

An Opportunity to Advance Kidney Health Becomes a Responsibility

Tamara M. Kear, PhD, RN, CNN, FAAN

CE 1.3 contact hours

It has been a year since the Executive Order signed by President Trump launched the *Advancing American Kidney Health Initiative* (AAKHI). The goals of this initiative focused on improving the lives of Americans with kidney disease, expanding treatment options, and reducing health care costs (U.S. Department of Health and Human Services [DHHS], 2019). Specifically, the goals proposed were to create new rules to ensure donor kidneys reach patients more quickly, increase the number of patients performing home dialysis therapies, develop artificial kidneys, expand kidneys available for transplantation, and revise reimbursement for kidney disease treatment. The Center for Medicare & Medicaid Innovation (CMMI) responded to the AAKHI by releasing a proposed required payment model and four optional payment models to adjust payment incentives to encourage preventative kidney care, home dialysis, and kidney transplants (Centers for Medicare and Medicaid Services [CMS], 2019b).

Responding to a Kidney Health Executive Order

Over the months that followed the signing, the kidney community responded to the Executive Order and goals with a combination of excitement, collaboration, advocacy, and hesitancy. Across the kidney community and industry sectors, conference sessions, webinars, scholarly articles, round table and board meetings, anecdotal exchanges, and hallway conversations addressed the opportunities and challenges of advancing kidney health. Solutions discussed placed a focus on programs to educate patients, families, and health care providers about kidney health promotion and treatment options; the use and

Tamara M. Kear, PhD, RN, CNN, FAAN, is the Executive Director, American Nephrology Nurses Association (ANNA), a Past President of ANNA, and an Adjunct Associate Professor, Villanova University, M. Louise Fitzpatrick College of Nursing, Villanova, PA.

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advancement of technology and telehealth to improve care delivery and communication; the importance of interprofessional collaboration; nursing's call to allow registered nurses (RNs) and advanced practice registered nurses (APRNs) to practice at the top of their knowledge, skill set, and license; the development of new models of practice that promote the delegation of tasks among health care personnel; and the integral role patients and families play in the care delivery system.

Facing the Realities

As 2019 wound down, the kidney community called for a delay in implementing the proposed payment model and reconsideration of the ambitious DHHS goals. Concerns about the implementation of the goals and barriers that required consideration were expressed. Overall, there were calls to slow things down and develop a thoughtful plan to advance kidney health. The American Nephrology Nurses Association (ANNA) was part of this call, requesting time to address nursing and education barriers and explore opportunities for success.

ANNA responded to CMS' proposal affirming support of the DHHS goals, while identifying barriers and opportunities outlined in the CMS' proposed rule for the ESRD Treatment Choices (ETC) Model (CMS, 2019a). ANNA's major emphasis in the comment letter on the proposed rule addressed ensuring an adequate and qualified nursing workforce; recruiting and training qualified nephrology nurses; training, education, and preparation for nurses,

Table 1
ANNA's Federal Legislative Agenda for the 116th Congress (2nd Session, 2020)

Fiscal Year 2021 Appropriations Requests	Description	Link
The Nursing Workforce Development Programs	Nursing community's request of \$278 million in funding to support Health Resources & Services Administration's Nursing Workforce Development Programs	https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2021.pdf
The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)	Kidney Community's requests of \$3 billion increase for the National Institutes of Health, with a proportional increase for NIDDK.	https://www.congress.gov/congressional-report/116th-congress/house-report/62/1
The National Institute of Nursing Research (NINR)	Nursing Community Coalition's request of \$182 million for NINR	https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2021.pdf
The Agency for Healthcare Research and Quality (AHRQ)	Friends of AHRQ's request of \$471 million for AHRQ	https://www.congress.gov/congressional-report/116th-congress/house-report/62/1
KidneyX	Kidney community's request of \$25 million in funding	https://www.congress.gov/congressional-report/116th-congress/house-report/62/1
Authorizing Legislation Requests	Description	Links to House and Senate Bills
The Chronic Kidney Disease Improvement in Research and Treatment Act (H.R. 3912 and S. 1676)	Encourages Members of Congress to cosponsor this act	https://www.congress.gov/bill/116th-congress/house-bill/3912/text https://www.congress.gov/bill/116th-congress/senate-bill/1676/text
The Title VIII Nursing Workforce Reauthorization Act (H.R. 728 and S. 1399)	Encourages Senators to request a vote on and pass this workforce act	https://www.congress.gov/bill/116th-congress/house-bill/728/text https://www.congress.gov/bill/116th-congress/senate-bill/1399/text
The Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act (H.R. 5534)	Encourages Members of Congress to cosponsor this bill	https://www.congress.gov/bill/116th-congress/house-bill/5534/text

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Table 1 (continued)
ANNA's Federal Legislative Agenda for the 116th Congress (2nd Session, 2020)

Authorizing Legislation Requests	Description	Links to House and Senate Bills
The Living Donor Protection Act (H.R. 1224 and S. 511)	Encourages Members of Congress to cosponsor this act	https://www.congress.gov/bill/116th-congress/house-bill/1224/text https://www.congress.gov/bill/116th-congress/senate-bill/511/text
The Home Health Care Planning Improvement Act (H.R. 2150 and S. 296)	Encourages Members of Congress to cosponsor this act	https://www.congress.gov/bill/116th-congress/house-bill/2150/text https://www.congress.gov/bill/116th-congress/senate-bill/296/text
The United States Cadet Nurse Corps Service Recognition Act (H.R. 2056 and S. 997)	Joins with the Nursing Community Coalition in urging Members of Congress to cosponsor this act	https://www.congress.gov/bill/116th-congress/house-bill/2056/text https://www.congress.gov/bill/116th-congress/senate-bill/997/text

Note: This table includes the entirety of ANNA's Federal Legislative Agenda for 116th Congress (2nd session) (2020) and extends beyond the content discussed in this article.

patients, and caregivers; and six requested actions on the ETC model (ANNA, 2019):

- Extending the implementation period beyond the proposed April 2020 date,
- Providing a ramp-up period to allow time to increase the number of qualified home training nurses,
- Allowing for preparation of an adequate nephrology nursing workforce for home therapies,
- Engaging ANNA in the development of nephrology-nursing workforce strategies,
- Consideration of a pilot project to recruit and retain nephrology nurses to the specialty, and
- The use of nephrology nurses in providing guidance on the implementation of DHHS' goals.

The single item that seemed to be a point of agreement across these discussions is that change in kidney care would occur, but it would require time and be a calculated and evolutionary process. Little did the kidney community know that an unforeseen event in early 2020 would change the course of health care and the world indefinitely and intersect with the *Advancing American Kidney Health Initiative*. Chapters in health care and humanity would be written in a few short months, and the ending to this saga would long remain a mystery. This unforeseen event was COVID-19.

A Novel Virus Emerges

In early 2020, the world started to hear about a novel virus emerging in China. Soon this virus would spread

globally, and the impact of this virus ranged from no symptoms to death in infected populations. In early March, the United States started to realize the impact of COVID-19 and its effects on health care systems, and providers started to take hold. There were not enough health care providers in COVID-19 hot spot areas, and calls were being made for providers to volunteer to work in these areas. It was no longer safe for patients and families to enter health care systems unless it was a medical emergency, and long-term care facilities were seeing rapid transmission of the contagion. Health care providers were contracting the virus, and patients were dying at an increasing rate. Global health care systems were taxed in ways not seen in modern times.

Rapid Changes in Care Delivery and Regulations

Early data on the most severe complications of COVID-19 led researchers to believe it was a disease that primarily impacted the heart and lungs. Then, in early April, the impact of COVID-19 on the kidneys hit a tipping point. Patients with healthy kidneys before contracting COVID-19 were experiencing acute kidney injury (AKI) in growing numbers and were in need of kidney replacement therapy (American Society of Nephrology, 2020). The call from the kidney community stated there were not enough staff or equipment to manage patients with acute and chronic kidney failure in hot spot areas.

There were rapid changes in the provision of care because patients receiving therapies to manage impaired kidney function were reluctant to enter facilities due to

concerns about COVID-19. These concerns were compounded by a lack of personal protective equipment available to providers and patients. Providers were also reluctant to bring a population with an impaired immune system into health care settings unnecessarily and unprotected. Telehealth quickly became an efficient way to conduct patient visits and deliver care. Telehealth caught on in a matter of weeks and was implemented across transplant centers, chronic kidney disease (CKD) clinics, and dialysis settings.

There were other changes occurring in health care settings to prepare for and address the influx of patients with COVID-19. Some states temporarily suspended and waived practice agreement requirements for APRNs. The National Council of States Boards of Nursing (2020) compiled information about the emergency action plans by states related to the Nurse Licensure Compact. These data included whether the state was in the compact, the presence of an emergency licensing waiver to address the needs from COVID-19, and applicable statutory and administrative provisions. These changes allowed greater flexibility in practice settings for APRNs and RNs to address this health care emergency.

The Kidney Community Responds to COVID-19

Therapies not often the primary modality to manage AKI, such as acute start peritoneal dialysis, were being implemented in growing numbers of patients with kidney impairment from the virus. New pieces of equipment and technologies were being used to manage the cases of kidney failure and keep safe nephrology nurses and patient care technicians who were providing hemodialysis treatments for many hours in the room of a patient who was COVID-19-positive. Industry, associations, departments of health, health care systems, and providers stepped up to deploy staff with nephrology skills and equipment to areas with large numbers of patients with kidney failure in acute care settings. Innovation was leading out of necessity.

Nephrology-based health care associations responded to COVID-19 by quickly developing webinars that were offered across multiple associations at no charge. There was networking among associations to get this new knowledge, which was changing by the day, to providers on the front lines of care. Webinars attracted record numbers of attendees because the information was in high demand. Articles, podcasts, and interviews shared the knowledge of health care providers working on the front lines of COVID-19.

In an attempt to decrease the burden on hospitals and health care workers, dialysis providers collaborated to cohort patients testing positive for COVID-19 across their combined networks with the goal of treating as many patients as possible in the outpatient setting. The use of telehealth was growing exponentially to protect this vulnerable population with kidney disease. Patients who engaged in telehealth services reported rapidity and ease in

seeing their provider. Transportation, associated costs, and parking were no longer barriers to achieving timely care.

Just like in 2019 on the heels of the signing of the Executive Order that launched the Advancing American Kidney Health Initiative, there was collaboration and partnership across the kidney community in efforts to provide the safest and most efficient care to patients with kidney disease. While these groups were collaborating, strides were being made to address many of the goals of the Executive Order that a few months earlier were thought to be far reaching and time intensive.

Where Do We Go from Here?

The final chapters of the COVID-19 story have not been written. There is much to learn about the impact of this novel virus on the human body, including the kidneys. There must be a continued focus on collaborating with patients to improve telehealth, communication, and early access to care. Telehealth allows for timely care in the patient's natural environment, removing many barriers that prevent patients from seeking preventative and ongoing care. What is known is that through the Advancing American Kidney Health Initiative and COVID-19, the kidney community has grown stronger together, and often, we are speaking with a unified voice or discussing situations when our messages and views may differ.

The kidney community has banded together to request that the 116th Congress appropriate funding to support the advancement, research, innovation, and education needed to promote kidney health. Such Fiscal Year 2021 requests by ANNA and the kidney community include a \$3 billion increase for the National Institutes of Health (NIH), with a proportional increase for the National Institute of Diabetes and Digestive Kidney Diseases (NIDDK), to address many of those original goals of the Advancing American Kidney Health initiative (ANNA, 2020). These goals incorporate improving technology, including home therapies, focusing on preventative care and educational programs that address COVID-19 and kidney failure, and general preventative education related to improving kidney health.

ANNA supports the kidney community's request of \$25 million in funding for The Kidney Innovation Accelerator, known as KidneyX, to facilitate research and development into alternative and innovative methods of diagnosing, preventing, and treating kidney disease (DHHS, 2020). KidneyX is a public-private partnership between the DHHS and the American Society of Nephrology to accelerate innovation in the prevention, diagnosis, and treatment of kidney diseases to improve the lives of the 850 million people worldwide affected by kidney diseases by accelerating the development of drugs, devices, biologics, and other therapies.

ANNA encourages Members of Congress to cosponsor the Chronic Kidney Disease Improvement in Research and Treatment Act (H.R. 3912 and S. 1676) (Departments of Labor, Health and Human Services, Education, and

Related Agencies. 2020). This bill will increase the Medicare kidney disease education benefit, add nephrology health professionals to the National Health Service Corps Scholarship and Loan Repayment programs, and maintain an economically stable dialysis infrastructure. ANNA also encourages Members of Congress to cosponsor the Living Donor Protection Act (H.R. 1224 and S. 511) that aims to protect living organ donors while promoting organ donation and the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act (H.R. 5534) that would provide extended months of Medicare coverage of drugs for patients who have received a kidney transplant (Departments of Labor, Health and Human Services, Education, and Related Agencies, 2020).

Advancing kidney health is going to take an entire team, including RNs and APRNs. ANNA stands with our nursing association colleagues in recognizing and increasing awareness related to the insufficient number of APRNs and RNs. Thus, ANNA supports bills that financially aid development of the nursing workforce, such as the Health Resources and Services Administration's Nursing Workforce Development Program and Title VIII Nursing Workforce Reauthorization Act (H.R. 728 and S. 1399) (DHHS, 2020). ANNA also encourages Members of Congress to cosponsor the Home Health Care Planning Improvement Act (H.R. 2150 and S. 296) that legislatively ensures beneficiaries have access to home health care in states where APRNs are licensed to provide these services (DHHS, 2020).

An Opportunity Becomes a Responsibility

Advancements in technology, equipment, communication, home therapies, preventative care education, and expanded nurse practitioner and registered nurse practice must continue to evolve with input from all members of the kidney community, especially patients and families. It is time for the kidney community to use the energy, data, and lessons learned from this pandemic to advance kidney health. We started this collaborative journey in 2019 thinking it was a once-in-a-generation opportunity, yet an "opportunity" in 2019 has been replaced by a "responsibility" in 2020.

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