HHSC: Chronic Kidney Disease Task Force, December 14th, 2020

In January,2020 Governor Greg Abbott appointed Mary Albin, Dany Anchia, Bruce Brockway, M.D., Roberto Collazo, M.D., Amie Duemer, A. Osama Gaber, M.D., Richard Gibney, M.D., Anne Ishmael, Nichole Jefferson, Tiffany Jones-Smith, Rita Littlefield, Anil T. Mangla, Ph.D., M. Reza "Hamed" Mizani, M.D., Navid Saigal, M.D., Leslie Weisberg, M.D., and Francis Wright, M.D. to the Chronic Kidney Disease Task Force for terms at the pleasure of the Governor. The task force coordinates implementation of the state's plan for prevention, early screening, diagnosis, and management of chronic kidney disease and educates health care professionals. Not all members are included above.

1. Call to order, announcements and opening remarks. Chair Francisco Cigarrao convened the meeting. A quorum was present.

2. Approval of the October 19, 2020, meeting minutes. The minutes were approved as written.

3. Review and vote on Chronic Kidney Disease Task Force Report to Governor due January 1, 2021.

HEALTH AND SAFETY CODE CHAPTER 83. CHRONIC KIDNEY DISEASE TASK FORCE (texas.gov). Texas Health and Safety Code, Chapter 83, established the Chronic Kidney Disease Task Force (Task Force) whose purpose is to advise the Governor on matters as described below:

A. Coordinate implementation of the state's cost effective plan for prevention, early screening, diagnosis, and management of chronic kidney disease for the state's population through national, state, and local partners; and
B. Educate health care professionals on the use of clinical practice guidelines for screening, detecting, diagnosing, treating, and managing chronic kidney disease, its comorbidities, and its complications based on the Kidney Disease Outcomes Quality Initiative Clinical Practice Guidelines for Chronic Kidney Disease.

Two events coincided with the launch of the Texas Chronic Kidney Disease (CKD) Task Force.

The first event being that the initial components of the Executive Order the president signed in July 2019 were being implemented for "Advancing American Kidney Health." This order outlined policy priorities centered on advancing 3 main goals: (1) preventing kidney failure whenever possible through better diagnosis, treatment, and incentives for preventive care; (2) increasing patient choice through affordable alternative treatments for End Stage Renal Disease (ESRD) by encouraging higher value care, educating patients on treatment alternatives, and encouraging the development of artificial kidneys; and (3) increasing access to kidney transplantation by modernizing the organ recovery and transplantation systems and updating outmoded and counterproductive regulations.

The second event being that the Coronavirus (COVID-19) pandemic was sweeping the globe. In the short run, COVID-19 has disrupted access to preventative health screenings,

transplantation, living donation, and resulted in a rise of Acute Kidney Injury. The long-term impact on our populations' health including those of us practicing in the chronic kidney disease community is unknown. As the pandemic has progressed, data is revealing the need for a long-term plan that addresses the fissures in our healthcare system. As access has come back online for the population, a new normal is being carved out by medical professionals and their non-profit counterparts. The long term impact on our populations' health including those of us practicing in the chronic kidney disease community is unclear.

The Chronic Kidney Disease Task Force recommendations are centered on the following themes:

- Education to the public regarding kidney disease and with an emphasis to help prevent the onset of kidney disease.
- Early screening and diagnosis of kidney disease aimed at mitigating progression of disease including the management of co-morbidities such as diabetes, hypertension and obesity as well as other risk factors.
- Optimizing treatments of Stages 1-4 of kidney disease including peritoneal and hemodialysis.
- Increasing donation through education of the public on both Living Donor and Deceased Donation.
- Legislation in support of the CKD community including those patients at risk of developing renal disease in the future or those living with renal disease now.

The Task Force has proposed several recommendations and initiatives that addresses areas of need, including:

- Chronic Kidney Disease Centralized Resource Center
- Clinical Trial and Continuous Quality Improvement Network
- Create an Awareness Campaign based on Dr. Stambaughs Increase the Decrease research. Modeled after the Love Kidneys campaign. Support for the passage of House Bill 317 the Texas Living Donor Support Act Success of the proposed areas of focus detailed in the remainder of this document is dependent on funding and support of the proposed solutions.

A key strategy of advancing these themes is for the Legislature to establish a CKD Centralized Resource Center (CRC) and a Clinical Trial and Continuous Quality Improvement Network. This Task Force recommends that the CRC and clinical trial and quality improvement network be sponsored by the State and brought forth by legislation and should receive and maintain funds for its creation and long-term maintenance. The center may also serve as a platform for several other initiatives recommended by the Task Force. The task force recommends that a methodology be established to track progress in the implementation of any of the recommendations accepted by the Texas Legislature.

See the following for the full report: 2021 CKD Task Force Report (Draft8).pdf

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Legislative Issues: Resource Center would be housed in the appropriate agency and be named in honor of Rita Littlefield. The Rita Littlefield CRC will be the center point for access and distribution of CKD information to citizens and health care providers. This CRC will be strategically designed to provide "real time" assistance and resources for patients and providers including CKD awareness, prevention, patient-family resources, and CKD treatment options and modalities. Ideally, the CRC will encompass a multilayered approach to provide awareness, education, and resources at every level of CKD for the general population as well as for healthcare professionals. The CRC will include information directly related to CKD, ESRD, and should be made available in English and Spanish. The center will have a robust online service and act as a centralized hub for content created based on recommendations from the CKD Task Force for use by CKD professionals, clients and stakeholders. The center seeks to offer key points of engagement for persons in the CKD community including CKD Awareness, Patient and Family Resources and Kidney Options and Modalities. The CKD CRC will also help address the lack of a standardized referral process for early detection, treatment, and kidney transplantation. The centralized system will support and provide resources for patients, family members, providers, and professionals all in one place (i.e. access to immunosuppressant assistance, assistance with other CKD/ESRD medications, transplant and home modalities navigators, peer mentoring, referral orientation, living donor resources, transportation, lodging, self-referrals to transplant and home dialysis, living donor registry, other related expenses for CKD preventive care, patient advocacy, research, data, free screenings, clinical trials, and home/self-care training). See CKD CRC flow chart below.

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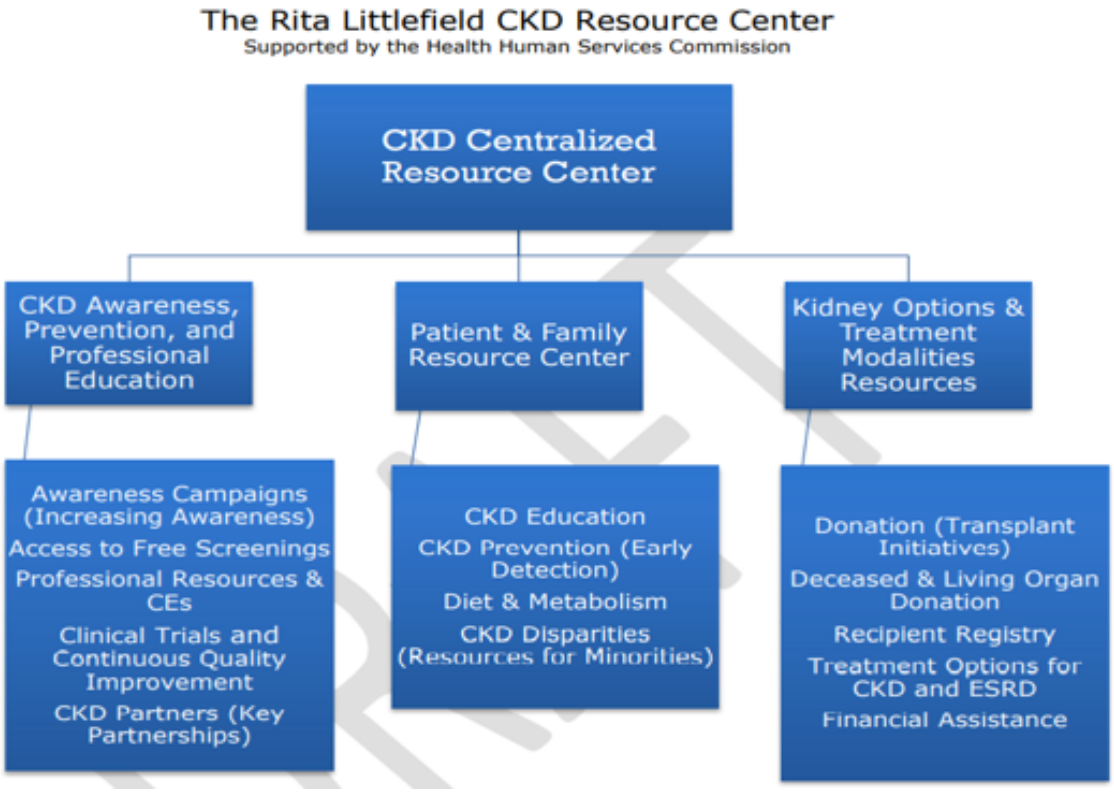

Task Force Discussion.
We might want to talk about COVID and the impact on minorities. It seems to exist in the Executive Summary.

Development of chronic kidney disease from COVID should be noted.

The second recommendation included the creation of a clinical trial network. This also involves continuous quality improvement network. Communication is an important part of this. Telemedicine will also be involved. Clinical trials should be shared. Under renal replacement, therapy will involve selfcare dialysis and selfcare empowerment. There will be collaboration with primary care.

Patients should be a part of conferences.

Early intervention in communities and screenings are key to early mitigation. We have to go back into the communities to follow up routinely to determine the impact. The Texas Kidney Foundation is sending out self-screening kits. All these things have to be funded.

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We need to add telehealth and telemedicine and the issues of transportation in the rural areas. This would be on page 20, where we talk about maximizing efficiencies. Perhaps add to the flow chart also. An extra bullet point will be added.

In-home testing as a way to reach families and the need for funding should be included.

Include reference to the National Kidney Organization.

Transplant Initiatives section was described. Hospitals should be held accountable to donors. There are problems for pediatric transplants and Texas Medicaid should include living donors. Post-transplant and post-donation issues are included in the section. Honoring the wish of deceased donors that are not honored by the hospital is included.

The conclusion of the report is fairly succinct.

> Given the increase in CKD prevalence in Texas over the past decade, there is concern escalating healthcare costs resulting from complications of poorly controlled comorbidities and treatment costs will continue to inhibit affordability and sustainability of the healthcare delivery system. This poses a simultaneous threat at multiple levels: fiscally for the Legislature and Texas taxpayers, as well as to the health and quality of life for 1 in three all Texans who are at risk for CKD. The Task Force is committed to identifying ways to simultaneously reduce overall health care expenditures related to kidney disease and associated co-morbidities while improving the delivery of evidence-based, cost effective, prevention and healthcare services that improve population health for Texans. We believe that the recommendations in this report will accomplish this important goal. And we believe that establishing and funding the Rita Littlefield CKD Centralized Resource Center and Clinical Trial and Continuous Quality Improvement Network within the appropriate stage agency will mitigate kidney disease and make our great State of Texas healthier and thereby more productive in every way including economically.

MOTION: *Accept the draft of the report (with suggested edits) - prevailed.*

MOTION: *Accept the report and authorize the Chair to make nonsubstantive edits and submit the report - prevailed.*

Danielle Lotsinger, HHSC, stated that the process moving forward, post-edits, is that Government Relations will deliver the report for the Task Force. HHSC will not be able to advocate for funding but the Task Force can.

A question was asked about how we advocate during COVID. HHSC stated that phone and email seem to be the best approach, especially through staff. The Capitol is still off-limits for outsiders.

4. Vote on bylaws. The bylaws were sent out in advance of the meeting and comments were entertained. No comments were made and the bylaws were adopted.

5. Public comment. No public comment was offered.

6. Committee feedback and planning for next meeting. Next meeting is March 1st, 2021.

7. Adjourn. There being no further business, the meeting was adjourned.

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