

# Expert Teams – Vaccination

*Case-Based Learning & Mentorship*

Thursday, April 28, 2022

Facilitator: Kelly Mayo, ESRD National Coordinating Center



# Meeting Logistics

- Call is being recorded
- Lines will be open for all high performing organizations
  - Please stay on mute unless you are speaking
  - Do not place the call on “hold”
- Everyone is encouraged to use the video and chat features



# Meeting Guidelines



INTRODUCE YOURSELF  
BEFORE SPEAKING



KEEP PATIENT-SPECIFIC  
INFORMATION  
CONFIDENTIAL



BE WILLING TO SHARE  
SUCCESSSES AND  
DIFFICULTIES



BE OPEN TO FEEDBACK



ASK THE DIFFICULT  
QUESTIONS



RESPECT OTHERS



USE "...AND" STATEMENTS



KEEP TO TIME LIMITS

# Introductions

- Meeting Focus – Vaccination
- Guest Experts
  - Suzanne Watnick, MD, Chief Medical Officer, Northwest Kidney Centers
  - Liz McNamara, MS, VP, Patient Care Services and Chief Nursing Officer, Northwest Kidney Centers
- Case Study
  - Sabrina Fleming, DaVita Grand Crossing Chicago
- High Performing Organizations
- ESRD Networks
- Centers for Medicare & Medicaid Services (CMS)



# Questions to Run On



# How Might We ...

- Get all eligible patients vaccinated?
- Improve communication about the importance of vaccination?
- Overcome vaccination hesitancy?

# Presentation by Guest Experts

**Suzanne Watnick, MD, Chief Medical Officer**

**Liz McNamara, MS, VP, Patient Care Services and Chief Nursing Officer  
Northwest Kidney Centers**



# Maintenance Dialysis Patients & COVID-19: How do we consider vaccination?

Elizabeth McNamara, MN & Suzanne Watnick, MD

CNO and CMO, Northwest Kidney Centers

28 April 2022



# Objectives

- Maintenance dialysis patients and COVID risks
- Vaccine recommendations & outcomes
- Our organizational response

# Background

## ➤ COVID-19 Hospitalization

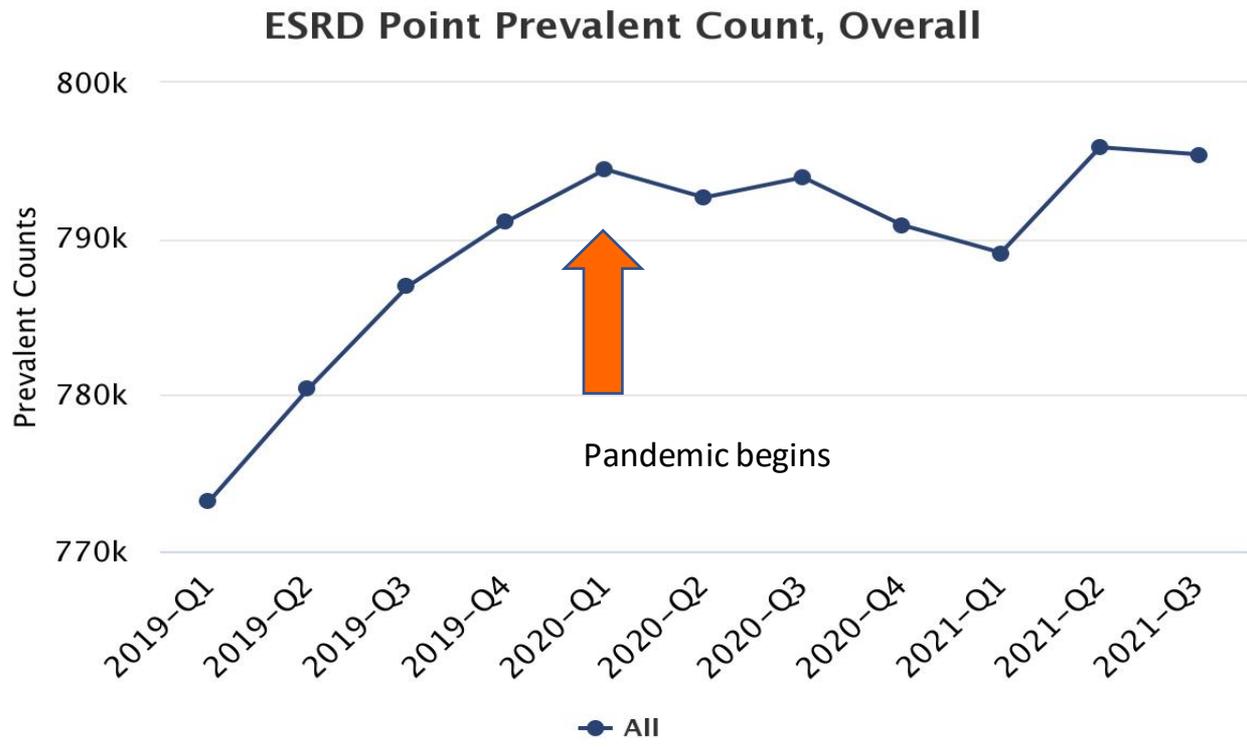
- Higher for patients with End-Stage Kidney Disease than general population

## ➤ COVID-19 & Mortality

- Dialysis population – 20-30% case fatality rates prior to vaccinations
  - Large multicenter international studies
  - 4-fold after adjusting for demographics & comorbidity
- Led to excess mortality
- ESKD prevalence dropped for 1<sup>st</sup> time since monitoring

DeMeester et al JASN, 2021  
Karoui et al KI, 2022  
Jager KI et al KI, 2020  
USRDS 2021

# ESKD prevalence dropped for 1<sup>st</sup> time in U.S.



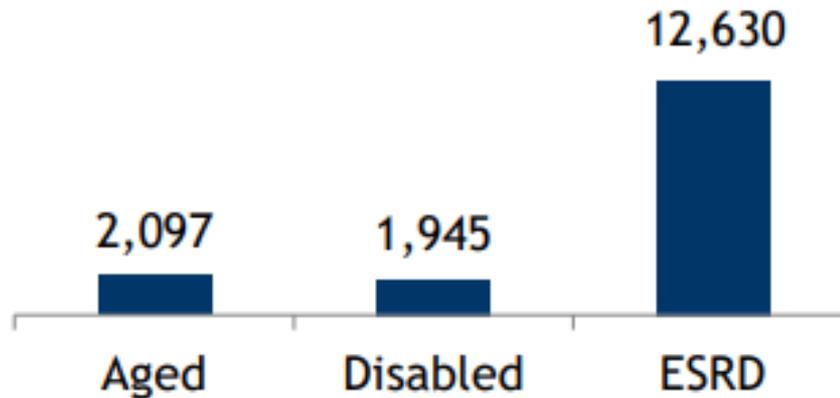
Quarterly  
Update, USRDS  
2021

## Preliminary Medicare COVID-19 Data Snapshot:

Medicare Claims and Encounter Data: January 1, 2020 to August 21, 2021, Received by September 17, 2021

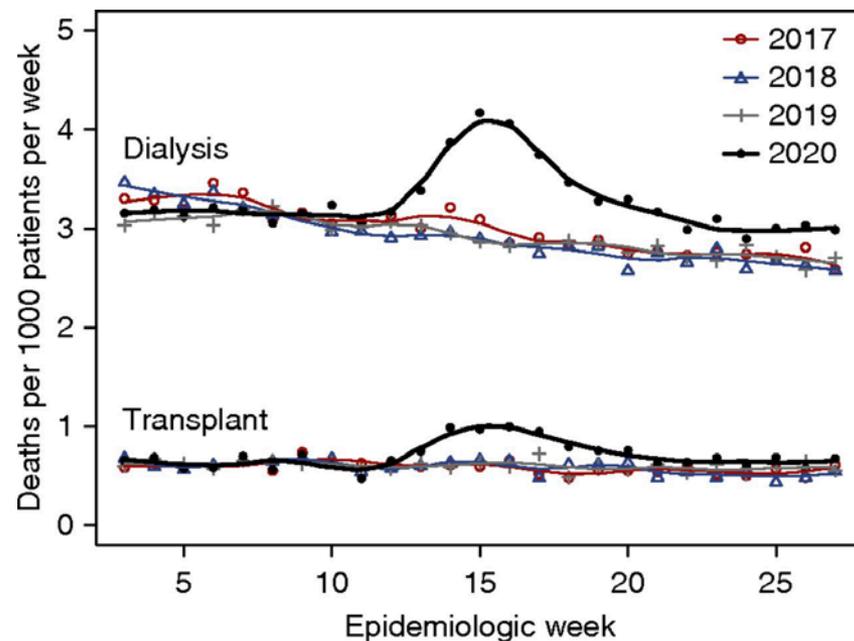
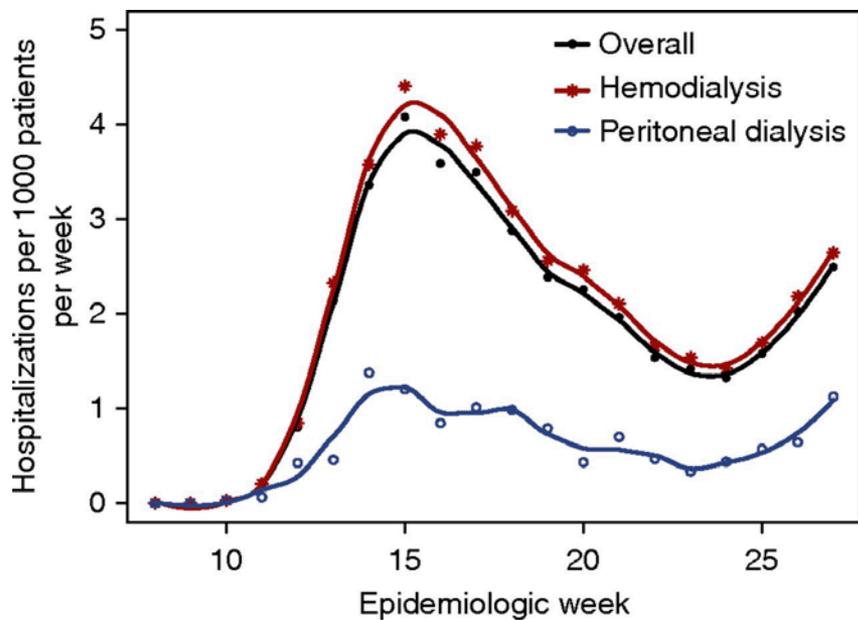
# COVID-19 Hospitalizations

## COVID-19 Hospitalizations per 100K Beneficiaries



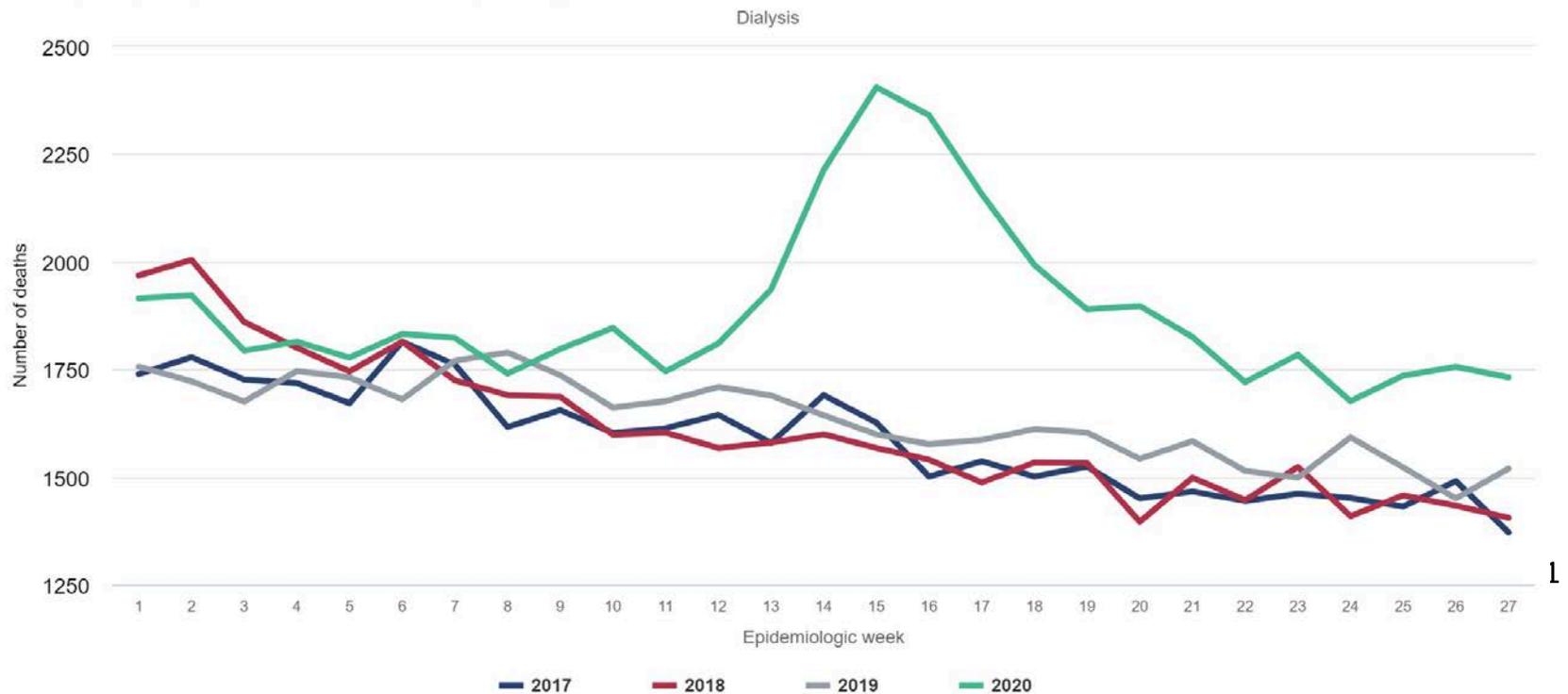
CMS.gov preliminary  
Medicare COVID-19 data  
snapshot Jan 2020 – Aug  
2021

# Hospitalization among all ESKD patients



Weinhandl et al JASN, 2021

# All Cause Mortality among all ESKD patients



Data Source: 2020 United States Renal Data System Annual Data Report

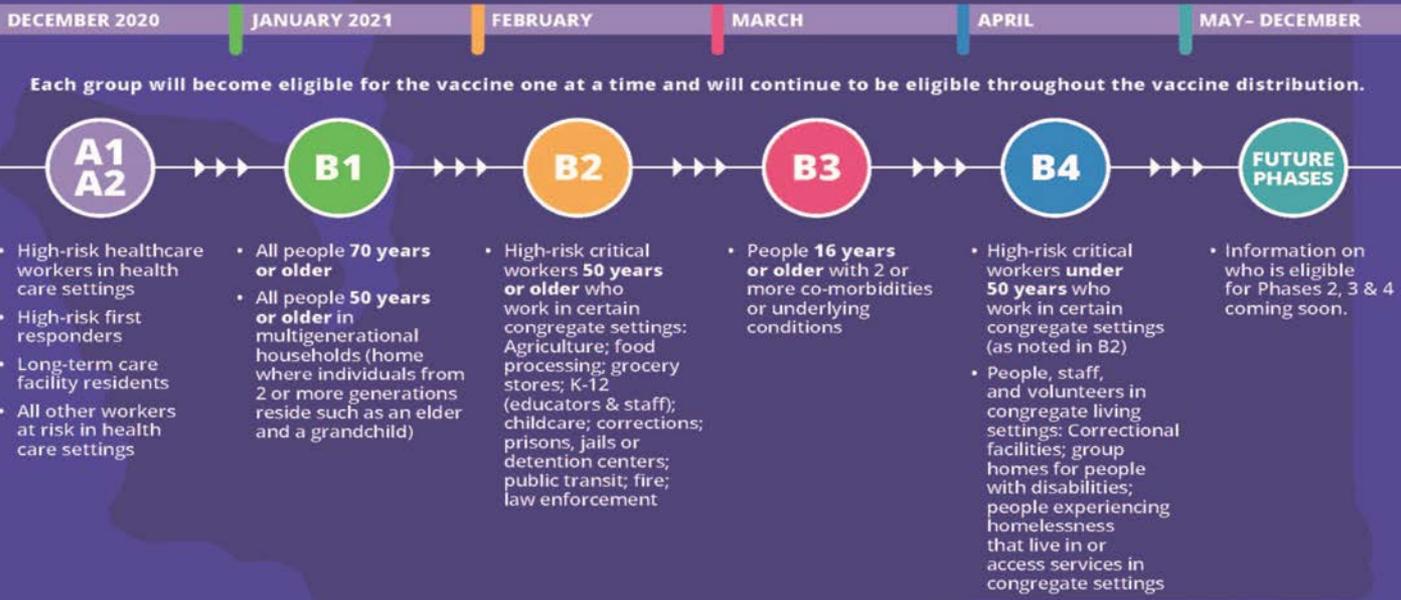
# Vaccines came...

- Dialysis patients largely excluded from trials
- Humoral responses after mRNA vaccines: 80-95% (Ikizler)
  - Response delayed
  - Ab levels lower compared with non-dialysis population
  - Need 2<sup>nd</sup> vaccine in series to get high levels of response (Stumpf & others)
- Cellular immune response also seen in dialysis pts (not txp) (Stumpf)
- However, waning immunity
  - Not surprising given prior data regarding immune response of dialysis patients, e.g. Hepatitis B series

Karoui et al JASN, 2022  
Ikizler et al, Kidney Int, 2021  
Van Praet et al, JASN, 2021  
Stumpf et al, Lancet, 2021

# WASHINGTON'S COVID-19 VACCINE PHASES

Phase 1 Estimated Start Dates (Tiers A and B)  
 Find out if it's your turn at [FindYourPhaseWA.org](https://www.findyourphasewa.org)



**FOCUS ON EQUITY:** This approach prioritizes population groups that have been disproportionately impacted by COVID-19 due to external social factors and systemic inequities.

The timelines represented here are estimates and subject to change.



Vaccines came...  
 Some patients were not eligible until March 2021



# Washington State Phase 1A: Tier 1 and 2

## Phase 1a - Tier 1

### Overarching Groups:

- **High-risk workers in health care settings** (clinical judgment should be applied to identify who is at greatest risk using the guidance below)
- **High-risk first responders** (clinical judgment should be applied to identify who is at greatest risk using the guidance below)
- **Residents and staff of nursing homes, assisted living facilities, and other community-based, congregate living settings where most individuals over 65 years of age are receiving care, supervision, or assistance**

- 12-20-2020: Acute Care services ( 54) vaccine available through UW
- 12-23-2020: All NKC Primary Touch vaccine available (512)

## Phase 1a - Tier 2 (after completion of Tier 1)

### Overarching Group:

- **All other workers at risk in health care settings**

The definition of [healthcare settings as defined by CDC](#) refers to places where healthcare is delivered and includes, but is not limited to, acute care facilities, long term acute care facilities, inpatient rehabilitation facilities, nursing homes and assisted living facilities, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, and others.

1-5-2021: All NKC with Vaccine available through Swedish



Getting our Staff  
Vaccinated!!

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# Washington State Phase 1b Tier 1

## Phase 1b - Tier 1

### Overarching Groups:

- All people 65 years and older
- People 50 years and older in multi-generational households

The first tier focuses on protecting those who are driving hospitalization and face high rates of severe morbidity and mortality in order to reduce the burden on hospitals that keeps us in an emergency state. We also want to recognize that there are older adults and elders who may be vulnerable and unable to live independently similar to those in community-based, congregate care settings (Phase 1a) but their families care for them at home. In addition, we recognize that many families - especially those disproportionately affected by COVID - live in multi-generational homes that put the older

5

adults and elders in the household at significantly higher risk for acquiring infection. Because these individuals are among disproportionately affected groups, they are also at risk for higher rates of severe morbidity and mortality.

PHASE 1B-1 OBJECTIVE	PHASE 1B-1 GUIDANCE
To prevent hospitalization and rates of severe morbidity and mortality	All people 65 years and older (about half of whom have co-morbidities that increase risk for severe outcomes if infected with COVID)
To prevent acquiring infection, hospitalization, and rates of severe morbidity and mortality	<p>People 50 years and older in a multigenerational (2 or more generations) household</p> <p>These individuals would be at risk either due to:</p> <ul style="list-style-type: none"><li>• Vulnerability – specifically, an older adult or elder who cannot live independently <i>and</i> is being cared for by a relative or in-home caregiver or being cared for by someone who works outside the home</li><li>• Risk of exposure – specifically, an older adult or elder who is living with and taking care of kinship (along the lines of a grandparent with a grandchild)</li><li>• This group does not include an older adult who is able to live independently and is taking care of the individual's kinship/children</li></ul>

NKC has 807 patients age 65 and older  
An additional 630 patients between 50 and 65

# Vaccine effect for chronic dialysis patients

- Retrospective cohort of 3620 pts with COVID-19 from 2020-21:
  - Personal Vaccination\* associated w 3-fold reduction in hospitalization
  - Higher vaccination\* rates independently associated w lower hospitalization risk for dialysis patients
- Initial studies: lesser *initial* response than general US population but greater than those receiving immunosuppression e.g. for transplants
- Retrospective Cohort of 1870 U.S. vaccinated patients:
  - Median response at 1 mo for both mRNA vaccines  $\geq 20$  index, both declined to 1.96 (Pfizer) & 7.99 (Moderna) @6mo. Janssen  $<1$  at all times for anti-spike IgG titer. Those with history of COVID19 had higher titers.

\* Vaccination defined as series of 2 mRNA or 1 Adenovirus vector vaccine

Karoui et al, CJASN,  
2022

Danthu et al, JASN,  
2021

Hsu et al, CJASN, 2022

# What is the impact of vaccination coverage on severe SARS-CoV-2 infections in patients on dialysis?

## Relative risk of hospitalization for SARS-CoV-2 infection

(Dialysis patients vs general population, RR, 95% CI)

Age	1 <sup>st</sup> wave	2 <sup>nd</sup> wave	3 <sup>rd</sup> wave
25-55	<b>28.7</b> (24.6, 33.6)	<b>14.4</b> (12, 17.3)	<b>7.5</b> (6, 9.4)
55-75	<b>12.4</b> (11.3, 13.5)	<b>8.2</b> (7.6, 8.9)	<b>5</b> (4.5, 5.5)

Wave 1 – prior to full bundle of precautions  
Wave 2 – IP & C precautions had been put into place  
Wave 3 – Patients vaccinated

Karoui et al, CJASN, 2022



# Working with the State.....

INFORMATION SYSTEM

Organization: NORTHWEST KIDNEY CENTERS (3430) Date: April 20, 2022

*Your Organization/Facility does not have PIN or VFC PIN number.*

**Current Order/Transfer List**

**Inbound Orders**

Select	Order Number	PIN	Submit Date	Approval Date	Status
-->	301848	P81146	04/12/2022	04/14/2022	Shipped

**Backordered Orders**

Select	Order Number	PIN	Submit Date	Backorder Date
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**Denied Orders**

Select	Order Number	PIN	Submit Date	Denial Date
-->	273233	P81146	01/25/2021	01/29/2021
-->	273798	P81146	02/01/2021	02/05/2021
-->	274966	P81146	02/08/2021	02/12/2021
-->	275922	P81146	02/15/2021	02/19/2021
-->	277064	P81146	02/22/2021	02/25/2021
-->	277924	P81146	03/01/2021	03/04/2021
-->	281822	P81146	04/05/2021	04/09/2021

**Inbound Transfers ?**

Select	Transfer Number	PIN	Submit Date	Sending Organization/Facility	Status
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**Outbound Transfers**

Select	Transfer Number	PIN	Submit Date	Receiving Organization/Facility	Status
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**Rejected Transfers**

Select	Transfer Number	PIN	Submit Date	Receiving Organization/Facility	Reject Date	Rejected By	Status
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**Navigation Menu:**

- Main
  - Home
  - Logout
  - Select Application
  - Select Facility
  - Document Center
  - Help
- Message
- Favorites
- Patient
- Vaccinations
  - View/Add
  - Forecast
  - Summary
- Lot Numbers
- Orders/Transfers
  - Alerts
  - Create/View Orders
  - Search History
  - Cold Storage
- Dashboard Reports
- Reports
- Settings
  - CASA Export
- Reminder/Recall
- Exports
- Scheduled Reports
- Job Queue



## Northwest Kidney Centers Strike Team Approach

<u>Week:</u>	<u>Shifts:</u>	<u>Days:</u>	<u>Facilities:</u>	<u>Team Assigned:</u>
Week 1	AM, Mid, & PM	Mon. / Tues.	Federal Way West / Federal Way East	Team 1
Week 1	AM, Mid, & PM	Mon. / Tues	Renton	Team 2
Week 1	AM, Mid, & PM	Mon. / Tues.	SeaTac	Team 3
Week 1	AM, Mid, PM & 4th	Mon. / Tues.	Kent	Team 4
Week 1	AM, Mid, & PM	Mon. / Tues.	Enumclaw/ Auburn	Team 5
Week 1	AM, Mid, & PM	Mon. / Tues.	Fife	Team 6
Week 1	AM, Mid, & PM	Mon. / Tues.	Burien	Team 7
Week 1	AM, Mid, & PM	Wed. /Thurs.	Seattle	Team 1
Week 1	AM, Mid, & PM	Wed. /Thurs.	Lake City / Scribner	Team 2
Week 1	AM, Mid, & PM	Wed. /Thurs.	Rainier Beach	Team 3
Week 1	AM, Mid, & PM	Wed. /Thurs.	Kirkland	Team 4
Week 1	AM, Mid, & PM	Wed. /Thurs.	Bellevue / Snoqualmie	Team 5
Week 1	AM, Mid, and PM	Wed. /Thurs.	Broadway / Elliot Bay	Team 6
Week 1	AM, Mid, & PM	Wed. /Thurs.	Everett	Team 7
TBD	AM, Mid, & PM	Wed./Thurs.	Port Angeles	Team Port Angeles

### Patient Straw Poll:

1193: YES

188: No

248: Maybe

74: Received

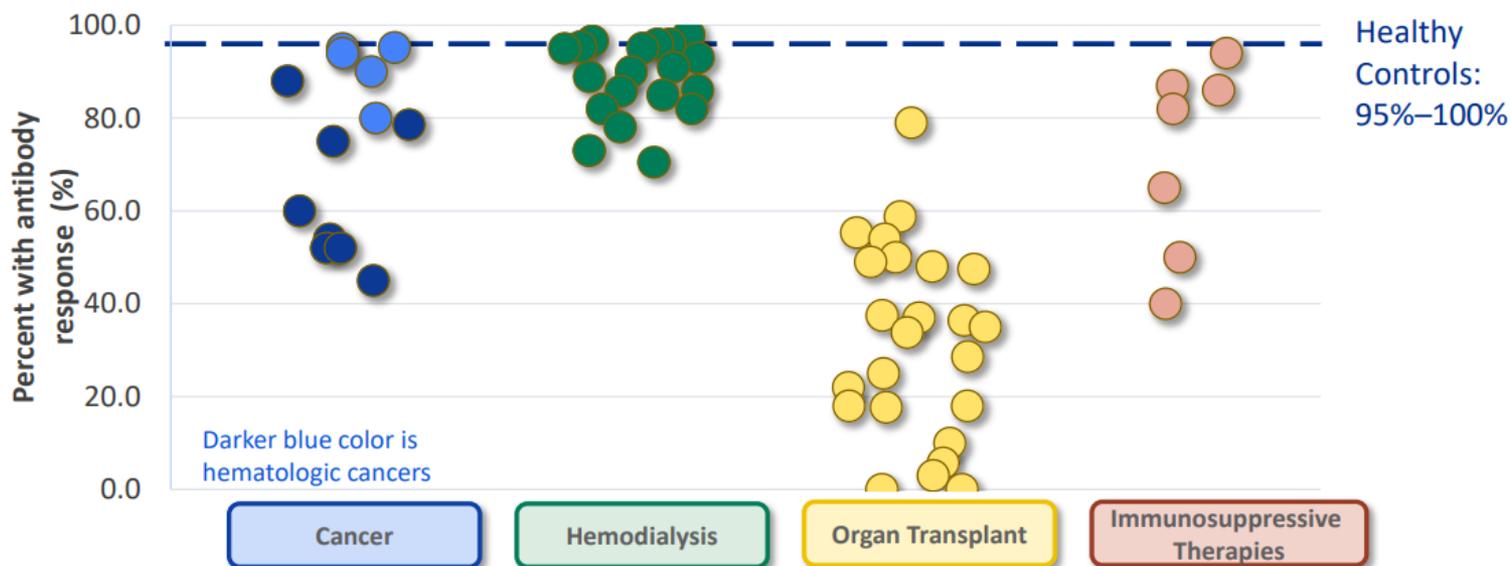


- King County Seattle Public Health transferred 500 doses to NKC on 2/16/2021
- NKC picked up the vaccine 2/17/2021
- Strike team Vaccinated first patient 2/18/2021 at noon



## ❖ CDC did not deem chronic dialysis patients to be immunocompromised; Emerging data may impact that decision

### Percent of subjects with antibody response after two mRNA COVID-19 vaccine doses by immunocompromising condition and study (n=63)

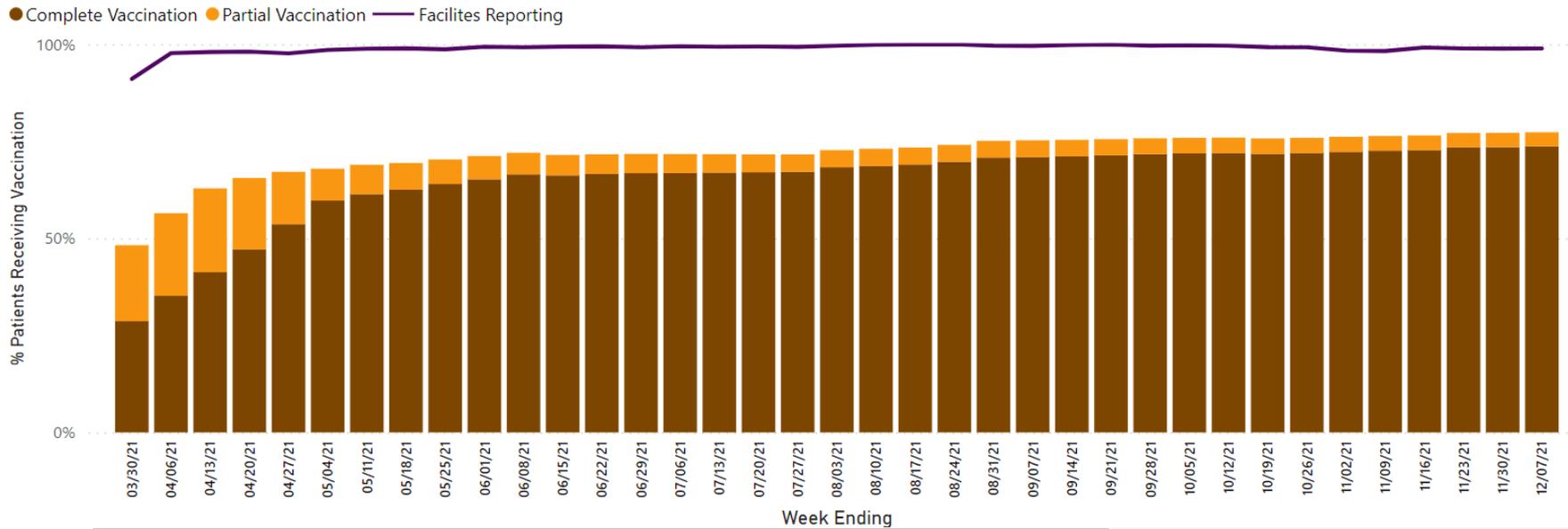


- Studies that compared response after 1st and 2nd dose demonstrated less robust response after dose 1
- Antibody measurement and threshold levels vary by study protocol

# Additional Vaccine recommendations...

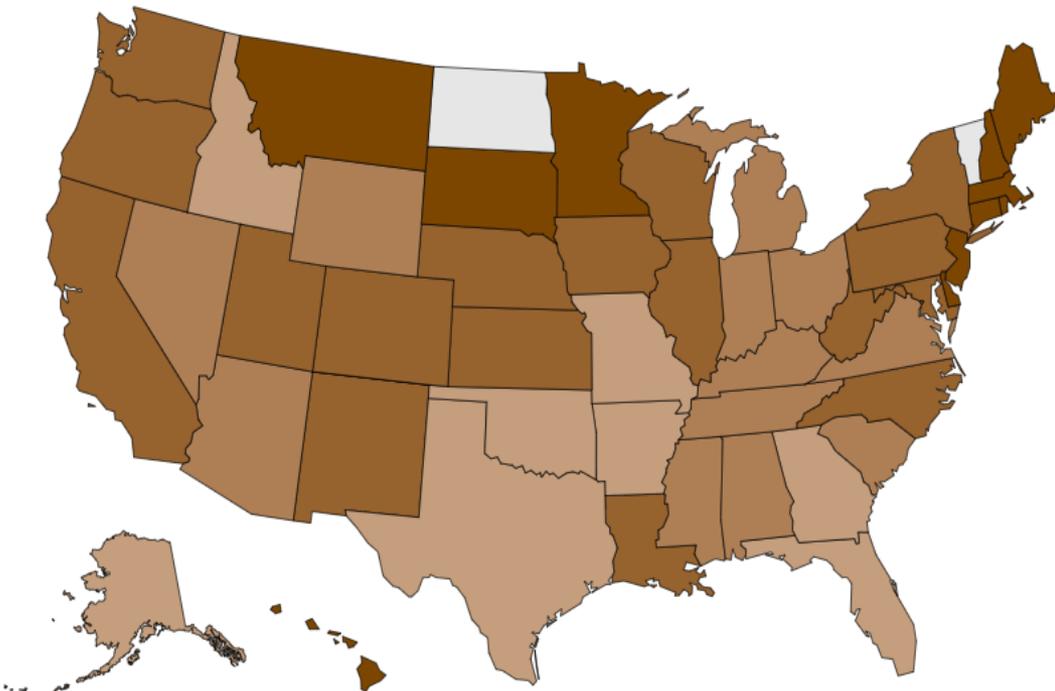
- **August 12, 2021:** FDA EUA amendment additional vaccine Dose of certain immunocompromised individuals at least 28 days post initial 2 vaccine series
  - Pfizer-BioNTech  $\geq 12$  years old
  - Moderna  $\geq 18$  years old
- Decisions needed to be made, all the while our patients were getting COVID
- First Booster
- Second Booster – current administration

# Dialysis Vaccination Rates

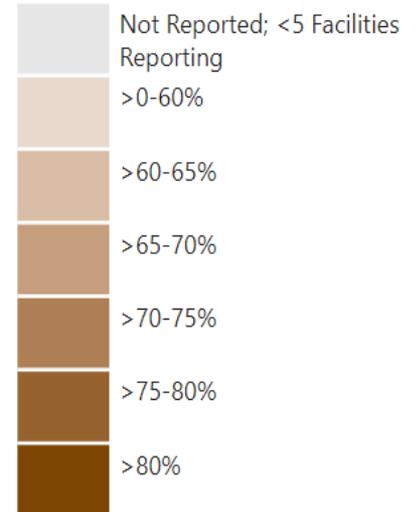


# Geographic Distribution

Percentage of Patients Receiving Complete Vaccination, 3/30/2022 - 4/5/2022

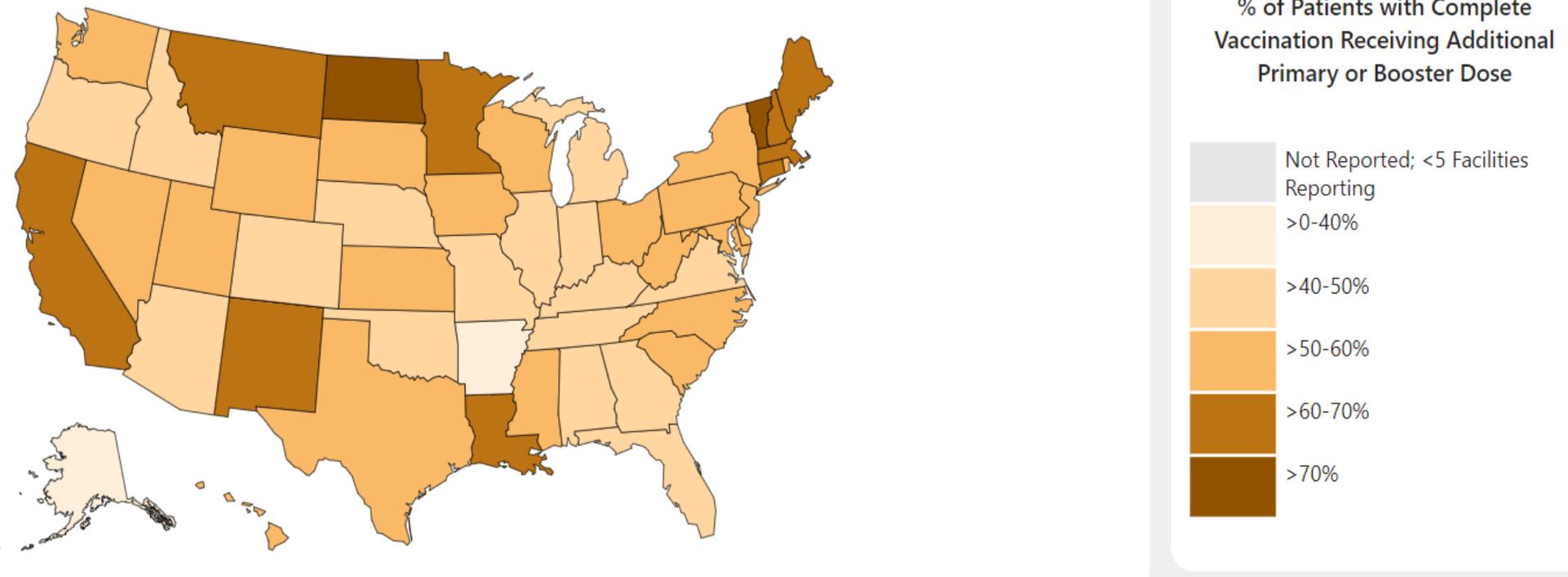


% of Patients Receiving Vaccination



# Percentage with complete vaccination who then received additional primary or booster

with Complete Vaccination Receiving Additional Primary or Booster Dose, 3/30/2022 - 4/5/2022



# Three Guiding Principles - Objectives

## ✓ Provide care to patients with COVID-19

- Honor our obligation

## ✓ Lean into the Science

- Infection Prevention and Control
- Highest Standards of Care

## ✓ Leadership provision is critical

- Direct, organizational, and strategic perspectives
- Communication, Transparency & Education throughout
- Support for patients, dialysis and medical staff



# COVID-19 Prevention & Control Bundle



## Hand Hygiene



## Physical Distancing

- Stay home if sick
- Meet via video conferencing or telephone
- Stay 6 feet apart whenever possible
- Telemedicine visits as clinically indicated



## Personal Protective Equipment (PPE)

- Masking for staff in clinical areas
- Masking of patients on dialysis
- Don and doffing of isolation gowns
- Cloth masks/facial covering for non-clinical areas



## Laboratory Testing

- Ensure patients and staff are referred to testing as indicated



## Education, & Communication

- NKC guidelines and policies & procedures
- Healthcare worker education on safe masking
- Frequent multi-platform communication



## Environmental Cleaning

*Adapted from UW Medicine*

# Tools for Patient Education – Patient safety

## Cleaning And Disinfecting Your Home

### Everyday Steps and Extra Steps When Someone Is Sick

How to clean and disinfect  
Wear disposable gloves to clean and disinfect.



**Clean**  
Clean surface using soap and water. Practice routine cleaning of frequently touched surfaces.

**High touch surfaces include:**  
Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.



**Disinfect**  
Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.

**Recommend use of EPA-registered household disinfectants:**

Follow the instructions on the label to ensure safe and effective use of the product.

Many products recommend:

- Keeping surface wet for a period of time (see product label).
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

**Diluted household bleach** should also be used if appropriate. Check to ensure the product registration date. Bleaches will be effective against properly diluted.

Follow manufacturer's application and prepare a household bleach with a other cleaner.

**Leave solution on the surface for at least 1 minute.**

**To make a bleach solution:**

- 5 tablespoons (1/2 cup) of water

OR

- 4 teaspoons bleach per 1 quart of water

**Soft surfaces:**  
For soft surfaces such as car floor, rug, and drapes

**Clean the surface with soap and water or with cleaners appropriate for these materials.**

## Coronavirus Disease 2019 (COVID-19) Keeping Patients on Dialysis Safe

**What is COVID-19?**

COVID-19 is a respiratory illness that can spread from person to person, similar to influenza.

**Take Everyday Precautions**

- Wash your hands often with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol.

- Avoid touching your face.

- Avoid close contact with people who are sick.

- Avoid crowds and keep at least six feet of space between yourself and others if COVID-19 is spreading in your community.

- When you cough or sneeze, cover your mouth and nose with a tissue or use the inside of your elbow.

- Throw used tissues in the trash and immediately clean your hands.

- Routinely clean and disinfect surfaces you often touch, such as cell phones, computers, countertops, handles, and light switches.

**Preparing the Facility**

You may see changes as the dialysis facility prepares to keep you safe during treatment.

This may include:

- Signs with special instructions for patients with symptoms of COVID-19.

- Additional education about hand hygiene and cough etiquette.

- Additional space in waiting rooms for ill patients to sit separated from others.

- A change in patient chair locations, treatment times or days.

- A change in the gowns, facemasks, and eye protection that the staff wear or that you are asked to wear.



## What You Can do if You are at Higher Risk of Severe Illness from COVID-19

Are You at Higher Risk for Severe Illness?



Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- People aged 65 years and older

- People who live in a nursing home or long-term care facility

- People of all ages with underlying medical conditions, particularly if not well controlled, including:

- People with chronic lung disease or moderate to severe asthma

- People who have serious heart conditions

- People who are immunocompromised

- Some conditions can arise from being in a long-term care facility, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune-suppressing medications.

- People with severe obesity (body mass index [BMI] of 40 or higher)

- People with diabetes

- People with chronic kidney disease requiring dialysis

- People with other disease

Here's What You Can do to Help Protect Yourself



Stay home if possible.



## How our facility is keeping patients safe from COVID-19

Our outpatient dialysis facility is prepared for the possible arrival of patients with coronavirus disease 2019 (COVID-19). We are committed to keeping patients safe and are taking the following steps to reduce the risk of COVID-19 in our patients and staff:

- We are providing extra training for staff and education for patients about the importance of hand hygiene, respiratory hygiene, and cough etiquette. Tissues, alcohol-based hand sanitizers, and trash cans will be provided in the waiting area and treatment area. Soap and water will continue to be available at all handwashing sinks in the restrooms.

- We are training staff about proper use of personal protective equipment for COVID-19. You may see a change in the personal protective equipment (i.e. gowns, masks, gloves) that staff wear or that you are asked to wear to protect other patients.

- We are monitoring healthcare personnel for symptoms of respiratory infection. We are instructing staff who have fever, cough, or shortness of breath to stay home and not come to work.

- We are continuing our routine cleaning and disinfection procedures as they are also the procedures recommended for protecting patients from COVID-19 in dialysis settings. Any surface, supplies, or equipment located within the patient station will continue to be disinfected or discarded. We will ensure any surface, supplies or equipment located within 6 feet of an ill patient is disinfected or discarded.

- We may restrict visitor access to protect patients. We are adjusting visitor access and movement within the facility. If able to enter, visitors will be screened for symptoms of respiratory infection.

- We are encouraging patients and staff to share all questions and concerns related to COVID-19. Don't be afraid to use your voice. It is okay to ask staff questions about treatment changes and ways

- [https://www.cdc.gov/coronavirus/2019-ncov/downloads/healthcare-facilities/316158-A\\_FS\\_ProtectSelfAndFam.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/healthcare-facilities/316158-A_FS_ProtectSelfAndFam.pdf)
- <https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-What-You-Can-Do-High-Risk.pdf>
- [https://www.cdc.gov/coronavirus/2019-ncov/downloads/healthcare-facilities/316157-A\\_FS\\_KeepingPatientsSafe.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/healthcare-facilities/316157-A_FS_KeepingPatientsSafe.pdf)
- <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>

# Leadership Messaging

Crafted straightforward communications

Used multiple outlets: Open lines of communication

- Send emails provided regularly with updates
- Hold conference calls on regular interval
- Provide direct contact information

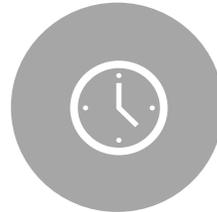
Emphasized importance of leadership

- Contact facilities frequently
- Show visual presence as dyad partners

# Vaccine



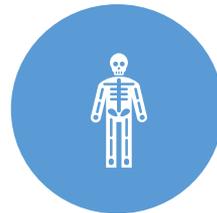
Advocacy was critical  
Network Model  
v DOH/State



Understanding more  
with time



Learning as we do this.



Be patient with science –  
already accelerated to  
address pandemic!





# How did we do?

## Vaccination Dashboard (Stage)

COVID



Flu Vaccine



Data Definition



Raw Data

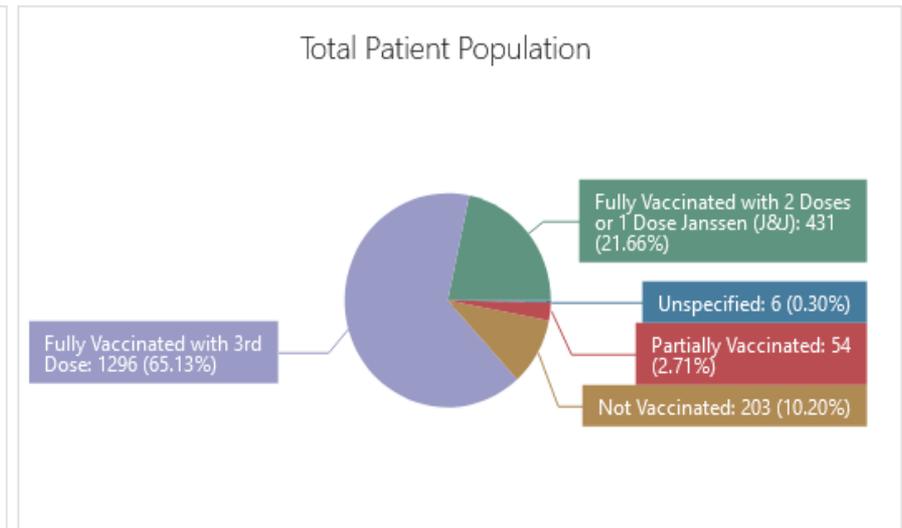
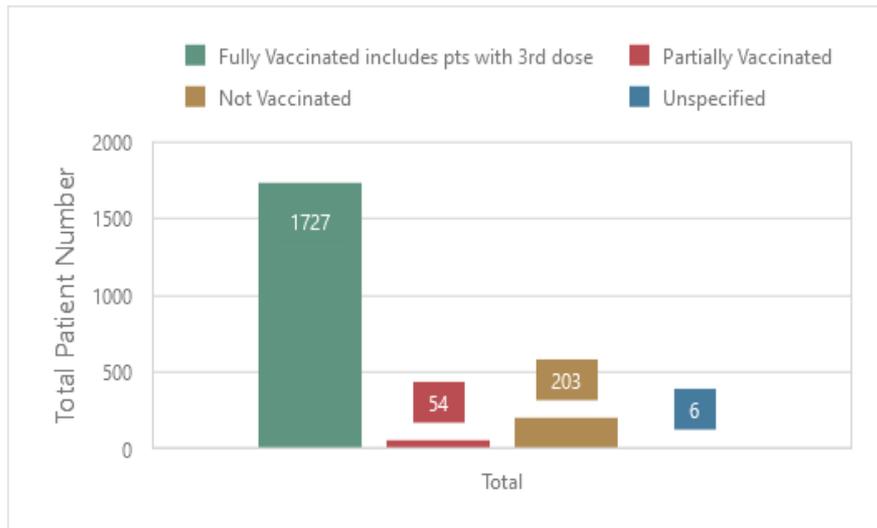
Vaccination Status



Fully Vaccinated with 3rd Dose



Total P...



Active I

CLINI

Aubu.

Aubu.

Aubu.

1st Dose Total



2nd Dose Total



3rd Do

# Three Guiding Principles - Objectives

## ✓ We can provide care to COVID19 + patients

- We have an obligation

## ✓ Lean into the Science

- Infection Prevention and Control
- Highest Standards of Care

## ✓ Leadership provision is critical

- Assurances
- Transparency
- Communication & Education
- Support for patients, dialysis and medical staff

# COVID-19 Vaccines: Open Discussion



# Case Study Presentation & Discussion

**Sabrina Fleming, CCHT, BS**  
**Admin. Assist., DaVita Grand Crossing Chicago**

# A Little About Us – DaVita Grand Crossing Chicago

- DaVita Grand Crossing is located in the Greater Grand Crossing neighborhood of Chicago, Illinois.
- Phenomenal societal ethics which has a diverse group of patients and staff.
- Patient population is mostly male.
- DQI score, patient retention, and staffing have all improved within the last 6 months.
- Depression screenings have improved by 13.3% since the pandemic.
- Fun Fact: The Greater Crossing Neighborhood was named due to intersections of two competing rail lines; Lake Shore & Michigan Southern Railway and the Illinois Central Railroad.

# Case Study

## Case 1

- African American Male, 35.
- HTN, CHF, HIV+, ESRD, and Seizures
- 5'6" tall weight is 132 lbs.
- On dialysis since 2014 and is very compliant with treatments and non-related dialysis treatment and care.
- Hospitalized with septic shock in 2018.
- Won't get pneumococcal or influenza vaccine.

# Case Study 2

## Case 2 –

Involves patient from previous slide but, in this case, the fear and stereotypes of vaccination hesitancy has turned the subject into our clinical patient advocate. Which also paved a way to educate and convince other patients to get vaccinated. Our vaccination rate increased from 53%-84% during the past two years.

This patient would come in early and educate the patients in the lobby before and after treatments. He has been provided with educational material to hand out and explain with medical rationales and most importantly his own personal story. He was able to connect with all age groups. This has been amazing to see him succeed with barriers such as literacy, culture, language and physiological.

# Case Study Discussion

How did we use the mission and core values to assist the patient?

## Mission and Core Values Explained

- The DaVita Way means that we dedicate our Head, Heart, and Hands to pursue the Mission, live the Values, and build a healthy Village.
- It means we care for each other with the same intensity with which we care for our patients.

Our Core Values:

**Welcome**

**Empathize**

**Connect**

**Actively listen**

**Respect**

**Encourage**



# Case Study Q&As



# Questions to Run On -- Revisited

# How Might We ...

- Get all eligible patients and vaccinated?
- Improve communication about the importance of vaccination?
- Overcome vaccination hesitancy?

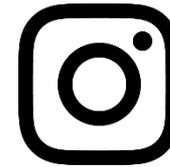
# Recap & Next Steps

- Top take-aways
- I like, I wish, I will
- Additional pathways for learning
- Event evaluation

# Social Media



ESRD National Coordinating Center



@esrd\_ncc



@esrdncc



ESRD NCC | End Stage Renal Disease  
National Coordinating Center (NCC)



Expert Teams – Case-Based Learning & Mentorship

# Thank You

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