



ASN Seeks Policy Changes to Aid Kidney Care During COVID-19 Pandemic

By Bridget M. Kuehn

The ASN is working closely with the US government to ensure the safety and health of the more than 37 million Americans living with kidney diseases during the COVID-19 pandemic.

On March 18, 2020, ASN President Anupam Agarwal, MD, FASN, and leaders from 15 other professional medical societies met by phone with President Donald Trump to stress the unique challenges of caring for patients during the pandemic. The more than 500,000 US patients on dialysis and the 222,000 with kidney transplants are among those most vulnerable to the spread of COVID-19.

Other leaders of the US COVID-19 response team participating in the call included Vice President Mike Pence, US Department of Health and Human Services (HHS) Secretary Alex Azar, US Centers for Disease Control and Prevention Director Robert Redfield, MD, Centers for Medicare & Medicaid Services Administrator Seema Verma, and Coronavirus Response Coordinator Ambassador Deborah Birx, MD.

During the call, Dr. Agarwal expressed ASN's commitment to working with the vice president and his task force, partners within the federal agencies, and congressional representatives to ensure the unique needs of kidney patients are met during the pandemic. He explained that testing and personal protective equipment shortages are felt acutely by dialysis and transplant patients and by

healthcare professionals.

ASN submitted a letter to HHS Secretary Azar asking him to prioritize COVID-19 testing for dialysis and transplant patients and for both living and deceased donors. ASN also requested several temporary policy changes during the pandemic, including a pause in Quality Assessment and Performance Improvement (QAPI) requirements that mandate home patients receive routine testing at dialysis centers and a temporary suspension of the QAPI reporting requirement.

Already, the Medicare program has relaxed its rules for telehealth visits to reduce the need for patients to leave their homes for care. The decision was strongly supported by ASN. The change will allow nephrologists, other physicians, nurse practitioners, clinical psychologists, and licensed social workers to provide telehealth to any home. Services may include office visits, mental health counseling, and preventive screening.

"During the COVID-19 national emergency, covered health care providers subject to the HIPAA Rules may seek to communicate with patients, and provide telehealth services, through remote communications technologies," according to the Office for Civil Rights (OCR). To facilitate this, the OCR will "exercise discretion" and not enforce HIPAA restrictions that had previously limited which technologies could be used for the duration of the COVID-19 public health emergency. ■



COVID-19 Response Team Recommendations for Dialysis Facilities

The ASN, working in conjunction with the Centers for Disease Control and Prevention (CDC) has put together recommendations for dialysis facilities on managing the COVID-19 pandemic. A brief summary of each recommendation is available here:

- All patients should be screened for symptoms on arrival. Symptomatic patients should be advised to call ahead. Those with symptoms or at risk because of likely exposure to COVID-19 should wear a mask while in the facility.
- Patients with suspected or confirmed COVID-19 should be isolated. A separate room with a closed door (not a room used for hepatitis B positive patients) should be used if available. Or patients may be cohorted in a shift, at a facility, or if no other option exists, at the end of a row with a mask at least six feet from other patients.
- Patients should be instructed on mask use, cough etiquette, and proper tissue disposal.
- Dialysis staff should employ standard contact and droplet precautions, including isolation gowns, gloves, masks, and eye shields or goggles. Protective gear must be used judiciously in the face of shortages.
- Routine disinfection of surfaces and equipment should be used.
- Public health officials should be notified promptly of possible COVID-19 cases.
- Review online guidance from the CDC and ASN frequently. Recommendations are likely to be updated frequently.

Source: Klinger A and Siberzweig J. Mitigating risk of COVID-19 in dialysis facilities. *Clin J Am Soc Neph* March 16, 2020. <https://doi.org/10.2215/CJN.03340320>

AKI Is a 'Risk Multiplier' for Complications After Hip Replacement

Patients who develop acute kidney injury (AKI) after primary total hip arthroplasty (THA) are at increased risk for adverse outcomes, including complications and death, reports a study in *Arthritis Research & Therapy*.

On analysis of the US National Inpatient Sample from 1998 to 2014, the researchers identified a cohort of 4.1 million primary THAs. Of these, approximately 61,000 developed AKI: a rate of 1.5%. The primary outcome of interest was the rate of complications (including infection and revision arthroplasty) and mortality associated with AKI after THA. Healthcare utilization and transfusion were analyzed as secondary outcomes.

With adjustment for age, gender, race, income, underlying diagnosis, comorbidity, and insurance status, the risk of all primary outcomes was significantly higher for patients with AKI after THA. Associated odds ratios (ORs) were 2.34 for implant infection and 2.54 for revision surgery. AKI was also associated with a large increase in mortality risk: OR 8.52.

Secondary outcomes also showed significant AKI-associated increases in transfusion, OR 2.46; total hospital charges above the median, OR 2.29; discharge to a rehabilitation facility, OR 2.11; and hospital stay longer than 3 days, OR 4.34. Overall, AKI after primary THA

was associated with a 2.3 to 2.5 relative risk of in-hospital complications, a 3.5-day longer hospital stay, and \$37,000 excess mean hospital charges.

The analysis of nationwide data highlights elevated risks of complications and death and increased healthcare utilization and costs for patients with AKI after THA. Further studies are needed to determine the mechanisms of and potentially modifiable risk factors for AKI in patients undergoing hip replacement surgery [Singh J, Cleveland JD. Acute kidney injury after primary total hip arthroplasty: a risk multiplier for complication, mortality, and healthcare utilization. *Arthritis Res Ther* 2020; 22:31]. ■