COVID-19

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

COVID-19 = Coronavirus-19

April 9, 2020
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
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

Thank You!

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Additional COVID-19 Resources for Patients and Providers:


Centers for Disease Control and Prevention

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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?