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NEPHROLOGY ASSOCIATES

March 13, 2023

North Carolina State Health Coordinating Council
809 Ruggles Drive
Raleigh, NC 27603

Dear North Carolina State Health Coordinating Council:

I am writing to express my concerns regarding the petition submitted by Long Term Care Management Services, LLC d/b/a Liberty Healthcare and Rehabilitation Services (“Liberty”) for a Policy to be added to the 2023 SMFP, Policy ESRD-4, which will allow for the development or expansion of a kidney disease treatment center at a skilled nursing facility.

I have been a practicing nephrologist for the past fifteen years as a member of Metrolina Nephrology Associates (MNA), where I currently reside as group president. MNA cares for thousands of patients with both ESRD and CKD of various levels in the greater Charlotte Metro area. I have served as a medical director for both outpatient and inpatient dialysis programs. As a current practicing physician with an extensive knowledge of dialysis treatment, I strongly believe that the safety and well-being of patients with end-stage renal disease (ESRD) and chronic kidney disease (CKD) should be the utmost priority.

While I understand the challenges faced by nursing home patients who require transportation to and from an outpatient facility for maintenance dialysis treatments, I believe the current petition falls short in addressing the complexities of dialysis procedures and the potential safety concerns. MNA believes these concerns would result from inexperienced and/or inadequately trained nurses providing oversight of these dialysis procedures. As such, I would like to highlight several specific concerns that require urgent attention:

Firstly, the petition does not reference the involvement of clinicians, particularly nephrologists, who are experienced in caring for ESRD patients. Are we to assume that a “remote” nephrologist cares for these most vulnerable patients? Who will care for these patients when something goes wrong, and they are hospitalized? This is a significant oversight, as physicians are responsible for ordering these procedures and taking responsibility for any consequences that may arise. Not including clinicians in this discussion is concerning.

Secondly, there is no mention in the petition of how Liberty plans to ensure adequate training for its staff, especially around the cannulation of a patient’s dialysis access, where one misstep can lead to catastrophic results. Established dialysis providers adhere to a standard of care that includes extensive training in all aspects of “safe” dialysis delivery, and these treatments are always under the watchful eye of a medical director. It is unclear how this would occur on a preemptive or ongoing basis at Liberty’s facilities.

**3158 Freedom Drive · Suite 3102 · Charlotte, NC 28208 · Phone 704-332-0396 · Fax
704-971-0035**



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Thirdly, the petition does not address how these facilities would comply with state and federal regulations, including but not limited to, the offering of renal trained nurses (RN), dieticians (RD), and medical social workers (MSW).

Lastly, there are concerns around how these facilities will be staffed adequately with current nursing shortages. There are several different dialysis machines designed for home care. MNA safely works with thousands of patients and their families in this capacity. "Home Dialysis" requires stable care partners who are formally trained. We are concerned that it may be impossible for Liberty to ensure that their staff maintains the proficiency necessary to safely administer this type of care, especially with limited physician oversight.

I strongly believe that we need to work together with all appropriate stakeholders, including physicians, experienced dialysis providers, nursing home facilities, hospitals, and state and federal regulatory agencies, to find appropriate solutions for this vulnerable population. Leaving out key stakeholders will only lead to poor patient outcomes. We need to be careful that, in our rush to make changes, we do not create additional unintended consequences for this extremely vulnerable population.

In conclusion, I will be the first to concede that the life of a nursing home patient on dialysis is very difficult. We, at MNA, understand that the future of dialysis therapy of these patients may include treatment "inside" of their nursing home facility. Our biggest concern is how this novel approach to these vulnerable patients is developed. The safety and well-being of patients should always be the top priority.

I strongly urge you to carefully consider the concerns raised in this letter and take appropriate action to address them prior to the decision on the Liberty Policy ESRD-4 petition.

Sincerely,

E. Carl Fisher, MD
President
Metrolina Nephrology Associates
Charlotte, NC