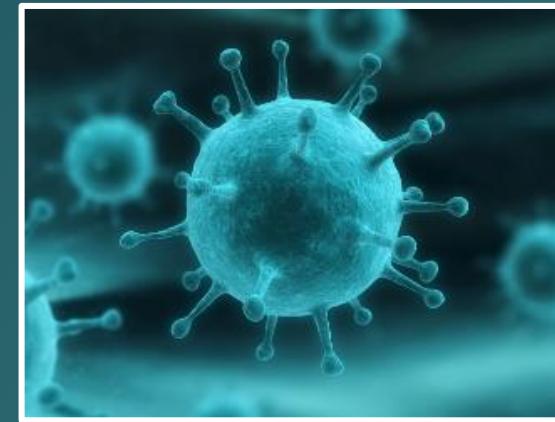


COVID-19

An End Stage Renal Disease (ESRD) National Coordinating Center
(NCC) Professional Education Webinar



February 10, 2021

Agenda



- What is this call about?
- Today's speakers:
 - Daniel Landry, DO, FASN
 - Chief of the Division of Nephrology, Baystate Medical Center
 - Medical Director, Inpatient Dialysis and Critical Care Nephrology
 - University of Massachusetts Medical School-Baystate
 - Chair, Medical Review Board for ESRD Network of New England
- Topic: The Promising Future of Advanced Practitioners in Nephrology
- Questions and answers (Q&As) from chat and Q&A panels

What Is This Call About?



- Hear from stakeholders and peers in the ESRD community who are adapting to COVID-19.
- Share examples and provide real-world strategies for facilities to use.
- Engage in bi-monthly calls on varying topics.

The Promising Future of Advanced Practitioners in Nephrology

Daniel Landry, DO, FASN
Chief, Division of Nephrology, Baystate Medical Center
Medical Director, Inpatient Dialysis and Critical Care Nephrology
University of Massachusetts Medical School-Baystate
Chair, Medical Review Board for ESRD Network of New England

The Promising Future of Advanced Practitioners in Nephrology: Objectives

1. Discuss the challenges of the present and future nephrology workforce.
2. Describe how advanced practitioners (AP) are supporting nephrology through clinical, educational, and quality improvement.
3. Discuss how AP are helping improve nephrology healthcare delivery in the era of advanced alternative payment models and the COVID-19 pandemic.

The Future of Nephrology Workforce: Will There Be One?

Mark G. Parker, Tod Ibrahim, Rachel Schaffer, Mitchell H. Rosner, and Bruce A. Molitoris

“You either love it or find it very,
very painful. I wouldn’t consider it
a lifestyle specialty by any means.”

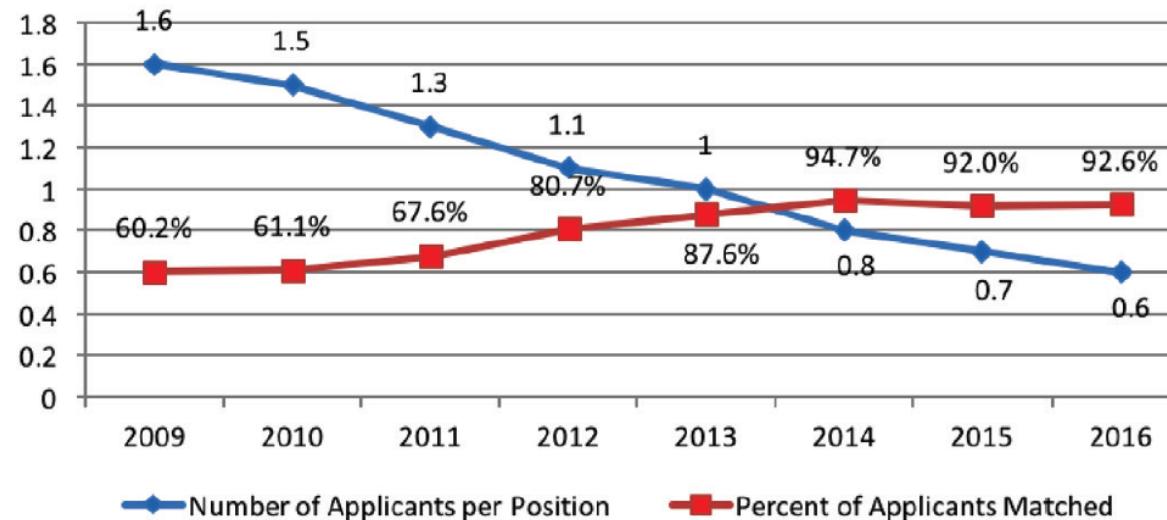
—Recent blog posting about
nephrology by an internal
medicine resident.

Report Highlights

The U.S. Adult Nephrology Workforce 2016

Developments and Trends

**Exhibit 3: Trends in Nephrology Applications and Matches
2009 - 2016**



Source: NRMP: "Results and Data: Specialty Matching Service," various years.

Source: George Washington University Health Workforce Institute. NRPM. Results and Data: Specialty matching Service. Available at www.asn-online.org/workforce. Accessed on February 3, 2021.

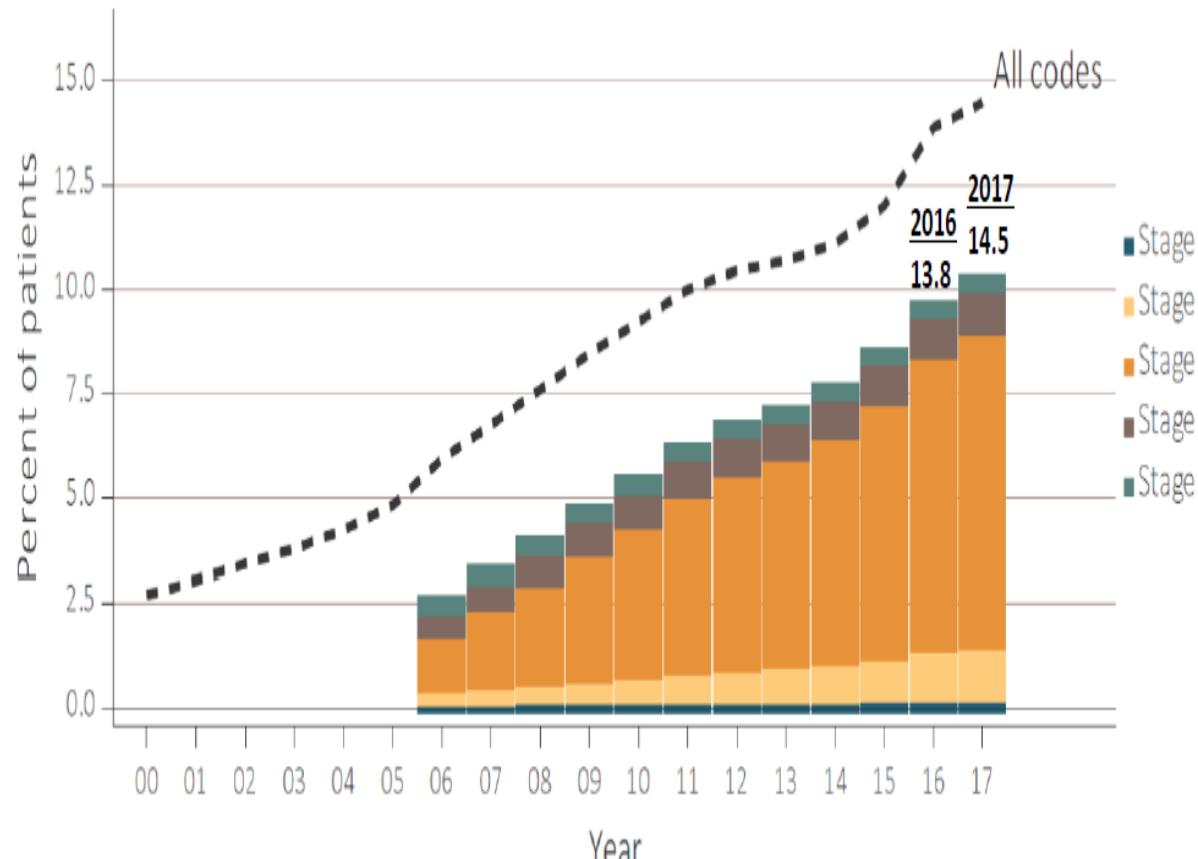
The Promising Future of Advanced Practitioners in Nephrology (cont.)

- Results from the 2019 (“appointment year 2020”) nephrology fellowship match continue to show stagnation in terms of medical resident interest in a nephrology career with 38% of nephrology fellowship positions left unfilled.¹
- This trend of decline that began back in 2013 and has plateaued over the last 5 years in the low 60% range with little improvement in this year’s match.

1. Pivert K. AY 2020 Nephrology Match, ASN. 2020. Available at: [AY 2020 Nephrology Match \(asndataanalytics.github.io\)](https://asndataanalytics.github.io)

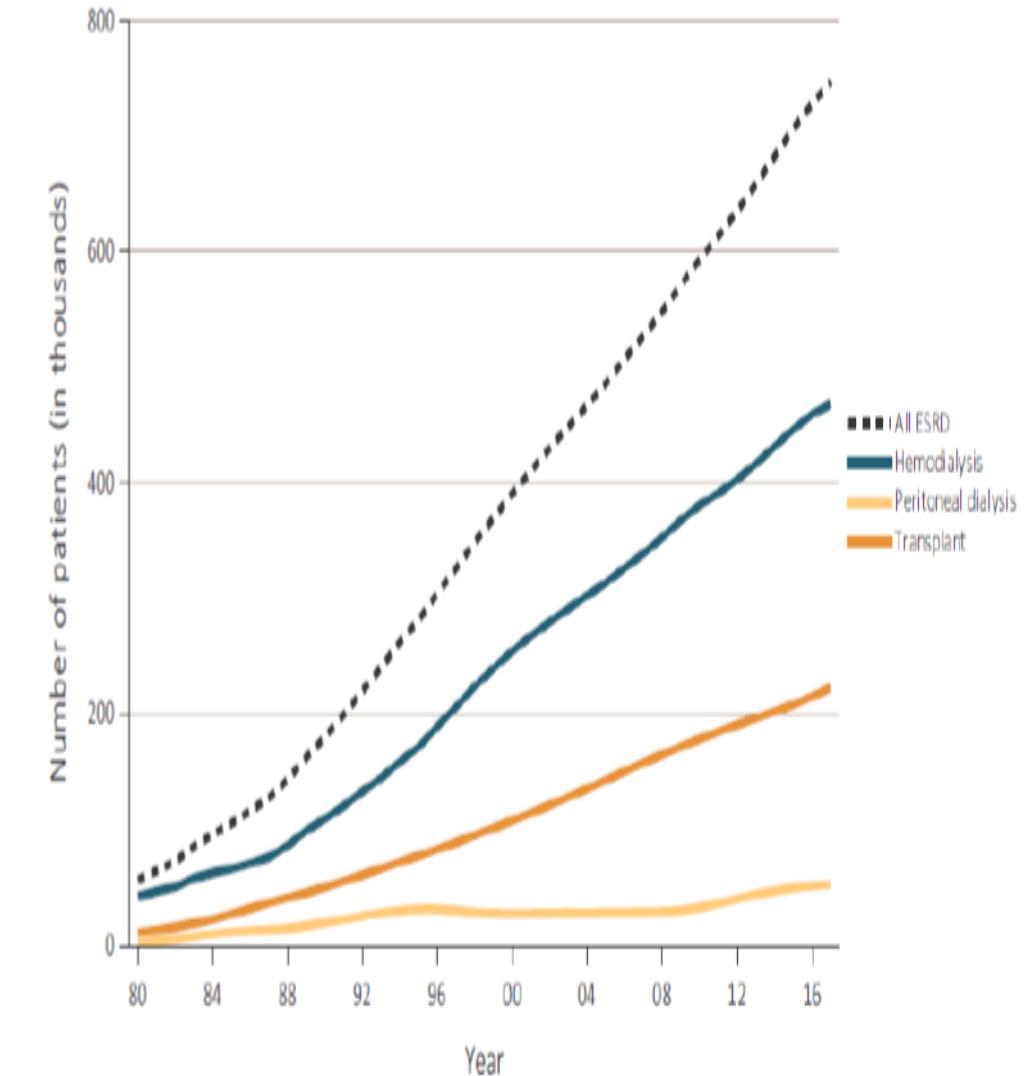
Physician Shortages,
Increasing Patient Demands,
and Cost ...

Figure 1: Trends in prevalence of recognized CKD, overall and by CKD stage, among Medicare patients (aged 65+ years), 2000-2017



CKD = chronic kidney disease

Figure 12: Trends in the number of ESRD prevalent cases, by modality, in the US population, 1980-2017



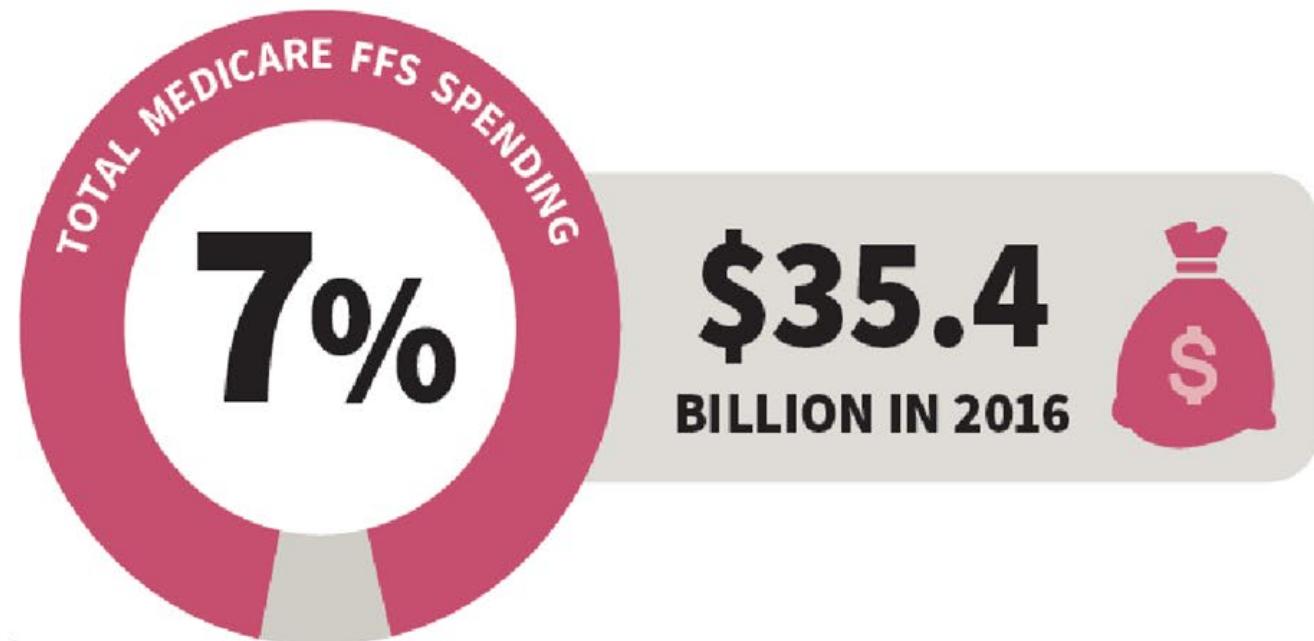
ESRD: Cost and the Search for Value-Based Care

Medicare spending for ESRD beneficiaries

ESRD beneficiaries comprise less than



of the total Medicare population



SOURCE: 2018 U.S. Renal Data System Annual Data Report.

Reality Check: Facing Challenges and Offering Solutions

Nephrology's harsh realities:

- Frequently recognized as one of the more academically challenging subspecialties in internal medicine
- Associated with a very demanding work schedule
- More recent data indicating declining wages
- Introduction of advanced alternative payment models (such as CMS' ESRD Treatment Choices model that will involve 30% of all nephrology practices as of January 2021)

Advancing American Kidney Health

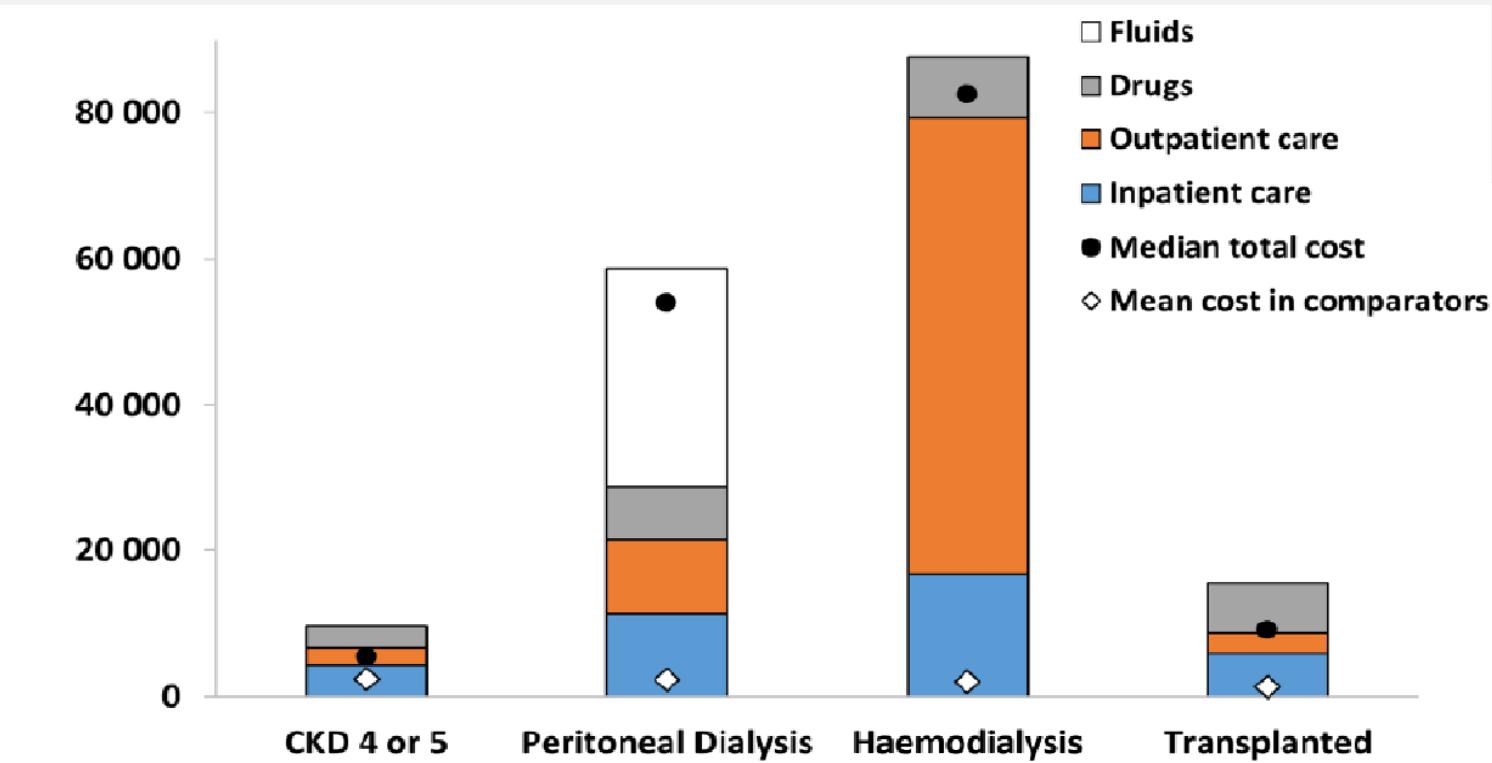


Figure 3 Annualised mean and median costs in patients

Advancing American Kidney Health (cont.)

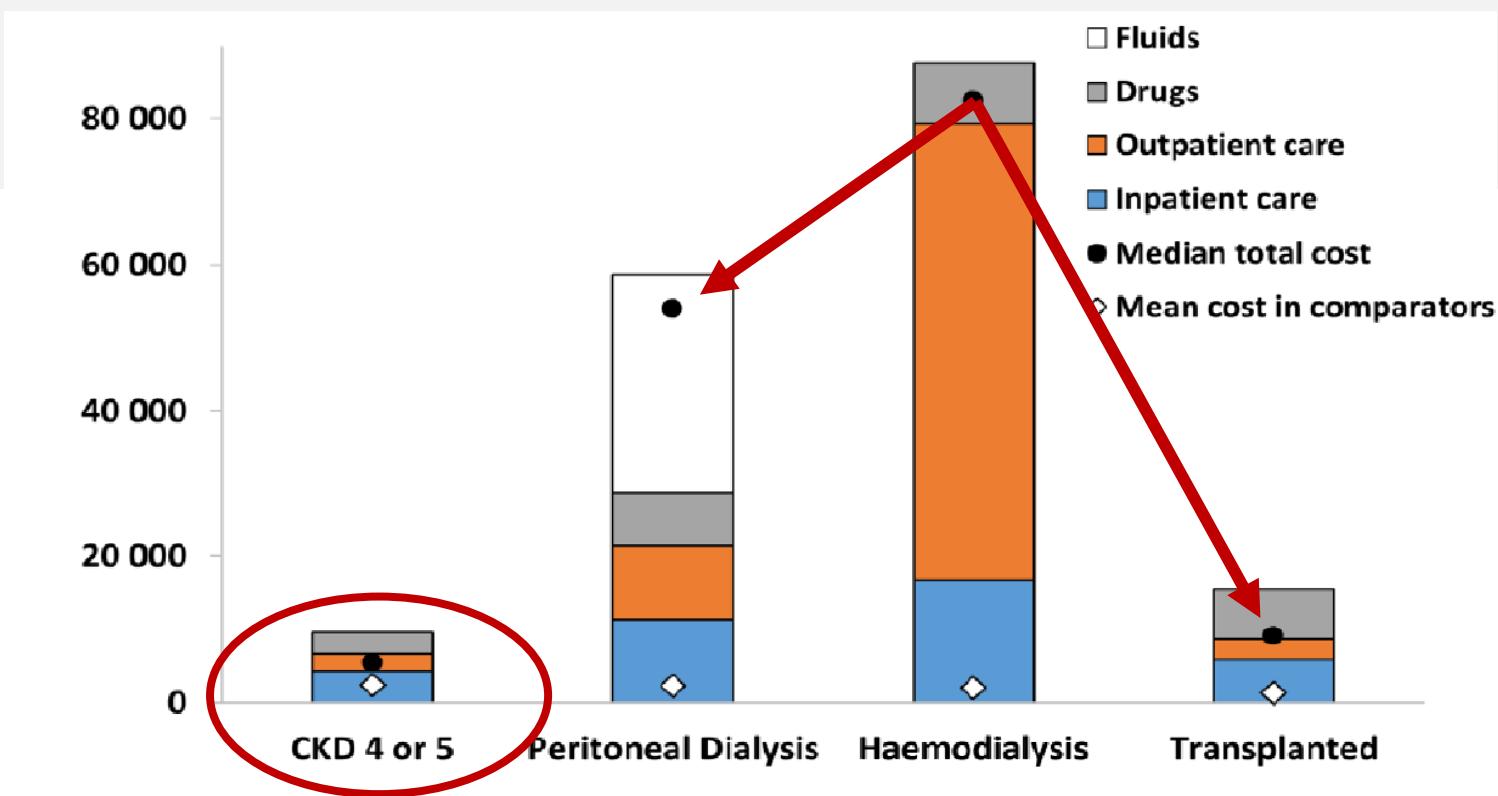


Figure 3 Annualised mean and median costs in patients

Source: Eriksson JK, et al. BMJ Open 2016; 6:e012062. doi: 10.1136/bmjopen-2016-012062

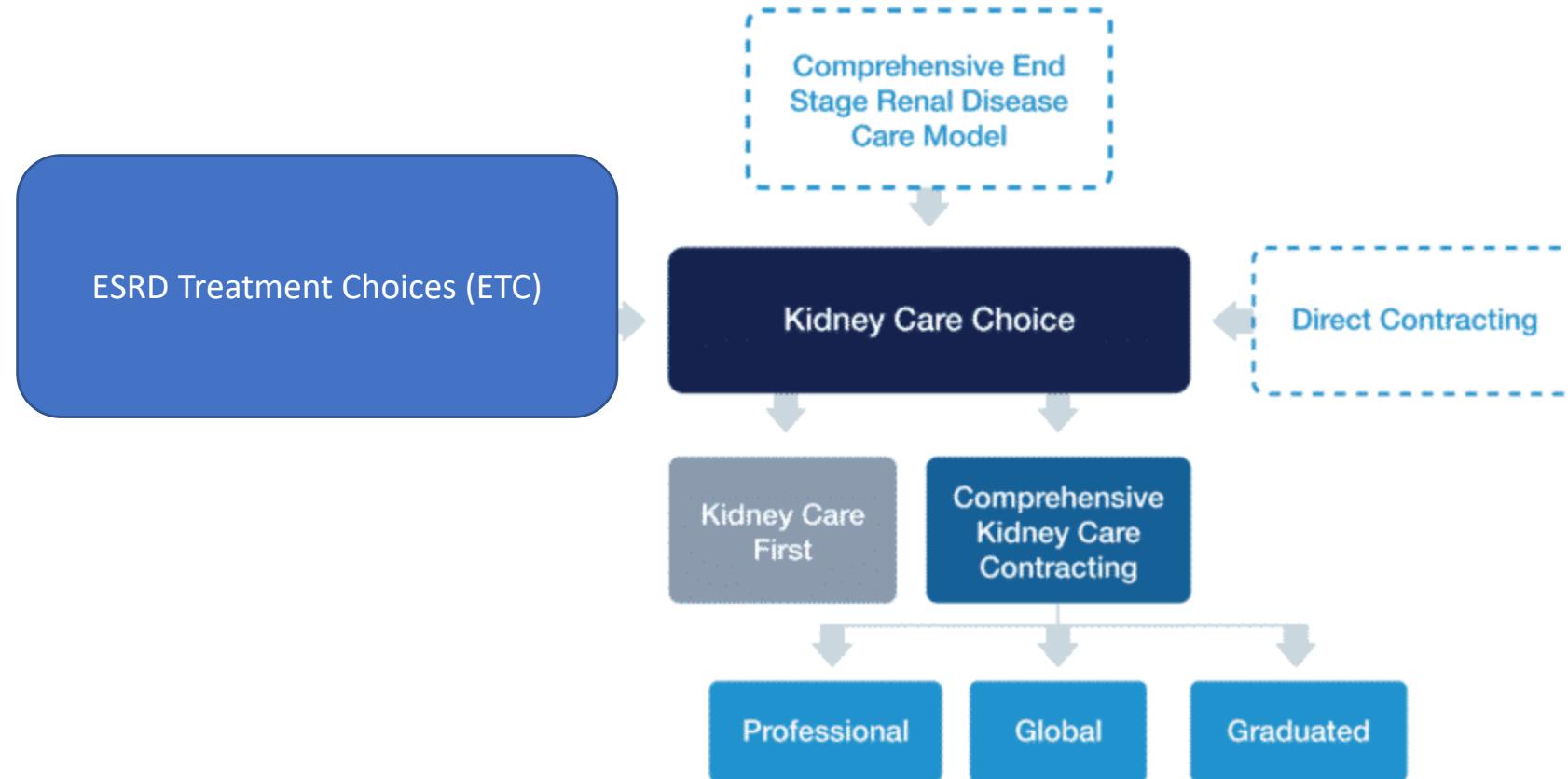
Many Reasons for Hope

- It is wide open landscape for opportunity to innovate and improve this specialty's care of our most complex patients.
- Healthcare forces external to nephrology have been **moving away from a fee-for-service** mentality that had often led to an expensive, procedurally-driven focus and left our most vulnerable patients with poor healthcare outcomes.
- The Advancing American Kidney Health (AAKH) initiative has placed this reality front and center.
- The nephrology community needs to transform into a more creative, value-based specialty.

Five Models to Transform Kidney Health

Model 1: Mandatory Model

Models 2–5: Voluntary Models



Source: Dan Landry

Advanced Practitioners: Nephrology's Workforce Solution

- Advanced practitioners (AP) became a common part of nephrology practices in 2004.
 - CMS adjusted reimbursement for the care of dialysis patients with the development of the monthly capitated payment (MCP) system.
 - CMS increased the frequency of dialysis visits required in order to achieve maximal compensation.
- By 2013, 75% of U.S. nephrology practices in the U.S. had employed at least one AP.
 - Survey data from 2010 to 2018 by Zuber and colleagues

Nephrology Advanced Practitioners in the United States, 2010–2018

Kim Zuber, Jane Davis, and Kevin F. Erickson

- Survey of 1088 APs
- 88% were involved in hemodialysis rounding and approximately 53% of their time was spent providing dialysis care.
- ***Only 14% of time spent providing hospital-based care.***
- Percent of time spent in dialysis units, offices, and hospitals had ***changed very little over this 9-year time period.***
- Personal observations that APs, like any other medical provider, tend to “burn out” when faced with the same monotonous work, day after day.

One Practice's Experience

- We began adopting a model of integrating APs into our practice approximately 5 years ago as we began plans to participate in and ESRD Seamless Care Organization (ESCO)
- At that time, we had a seasoned nurse practitioner (NP) who had worked with our transplant/dialysis access surgeons performing outpatient vein mapping and perioperative care, in addition to some outpatient hemodialysis rounding duties to a far lesser degree.
- The addition of 4 more advanced practitioners (one NP and three physician assistants (PAs)) since that time has not only broadened our nephrologists' flexibility, but also enriched our APs work exposure

One Practice's Experience: Inpatient Care

Utilize 2 of our APs as “nephro-hospitalists” in a 715-bed tertiary care medical center.

- Manage both ESRD and general nephrology consult patients.
- Participate in true “team” rounds and education as a new model of care.
- Incorporate into procedural work (kidney biopsies and temporary dialysis lines).
- Communicate with dialysis charge nurse for inpatient triage.
- Communicate with case managers and outpatient dialysis units for transitions of care.
- End of life/goals of care discussions

The Nephro-Hospitalist: Filling the Voids of a Contracted Fellow Workforce

APs may be exactly what the doctor ordered:

- More timely inpatient consultation
- Management of complex dialysis patients with early emergency room interventions to avoid unnecessary admissions
- Avoidance of potentially harmful blood transfusions
- Continuation/reconciliation of outpatient medications
- Frequent interactions with hospitalists and case managers in order to provide safe transitions of care

One Practice's Experience: Outpatient and SNF Care

4th AP

- Care in ***local nursing homes and rehab facilities*** (discharge destinations that are commonly seen as high risk for hospital readmissions)
- Runs a ***pre-dialysis CKD 4/5 outpatient clinic*** with an RN

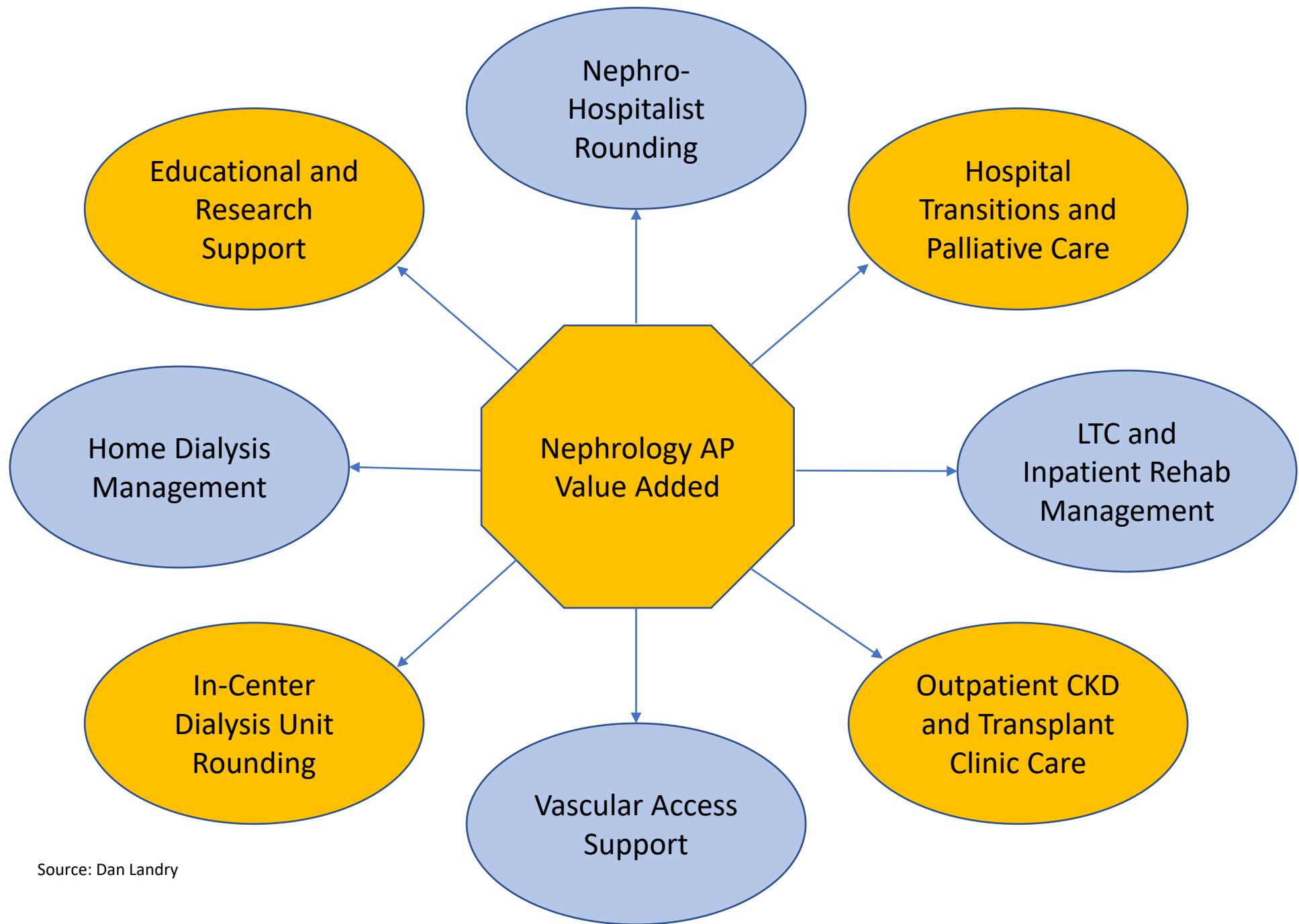
5th AP

- Has shown a determined interest in immunology and is now helping manage our ***outpatient transplant clinic***
 - Assists with our growing ***home dialysis program***
- ❖ All APs in our practice provide some form of outpatient dialysis support (typically rounding on 2 of 4 shifts per month for patients that they share with a dedicated nephrologist) that takes up less their 20% of their clinical time.

One Practice's Experience: AP Education

Maintaining AP satisfaction and engagement:

- Developed a program for long-term learning to provide opportunities to build on knowledge of renal disease.
- Placed expectations to take part in fellowship-level lectures as well as a weekly sit-down session carved out of their day to meet with a nephrologist and discuss challenging cases.
- One nephrologist oversees weekly AP case reviews and physiology education.
- Some of our APs have taken an interest in participating in research.
- Future podcast in the works ...



Stepping up to the Challenge: APs Adapt and Thrive in the COVID-19 Pandemic

The Pandemic: COVID-19

The first days of the coronavirus pandemic seem like a long time ago ...

- Would our colleagues become infected, and would we lack adequate staffing to care for patients?
- What was the safest and most efficient way to care for patients in the hospital?

Early planning strategy: APs work remotely.

- Minimize risk of staff contagion throughout the entire nephrology workforce.
- Help prevent overcrowding in the hospital with limited workspace.
- Meet the need for increased inpatient/outpatient coordination.

The Pandemic: A New Normal

APs began their early days at home, reviewed charts, and directed our nephrologists towards the high priority patients by:

- Rounding virtually with physicians.
- Rapidly communicating plans of care to hospitalists.
- Prioritizing rapidly changing dialysis schedules.
- Working closely with case managers and ER teams to re-direct patients to their dialysis units whenever possible.
- Performing discharge patient screening and repeat COVID testing prior to returning to outpatient local dialysis units.

Constant communications with our outpatient dialysis units:

- Organized outpatient testing.
- Prescribed potassium lowering therapies and volume strategies for missed/delayed treatments.
- Moved symptomatic patients to a new outpatient “person under investigation” (PUI) or COVID shift.
- Saved our local hospital from a great deal of unnecessary ER visits and admissions.
- Enhanced our ability to make high-level, independent decisions critical to our ability to meet our high inpatient consultation demands.

The Pandemic: A New Normal (cont.)

- Dialysis “COVID-triage” evolves.
- Efforts are underway to keep our regular shifts (inpatient and outpatient) COVID-free if possible.
- APs developed a detailed tracking system that allowed the nephrology team to see in real time where our COVID-positive patients were in the hospital course, when viral symptoms began, the date of testing, and pending test results.
- The coordination with the hospital dialysis unit to synchronize isolation treatments and efforts to cohort them by common offsite location allowed for greater dialysis nurse staffing efficiencies in a time when dialysis nurses were at a premium.
- Upon discharge, our APs provided post hospitalization transition of care phone calls.
- Expanded the use of telehealth services to provide safe outpatient dialysis rounding as well as outpatient transplant and general CKD clinic visits.

Building—and Maintaining—a Valued and Effective Advanced Practitioner Workforce

The nephrology community has long been viewed as experts in caring for our most vulnerable and ill patients. We are now being asked to innovate in the area of value-based care, rebuild a shrinking workforce faced with increasing patient demands, and prove ourselves to be more flexible in times of resource strain in order to help lead medicine towards better care of our patients.

APs have proven to be a talented, energetic, and inspiring group of caregivers who nephrology should fully embrace. They not only deserve our attention, but also our dedication to help incorporate them as part of our long-term multidisciplinary nephrology view.

Lessons Learned and Opportunities on the Horizon ...

- Creativity for home support
 - Urgent start PD
 - Assisted PD
 - Transitional Care Units
- Vascular access support
- Transitions of care
 - Care Navigation, information sharing, hospital “control”, NH/LTAC support
- Value of advanced practitioners
- The heavy burden of drug cost (e.g., calcimimetics)
- “Team of Teams”

NH = nursing home

LTAC= Long Term Access Care

Thanks to
our APs

Jennifer Bertolasio, PA
Brittany Chew, NP
Ann Hinckley, NP
Jyovani Joubert, PA
Jackie Medeiros, NP

Let Us Hear From You



- Q&As from chat and Q&A panels

Flu Vaccination Toolkit



Influenza toolkit for providers featuring:

- Flu facts and taglines
- Social media content
- Flu videos
- Print-ready materials
- On-demand training and educational events

Visit esrdncc.org/flu today!

Inspirational Posters



- Evidence-based 12" x 18" posters
- PDF format for on-demand printing
- Focus on psychological/physical health, emergency preparedness, and COVID-19.



To view, visit <https://esrdncc.org/professionals/inspirational-posters/>.

The Kidney Hub



- The Kidney Hub—Mobile-friendly web tool created with patients, for patients.
- Links to new videos and helpful resources added.
- Visit www.TheKidneyHub.org today!



Home Dialysis: Choosing Home Dialysis



COVID-19: Your Guide to Using Telemedicine



Transplant: Turning Negatives Into Positives

*Diet and
Nutrition
Resources
Added!*

Our Next COVID-19 Webinar Events



- Patient-focused event: February 16, 2021, 4 p.m. ET
- Provider-focused event: February 24 , 2021, 3 p.m. ET

COVID-19 Webinar Events

To support ongoing COVID-19 information and education needs in the End Stage Renal Disease (ESRD) Network community, the ESRD National Coordinating Center (NCC) is facilitating a series of COVID-19 educational events. These recurring webinar events will feature professional and patient subject matter experts from around the country sharing how they or their organizations are coping with and combatting COVID-19 in their areas of practice.

You can register for Provider or Patient events below. Previous event recordings will be available in the accordions at the bottom of this page.

Share the ESRD NCC COVID-19 events by embedding the badge on the right on your websites, social networks, profiles, and blogs. Click on the badge for more information.

Upcoming Provider Event

Wednesday, October 28, 2020
3:00 PM to 4:00 PM ET



Visit kidneyCOVIDinfocenter.com to register.

Thank You!

NCCinfo@hsag.com

844.472.4250

813.865.3545

www.esrdncc.org

Additional COVID-19 resources for patients and providers:



<https://www.kcercoalition.com/en/covid-19/>



www.kidneyCOVIDinfocenter.com

This material was prepared by the End Stage Renal Disease National Coordinating Center (ESRD NCC) contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy nor imply endorsement by the U.S. Government. Publication Number FL-ESRD NCC-7N5TCO-02032021-01