MARYLAND COMMISSION ON KIDNEY DISEASE Thursday April 17, 2014 4201 Patterson Avenue Room 108-109

PUBLIC SESSION MEETING MINUTES

The Public Meeting of the Commission on Kidney Disease was held on Thursday, April 17, 2014 at 4201 Patterson Avenue. Chairman, Dr. Luis Gimenez called the meeting to order at 2:10 P.M. Commissioners' Dr. Kulwant Modi, Dr. Edward Kraus, Dr. Paul Light, Dr. Bernard Jaar, Henita Schiff, Belinda Lindsay, Kim Sylvester and Jim Stankovic were also present.

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

Commission Counsel present: Leslie Schulman, AAG

DHMH staff present: June Bowman, RN, Surveyor from DHMH's Office of Health Care Quality (OHCQ) and Carol Manning, Chief KDP.

Guests present were:

Kim Phillips-McNair, Davita Barbara Galloway, WMHC Elaine Boyd, Davita Mary Keller, USRC Chris Simon, IDF Monifa Kopano, Community Juathawala Harris, FMC June O'Donnell, FMC Lori Hartle, Astrellas Pharma Keith Knowles, Amgen Rebekah Wood, Davita Pam Earll, Davita Jessica Quintilian, NKF- MD Naomi Elcock, Community Marita Wellage-Reiley, MTA Jody Davis, FMC Laura Conroy, JHH Johny Niles, Holy Cross

I. REVIEW AND APPROVAL OF THE MINUTES OF THE PUBLIC SESSION OF January 23, 2014

Dr. Modi motioned to approve the Public Minutes from the January 23, 2014 session. Ms. Sylvester seconded the motion and the Commission voted unanimously to approve the Minutes of the January 23, 2014 Public Session.

II. CHAIRMAN'S REPORT

Dr. Gimenez welcomed everyone to the meeting. He commented that, although facility citations have shown improvement in the area of infection control, this area continues to need work. He reported that staffing remains a source of many citations, and he urged everyone to assure adequate staffing to provide safe and appropriate delivery of care to the patients.

Dr. Gimenez reported that the Commission continues to receive concerns from the community regarding Mobility transportation. He noted that MTA has been helpful and continues to work with the Commission to resolve concerns.

III. EXECUTIVE DIRECTOR'S REPORT

Mrs. Schwartz welcomed everyone to the meeting and introduced the Commission's new consumer member, Henita Schiff. Ms. Schiff is an active member of the National Kidney Foundation and a welcome addition to the Commission.

Mrs. Schwartz discussed responsibilities in the dialysis facilities; specifically staff that are accountable to assure compliance. She noted that in most cases the Facility Administrator is the person indicated on the Plan of Correction (POC) as the responsible person. She requested that when violations are clinically egregious, a clinically licensed person also be listed as a responsible person on the POC.

Mrs. Schwartz requested that when facilities make changes to key personnel they complete a facility update sheet and submit a copy of the new personnel's CV to the Commission's office.

Mrs. Schwartz reported that the Commission needs to address the issue of future Commission appointments with the Office of Executive Appointments and Nominations, and the Governor's Appointments Office. She noted that it is getting more increasingly difficult to find potential appointees who are not affiliated in some way with the large organizations. Because a majority of dialysis facilities in Maryland are part of national chains, there is a concern from the Governor's Office that there may be duplicative representation from a particular entity and, therefore, not be in line with the Commission's enabling statute. However, she did point out that upon appointment to serve on the Commission, and in accordance with Ethics Laws, these Commission members would have to recuse themselves from discussion or rulings relating to their facilities, and or affiliated chains, as appropriate.

IV. OLD BUSINESS

A. Mobility Certification Issues

Marita Wellage-Reiley, a representative from MTA/Mobility, was present and fielded questions from the group regarding ongoing Mobility issues. The issue included phasing out Mobility MTA operators, initial certifications appointments, drivers that continually come to the facility to pick up patients that are no longer at the facility, recertification issues, patient pick up times, patients riding for prolonged periods to and/or from appointments and patients that are not ready (after treatment) at their appointed pick up time.

Ms. Wellage-Reilly committed to drafting a letter to alleviate patients concerns over MTA operators being replaced with contract drivers. She noted that the operators have been reassigned and that only 3% of the operators were actually MTA staff as the vast majority of the drivers were already contracted. She will forward the letter to the Commission for dissemination to the group. Ms. Wellage-Reilly noted that social workers could call her to schedule initial certification appointments, her direct number is 410.764.7596.

Ms. Wellage-Reilly also discussed the recertification process. She reiterated that MTA follows the law in certifying the riders' civil rights. She noted that some patients do not fall under the ADA criteria. Discussion ensued. Ms. Wellage-Reilly noted that patients and or/social workers could elaborate particular needs on the recertification application under question #20.

B. Home Hemodialysis at the Bedside

Mrs. Adcock reported that the Home Hemodialysis at the Bedside Committee met again at the Office of Health Care Quality (OHCQ) on March 31st. They continued to discuss providers being licensed to provide bedside dialysis in nursing homes and assisted living facilities. She noted that there was discussion regarding a training center which had requested that they not have an actual training facility but would train patients in their "homes". There has been discussion regarding who the support person will be and how the patient will be involved in their own care. Concerns regarding respite care, including where these patients will dialyze if their support person can no longer provide their dialysis, was also discussed.

Discussion ensued. Dr. Light noted that he would be interested in attending the next Committee meeting.

C. Request to add Astragraf XL to the KDP formulary

Mrs. Schwartz reported that Astrellas Pharmaceuticals is appealing the Commission's decision not to add Astragraf XL to the KDP formulary. Astrellas has submitted additional supporting documentation. The Commission will discuss the financial implications and proprietary data in closed session.

Ms. Manning reiterated that the KDP regulations require all manufactures to provide a rebate to the program for their drugs. The rebate is not the same as any discounts and is based on a specific algorithm.

V. NEW BUSINESS

A. Kidney Disease Program - Carol Manning

• Stats and Budget

Ms. Manning presented the KDP statistics and budget. She reported that Congress passed a bill to delay the implementation of the new ICD 10 codes until 10/1/2015.

• Out of State Transplant Approvals

Mrs. Adcock voiced concerns regarding one of the financial coordinators for a transplant center requesting out of state authorizations for transplant after the patient has already been transplanted.

Discussion ensued. The Commissioners requested that the out of state transplant centers be educated regarding the KDP requirement for prior authorization for out of state transplants. They requested that a letter be sent to the centers outlining the requirement.

Dr. Kraus reported that new UNOS regulations would be coming into effect shortly, and would have an impact on the waiting time for renal transplant patients. He noted that when a patient is activated on the renal transplant waiting list they will be credited with time on dialysis regardless of when they are activated on the transplant list.

B. Network Report

Mrs. Adcock directed the guests' attention to the attachment. Network 5 supplied their 2014 Statement of Work Overview for informational purposes. She noted that the surveyors have been encouraged to contact the Network prior to surveying facilities. The Network will provide the surveyors with information on involuntary discharges and transfers, projects the facilities may be involved in, and grievances.

C. Senate Bill 756

Mrs. Schwartz reported on this Bill which was introduced by Senator Muse. She discussed the Bill's implications and noted that the Bill was opposed by the Commission. She stated that the Bill did not make it out of the Senate Finance Committee. Ms. Schwartz thanked everyone in the renal community for their support including Mr. Stankovic for his letter to the Finance Committee Senators, Dr. Rayfield for testifying so eloquently, and Tracey Mooney, IDF for initiating and coordinating the dialysis facilities' responses to the Bill.

D. Open Meetings Law – Dr. Kraus

Dr. Kraus reported that he took the required on-line course to be certified in the Open Meetings Law. He noted that all issues related to policy must be discussed in the Open Meetings. Administrative decisions are discussed in the Closed Meetings. Commission counsel assists the members in deciding if items are to be discussed in Closed Meetings. If a Closed Meeting is held, an announcement will be made in the Public Meeting and Minutes of the Closed Session will be read at the following Public Session.

E. Nocturnal Dialysis

Mrs. Adcock reported her concern with the lack of regulation for this modality. The OHCQ defines the modality and allows one staff member for five patients with a free charge nurse when there are more than more than nine patients on the shift. Even though discussed in the regulation development phase, the OHCQ regulations do not address patient selection, care planning (change of modality), or patient stability. She requested that when the Commission's regulations are amended that this modality be addressed.

Mrs. Schwarz stated that the Commission regulations need to be amended and requested volunteers. Dr. Gimenez, Dr. Light and Dr. Kraus volunteered. Mrs. Adcock will inquire with Dr. Rayfield to see if he is interested in volunteering to participate on the Committee. The Commissioners requested that they receive copies of any written comments submitted to OHCQ when the nocturnal dialysis regulations were published in the Maryland Register for promulgation. Mrs. Schwarz stated that she would request the comments.

F. Quality Assessment and Performance Improvement (QAPI)

Documentation for survey review

Mrs. Adcock reported that one of the providers is reporting its QAPI documentation in a paperless format. The current format is over 200 pages per month and to review the information electronically is cumbersome since the program is slow (gets hung up). She noted her concern with this lack of reviewable documentation.

Discussion ensued. Dr. Kraus requested that Ms. Adcock contact the Network regarding the issue. He noted that there should be summation documentation. Dr. Jaar reported that the information is in the electronic form and he feels it is very detailed.

G. Uncertified Facilities by the Commission

Mrs. Schwartz reported that there are few new dialysis facilities that have not certified their facilities with the Commission. She noted that the patients dialyzing in these facilities do not have access to KDP funds. Mrs. Schwartz stated that patients are not aware that they are dialyzing in an uncertified facility, and they become extremely upset when they file an application for KDP funding and their application is denied. The patient then faces having to transfer to a certified facility to receive KDP funding.

Discussion ensued. The idea of having uncertified facilities notify patients that they are not certified was discussed. The Commissioners agreed that they would like to pursue requiring facilities to certify which would entail a change in the Statute. In the interim, the Commission will post the names of the uncertified facilities on its website.

H. Commission Newsletter

Dr. Gimenez directed the guests' attention to the attached newsletter. The newsletter is available on the Commission's website and has been emailed to the renal community.

I. Citation Free Surveys

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

- Davita Kidney Home
- IDF Chestnut
- IDF Arundel

J. Categories of Complaints

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

- Written
 - Facility complaints regarding abusive patients
 - Complaint regarding fumes from construction at a facility
 - Facility complaints regarding issues with MTA Mobility
- Verbal
 - Concern regarding patient access to care
 - Complaint regarding denial of admission of patient to a facility
 - Hospital complaint regarding patient discharge from a facility
 - Complaints regarding handicap access and parking at a dialysis facility
 - Patient complaint regarding vascular access cannulation at his dialysis facility
 - Patient complaint regarding treatment time being cut
- K. Commission Approval/Disapproval for KDP Out of State Transplant Reimbursement Dr. Gimenez noted that in the past quarter, the following hospitals have requested and been granted out of state transplant approvals:

Hospital	Granted	Refused
Inova Fairfax Transplant Center	1	0
Washington Hospital Center	6	0
Georgetown University Hospital	3	0

L. Surveys

For informational purposes, the Commission shared the results of their Survey Findings Deficiency Report for the past quarter. Dr. Gimenez reiterated the need for improvement in the areas of infection control and personnel qualifications/staffing.

Citations

0
11
6
0
1
0
1
2
1
1
0
17
0
0
0
2

M. Surveys Completed

The following facilities have been surveyed since the last meeting:

Davita Kidney Home
Davita Lakeside
Davita Whitesquare
ARA Ellicott City
Davita JHH
Davita Owings Mills
Davita Landover
FMC Elkton
Davita Pikesville
Davita District Heights
FMC Waldorf

IDF Chestnut Davita Wheaton Davita Rivertowne FMC QCDC FMC Beltsville FMC Rosedale IDF Arundel DSI Oxon Hill Davita N. Rolling Rd. IDF Calvert

There being no further public business, upon motion made by Commissioner Modi and seconded by Commissioner Kraus, the Commission unanimously voted to adjourn the Public Session 4:20 pm and move into Executive Session.