialysate quality, and personnel qualifications/staffing continue to be areas of great concern. Facility Governing Bodies are being held accountable for facility management issues.

M. Surveys Completed

The following 23 facilities have been surveyed since the last meeting:

Davita Glenarden	ARA Ellicott City
FMC Anne Arundel	UM Transplant
ARA Salisbury	Davita Berlin
FMC QCDC	Davita Pikesville
Davita Union Memorial	Davita Landover
IDF Arundel	Davita Dundalk
USRC Oxon Hill	FMC Baltimore
FMC Elkton	Davita Owings Mills
Davita Rivertowne	Davita Pasadena
Davita Forest Landing	Davita Falls Road
Davita Mercy	NxStage North
Davita Mt. Ranier	

There being no further public business, upon motion made by Commissioner Wise and seconded by Commissioner Rayfield, the Commission unanimously voted to adjourn the Public Session at 3:30 P.M.

FISCAL YEAR 2019 BUDGET & EXPENDITURE REPORT**KIDNEY DISEASE PROGRAM TREATMENT SERVICES****07/01/18 Through 12/31/2018**

Kidney Disease Program 32.17.1.601	(General* & Special** Funds) <u>Expenditures</u>
Hospital (Inpatient)	82,254
Hospital (Outpatient)	481,173
Free Standing Units	4,568,890
Pharmacy	364,522
Physician/Miscellaneous	698,970
Total Expenditures FY '19	<u>6,195,809</u>
Total Budget FY '19	9,461,977
Balance FY '19	3,266,168

* General Funds – the State of Maryland’s share of the total funds available to the Program.

** Special Funds - funds recovered KDP premiums

HCK01140
DATE: 01/07/2019

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
KIDNEY DISEASE PROGRAM
NEW PATIENT STATISTICS
10/01/2018 - 12/31/2018

NEW PATIENTS	84
INCENTER DIALYSIS	74
HOME DIALYSIS	5
RENAL TRANSPLANTS	5

NEW PATIENT DEMOGRAPHICS
10/01/2018 - 12/31/2018

	SEX		RACE			
	FEMALE	MALE	WHITE	BLACK	ORIENTAL	UNKNOWN
AGE 00 THRU 09	0	0	0	0	0	0
AGE 10 THRU 19	0	0	0	0	0	0
AGE 20 THRU 29	0	2	0	1	1	0
AGE 30 THRU 39	4	5	0	9	0	0
AGE 40 THRU 49	3	0	0	3	0	0
AGE 50 THRU 59	10	7	2	12	3	0
AGE 60 THRU 69	7	13	4	15	1	0
AGE 70 THRU 79	12	13	6	16	3	0
AGE 80 THRU 89	4	4	1	6	1	0
AGE 90 THRU 99	0	0	0	0	0	0
TOTALS	40	44	13	62	9	0
TOTAL NEW PATIENTS	84					

HCK01150
DATE: 01/07/2019

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
KIDNEY DISEASE PROGRAM
RECIPIENT HEALTH COVERAGE
AS OF 01/07/2019

PATIENTS WITH MEDICARE	1,499
MEDICARE WITH PRIVATE INSURANCE	196
MEDICARE WITH MEDICAID	2
MEDICARE W/PRIVATE INS AND MEDICAID	108
MEDICARE - HMO	0
MEDICARE W/KDP ONLY	3
PATIENTS WITH MEDICARE PENDING	0
PATIENTS INELIGIBLE FOR MEDICARE TRANSPLANTS THREE YEARS OR MORE	60 36
PATIENTS WITH MEDICAID	736
PATIENTS WITH PRIVATE INSURANCE	1,553
PATIENTS WITH KDP ONLY	0
TOTAL ACTIVE PATIENTS	1,570

HCKO1160
DATE: 01/07/2019

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
KIDNEY DISEASE PROGRAM
TOTAL ACTIVE PATIENT DEMOGRAPHICS
AS OF 01/07/2019

	SEX		RACE			
	FEMALE	MALE	WHITE	BLACK	ORIENTAL	UNKNOWN
AGE 00 THRU 09	0	1	0	0	1	0
AGE 10 THRU 19	0	0	0	0	0	0
AGE 20 THRU 29	5	6	2	7	2	0
AGE 30 THRU 39	41	53	19	71	4	0
AGE 40 THRU 49	91	111	37	154	11	0
AGE 50 THRU 59	176	288	102	332	30	0
AGE 60 THRU 69	212	236	101	318	29	0
AGE 70 THRU 79	160	106	63	187	16	0
AGE 80 THRU 89	49	30	24	51	4	0
AGE 90 THRU 99	2	3	0	4	1	0
TOTALS	736	834	348	1124	98	0
TOTAL ACTIVE PATIENTS	1,570					

HCKO1170

DATE: 01/07/2019

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
KIDNEY DISEASE PROGRAM
NEW PATIENT TERMINATIONS
10/01/2018 - 12/31/2018

TERMINATIONS	32
DECEASED	1
MOVED OUT OF STATE	0
REMOVED SELF FROM PROGRAM	0
NON PAYMENT OF PREMIUM	0
NONCOMPLIANCE W/KDP REGS	31
RECOVERED FROM ILLNESS	0

HOUSE BILL 18

J1, J2

9lr0826

(PRE-FILED)

By: Delegate Glenn

Requested: November 20, 2018

Introduced and read first time: January 9, 2019

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Natalie M. LaPrade Medical Cannabis Commission – Certifying Providers**

3 FOR the purpose of altering the definition of “certifying provider” to include certain
 4 physical therapists, psychologists, and physician assistants; altering the
 5 membership of the Natalie M. LaPrade Medical Cannabis Commission; making
 6 stylistic changes; making a conforming change; providing for the effective date of this
 7 Act; and generally relating to the Natalie M. LaPrade Medical Cannabis
 8 Commission.

9 BY repealing and reenacting, without amendments,
 10 Article – Health – General
 11 Section 13–3301(a)
 12 Annotated Code of Maryland
 13 (2015 Replacement Volume and 2018 Supplement)

14 BY repealing and reenacting, with amendments,
 15 Article – Health – General
 16 Section 13–3301(c)
 17 Annotated Code of Maryland
 18 (2015 Replacement Volume and 2018 Supplement)

19 BY repealing and reenacting, with amendments,
 20 Article – Health – General
 21 Section 13–3303(a)
 22 Annotated Code of Maryland
 23 (2015 Replacement Volume and 2018 Supplement)
 24 (As enacted by Chapter 598 of the Acts of the General Assembly of 2018)

25 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
 26 That the Laws of Maryland read as follows:

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



Article – Health – General

1

2 13–3301.

3 (a) In this subtitle the following words have the meanings indicated.

4 (c) “Certifying provider” means an individual who:

5 (1) (i) 1. Has an active, unrestricted license to practice medicine
6 that was issued by the State Board of Physicians under Title 14 of the Health Occupations
7 Article; and

8 2. Is in good standing with the State Board of Physicians;

9 (ii) 1. Has an active, unrestricted license to practice dentistry
10 that was issued by the State Board of Dental Examiners under Title 4 of the Health
11 Occupations Article; and

12 2. Is in good standing with the State Board of Dental
13 Examiners;

14 (iii) 1. Has an active, unrestricted license to practice podiatry
15 that was issued by the State Board of Podiatric Medical Examiners under Title 16 of the
16 Health Occupations Article; and

17 2. Is in good standing with the State Board of Podiatric
18 Medical Examiners; [or]

19 (iv) 1. Has an active, unrestricted license to practice registered
20 nursing and has an active, unrestricted certification to practice as a nurse practitioner or
21 a nurse midwife that were issued by the State Board of Nursing under Title 8 of the Health
22 Occupations Article; and

23 2. Is in good standing with the State Board of Nursing;

24 (v) 1. HAS AN ACTIVE, UNRESTRICTED LICENSE TO
25 PRACTICE PHYSICAL THERAPY ISSUED BY THE STATE BOARD OF PHYSICAL
26 THERAPY EXAMINERS UNDER TITLE 13 OF THE HEALTH OCCUPATIONS ARTICLE;
27 AND

28 2. IS IN GOOD STANDING WITH THE STATE BOARD OF
29 PHYSICAL THERAPY EXAMINERS;

30 (vi) 1. HAS AN ACTIVE, UNRESTRICTED LICENSE TO
31 PRACTICE PSYCHOLOGY ISSUED BY THE STATE BOARD OF EXAMINERS OF

1 **PSYCHOLOGISTS UNDER TITLE 18 OF THE HEALTH OCCUPATIONS ARTICLE; AND**

2 **2. IS IN GOOD STANDING WITH THE STATE BOARD OF**
3 **EXAMINERS OF PSYCHOLOGISTS; OR**

4 **(vii) 1. HAS AN ACTIVE, UNRESTRICTED LICENSE TO**
5 **PRACTICE AS A PHYSICIAN ASSISTANT ISSUED BY THE STATE BOARD OF PHYSICIANS**
6 **UNDER TITLE 15 OF THE HEALTH OCCUPATIONS ARTICLE;**

7 **2. HAS AN ACTIVE DELEGATION AGREEMENT WITH A**
8 **PHYSICIAN WHO IS A CERTIFYING PROVIDER; AND**

9 **3. IS IN GOOD STANDING WITH THE STATE BOARD OF**
10 **PHYSICIANS;**

11 **(2) [Has] IF THE CERTIFYING PROVIDER IS A PHYSICIAN, DENTIST,**
12 **PODIATRIST, NURSE PRACTITIONER, OR NURSE MIDWIFE, HAS a State controlled**
13 **dangerous substances registration; and**

14 **(3) Is registered with the Commission to make cannabis available to**
15 **patients for medical use in accordance with regulations adopted by the Commission.**

16 13-3303.

17 **(a) The Commission consists of the following 13 members:**

18 **(1) The Secretary of Health, or the Secretary's designee; and**

19 **(2) The following 5 members, appointed by the Governor with the advice**
20 **and consent of the Senate:**

21 **(i) Two licensed noncertified providers who are [physicians,**
22 **dentists, podiatrists,];**

23 **1. PHYSICIANS;**

24 **2. DENTISTS;**

25 **3. PODIATRISTS;**

26 **4. [nurse] NURSE practitioners[, or];**

27 **5. [nurse] NURSE midwives;**

28 **6. PHYSICAL THERAPISTS;**

1

7. PSYCHOLOGISTS; OR

2

8. PHYSICIAN ASSISTANTS;

3

4 (ii) One nurse or other health care provider licensed in the State who has experience in hospice care, nominated by a State hospice trade association;

5

6 (iii) One pharmacist licensed in the State, nominated by a State research institution or trade association; and

7

8 (iv) One scientist who has experience in the science of cannabis, nominated by a State research institution.

9

10 (3) Four members appointed by the Governor with the advice and consent of the Senate;

11

12 (4) One member appointed by the Governor from a list of three individuals recommended by the President of the Senate;

13

14 (5) One member appointed by the Governor from a list of three individuals recommended by the Speaker of the House of Delegates; and

15

16 (6) One member appointed by the Governor from either of the two lists described in items (4) and (5) of this subsection.

17

18 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2019, the effective date of Chapter 598 of the Acts of the General Assembly of 19 2018. If the effective date of Chapter 598 is amended, this Act shall take effect on the taking 20 effect of Chapter 598.

21

22 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2019.

HOUSE BILL 33

J1

9lr0806

(PRE-FILED)

By: **Delegate Glenn**

Requested: November 20, 2018

Introduced and read first time: January 9, 2019

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Medical Cannabis – Provider Applications – Opioid Use Disorder**

3 FOR the purpose of encouraging the Natalie M. LaPrade Medical Cannabis Commission to
4 approve provider applications for patients who have an opioid use disorder; and
5 generally relating to provider applications for medical cannabis for patients with an
6 opioid use disorder.

7 BY repealing and reenacting, with amendments,
8 Article – Health – General
9 Section 13–3304(d)
10 Annotated Code of Maryland
11 (2015 Replacement Volume and 2018 Supplement)

12 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
13 That the Laws of Maryland read as follows:

14 **Article – Health – General**

15 13–3304.

16 (d) (1) The Commission is encouraged to approve provider applications for the
17 following medical conditions:

18 (i) A chronic or debilitating disease or medical condition that results
19 in a patient being admitted into hospice or receiving palliative care; [or]

20 **(II) AN OPIOID USE DISORDER; OR**

21 **[(ii)] (III) A chronic or debilitating disease or medical condition or**

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



HOUSE BILL 33

1 the treatment of a chronic or debilitating disease or medical condition that produces:

- 2 1. Cachexia, anorexia, or wasting syndrome;
- 3 2. Severe or chronic pain;
- 4 3. Severe nausea;
- 5 4. Seizures; or
- 6 5. Severe or persistent muscle spasms.

7 (2) The Commission may not limit treatment of a particular medical
8 condition to one class of providers.

9 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
10 October 1, 2019.



Donna Adcock -MDH- <donna.adcock@maryland.gov>

RE: Patient Representatives

1 message

Bova-Collis, Renee <RBovaCollis@nw5.esrd.net>
To: Donna Adcock -MDH- <donna.adcock@maryland.gov>

Thu, Nov 29, 2018 at 4:10 PM

Donna,

Here's what the role is all about. I've also attached the booklet we provide to new patient representatives.

The Network would like to see each facility have at least one patient representative, but ideally at least one per shift. The patient representative information should be updated in CROWNWeb in the Personnel section under the role of Facility Patient Representative. Some facilities have assigned staff to this role, which is incorrect.

The patient representative's (also referred to as Patient Liaison) main role is to act as the link between the Network and other patients. Patient Liaisons may be asked to:

- Participate in patient focus groups for the Network
- Act as a mentor to other patients
- Introduce patients to Network activities and publications
- Help patients understand their rights and responsibilities
- Post notices of Network meetings
- Help distribute the *Patient Insights* newsletter
- Suggest topics for patient meetings
- Participate on Network workgroups

We have continued to permit facilities to make the patient representative selection, so that they feel comfortable with having that person sharing information with others. We encourage the patients to communicate their ideas with the facility first before charging ahead with things that might not be agreeable to the facility, such as

Working with staff to start a patient support group

Serving as a peer counselor to new patients

Starting a facility newsletter

Contributing articles or other items to the Network's Patient Insights newsletter


Planning patient and staff events such as picnics and holiday parties

Participating in community health fairs

Working to promote organ donation

Facilitating meetings between patients and staff

Maintaining a bulletin board to post information for other patients to view

	Quality Insights	Renée Bova-Collis Patient Services Director
The healthcare improvement experts		ESRD Network 5
		804.320.0004 ext. 2705
		www.esrdnet5.org
		Education Data Collaboration Consulting

*****PER HIPAA: NEVER EMAIL PATIENT INFORMATION*****



From: Donna Adcock -MDH- [mailto:donna.adcock@maryland.gov]
Sent: Thursday, November 29, 2018 9:49 AM
To: Bova-Collis, Renee
Subject: Patient Representatives

Renee,

I was thinking about discussing facility patient representatives at the January Commission meeting. It seems like many facilities do not have patient representatives. Could you send me the latest recommendations?

--

Donna Adcock, RN

Commission Surveyor

410.764.4799 - office

410.459.8174 - cell

*Patient Services
and
Quality Insights Renal Network
5*

**YOUR ROLE
AS A
PATIENT LIAISON**



Quality
Insights

Renal Network 5

Thank you for your interest in serving as a Patient Liaison for your dialysis facility. **The most important person on the health care team is YOU, the patient.** The role of Patient Liaison is valuable, and will not take a lot of time. The duties may vary from facility to facility, but the main responsibility of this role is to be a link between patients in your facility and Quality Insights Renal Network 5.

This booklet is intended to:

- Provide information about the federal End Stage Renal Disease Program (ESRD) and the Networks;
- Describe how the Network involves patients in Network activities; and
- Give some guidelines for your role as a Patient Liaison.



Quality
Insights

Renal Network 5

Mission: Bringing people and information together to improve health.

Table of Contents:

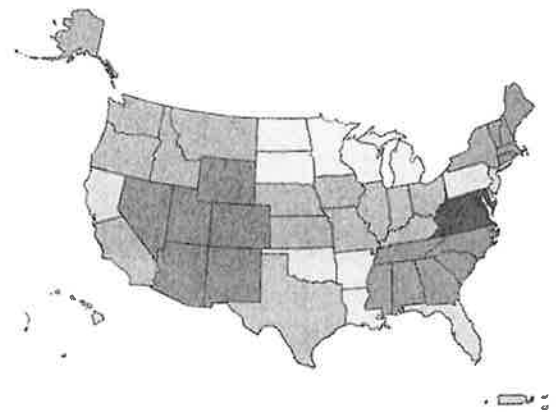
ESRD Networks	4
Patient Involvement	4
Guidelines for the Patient Liaison	6
Other Activities a Patient Liaison May Find Rewarding	7
Contacting the Network	7
Additional Resources	8

ESRD Networks

In 1972, Congress established the End-Stage Renal Disease (ESRD) Program to provide payment for dialysis and transplant services through Medicare. The program is run by the Centers for Medicare and Medicaid Services (CMS). Under CMS, there are 18 organizations called "Networks" that oversee the quality of care for dialysis facilities across the United States. Quality Insights Renal Network 5 is a non-profit organization serving:

- Virginia
- West Virginia
- Maryland
- District of Columbia

Network 5 works with dialysis facilities to improve quality of care and provide educational material. Network 5 also maintains data on the 26,000+ dialysis and transplant patients in the Network 5 area. Patients can contact the Network if they have questions or concerns about the quality of care they receive at their dialysis facility.



Patient Involvement

Quality Insights Renal Network 5 maintains a Patient Advisory Committee (PAC) and encourages facilities to have at least one Patient Liaison at their center. There are also patients on the Network's Board of Directors and Medical Review Board.

PATIENT ADVISORY COMMITTEE

The Patient Advisory Committee (PAC) is currently open to membership of any patients interested who either receive dialysis or have a functioning kidney transplant. The role of the PAC is to help the Network identify common patient concerns, problems, and educational needs that are related to the mission and philosophy of the Network. Some of the committee activities include:

- Reviewing patient grievance data
- Participating as patient subject matter experts in quality improvement projects
- Assisting with writing the *Patient Insights* newsletter

The PAC meets in person once (1 time) a year and corresponds frequently by email and quarterly conference calls. The committee includes persons from all treatment modalities and geographically represents the Network.

PATIENT LIAISONS

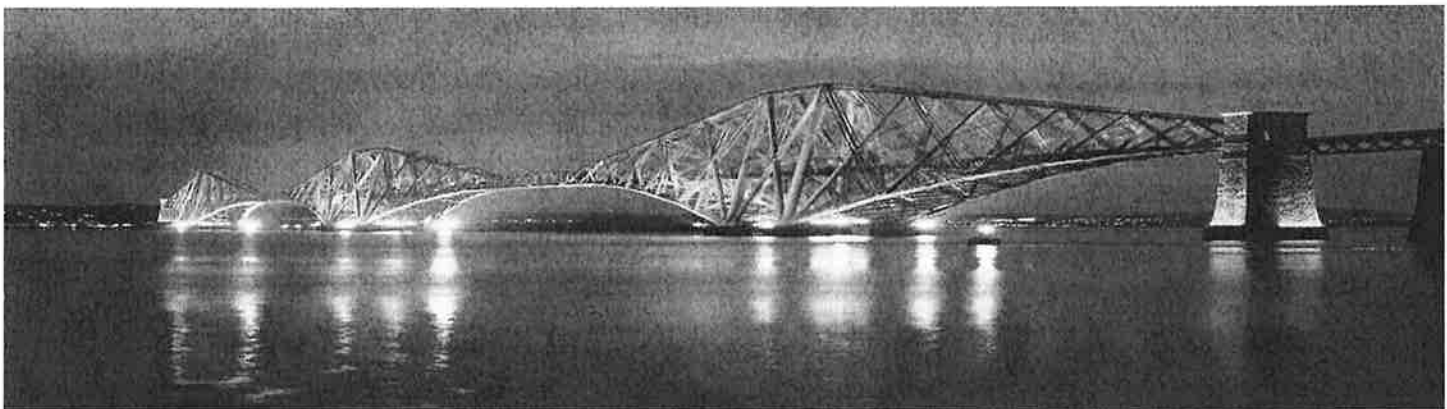
To provide additional patient input, each facility is asked to name at least one (1) patient to serve as a Patient Liaison. The role of the Patient Liaison is to serve as a bridge between the patients in your facility and the Network. Patient Liaisons are selected for their outstanding involvement in their own care and willingness to help others improve their quality of life. Patient Liaisons are good role models.

Patient Liaisons may be asked to:

- Participate in patient focus groups for the Network
- Act as a mentor to other patients
- Introduce patients to Network activities and publications
- Help patients understand their rights and responsibilities
- Post notices of Network meetings
- Help distribute the *Patient Insights* newsletter
- Suggest topics for patient meetings
- Participate on Network workgroups

The Network provides Patient Liaisons with material from the Patient Advisory Committee, as well as other educational materials. Patient Liaisons are asked to distribute that information to the other patients in the facility. As a Patient Liaison, you will be notified about projects that need patient input and involvement.

Quality Insights Renal Network 5 has an educational Council meeting every year. The PAC helps plan this. Patients and families are encouraged to attend, and registration is free. We hope you will encourage others to attend also.



Guidelines for the Patient Liaison

MEDICAL INFORMATION

As a dialysis patient you have a lot to share with other patients about renal disease. Share your personal experiences cheerfully, but **you should not attempt to provide technical medical information.** Medical treatments or a diet that works for you as a patient may be dangerous or even fatal to another patient with a different combination of medical conditions.

- For medical questions, refer to the doctor
- For questions about diet, refer to the dietitian
- For questions about coping, refer to the social worker.

PATIENT CONCERNS

New patients can benefit from knowing that there is someone who understands what it means to be on dialysis, and they might want to approach you with their questions or concerns. If a patient comes to you with a complaint, you should encourage them to utilize the facility's grievance procedure. The Network is also available to help resolve grievances.



WHEN A PATIENT HAS A GRIEVANCE BE SURE THAT YOU:

- Know the grievance policies and procedures in your facility and encourage the patient to first try to resolve the complaint at the facility level.
- Become familiar with Network grievance procedures for concerns that cannot be resolved at the facility level.
- Take a positive approach to facility problems; be cheerful and approach staff at the right time. Avoid using a confrontational tone or accusatory words.
- Reassure patients that they have the right to file a grievance and cannot be retaliated against for filing a grievance with the facility or the Network. Federal regulations covering dialysis facilities make this clear.



CONFIDENTIALITY

All health care personnel are required to observe confidentiality of patient records and personal information. Patient Liaisons are expected to follow the same standards of confidentiality:

- **ALWAYS** get the patient's permission before approaching a staff member with a patient concern.
- Never repeat personal information you may learn in your role as a Patient Liaison.

Other Rewarding Activities

Patient Liaisons have creatively performed other activities in their facilities with the approval of facility management. These activities are not required of a Patient Liaison. However, you may find these activities enjoyable and helpful to others:

- Working with staff to start a patient support group
- Serving as a peer counselor to new patients
- Starting a facility newsletter
- Contributing articles or other items to the Network's *Patient Insights* newsletter
- Planning patient and staff events such as picnics and holiday parties
- Participating in community health fairs
- Working to promote organ donation
- Facilitating meetings between patients and staff
- Maintaining a bulletin board to post information for other patients to view



Contacting the Network

If you have questions or would like to discuss any concerns or recommendations from your facility, please feel free to call the Network's patient toll-free number **866.651.6272**. The Network staff person for Patient Liaisons and the Patient Advisory Committee is Renée Bova-Collis, MSW, LCSW, Patient Services Director.

The Network is available to provide:

- Information about dialysis treatment options
- Vascular access options
- Grievances
- How to be involved in your care planning
- Other resources and information you may find helpful in your role as Patient Liaison



Quality
Insights

Renal Network 5

Office Hours:

Monday through Friday

8:00 am to 5:00 pm (ET)

Phone: 804-320-0004

Patient Toll-Free: 1-866-651-6272

Fax: 804-320-5918

E-mail: marc@nw5.esrd.net

Website: www.esrdnet5.org

ADDITIONAL RESOURCES

Network-Related Organizations

Quality Insights Renal Network 5

804-320-0004

Patient Toll-Free: 866-651-6272

www.esrdnet5.org

Email: marc@nw5.esrd.net

Centers for Medicare & Medicaid Services (CMS)

1-800-MEDICARE (1-800-633-4227)

www.medicare.gov

Dialysis Facility Compare:

www.medicare.gov/dialysis

Coalition for the Supportive Care of Kidney Patients

www.kidneysupportivecare.org

Email: csckp@nw5.esrd.net

Fistula First Catheter Last Workgroup Coalition

www.fistulafirst.org

Email: NCCinfo@hsag.com

Support Groups

AAKP Listing for Local Groups

www.aakp.org/outreach/List

Renal Support Network

HOPEline: 1-800-579-1970

www.kidneyspace.com

Kidney Patient Organizations

American Association of Kidney Patients (AAKP)

1-800-749-2257

www.aakp.org

Renal Support Network (RSN)

1-866-903-1728

www.rsnhope.org

Rehabilitation

Life Options

www.LifeOptions.org

Social Security

1-800-772-1213

www.ssa.gov

Ticket to Work: www.ssa.gov/work

Department of Rehabilitation Services (DRS)

www.DisabilityInfo.gov

Washington, DC:

<http://dds.dc.gov/dds/site/default.asp>

Maryland: www.dors.state.md.us

Virginia: www.vadrs.org

West Virginia: www.wvdrs.org

Disability Resources

www.disabilityresources.org

Kidney Education Resources

National Kidney Foundation (NKF)

1-800-622-9010

www.kidney.org

American Kidney Fund (AKF)

1-800-638-8299

www.kidneyfund.org

Kidney and Urology Foundation of America

1-800-633-6628

www.kidneyurology.org

Home Dialysis Central

www.homedialysis.org

Kidney School

www.KidneySchool.org

May 2018



Summary Report for Maryland Kidney Commission

January 2019

- 2019 Network 5 Quality Improvement Projects
 - Bloodstream Infection Reduction
 - Home Dialysis Training
 - Transplant Coordination
 - Gainful Employment

Projects

Network 5 2019 QIAs (Figure A)

- Blood Stream Infections impacting 50% of NW5 facilities n= 102 facilities
 - Project will launch January 17, 2019
 - Hand Hygiene Campaign
 - Maryland Facilities Participating n= 44 facilities
 - Using NHSN data
 - CDC 9 Core Interventions
 - National Coordinating Center (NCC) Learning and Action Networks
- Increase Transplant Waitlist 30% of facilities n=130 facilities
 - Project will launch January 18, 2019
 - Transplant Campaign
 - Maryland Facilities Participating n= 50 facilities
 - Using UNOS waitlist data and CROWNWeb data
 - National Coordinating Center (NCC) Learning and Action Networks
- Promote Home Dialysis 30% of facilities n= 130 facilities
 - Project launched January 10, 2019
 - Home Dialysis Campaign
 - Maryland Facilities Participating n= 43 facilities
 - Using CROWNWeb data
 - National Coordinating Center (NCC) Learning and Action Networks
- Increase Vocational Rehabilitation referral and utilization of services 10% of facilities n=43
 - Project launch January 18, 2019
 - Maryland Facilities Participating n=21 facilities
 - Using CROWNWeb data
 - National Coordinating Center (NCC) Learning and Action Networks

Patient and Family Engagement

- All QIAs have a patient engagement component to them. Facilities will be required to review a webinar, complete self-assessments, and develop patient engagement practices in their work. Activities will be tracked in monthly reporting to the Network. The Network will provide guidance throughout the project year.
- All resources are available on the Network website and are available to anyone.
- Patient subject matter experts (SME) continue to work with the Network assisting in project development, review of materials, and are invited to participate on QIA calls.
- Facilities will be reporting patient use of a goal-setting tool in their care plan meetings. The purpose is to assist patients in participating in a more meaningful way.
- Facilities are requested to identify at least one patient to act as patient liaison for the Network and enter that information into CROWNWeb. Many facilities have incorrectly listed a staff member in this role. The Network is continuing to work with facilities to have this information updated. The role of the patient liaison is to act as the bridge between the Network and fellow patients, ensuring that information and activities intended to impact patients reaches them and is meaningful.
- The Network has established a listing of support groups for the Network area. It will be posted on the website, and updated throughout the year as new groups are identified.
- A National Patient and Family Engagement (NPFE) Learning and Action Network (LAN) hosted by the NCC/CMS will include QIA facilities. The Network will forward related information as received.

Patient Experience of Care

- Patient Experience of Care (PEOC) Learning and Action Network (LAN) will meet every other month by webinar. Topics will focus on conflict resolution, communication, boundaries, and management of difficult patients. Three facilities have been enrolled in the LAN, two with identified opportunities for improvement (both are MD facilities), and one identified with best practices.
- Grievances (Figure B)
 - Seventy-six grievances were received in 2018. As has been the case historically, the larger themes in 2018 continue to be staff related (generally issues of communication and lack of professionalism; n=27) and treatment/quality of care (n=39).
 - The volume of grievances is higher than in recent years, but is not outside of the historical range. (Figure C)
 - Maryland facilities accounted for 31 grievances (40.8%)

Patient Access to Care

- IVD (Figures D & E)
 - Twenty-eight patients were reported as IVD in 2018. Seven of those were averted and are not captured in Figure D.
 - To date, 15 have found placement (53.6%).
 - The majority of IVD were related to behavior (n=18; 64.3%).
 - Maryland facilities accounted for 16 IVD (57.1%), with a 56.25% rate of placements (n=9).



Quality Insights

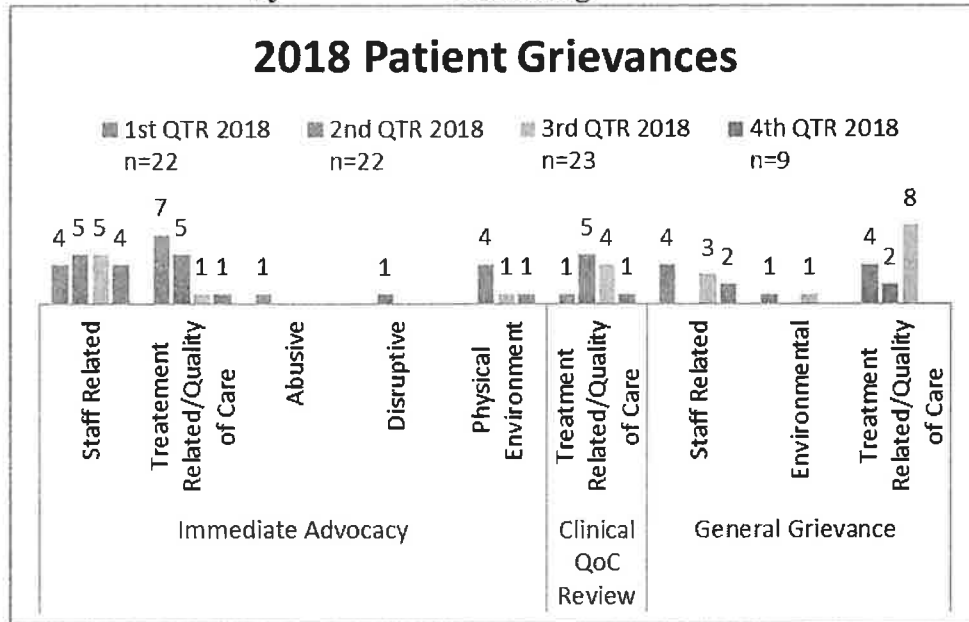
Renal Network 5

Figure A: 2019 Quality Improvement Progress

Quality Improvement Activities (QIAs)					
Project	Patient Safety: HAI (50% of facilities)		Increase Rates of Patients on Transplant Waitlist	Increase Rates of Patients Dialyzing at Home	Population Health Focused Pilot: Vocational Rehabilitation
	Reduce Rates of BSI	Reduce Long-Term Catheters			
Scope	20% of facilities with highest BSI rates; 87 facilities	Facilities with >15% long-term catheter rates; 55 facilities	30% of facilities; 130 facilities	30% of facilities; 130 facilities	10% of facilities; 43 facilities
Aim	Reduce BSIs and sepsis by 20% utilizing the CDC Core Interventions	Decrease the number of patients dialyzing with a CVC ≥ 90 days by 2%	Increase the number of patients on the transplant waitlist by 2%	Increase the number of patients starting home dialysis training by 2%	Increase referral rate to identified DVR/ENs by 10% Increase rate of patients receiving services by 5%
Baseline	Jan-Jun 2018; 1.108%	July 2018; 21.77%	Baseline 0.05%	Baseline 1.03%	Baseline 0.00% Baseline 0.00%
Goal	Jan-Jun 2019; 0.886%	July 2019; 19.77%	2% increase in transplant waitlistings, (598 waitlistings) by September 30, 2019.	2% increase in home initiations, (581 initiations) by September 30, 2019	10% increase in referrals, (67 Referrals) by September 30, 2019 5% increase in utilization of services, (47 Receiving services) by September 30, 2019
Status					



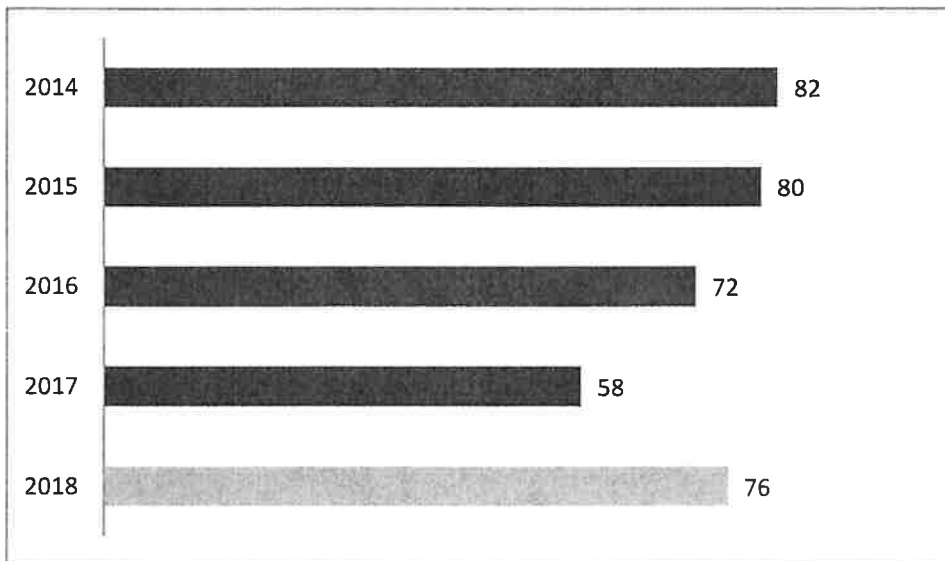
Figure B: 2017 Patient Grievances by Method of Processing and Area of Concern



Source: PCU 4.3, Network Full Data_Query.xls

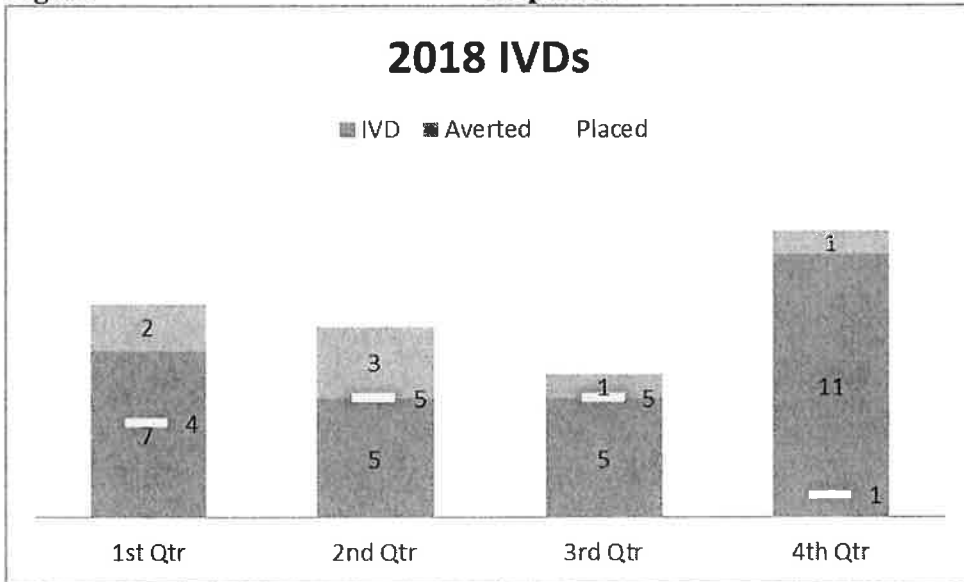
Notes: N=76 grievances in 2018

Figure C: 5-Year Annual Comparison of Rate of Grievances in Network 5



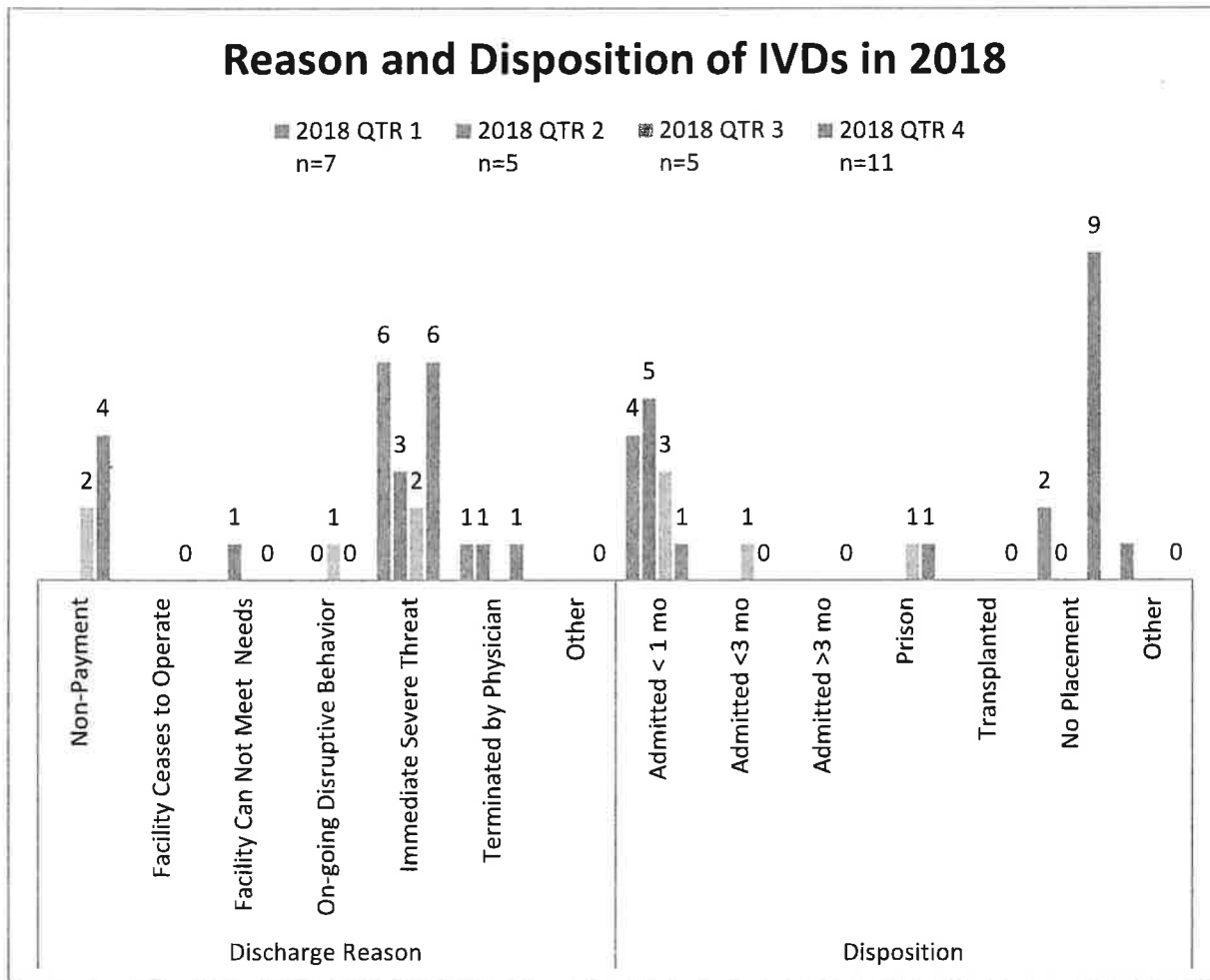
Source: PCU 4.1-4.3; Grievance_Annual_Comparisons.xls

Figure D: Number of Patient IVDs Reported to the Network in 2018



Source: PCU 4.3, Network Full Data_Query.xls
Notes: N=28. Averted IVD are not counted in 'N'.

Figure E: Reason and Disposition of IVDs in 2018



Source: PCU 4.3, Network Full Data_Query.xls

Notes: N=28. Averted IVD are not counted in 'N'.

**GOVERNOR'S ANNUAL REPORT
2018**

**MARYLAND COMMISSION ON KIDNEY DISEASE
and
TRANSPLANTATION**

**4201 PATTERSON AVENUE
BALTIMORE, MD 21215
Phone number 410-764-4799
Website: mdckd.org**

Dr. Jeremy Yospin, Chairman

Dr. Paul Segal, Vice-Chairman

Eva Schwartz, M.S., M.T. SBB (ASCP), Executive Director

Donna Adcock, RN, Health Facilities Surveyor

Leslie Schulman, Assistant Attorney General, Commission Counsel

**MARYLAND COMMISSION ON KIDNEY DISEASE
REPORT TO THE GOVERNOR**

January 1, 2018 - December 2018

“The Commission shall adopt physical and medical standards for the operation of dialysis and renal transplant centers...”

“The Commission shall adopt reasonable medical standards for acceptance of patients into the treatment phase of the Program...”

“The Commission shall annually evaluate the entire Kidney Disease Program. An annual report of such evaluation shall be made to the Governor...”

“The Commission shall survey periodically dialysis and transplant facilities...”

“The Commission shall evaluate patient complaints, including cases of verbally and Physically abusive patients...”

“The Commission shall collect an annual certification fee from the facilities in order to meet its mandated responsibilities...”

Annotated Code of Maryland
Health-General Article, Title 13, Subtitle 3 and Title 16, Subtitle 2

MEMBERSHIP

Jeremy Yospin, M.D. - Chairman
Paul Segal, D.O. - Vice Chairman
William Rayfield II, M.D.
Henita Schiff
Denise Collins, LCSW-C
Joan Wise, R.N.
Susan Leon, R.N.
Donna Hanes, M.D.
Sumeska Thavarajah, M.D.
Nadiesda Costa, M.D.
Adam Berliner, M.D.

STAFF

During the calendar year 2018, Eva H. Schwartz, M.S., M.T. (ASCP) SBB held the position of Executive Director of the Commission. Leslie Schulman served as the Assistant Attorney General assigned as Counsel to the Commission, and Donna Adcock, R.N. served as the Commission Surveyor of the dialysis and transplant centers. The website manager was Oladunni Akinpelu.

COMMISSION MEETINGS

The Commission met in January, April, July and October, 2018.

PHYSICAL AND MEDICAL STANDARDS COMMITTEE

The Physical and Medical Standards Committee reviews on-site inspections, and approves facilities requesting certification by the Commission on Kidney Disease for reimbursement purposes by the Kidney Disease Program of Maryland (KDP). The Committee is responsible for research, recommendation and presentation of physical and medical issues affecting the renal community and investigation of patient complaints in an expeditious manner. The recommendations for complaint resolution cases are then voted on by the full Commission and appropriate corrective action is implemented and enforced. **If necessary, a facility will be resurveyed because of non-compliance with its own submitted Plan of Correction (POC).**

During the 2018 calendar year, the following **new** facilities were approved for certification by the Commission for KDP reimbursement purposes:

<u>Facility</u>	<u>Address</u>	<u>Medical Director</u>
Davita – Good Samaritan	5601 Loch Raven Blvd. Baltimore, MD 21239	Dr. Luis Gimenez
Davita – Union Memorial	201 E. University Pkwy. Baltimore, MD 21218	Dr. Akshay Amin
Davita – Ridge Road	530 E. Ridgeville Blvd. Mount Airy, MD 21771	Dr. Anita Nahar
Davita - Laurel Lakes	14500 Laurel Pl. Laurel, MD 20707	Dr. Quan Wang
ARA – Salisbury	601 E. Main Street Salisbury, MD 21804	Dr. Eric Ofori
Davita – Gaithersburg	202 Perry Pkwy. Gaithersburg, MD 20877	Dr. Sorana Hila

Additional responsibilities of the Commission are to conduct on-site surveys of the dialysis and transplant facilities throughout the State of Maryland. The Commission surveys the dialysis and transplant facilities to meet the regulatory standards as promulgated by the Commission. An annual certification fee collected by the Commission is an additional requirement of the facilities for certification with the Commission and eligibility for reimbursement from the KDP. Enclosed is the roster of all certified dialysis and transplant centers in

Maryland. This informational roster is available upon request from the Commission, and is posted on the **Commission's website**: dhmh.maryland.gov/mdckd.

COMMISSION ACCOMPLISHMENTS

- The Commission reviewed twenty-two (22) complaints between patients and facilities. Additionally, the Commission surveyed ninety-eight (98) facilities for compliance with standards of care, and addressed all corrective action plans that emerged from such surveys. Surveys are scheduled based on need related to compliance of the facilities and transplant centers with submitted corrective plans and in response to patient complaints.
- The Commission reserves the right to schedule surveys to administer and manage the program as statutorily mandated and according to budgetary allowances and available funds.

The Commission maintains an active and up to date website (dhmh.maryland.gov/mdckd) for the latest information in the renal field as well as references the Commission's activities and community education accomplishments.

- In calendar year 2018 the Commission surveyed ninety-eight (98) dialysis facilities and transplant centers. Through the Corrective Action Plan process, all Federal and State regulations were enforced by the Commission, thus the Commission has met its mandate. By enforcing compliance with State, Federal and Commission regulations, the quality of care rendered to the ESRD population in the state of Maryland was enhanced and its citizenry protected.
- The Commission continues to work with the Office of Healthcare Quality (OHCQ) to foster communication between the two offices. Presently, a wonderful cooperation between the Commission and OHCQ enables both entities timely responses to complaints, and therefore patients' welfare and safety is addressed through immediate intervention.
- Commission representatives participated in the Mid-Atlantic Renal Coalition quarterly teleconferences. The teleconferences provide a forum for Network staff to foster communication with the Commission and OHCQ, to discuss any facility issues and provide updates on Network projects.
- The Commission provides invaluable resources to the Renal Community and the State. The Commissioners offer a wealth of information and experience regarding the care of End Stage Renal Disease patients.
- The Commission completed and distributed a newsletter to the renal community. The newsletter is a tool to inform the community about the Commission's activities, and to provide educational information. Each published Newsletter is available on the Commission's website.
- The Commission meetings are forums to inform and educate the renal community. Facilities are encouraged to participate in the meetings and present best practice scenarios. All Open Session minutes are posted on the Commission's website and available for review by the renal community, all dialysis facilities and their staff.

- The Commission addressed ongoing issues surrounding dialysis facilities' discharge practices and continuity of care issues. The Commission reviewed the current Involuntary Discharge Packet and the process for handling and conducting investigations of complaints. The Commission is working collaboratively with the Mid-Atlantic Renal Coalition to review facility discharge requests.
- The Commission in collaboration with the Maryland Board of Nursing (MBON) continues to enforce the licensure requirement that only Certified Nursing Assistants with a DT (dialysis technician) specification are permitted to provide care for dialysis patients.
- The Commission continues to provide the Kidney Disease Program (KDP) with expert medical advice including ongoing review of the ICD-10 codes.
- The Commission reviews out of state transplant center requests for KDP reimbursement as well as evaluates requests for inclusion of new medications in the KDP pharmaceutical formulary.
- Commission meetings provide a forum for Renal Community education regarding KDP policies and requirements.
- The Commission continues to work with local hospitals to assist with the placement of difficult patients in community dialysis facilities.
- The Commission communicates with the medical and management leadership of facilities that are cited with concerning deficiencies. The discussions serve as an educational tool and encourages enforcement of compliance with the Commission's COMAR.
- The Commission remains vigilant regarding nursing ratios in dialysis facilities. Facility representatives are educated on current staffing requirements; including the requirement to assure staffing in the facilities meet the needs of the patients.
- The Commission educated the renal community regarding the impact to patients dialyzing in non-certified dialysis facilities. Educational material was prepared and disseminated to the dialysis facilities and discussed at Commission meetings.
- The Commission educated the Renal Community regarding the Maryland Department of Health's guidance on Opioid prescribing.
- The Commission introduced Legislation to amend Commission Statute. The amendments would facilitate the selection of volunteer commission members.

PATIENT GRIEVANCES

During the year 2018, the Commission resolved to the satisfaction of the patients and the dialysis facilities twenty-two (22) complaints. The Commission and staff have availed themselves to the renal community to expeditiously resolve problems arising between patients and facilities. Additionally, the Commission has mandated improvement in the quality of care provided at the facilities cited for deficiencies and violations during the End Stage Renal Disease (ESRD) Survey. These goals were accomplished to the satisfaction of the Commission, thus protecting the safety and welfare of this vulnerable patient population.

COMMUNITY EDUCATION

The Commission has fulfilled its community education responsibilities by surveying and educating facilities according to the promulgated regulations by the Commission on Kidney Disease, COMAR 10.30.01. The Commission, public member volunteers, and patient advocates have addressed numerous groups in the renal community regarding sources for reimbursement for renal care, prevention of renal disease, transplantation criteria, and methods for reimbursement for life saving medications.

STATUS OF THE KIDNEY DISEASE PROGRAM

The purpose of the Kidney Disease Program (KDP) is to provide financial assistance to certified beneficiaries for the treatment of ESRD (end stage renal disease). This stage of renal impairment is almost always irreversible and requires dialysis or kidney transplantation to maintain life. As a payer of last resort, the Program may provide financial assistance only after all other medical and federal insurance coverage has been pursued. Covered services include chronic maintenance, in-center and home dialysis, renal transplantation, approved inpatient and/or outpatient hospital care, physician and laboratory fees, and medications specified on the KDP Reimbursable Drug List and certain ancillary services which are directly attributable to the beneficiaries' ESRD.

PROGRAM STATISTICS

In Fiscal Year, 2018, the Kidney Disease Program provided coverage to approximately 1680 beneficiaries. KDP net expenditures for FY 2018 totaled \$ 9,461,977. The KDP recovered \$265,149 in premiums and \$1,127,227 in provider refunds. Drug Rebate Recoveries totaled \$1,775,131 in FY 2018. These recoveries are projected annually and are incorporated into the Program's reimbursement budget.

FISCAL YEAR 2018 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. The KDP Brochure has also been updated. The brochure may be viewed at

<https://mmcp.health.maryland.gov/familyplanning/Documents/KDP.pdf> 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 Kidney Disease Program is successfully transmitting a KDP recipient eligibility file, resource file and a COB Connect document to HMS (Health Management Services) on a monthly basis in an effort to gather third party insurance information to maximize collection efforts and ensure that KDP is truly a payer of last resort. Work has initiated to compose a new TPL RFP in an effort to continue maximizing the State's collection efforts and ensure cost effectiveness among all MDH programs.

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. 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. KDP was also invited to speak at the ANNA (Annual Nephrology Nurses Association) conference in November 2018 and graciously accepted. Nephrology nurses and members of the ESRD community from across the State of MD were in attendance.

PROJECTIONS FOR THE KIDNEY DISEASE PROGRAM

The Kidney Disease Program continues to work with our contractor, Santeon, and data processing analysts and programmers to ensure compliance with federally mandated requirements. Santeon is upgrading the KDP Portal which will allow the portal to be a more user friendly information access system for providers of service, in addition to automating the KDP user agreement process. The portal upgrade is scheduled to be completed in FY 2019. KDP will continue to work with its colleagues in defining the best possible route to obtaining a new Maryland Medicaid Information System (MMIS III). Future plans are for the KDP electronic claims processing system to be incorporated into the new MMIS III. 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.