

# CDC Report

Friday, August 17, 2001

Culver City, California

**Legislative Report:** Legislative Status Report was distributed. We will hold same positions on current issues. A key bill of interest to the CDC is SB 1027 (Romero). We are strongly opposed to this measure because it would prohibit mandatory overtime for nurses and selected other health care personnel. While we try never to require overtime, there may be instances where a combination of critical patient needs and unavailability of staff create a situation where mandatory overtime is the only option available to protect the safety of our patients. It appears that this bill will reach the Governor's desk, if that is the case we will provide the CDC membership with a draft letter to request the Governor veto SB 1027. Watch for future mailing on this bill. SB 1027 may be viewed at: [http://www.leginfo.ca.gov/pub/bill/sen/sb\\_1001-1050/sb\\_1027\\_bill\\_20010514\\_amended\\_sen.pdf](http://www.leginfo.ca.gov/pub/bill/sen/sb_1001-1050/sb_1001-1050/sb_1027_bill_20010514_amended_sen.pdf)

**State Budget – Medi-Cal Rate Increase:** CDC held various meetings with representatives from the Department of Health Services last fall in preparation for the publication of the Governor's initial 2001-02 State Budget. Even though there was no specific language in the Governor's budget calling for Medi-Cal increases for dialysis services, CDC has recently been advised by representatives from DHS that dialysis services will be increased this year. As a result of our efforts, internal policy changes were built into the Medi-Cal fiscal estimates which called for increases in reimbursement rates for dialysis services provided to Medi-Cal enrollees. The rate increases of approximately 2.4 percent will be announced in the next Medi-Cal Bulletin and will apply to services rendered on or after August 1, 2001. We are not at liberty to disclose the exact rate increases until after they have appeared in the Medi-Cal Bulletin. We will provide additional information on this subject as soon as we have clearance from DHS.

**CHT Training Regulations:** AB 1202 resulted in review of the regulations for CHT training- Placed provision mandating DHS to develop CHT training by 7/01. Draft went to legal division and is in review for statutory changes to CHT laws. CDC needs to watch and participate in this process. We have offered to assist DHS in reviewing and planning as well and may want to consider sponsoring a bill on this issue. There will most likely be a subcommittee formed to work on this project with DHS.

**Reprocessing of Hepatitis C dialyzers:** In light of most current finding of the Center for Disease Control and Prevention [www.cdc.gov/mmwr](http://www.cdc.gov/mmwr) in regards to dialyzer reuse for Hepatitis C patients, a request to Dr. Diana Bontá, Director DHS for program flexibility has been drafted and presented.

**Social Worker Issues:** A packet of documents addressing the various interpretations of the 'qualified' social worker was presented and discussion surrounded how we want to address this for our industry. Apparently DHS Supervisor, Melissa Reyes, interprets that dual staffing is appropriate. An LCSW may oversee MSW as long as the LCSW is well defined in the role. This includes; perform the initial assessment on all patients, participate in initial care plan, is available for consultation, and documentation is in place to define the number of hours per month, type of assistance rendered, etc. The area we have concern with is the initial assessment which technically could fall under the scope of an MSW with LCSW supervision. Ann Robar offered that their discussion with Board of Behavioral Science (BBS) indicates they feel the scope of an MSW encompasses the needs of the chronic renal patient. Discussion surrounded our role as renal providers in providing an LCSW for 'psychotherapy' which is not a service of the ESRD program - patients are referred to appropriate professionals as individual needs present. Esther-Marie Carmichael, CMS presented the opinion that the current interpretation is that a "clinical" assessment is to be done, and that an MSW cannot represent themselves in a "clinical" role. Judith Filangeri, UCSD has spoken to the BBS and they do feel this type of assessment falls under the scope of an MSW. Possibly if the BBS can issue a statement to DHS indicating that, the interpretation may be revised with the DHS. Many other states do not use LCSW's and this technical definition seems to be the barrier for California. With the new Conditions of Participation still in draft, this is the time to address this and have it clarified for future survey purposes. A subcommittee to assist Mike Arnold in this was formed, consisting of Nancy James, Judith Filangeri, and Mary Brattich.

**LVN Issue:** The CDC has been working closely with the BVN and their position continues to be that LVN's should be allowed to access catheters and give IV push drugs in a limited capacity in the dialysis setting. In the last hearing, there was overwhelming support of this, with few groups in opposition. The opposing groups however, are strong and will be a barrier. The amendments to the regulations are to go to the Department of Consumer Affairs, and then through the legislative channels to be changed. Then the approach would be to the BRN to accept the new regulatory changes, which would now mean they need a new reason to object to LVN's in this role. If convincing the BRN fails, the next step would be to pursue a legislative resolution in 2002. This would be a tough fight, but nothing to lose. The idea of attempting a grassroots effort with Dialysis RN's writing to Department of Consumer Affairs was discussed. Mike Arnold suggested at this time we maintain a low profile. His thought is that these large organizations may be absorbed in bigger issues and best not to put it as a hot topic for them.

Mike Arnold distributed two very helpful Medi-Cal handouts explaining Meeting the Share of Cost for patients and the New Medical Program for Aged and Disabled Persons.

**NRAA Report:** Terry Bahr review the following issues:

*Daily Dialysis Act 2001 (HR1759)* We are continuing to support the grassroots efforts on this bill. There are more than 22 Congressional supporters now - this is a nonpartisan bill - the more congressional sponsors we have the better chance at Senate approval. More information and sample letters have been email to the membership to further encourage this grassroots effort.

*Medicare Dialysis Benefit Improvement Act (HR2220)* Proposes a 2.6% reimbursement rate increase. We are expected to deliver high quality care with increasing demands on outcomes, yet resources are not allowing for this. Many groups have involved patients and family input. Congratulations to DaVita's efforts- They have generated more than 13,000 letters from patients, more than 5,000 from family, and more than 6,000 letters from staff in this effort. Copies of their letter formats have been emailed to the CDC membership.

Terry also stated that the NRAA has been invited to sit on a newly formed CMS (HCFA) ESRD Committee.

**Regulatory Report: HIPAA** -Just as a reminder that now is the time to begin preparing for the implementation of the HIPAA regulations. The first phases of HIPAA will go into effect on October 16, 2002, which is really not that far away when you have systems to change! A tremendous amount of information is available on the internet at websites like [www.hhs.gov/ocr/hippa](http://www.hhs.gov/ocr/hippa) and [http://files.medi-cal.ca.gov/pubsdoco/publications/bulletins/hipaa/hipaa\\_m.htm](http://files.medi-cal.ca.gov/pubsdoco/publications/bulletins/hipaa/hipaa_m.htm).

Esther Marie Carmichael, CMS stated that DHS surveyors have all received data information from prior years and will be wanting to see action plans on areas of concern. The information comes from the Facility Specific Profile, CDC Data Reports, the 3427 information, etc. Surveyors should arrive at the dialysis facility with a copy of the report as a reference.

**Network 18 Report:** Network 18 has reached the CMS goal with 84% of patients having a URR greater than 65%. The next Network wide Quality Improvement Project will involve Vascular Access. The intention is to focus on the three primary areas: a) fistulas placement, b) decreasing catheters and c) stenosis monitoring. The Network Medical Review Board (MRB) will consider this at its September 12<sup>th</sup> meeting.

Patient Safety remains an issue of great importance to CMS. There has been considerable effort in hospitals (e.g., medication errors) and there will be an initiative in ESRD facilities. The Networks are expected to play a big role in training dialysis facilities in patient safety concepts.

The growing concern surrounding the "Difficult Patient" issue has prompted CMS to ask Networks to respond to an RFP to hold a consensus workshop and to pilot a program for joint Network/ State Agency handling of these situations.

CMS will be holding another Provider Education Conference on November 6<sup>th</sup>, 2001 in Southern California like the one held in San Francisco. Space will be limited. If space has not been determined and further information will be forthcoming from CMS Region IX.

The Network Annual Meeting Education Conference will be held on November 15<sup>th</sup> at Wyndham in Palm Springs. This is preceding the NKF Meeting on the 15<sup>th</sup> in Rancho Topics include Infection Control, Calcification, Renal Management, and Patient Management.

The Network MRB and election is being held on November 15<sup>th</sup>. There are seven positions on the MRB and seventeen on the Board up for election and facilities are encouraged to vote.

Report: A written report submitted by Carol DiRaimondo, M.D.

- outlook for ESRD is good with Dr. Barry Straube, a transplant nephrologist, now serving as Chief Medical Officer for CMS Region IX. Dr. Straube is familiar with the renal community and surely has an understanding of the special needs of this group.
- Dr. Straube will be convening Vaccine Summit Region IX. We will come up with a rational plan for allocating Flu Vaccine we look for another year shortage. He would like to have a representative from the renal community to participate. For more information, please contact him at the Region IX office in San Francisco.
- Routine C testing still in progress for reimbursement, with Dr. Straube stating that the agency (CMS) is "deciding how to approach" this. The LMRP regarding reimbursement

ALT's can be reviewed at [www.medicarenhic.com](http://www.medicarenhic.com)

**Program Report:** Wilson reported that the CDC Annual Conference is moving ahead with a theme focusing on the "Future of Dialysis". Plan to open meeting with a Q&A panel of the "big three" corporate representatives and their view on what the future holds for us. Many speakers have been confirmed and Sandra will have a presentation. send out early "hold the date" notices as soon as possible were discussed.

*November CDC Board Meeting* is being planned with speakers confirmed for the afternoon. Barry, Chief Medical Officer for CMS will be over viewing the latest issues and Stephanie Johnstone will be presenting "Wellness Programming to Improve Treatment Outcomes." CEU's will be offered for the afternoon. We hope to encourage increased participation to the Northern California meeting and if successful will consider more meetings with an educational component.

**Report:** Sue reported the membership as follows: F Associate = 107, Corporate = 11, F members = 9, Physician Members = 15.

**CDC Web:** Mike Paget reported that those present at the CDC number has been discontinued and telephone calls will be made to (928) 717-1156. The CDC web site is under construction, a start up / [www.caldialysis.org](http://www.caldialysis.org).

**The next Open CDC Board Meeting will be held at the Ramada Plaza Hotel - LAX North • Los Angeles on October 19, 2001**