

# COVID-19 and chronic dialysis in the US: What's happened so far and what's next? An open conversation

US DOPPS Practice Monitor
Webinar, 2 July 2020
www.dopps.org/DPM





### **DOPPS Funding Acknowledgements 2020**

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- Akebia Therapeutics, Inc.
- Amgen Inc (since 1996, founding sponsor)
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- Torii Pharmaceutical Co., Ltd
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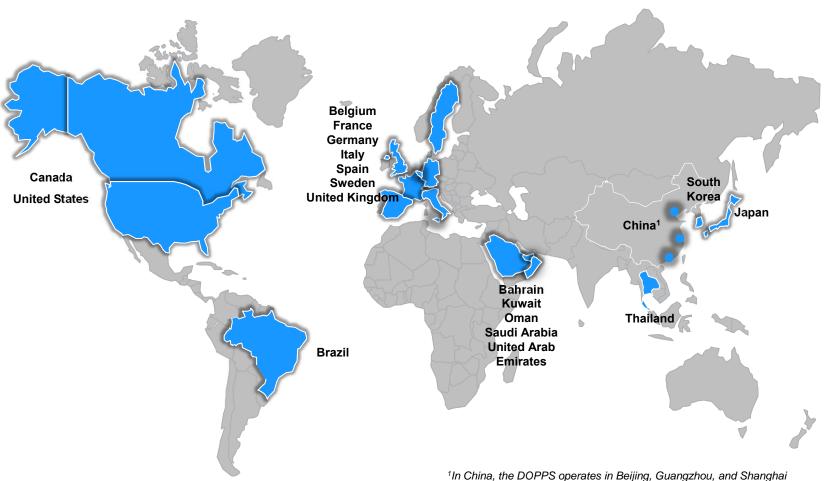
Public funding has been provided by agencies in France, Thailand, United Kingdom, USA

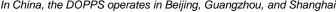




## The DOPPS Program Worldwide

DOPPS Program: 19 Countries, >775 sites, ~34,000 ESKD & ND-CKD Patients





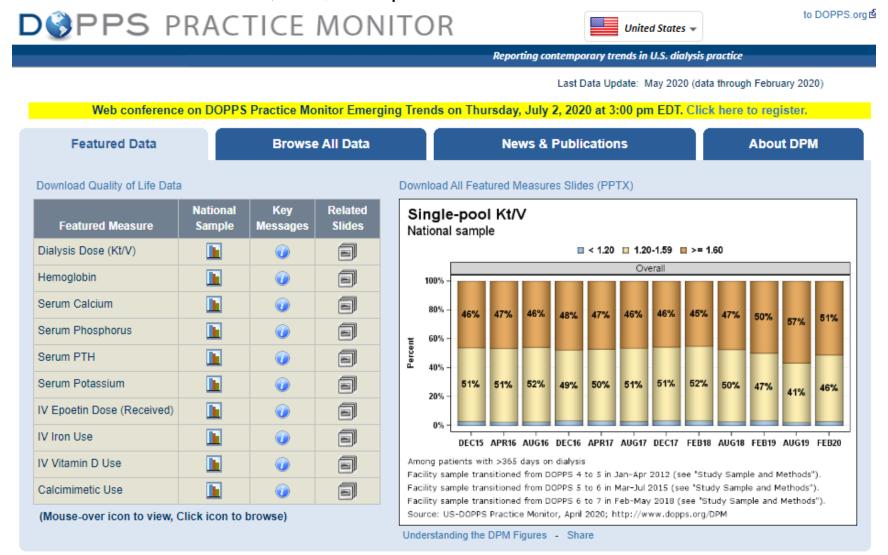




#### US DPM: Monthly data, updates every 6 months; >1900 figures & tables

Stratified random sample (since 2010)

Now ~180 US facilities, ~12,000+ patients with data from 2 LDOs and Visonex





## **COVID** Roundtable: Today's Topics

- Chronic dialysis (not AKI or transplant)
- Infection rates & outcomes
- Care for COVID+ patients
- Dialysis unit practices:
  - (Infection control)
  - Testing
  - Providing in-center HD
  - Home dialysis
- Staff considerations
- Lessons learned, coming challenges, & long-term changes



### Please Use the Q&A Function!

 The Q&A function will be available for participants to use throughout the meeting (on the left side of your screen).



- We encourage all attendees to <u>submit questions or</u> <u>comments</u> as they arise using this tool. Participant audio lines are muted.
- Our facilitators are ready to go! We will do our best to triage each question, via Q&A or audio, to our panelists.



#### Join the conversation on Twitter

- Follow us @DOPPStudy
- Use #DOPPS for tweets about today's presentation

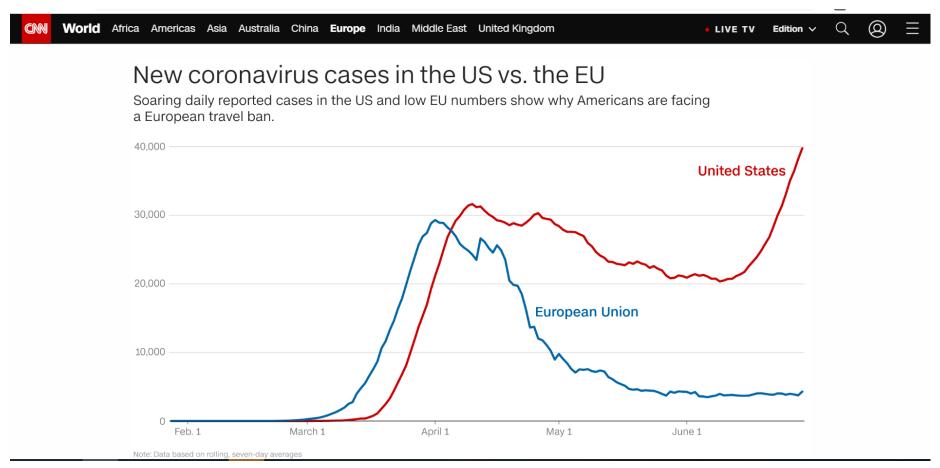






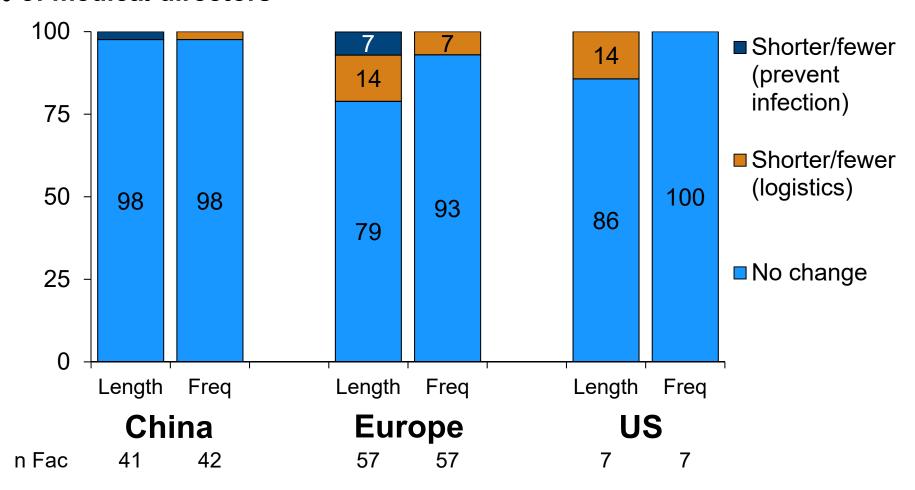
updated 3 Jun 2020 JOHNS HOPKINS **CORONAVIRUS** Home **Maps & Trends Testing** Tracing **RESOURCE CENTER** UNIVERSITY & MEDICINE ② **World Map** U.S. Map (1) Observed case-fatality ratio Deaths per 100,000 population Belgium 83 7 United Kingdom Mortality: 59.88 Spain 58 Italy 55.60 **Sweden** France 43.33 US 32.76 Canada 20.45 Ecuador 20.40 Germany 10 ★ 15.54 Brazil Deaths per 100,000 15.30 Peru population 9.79 Iran Saudi Arabia 1.7 ★ 9.29 Mexico 15 DOPPS 6.81 Chile 3.60 Russia countries: Colombia 5 in Asia (green) South Africa 137 7 in Europe (blue) Egypt 1.11 Japan 0.7 3 in Americas (red) Pakistan 0.80 Korea 0.5 Indonesia 0.63 China 0.3 Bangladesh 0.46 Thailand 0.08 India 0.45 0 10 20 50 30 40 60

Notable increases as of 1 Jul 2020: BR 28, US 38, Saudi Arabia 5



## Did dialysis session length / frequency change because of the COVID-19 pandemic?

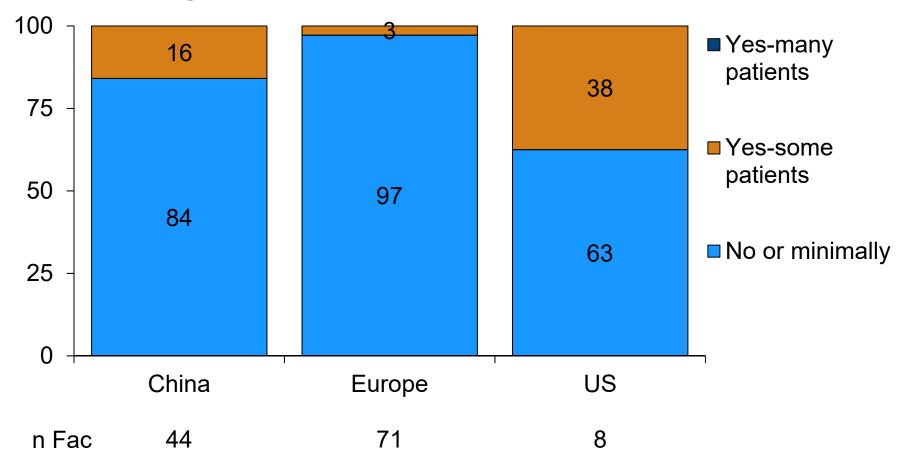
#### % of medical directors





## Are more patients skipping treatments during the COVID-19 pandemic?

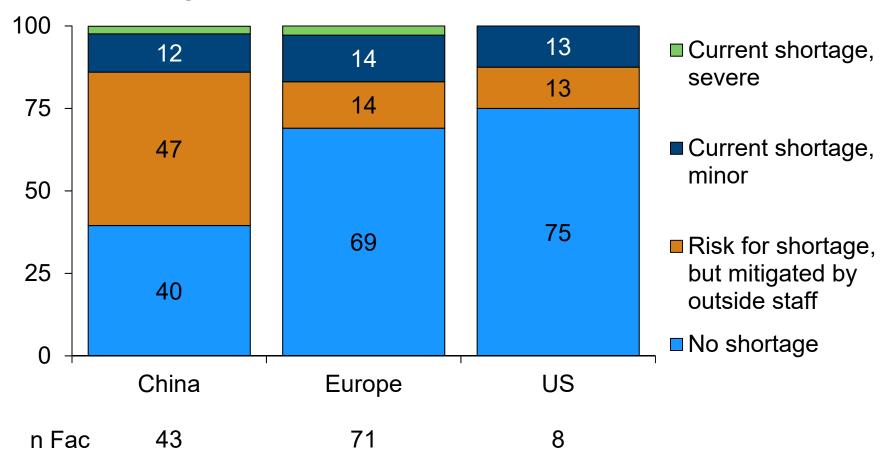
#### % of nurse managers





## Is there a shortage of staff at your clinic during the COVID-19 pandemic?

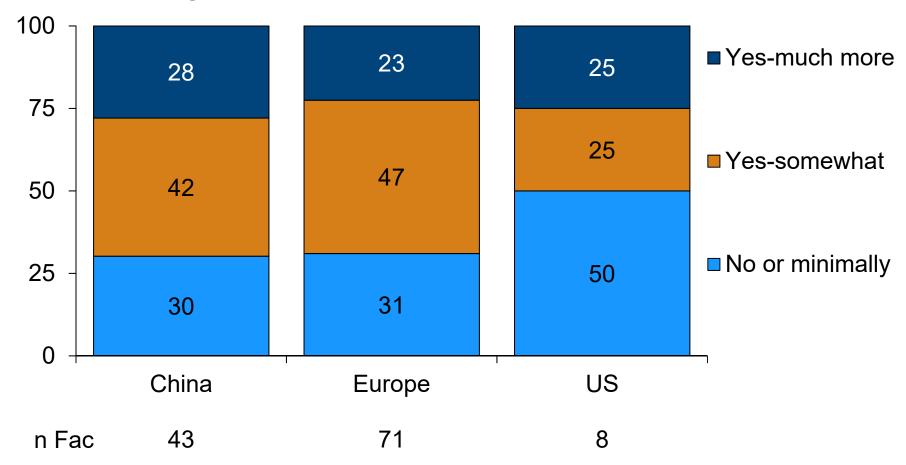
#### % of nurse managers





## Are urgent vascular access interventions more challenging to obtain during the COVID-19 pandemic?

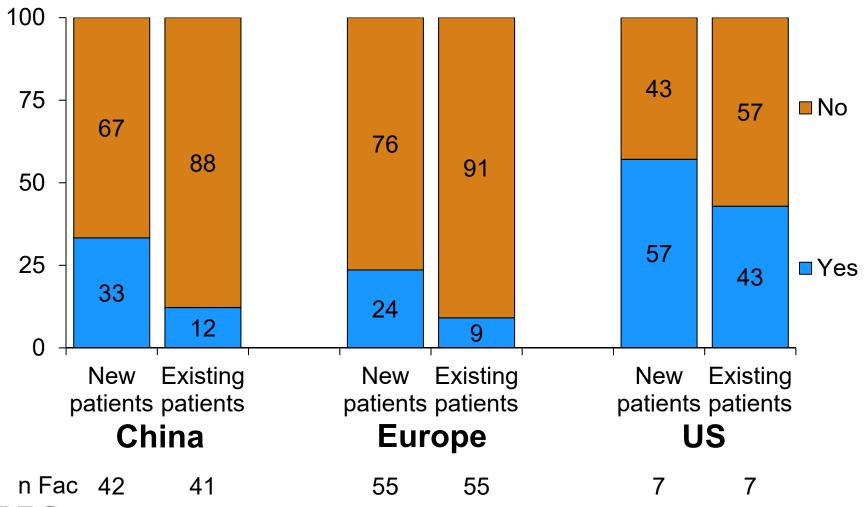
#### % of nurse managers





## Are you more likely to recommend home dialysis because of the COVID-19 pandemic?

#### % of medical directors







Laurie Amburn, RN

Greenfield Health Systems Detroit, MI





Kathy Bernardelli, RN

Henry Ford Hospital Detroit, MI





Jayson Hood, RN

Northwest Kidney Centers, Seattle, WA





#### **Mark Johnson**

Hemodialysis Patient, Patient Advocate Atlantic, Iowa





Jeffrey Perl, MD

University of Toronto Toronto, Canada





Rachel Perlman, MD

University of Michigan Ann Arbor, MI





**Vesh Srivatana, MD** 

Rogosin Institute New York City





**Suzanne Watnick, MD** 

Northwest Kidney Centers, University of Washington Seattle, WA





Jerry Yee, MD

Henry Ford Hospital & Greenfield Health System Detroit, MI



#### COVID-19 and ESKD: Diagnoses and deaths as of April 8, 2020



**Source**: Kidney Care Emergency Response (KCER). Presented at: Nephrologists Transforming Patient Safety webinar, COVID-19: Considerations in the Home Dialysis Setting, April 9, 2020 (J. Perl).

## Preliminary CMS COVID-19 Related Findings (among Medicare beneficiaries)\*

For encounters from Jan 1 to May 16, 2020, with claims received by June 11, 2020:

#### # Covid-19 cases per 100k beneficiaries:

#### 2614 for ESRD patients

502 for patients who qualified for Medicare based on age 484 for patients who qualified based on disability.

#### COVID-19 related hospitalization rate per 100k beneficiaries:

#### 1341 for ESRD patients

167 for patients who qualified for Medicare based on age 150 for patients who qualified based on disability

#### **SARS-CoV-2 Infection and Outcomes**

- Infections among chronic dialysis patients
  - Overall and by modality
  - Is transmission declining in HD units?
- Outcomes
  - Overall and by modality
  - Highest-risk (e.g., skilled nursing facility) patients

Bruce Robinson (Arbor)
Panelists: All

## **Chronic Dialysis Patients with COVID-19**

- COVID shifts / cohorting
  - Cohorting of recovered patients
  - Persistently positive tests: what do they mean?
- Vascular access
  - Clotting / use of acute PD if access clotted?
- Outside US, some limits to hospital care given resource constraints
- Other



Panelists: Vesh Srivatana (Rogosin) Suzanne Watnick (NKC, UW)

#### **Post-COVID** care

- Challenges of transition of care (rehab) after discharge
  - Changing policies regarding post-acute care placement
  - Limited SNF beds
  - "COVID+ rehab units"



#### **Post-COVID** care

- What is the rehabilitation of patients on hemodialysis who have undergone covid19?
  - Do I need to monitor d-dimer, platelets, lymphocytes, and CPK?
  - Do I need to transfer these patients to a daily intake of low-molecular-weight heparins?



### **Dialysis Unit Practices**

- Any updates on best practices for:
  - Symptom screening
  - Masking
  - Cleaning

- Infection Prevention and Control -
  - Follow the science
- Insist on highest standards of care for our patients, with or without COVID
   (Utilize available community resources!)



## **Dialysis Unit Practices: Testing**

- What approaches are being taken by in-center hemodialysis clinics to address testing, to cohort patients according to the SARS-CoV-2 status?
  - PCR, antibody
- Are any special steps being taken in particularly high risk clinics, e.g. skilled nursing facility hemodialysis clinic?

Context: Asymptomatic and pre-symptomatic dissemination of the SARS-CoV-2 is an important root cause of the COVID-19 pandemic. As many as 40-45% of general population experience asymptomatic or pre-symptomatic infection. Emerging literature from skilled nursing facilities and incenter hemodialysis clinics suggest similar prevalence of asymptomatic or pre-symptomatic infection.



## **Dialysis Staff**

- How's morale?
  - Have staff felt listened to? Valued?
  - What do we need to improve?
- Testing
- Safety and limiting exposure:
  - Minimizing unnecessary in-person contact
- Resourcing:
  - Policies to rotating staff, other creative approaches
  - Bonuses & recognition



Laurie Amburn (Henry Ford Hospital) Kathy Bernardelli (Henry Ford Hospital) Jayson Hood (Northwest Kidney Centers)



#### **In-Center HD Practices**

- Any changes to HD prescription
  - Sessions/week
  - Session length (treatment time)
  - Other
- Vascular access procedures
- Patient adherence
  - More skipped treatments, or fewer?
  - Other
- Dieticians, social workers
  - Redeployment, new roles?



## **Transportation**



Panelists: Laurie Amburn (Henry Ford Hospital) Kathy Bernardelli (Henry Ford Hospital)

### **Home Dialysis**

- Challenges and successes:
  - Delivery of supplies
  - Telemedicine (next slide)
  - Other
- Home nurse experience



Panelists:
Jayson Hood (NKC)
Rachel Perlman (Michigan)
Vesh Srivatana (Rogosin)
Laurie Amburn (GHS)

## Telemedicine/Digital Technologies

- What new approaches have been successful?
- How should we prepare better next time: staff/patient training, patient support
- Is dialysis care changed forever?



## Use of Home v. In-center Dialysis

- Are more patients:
  - Being switched to home dialysis from ICHD?
  - Using home dialysis (vs ICHD) as initial modality?
- Are patients more likely to express interest in switching to (or starting on) home dialysis?
- What does future (next 1-2 years) hold?



### **Preparing for Flu Season**

- 'New normal'
  - Screening and transmission-based precautions
  - Enhanced environmental cleaning
  - Greater use of telehealth



Panelists: Rachel Perlman (Michigan) Suzanne Watnick (NKC/UW)

#### **Lessons Learned**

#### Preparing for the next time...

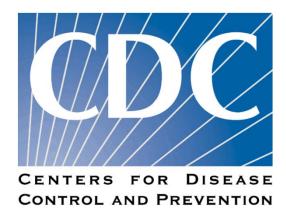
- No advance preparation/precaution is too much
- Create plan for cohorting units/shifts to deploy when needed
- Staff support: policies for rotating staff, minimizing unnecessary in-person contact, etc.
- Telemedicine
- Communication, transparency, and leadership
- Other comments



#### Resources



https://esrdncc.org/covid-19



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



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



https://www.asn-online.org/covid-19/ (also NTDS)  Today's presentation will be available to view and listen to on <u>Arbor Research</u> <u>Collaborative for Health's YouTube channel</u> during the next week

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## US DOPPS Practice Monitor Thanks again!!

For your participation today

Next data update: Nov 2020

Next webinar: Dec 2020



