

Centers for Medicare & Medicaid Services
COVID-19 Call with Dialysis, Nephrologists and Kidney Providers
Moderator: Alina Czekai
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Operator: This is Conference # 6772827

Alina Czekai: Good afternoon. Thank you for joining our May 13th CMS COVID-19 Weekly Call with dialysis providers, nephrologist, and others who care for kidney patients. We appreciate you taking the time out of your busy schedules to join us today. This is Alina Czekai, leading Stakeholder Engagement on COVID-19 in the Office of CMS Administrator Seema Verma.

Today, we are joined by CMS leaders as well as providers in the field who have offered to share their best practices with you all. We'll start off today's call with some best practices and perspectives from the field.

I'd like to introduce Ms. Janet Kyles, a nurse manager of the DCI clinic in Albany, Georgia. Janet, over to you.

Janet Kyles: Hello, good afternoon. Just wanted to start out by saying we are in Albany, Georgia and we are currently one of the – considered one of the hotspot for the COVID-19. My clinic, DCI Pointe North is currently the COVID-19 facility where we treat all of the COVID positive patients from all of the surrounding DCIs.

I initially when we first started, was quite overwhelmed with the amount of patients that we were getting on a day to day basis. We have successfully sent back 14 patients to their own units. We as far as safe practices, we – our staff have N95 masks. We have gowns. We have goggles. We have face shield.

We also have uniforms that we change into once we get to the clinic on a day to day basis to prevent cross contamination to our home. We also test – we

have in both testing among all of the DCI clinics in from Blakely to Sylvester to Leesburg, we're testing each patient. And if the patient come in, come back positive, they are transferred to DCI Pointe North.

Currently in center at Pointe North, I also test – once they've had about four to five treatments, I will retest them to see if they are still positive for the COVID-19 and we require that we get two negative tests before we can send them back to their home clinic. So, testing has been rigorous. We started out with 45 patients. We're currently at 31.

Some have come in, gone back out, gone back into the hospital for various complications. Some of these patients are new patients, new AKI patients, that actually became dialysis patients only because of COVID-19. So we're doing lots of testing on to try to see if they regained kidney function.

I've only had one instance where I have tested someone once and they were negative, and on the second time, they were positive again for the COVID-19. So, the process begins again. We do change gowns. We use disposable gowns over our uniforms so that we can change gowns quite frequently in between patients in an effort to prevent cross contamination of any sort.

We go through multiple gloves, multiple masks, because we do wear a surgical mask over our N95 mask in an effort to preserve the mask itself. And basically that is what we're doing. We've had transportation with Gold Star. They were on-boarded in the beginning. Most other transportation companies did not – would not transport the patients but Gold Star did step up and they have transported each and every patient that comes there, comes through Gold Star.

So we work vigorously with them to try to get the schedules right to provide care to our patients. And that's what we're doing. We have – I do feel like we may have reached a peak but with everyone opening up again, we're going to see in the next couple weeks if it comes – if it rises again, but now we're kind of on the downside of it or at least we're hoping that's what the tests are showing.

We continue to monitor the patient for temperatures, oxygen saturation, every day, every treatment we're monitoring these things as well as just their overall dialysis treatment. And that's about all that we're doing here at DCI Pointe North.

Alina Czekai: Great. Thank you so much, Janet, for sharing your perspective and all that you're doing down in Georgia. I'd like to invite my colleague Dr. Jesse Roach to see if you have any comments or questions for Janet before we open up to questions from folks on the phone.

Jesse Roach: Sure. Thank you, Janet, for doing this. So, I was curious, we've had some people that have come and talked from areas that were hotspots and urban areas. What type of area are we looking that you because I assume that you've had a bunch of units and then that we're in a general area and all the COVID patients then came to your unit from that area? Can you give us an idea of like how many total patients that was and how a large of a geographic area that is?

Janet Kyles: We span from, if you – Albany being the center point, the farthest out is Blakely, which would be about an hour or so out. We go Dawson, we go to Leesburg and of course all of the DCIs in Albany, Georgia. And initially we started out with about 48 patients and they were coming like, I mean, like, I may get five, six in a day.

I may send one out and get four or five back in the same day. The hospitalization, we still have several patients that are currently hospitalized that have not been released, have not gotten stable enough to release to come to a center. So we still have about, I want to say seven or eight on that list, still. So it was – but this is more of a rural type area here and we – it's quite overwhelming at times.

Jesse Roach: And then one other question I had is how – with that large of an area, how did you deal with transporting the patient because I know that's been an issue with some of our facilities?

Janet Kyles: Transportation was one of our greatest issues. And Gold Star, as I've said, is the ambulance service that never stopped coming. They always transport – they transport each and every one of our patients.

So we work with them on their time, because they still have their other patients. So I've worked with them very closely to see what time they can get the patient there. And it's been working out pretty, fairly well.

Jesse Roach: OK, great. I'll open it up for other questions.

Alina Czekai: Thank you. And before we move to audience questions, I'd like to turn it over to Jean Moody-Williams. I believe Jean just joined us. She is our Acting Director at the Center for Clinical Standards and Quality for some brief updates on the agency's latest guidance. Jean, over to you.

Jean Moody-Williams: Yes, thanks so much. And I was able to hear that last presentation and that's excellent. Understood overwhelming, but you have certainly done some innovative things to manage the situation. So thank you for all you do.

And as we get – I see that you are an RN, nurse manager so, still Nurse's Month. I thank you for that. Also, as I wave recognition because I know many of you work in skilled nursing facilities and other areas that this week is National Skilled Nursing Care Week, and we are observing that.

We've highlighted a number of things this week. So, I'll call your attention to the website to see some of the things that have been done. We issued an appreciation letter to those who work in skilled nursing facilities. So, that would include many of you as well and some other tools that were released.

The only other flexibility, I wanted to let you know that we continue to update our policies, of course, based on your input. And this week we did revise some of the ESRD flexibilities. We've had some discussions about this on this call, as well as on our home health and hospice call.

Typically, we require dialysis facilities to provide services directly on its main premises or on premises that are contiguous with the main premise. And then of course, we waive that with a requirement to allow dialysis facilities to provide services to patients who reside in nursing homes and long term care facilities.

But just recently, we have now added assisted living facilities and similar types of facilities as licensed by the state and if applicable. So, of course, this is important as we still are trying to work through some of the transportation issues, et cetera, for them to be able to receive these services in these alternative locations.

So, please take a look at that and our recent flexibilities document also outlines the conditions code as you contemplate this for billing purposes. So, that is one addition that we have. So, with that, let's open it up for questions for CMS or for our speaker.

Operator: Ladies and gentlemen, if you would like to ask questions over the phone, please press star one on your telephone keypad.

And for our first question on the phone, it's from Miriam Godwin. Miriam, your line is open.

Miriam Godwin: Hi, this is Miriam Godwin from the National Kidney Foundation. Janet, I had a question for you with regards to what you were talking about Gold Star transit? How are you – how is that being reimbursed? Is that for your dual eligible patients?

Janet Kyles: Hold on for a second. Yes. Yes, that is. Usually the patients that Gold Star are transporting are patients that are already with transportation. Their – Gold Star just provides isolated transportation for these patients and the other facilities and companies did not.

Miriam Godwin: OK, thank you. That's really helpful. Thank you.

Operator: And for our next question over the phone, it's from Maria Regnier. The line is open.

Maria Regnier: Hi, thank you for that presentation. I wanted to ask about testing. You said that you were getting two negative tests prior to sending them back to their home units. The CDC guidelines allow for time based strategy if they aren't positive or symptom based if they are positive for symptoms or testing.

And I've wondered we've had patients who have tested positive three, four weeks out, even without symptoms and wondered if it's safe to be able to take them out of precautions or isolation when they're still testing COVID positive.

Janet Kyles: When they test COVID positive, they do— I do not send them back to their home facility. Once they test positive, we wait another three to four treatments and then I retest them. I have to receive two negatives prior to sending them back to their facility.

Once they go back to their facilities, they're still kind of run as a PUI and is still monitored closely for any signs and symptoms that may reoccur. And if the need be, they're tested again. If they start showing signs and symptoms, they're tested again, but I don't send them back until I get two negatives.

Jesse Roach: This is Jesse Roach. I just wanted to interject a little. So, the CDC does say you can go with a symptom based policy with free of symptoms and fever for 10 days. However, we're finding that most facilities are going, kind of go with testing – the two negative test 24 hours apart strategy. I think that some feel just from what we're hearing, but both are acceptable and it's endorsed by the CDC. We're finding that a lot of facilities are opting for the testing based strategy.

Janet Kyles: And also, we did start out with the symptom based strategy, but what we found, what I found is a lot of the patients that I have currently in my clinic are asymptomatic, yet they're still positive. So, that was when my AOD decided we probably should test everybody because we just didn't know. So I think it's better to be safe than sorry.

Maria Regnier: Thank you.

Jean Moody-Williams: OK. Our next question please.

Operator: Again, participants, if you would like to ask a question, press star one on your telephone.

Jean Moody-Williams: OK, well, if there are no more questions, I'm going to turn it back over to Alina to close this up.

Alina Czekai: Great, thanks, Jean. And thanks, everyone for joining our call today. We hope that you'll join us for our CMS COVID-19 office hours tomorrow, Thursday, May 14th at 5:00 p.m. eastern for technical Q&A with our CMS subject matter experts.

In the meantime, please continue to direct your questions to COVID-19@cms.hhs.gov. Again, we appreciate all that you're doing for patients and their families around the country as we address COVID-19 as a nation. This concludes today's call. Have a great rest of your day.

Operator: Ladies and gentlemen, this concludes today's conference call. Thank you all for participating. You may now disconnect.

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