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Acute Care Services Committee Staff
Department of Health and Human Services
Division of Health Service Regulation
Healthcare Planning
809 Ruggles Drive
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Raleigh, NC 27603

RE: Dialysis therapy in nursing homes

Dear Department of Health and Human Services members:

I recently saw that a nursing home company was looking to provide dialysis services at their nursing home facility. I confirmed the request to the Certificate of Need office with dialysis care colleagues. I am very concerned about the option of nursing home companies attempting to provide dialysis care in their facilities. I have practiced Nephrology care for over 35 years in North Carolina. I have worked with Fresenius Medical Care and DaVita to facilitate the best possible renal replacement care to nephrology patients in our community and our state. Dialysis therapy is a complicated level of care for patients with complicated medical problems. I am proud of the level of Nephrology care that we routinely provide to members of our community. I wish to be certain that the same level of excellence is expected of any organizations that wish to begin dialysis therapy within their organizations. Excellent care and quality of care should be expected. All should perform to the same standard of care. Centers for Medicare and Medicaid has provided some guidance in the delivery of dialysis services at nursing homes.

Nursing homes staff members may be very busy with their current clinical responsibilities. Adding dialysis care to their scope of care may be very straining. Patient referral patterns may also change. Hospitals may have to adjust the referral patterns of acute and chronic dialysis patients. We currently have numerous patients that are chronic nursing home residents. The policies may significantly effect the level of care provided at the nursing home. Residential

dialysis therapy may be focused in a few sites and maybe not based on county lines and/or needs. Some patients may have to receive care away from their home area. Nephrology providers may also need to be part of the nephrology care at nursing homes. Currently, many nursing homes have limited medical staff privileges. The implications regarding care of the nephrology patient may shift greatly.

The requested exception sets many precedents for the Certificate of Need for dialysis services care in North Carolina. Dialysis in the nursing homes are not home treatments in the way we provide home dialysis care currently. The dialysis in the nursing home may be in the site of their resident yet it is not provided by the patient or their partner. The nephrology care may be provided by healthcare personnel. The use of current home dialysis therapy requires training and continuing education. Home dialysis treatment devices may be utilized for dialysis treatments at nursing homes yet continued education and monitoring are required. The exception request will probably be for less than 8 dialysis stations. The county may or may not have any defined dialysis services needs. This may be small opening yet could be an easy way to try to grow the dialysis services. It could also open options for home dialysis via home health providers and possible private health care providers for hire.

Alternative suggestions may be jointly working with established dialysis services with cooperation of multiple nephrology healthcare providers. Contracting with dialysis companies may help to provide dialysis services options in nursing homes. The CON may consider existing dialysis stations being used in the nursing homes. Some cooperative efforts have been tried in other states. Peritoneal dialysis therapy may also be an option yet the patients' medical conditions may not allow a single option for all patients. This is a very complicated concern which may require multiple solutions.

There may be significant changes in referral patterns from hospitals. It may effect options of which nursing homes may be available for their care.

I encourage the Certificate of Need Board to evaluate the requested exception thoroughly and to see the same expectations for all dialysis care providers.

I hope my thoughts help to provide discussion to continue to improve the care of patients with kidney problems. Please contact me if I may be of any assistance.

Sincerely,

A handwritten signature in blue ink that reads "W. Bynum, M.D." The signature is written in a cursive style with a large initial "W" and "B".

W. Bynum, M.D.