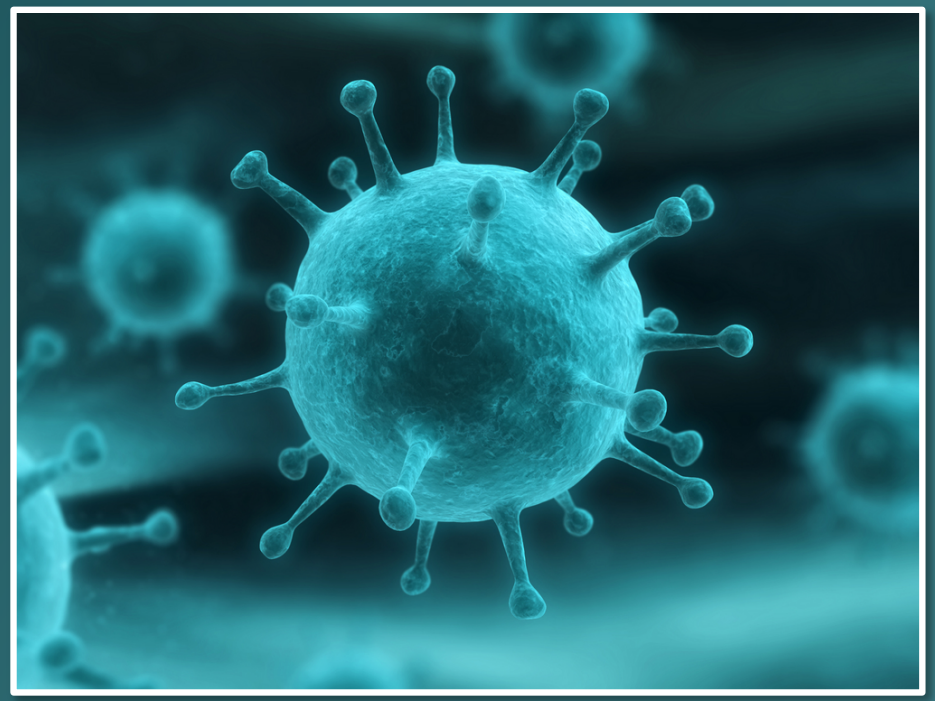
COVID-19

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



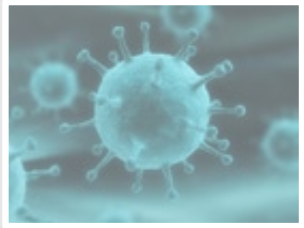
April 9, 2020

COVID-19 =Coronavirus-19

Agenda

- What is this call about?
- Today's speaker
  - Dr. Christos Argyropoulos
    Division Chief, Nephrology
    University of New Mexico
  - Pivoting to telehealth in the dialysis setting
- Questions and answers (Q&A) from chat and Q&A panels

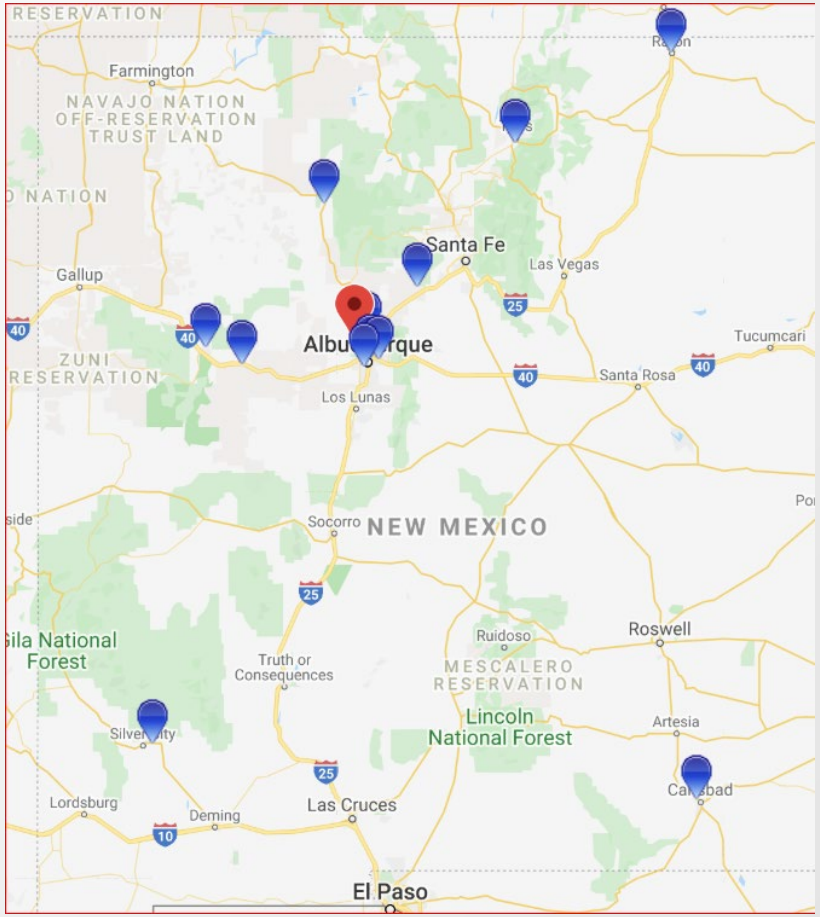
What Is This Call About?



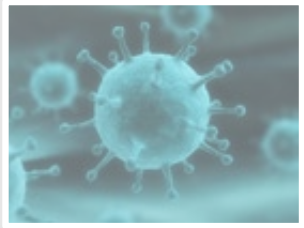
- Hear from stakeholders in the ESRD community adapting to COVID-19.
- Provide real-world strategies for facilities to put into use.
- Engage in weekly calls on varying topics.

Dr. Christos Argyropoulos

Division Chief, Nephrology
University of New Mexico


RESERVATION
Farmington
NAVAJO NATION
OFF-RESERVATION
TRUST LAND
NATION
Gallup
Santa Fe
Las Vegas
ZUNI
RESERVATION
Albu rque
Tucumcari
Santa Rosa
Los Lunas
NEW MEXICO
Socorro
Gila National
Forest
Truth or
Consequences
Ruidoso
Roswell
MESCALERO
RESERVATION
Lincoln
National Forest
Artesia
Lordsburg
Deming
Las Cruces
El Paso

Context



- Last week of March, three nephrologists were PUI for COVID-19
  - Turn around time for tests: ~6 days (now 24 hrs.)
  - Needed to complete some assessments
  - Shelter-at-home order by the Governor
  - Shared staff among many of our facilities
- Patients are concerned that we would not be able to assess them on dialysis/take care prescriptions.
- We decided to pilot the telehealth interaction for acceptability (this was the day CMS released their ESRD document).

CMS = The Center for Medicare & Medicaid Services; PUI = Persons under investigation

Telehealth Set-up

- University of New Mexico faculty Zoom accounts
- Clinicians set up the meetings themselves (one 2 hr. meeting per shift—the nurse manager prespecified the time for the meeting).
- An email was sent out to the nurse manager with the invitation.
- Dialysis Clinic, Inc. (DCI) laptops were mounted on trays-on-wheels (we use them during face-to-face rounds).
- Meeting run entirely over facility Wi-Fi
- Consent was not obtained at this time (we felt it was justified because of guidance given about non-ESRD services), but will be obtained prior to the next visit.

Process

- Distant site:
  - Ultrawide screen monitors running on a single computer
  - Laptop (for Zoom) + second computer for dialysis EMR (and our hospital EMR for consults/appointments for patients who are plugged in UNM)
- Rounds:
  - Nurse manager verified patient identification information
  - Reviewed vitals, physical exam findings (lungs/edema/access)
  - Laptop moved from dialysis station to dialysis station: interviewed the patient, rotated field of view to capture the dialysis machine in real time (a few patients were on critlines that day)
  - Home dialysis "rounds": used alternative platforms because nearly all of our patients refused to Zoom

EMR = Electronic medical record
UNM = University of New Mexico

Summary of Observations

- Rounds concluded within the same time frame as face-to-face rounds.
- Patients were pleasantly surprised to see their nephrologist.
- Reassured them that face-to-face visits will take place (telehealth visits will only be used if patients are stable).
- Many of the senior nephrologists expressed concerns about **not** seeing their patients.
- Consensus that the frequency of visits should remain at the same level (2–4 per unit).
- Some of the remote clinic patients asked whether it may be possible to have more frequent interaction since driving to the units is no longer a concern.
- Home dialysis patients expressed wish to use alternative platforms for these interactions.

Let Us Hear From You

- Questions from Q&A and chat panels

Our Next COVID-19 Awareness Events

- Our next call:
  - April 15, 2020, at 5 p.m. ET
  - David Arrieta
    Chief Financial & Operating Officer
    Nephrology Associates
  - Operationalizing Telehealth at the Nephrology Practice
- Visit https://esrdncc.org/en/covid-19/covid-quickinars/ to register.

Thank You!

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844.472.4250
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www.esrdncc.org

Additional COVID-19 Resources for Patients and Providers:

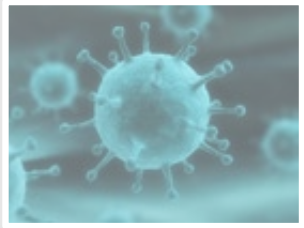
https://www.kcercoalition.com/en/covid-19/

Centers for Disease Control and Prevention

https://www.cdc.gov/coronavirus/2019-ncov/

This material was prepared 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-7N56TD-04092020-01

CMS Flexibilities to Fight COVID-19



- To ensure that local hospitals and health systems have the capacity to handle a potential surge of COVID-19 patients through temporary expansion sites (also known as CMS Hospital Without Walls);
- Remove barriers for physicians, nurses, and other clinicians to be readily hired from the community or from other states so the healthcare system can rapidly expands its workforce;
- Increase access to telehealth in Medicare to ensure patients have access to physicians and other clinicians while keeping patients safe at home;
- Expand in-place testing to allow for more testing at home or in community based settings; and
- Put Patients Over Paperwork to give temporary relief from many paperwork

Patients Over Paperwork

- CMS is waiving the “on–time” requirements for the initial and follow-up comprehensive assessments.
- Applied to all members of the interdisciplinary team.
- There are expectations for the assessment, adequacy of the dialysis, and assessing the patient’s needs.
- Waived:
  - Implementation for initial care plan within 30 days for new patients
  - Updated care plans
  - Monthly in-person visit **if the patient is clinically stable**

Patient Over Paperwork (cont.)

- Temporary expansion sites (CMS Facility without walls)
  - ESRD facilities may temporarily provide services to skilled nursing facility (SNF)/nursing facility (NF) patients offsite rather than in the facility.
  - Special Purpose Renal Dialysis Facilities (SPRDF) to address the need of COVID-19 patients and to mitigate transmission
  - **Approval of SPRDF does not require federal survey and determination of standard of access to care does not apply.**
- Transferability of physician and Advanced Practice Professional (APP) credentialing to provide care at designated isolation locations.
- Allow Patient Care technician (PCT) to continue working even if they have not achieved certification within 18 months or have not met on time renewals.

Summary and Remaining Questions

Favorable regulatory framework to expand telehealth services to (home) dialysis

Initial experience suggests high patient engagement (but will the novelty wear off?)

Quality metrics probably need to be adapted if we are to continue this after COVID-19

Technological improvements imply that the definition of "service" has to change (e.g., if a patient self diagnoses volume overload and the team responds via a connected health domain, why should one even require a video conference?)

How can telehealth be made affordable to socioeconomically-vulnerable populations who may not be able to afford broadband and/or the telehealth peripherals?