



#WIGWednesday

July 29, 2020

Stepping Up in Times of Crisis: COVID-19 and Kidney Failure

Featuring:

Lucy Gettman, Executive Director Women In Government

Kansas State Senator and WIG Midwestern Regional Director; WIG Board of Directors, Barbara Bollier Shannon Gately, State Government Affairs Specialist, Women's Employee Resource Group – Social and Networking Chair, Fresenius Medical Care North America

Wendy Funk Schrag LMSW, AC SW, Vice President State Government Affairs, Fresenius Medical Care North America

Maria Cruz Garcia, Senior Director, State Government Affairs, Fresenius Medical Care North America

Lucy Gettman: Welcome to Women In Government's virtual webinar series! I'm Lucy Gettman, Executive Director, and this is the fourteenth WIG Wednesday in our virtual policy round-table series that began in March. As you may know, [Women In Government](#) is a non-profit, non-partisan organization that serves women state legislators nationwide with educational programming and resources to address complex policy issues. We are led and guided by [WIG's Board of Directors](#), who are all sitting state legislators.

Before we dive into our programming, we'd like to ask our audience a question: "Do you know someone who currently receives dialysis care?" Please select "yes" or "no." And while everyone is answering that we'd like to invite folks on our webcast today to feel free to introduce yourselves to each other using the chat room.

Please keep up with Women In Government through social media. You can find us on [Facebook](#), [Instagram](#), [Twitter](#), [LinkedIn](#) and [SoundCloud](#). Finally, we invite you to mark your calendars for August 12th where NCSL Executive Director Tim Storey will give us the state of play on state budgets, election trends, ballot issues, and what the next federal stimulus bill might look like.

Okay, well, we have some pretty interesting poll results. Almost 70% of us do not know someone currently receiving dialysis care. Now I take that as good news because that means lots of people are well and healthy, but we still have 33% of folks on this call who know someone who is currently receiving dialysis care. So this conversation is just in time.

And to do that, I am pleased to welcome Kansas State Senator Barbara Bollier, who is moderating today's session on COVID-19 and kidney failure. Senator Bollier is a retired physician who joined the Kansas legislature in 2011 and then the Senate in 2017, where she is Ranking Minority Member on the Public Health and Welfare and Healthcare Access Committees and a member of the Commerce and Education Committees. Senator Bollier is also a member of Women In Government's Board of Directors, where she serves as a Regional Director across 13 states in our Midwestern region. Senator Bollier, we are so grateful to you and so pleased that you could join us today. The virtual podium is now all yours.



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Kansas State Senator Barbara Bollier: Thank you so much, Lucy, and welcome everybody. I wanted to just share really briefly how important and meaningful Women In Government has been to me. I was introduced to it by legislators who came before me who said, "You need to join this," and I did. This is my last year in the state legislature, and one of the hardest things for me was to say "I have to give up Women In Government now." Because of the bipartisan nature of it and women supporting women, it could not have been any more valuable to me as a legislator and just as a person and as a woman. And [Women In Government](#) knows if I'm in Washington I pop into the office, and I have friends all over the country now who are legislators because of this. So if you're new to this, join us because we get things done! Because of things like today, we learn so much and are able then to translate that into actual good public policy. So, before we begin, I do want everyone to know that you can submit questions. I think we're all probably familiar with Zoom now, but do it through the chat box and you go to the zoom meeting toolbar. We need you to identify yourself by your name and your state, and of course, when you're doing it just select "to everyone" from the drop-down menu to submit that question. Also, this presentation will be available on the [Women In Government website](#) in just a few days after this session. So don't hesitate to reach out to WIG staff if you need any more follow up because they are there to help.

Now I really am pleased to introduce and would love you to join me in welcoming three fabulous panelists that we have for today's presentation that's titled: *Stepping Up In Times Of Crisis: COVID-19 and Kidney Failure*. I'm going to tell you a little about the people who will be speaking. First up will be Shannon Gately, and she is the State Government Affairs Specialist at Fresenius Medical Care North America. She'll be followed by Wendy Schrag, who is Vice President of State Government Affairs at Fresenius Medical Care North America, and our third speaker is Maria Garcia, the Senior Director of State Government Affairs at Fresenius North America. And so ladies, welcome to [Women In Government](#), and Shannon, I'm going to turn the mic over to you. Thank you all so much for keeping us very informed and up to date.

Shannon Gately: Thank you, Senator Bollier and thank you Lucy for having us. We're very excited to be here, so thank you for the introduction. I'd like to start off by just letting you know that our company's mission is to deliver superior care to improve the quality of life to every patient every day in setting the standard by which others in the healthcare industry are judged. As you can see here, we have a very integrated network that includes more than 2,400 dialysis centers nationwide. In addition, we have outpatient vascular labs; urgent care centers; intensive and emergency care; a specialty pharmacy; a laboratory; and a manufacturing and distribution division offering comprehensive line of dialysis equipment, disposable products, and renal pharmaceuticals. So I will let Wendy tell you more about that and how COVID is affecting kidney disease.

Wendy Schrag: Good afternoon, everyone. Physicians and scientists are studying the vascular effects of COVID-19, which was originally thought to be just a respiratory disease, but now we know that



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COVID-19 is much more than just respiratory. It can affect inflammation of the heart, it can cause strokes, it can cause blood clots, and it can also cause acute kidney injury. It didn't take long to start seeing COVID's effects on the kidneys. So now we realize that those people who have chronic kidney disease - which is about one in every nine people walking around in our country - if those folks get COVID, they are much higher risk of having a very severe reaction to it. Acute kidney injury often shows that those who are most ill require ventilators, and so a number of studies are currently underway to try to understand the relationship between COVID and kidney failure. There's a handout that goes along with this presentation (available on the Women In Government website) that is written by some physicians that are starting to study and look at COVID and kidney health. One particular study that has been done already was 5,449 patients with COVID in 13 New York City hospitals, and over 36% of those patients developed acute kidney injury.

And finally, you may have seen several months ago in news articles about hospitals in New York that were running short on dialysis equipment and personnel. At that time coronavirus was so new, and the hospitals didn't know that so many people would end up with acute kidney injury. So our company stepped up and provided equipment, supplies, and staff to help with this crisis. And out of that crisis came a program that we developed within a week's time to loan dialysis equipment across the country as needed to hospitals as they're coping with surges and hotspots. I'll turn it over to Maria now to talk about how we as a company have met the needs of our patients and staff with the coronavirus threat.

Maria Garcia: Thank you Wendy. Fresenius Medical Care has, since the beginning of COVID and continues today, to put patients and staff at the forefront of all of our decision making. As a member of a global company with operations in both Asia and Europe, we were able to recognize and prepare for COVID early and strategically. So I'm going to quickly cover today a summary of some of the many efforts and policies that our company put in place to protect our community and ensure that our staff is cared for so that they in turn able to care for our patients. As I was reviewing the notes in the programs, there were three themes that came out of that: the enhanced benefits for staff; clinics safety; and then communication, information, and education.

Some of the benefits that our company quickly instituted to ensure that our staff were provided for were childcare and eldercare stipends, which allowed staff to have comfort and safety knowing that their loved ones were taken care of when staff come into the clinic and then care for our patients. The company also instituted an Emergency Pay program, which went to all of our direct patient care team members. This is a paid differential in addition to the regular pay, and this emergency paid program was regardless of whether they were treating COVID-19 patients. In addition to that, we had a critical needs pay specifically for those healthcare heroes that are working in our isolation clinics and acute care hospitals where patients were under investigation or diagnosed positive but still needed dialysis, which is a life-saving treatment for these kidney patients.

A big component of the support system that our company put forward and continues to put forward is Health and Well-being Support, offering a wider range of benefits and programs which include the 24



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hour counseling and support systems. I just want to note that we have a remote work plan for those people who are not directly in clinics providing the support programs we have for our clinical operations, and we were able to successfully transition so that our clinics can continue to operate. Fortunately, we didn't have to have any layoffs of employees.

The last point that I thought was important to highlight - because I do think it goes a long way for our staff - are the many, many expressions of gratitude that our company leadership really makes an effort to put forward. You'll see that displayed in the T shirts that we're wearing, an amazing shirt that says "We can do it" and "We're all in it together." It's a reminder that we really are and we were trying to show support and encouragement. This is one of the many small items which includes not just messages, but small gifts and other fun items for our staff to keep their spirits high throughout the day.

And then, of course, equally important are the many, many policies and procedures our companies implemented related to clinic safety. We immediately not only met, but exceeded, CDC guidelines related to PPE requiring full PPE for patient-facing work force. And we implemented right away a restrictive policy for any type of clinic vendor to ensure reduced exposure as well as restricted all visitors into the clinic. It's really, really difficult for patients, but it was very necessary. Our isolation clinics were something that were critical in setting up quickly so that those patients who were even just under investigation didn't miss a treatment, which could be very, very dangerous for our patients. Being able to work and to set those up were very critical.

We hired day porters in order to do additional cleaning for patients and throughout the day, as well as throughout shift changes, and it was something patients were very patient with us on. It takes time and it is a commitment for all of us, but very, very critical and very well enforced within our clinics. We have multiple screening avenues as patients and staff come into our clinics so that they are screened before they are allowed into our treatment facility. For anybody who doesn't pass the initial screening, Fresenius has set up our own testing options for staff and patients. We've set these testing centers up in certain clinics and various regions throughout the state, and we've contracted with a partner lab so that we can quickly process our own testing and results. We hope to keep patients and clinic staff safe and then our operations continuing so patients can get the treatment that they need.

Our team works on a regular basis with government officials, regulatory agencies, and internally to make sure we're not just responding but being proactive with all of the policies that we're adopting. And I'll just quickly run through the critical components. I don't want to take away from how important it is that communication, information, and education throughout our company to all of our staff has really been important throughout this process. People know where to go for information if they have questions and want to know what the company's policies are, having them in a clear communicated place. Our communications team set up a central site in our Medical Office Newsroom, which has a dedicated section that includes training, frequently asked questions, staff testing, and various policies.



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We've also seen quite a bit of our CEO Bill Valle, which has been a really, really great addition to the communication with both direct engagement town hall forums and his constant encouragement for folks to directly reach out to him and email. He has been responding, so it's been great for staff to know that leadership is there for them, and it's very, very meaningful.

Fresenius is trying to keep up with the times and technology, so we did put together our own employee site which we call Employee Hub To Go. It has social networking, but again within the company and within the staff to be able to communicate. And so with that, I'd like to just pause and we actually have a short [video](#) that was recently shared on our Hub To Go site. We do have permission to share it, and it is a compilation of pictures that staff had submitted of our awesome care teams. Our communications team put it into this great video, and we'd love to share it to highlight our amazing frontline healthcare heroes. Thank you.

Wendy Schrag: What we want to do today is very briefly mention a couple of things that we did with state legislatures. I saw there was a question that came up on the chat about what happens if patients are COVID positive. If patients are testing positive, we have to move them to an isolation station. That could be an isolation shift, where one clinic devotes an entire shift, usually at the end of the day, to just positive patients. Or sometimes we might even have an entire clinic that only dialyzes positive patients. For example, there were so many positive patients in Chicago that we had the largest clinic designated for only COVID patients there. So in some states that meant asking the government to waive Certificate of Need requirements so that we could open up additional chairs and shifts as we needed them.

We also asked for some waivers for transportation. We actually have a joint ownership and a company called Ambulnz. So we asked some states where there were hot spots to be able to allow us to bring vehicles and drivers from other states to help with surges in different parts of the country, and that's been very helpful. CMS came out with a big blanket waiver for dialysis and for many other healthcare industries as well, and when that happened, it meant the waived federal requirements conflicted with some of the state requirements. So then we had to go to the state and ask them to waive their requirements so that we could just function under that CMS waiver. We can't thank the governor's offices, the legislators and Departments of Health enough for just helping us with these waivers. It was extremely helpful.

The final thing that we worked on was the Nurse Licensure Compact. We have supported this legislation for several years already. Whether it's COVID or whether it's another type of natural disaster, we have to sometimes get our nurses to other places to help very quickly. What you see is a map of the 34 states in navy that have the Nurse Licensure Compact. In those states we can move nurses around. We can take nurses from Kansas, for example, and send them to Missouri or Wisconsin very easily because they have compact licenses. The states that are gray are non-compact, and we have to work with a lot of agencies, the nursing commissions, the nursing boards, and the governor's offices to see what kind of expedited method we could use to get nurses there quickly.



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I can tell you in one state we had nine nurses that were out within a three or four day period because they've been exposed in the hospital to COVID patients and were having symptoms. Well, that meant that we had to replace those nine nurses as quickly as possible. We have had over 1,400 nurses travel to other places across the country to help with our dialysis surges at various places, so I can't say enough about the Nurse Licensure Compact and how important it is. We really hope that one day all of the states will be part of the compact.

I also forgot to say on the last slide the CMS waiver regarding telehealth has been very important to us so that we could do telephonic visits with patients. We have home dialysis patients, our home patients. The numbers have grown greatly because we've been encouraging it more - plus we want patients to stay at home. Patients want to stay at home and be safe. And as of as of this week, our company has done 450,000 telehealth visits, so it's been pretty amazing.

Shannon Gately: Thank you, Wendy. So before we take any questions I just want to share a real quick story. We had a legislator in Delaware who was just driving somewhere and while driving by one of our clinics, she noticed our "Heroes Work Here" banner. She decided to reach out to the clinic because she wanted to thank them for what they do. She wanted to come in, but we told her that due to our safety protocols, that wasn't possible. So she called and she had lunch delivered to all of the staff and patients there. And we told her that whenever we are allowed to resume our clinic tours, she's more than welcome to come and tour one of our clinics.

We've been reaching out to our local legislators who have taken clinic tours in the past and asking them if they would like the opportunity to do a 15 to 30 second thank you message to these healthcare workers that we would pass it along to the clinics. The responses we've gotten from legislators has been great, and our clinics feel much appreciated, so it's going very well. If you'd like the opportunity to participate in something like that with one of your clinics in your district, we've now started doing virtual clinic tours. Please reach out to me, and I'll be happy to work with you and set that up. And so now, we have a few minutes left to anyone has any questions.

Kansas State Senator Barbara Bollier: Thank you so much to the three of you for sharing. You know, this is really an evolving issue and so important to the health of so many of our constituents. I do remind you if you still have a question, we're kind of short on time, but you can submit it in the drop down box. So one of the first questions I really wanted to hit that came up was from Representative Andres Salinas's office from Oregon. Because of COVID, have you noticed even more significant differences or things that you're seeing between home dialysis and in-clinic dialysis? Could you just share a little bit about that?

Maria Garcia: Sure, absolutely. I can take that. Hi, Representative Salinas or her representative from the office! It's great to have you participate in WIG. The home dialysis push was very, very important before COVID and definitely now so that individuals can stay home and not risk having to be transported to and from the clinics. The more we can isolate ourselves in general, the better. But



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Fresenius has been pushing that transition to home therapy for the last two years, and we definitely have continued to push that throughout COVID. We encourage those patients who are willing and have the home setup that allows them to do the home treatment to do so.

Wendy Schrag: If you remember, there were times throughout the country when elective procedures in hospitals were not allowed. We had some real challenges because some of the hospitals would not put in peritoneal dialysis catheters for our patients who wanted to go to home dialysis because they saw it as elective. So we have letters that we have given to all of our staff around the country to work with hospitals and to let them know that these are not necessarily elective procedures. These are procedures that should happen so that our patients can dialyze at home and be safe. So, considering that, it's even more remarkable that we have grown a number of patients who are doing home dialysis right now.

Kansas State Senator Barbara Bollier: Thank you. I have another really interesting question. You know, you talked about the Nurse Licensure Compact, which many of us have voted for in our state. But another question that tied to that is have you found a way or a need to cross train other caregivers or other healthcare workers who might be already in a community but aren't trained necessarily yet to do dialysis? Are you seeing a need for that, and is there something we need to know as legislators that we might work on?

Wendy Schrag: Dialysis training is very specialized, and it takes a good 12 to 18 weeks just to be in a classroom for our patient care technicians to learn it. So just being able to cross train, train in the community is a pretty difficult thing, which is why we tend to we tend to move people around more than we cross train. But with that said, we have people in our company who used to work as nurses, used to work as dialysis care technicians, who now have other jobs. They might be educators, they might focus on quality, and so in some areas we brought those people back to the clinic from their desk jobs, and they were able to help out in the clinic and go back to using their patient care skills.

Kansas State Senator Barbara Bollier: Great to know. So we've basically run out of time. Thank you so much. I just want to offer you the opportunity for any closing remarks. And again, thank you so much for helping us be educated on this.

Wendy Schrag: And I would just say, we're happy to also answer those questions offline. If you want to send them to us, we would be happy to provide written responses. You can post them online if that would be helpful, or you can always just contact us and let us know.

I would like to end on a success story. I had a relative who got COVID - 63 years old, no former health conditions - he just came home last week after spending 113 days in the hospital on a ventilator with acute kidney injury dialysis. Because his kidneys improved, he went to rehab and now he's home, but that doesn't mean it's going to be easy because he's very weak, he has kidney damage, and he has some short term memory issues. So this disease is just so serious. I guess we just can't say enough to



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take care of yourself, do the basic things we're supposed to do, take care of your kidneys, and stay healthy and safe.

Kansas State Senator Barbara Bollier: Thank you Shannon, Wendy, and Maria. All of us really appreciate the ability to stay informed during this pandemic. You have really helped, and we appreciate you taking the time today. And I just want to remind the audience that this will be available through the [Women In Government website](#) in a couple days in case you want to share it with others.

In the meantime, I'm going to remind you to register for our next [Women In Government](#) meeting. It is on August 12th, and we're going to have a great conversation with Tim Storey, who is the Executive Director of the National Conference of State Legislators. He's going to talk to us about state legislative and electoral landscapes as we enter this election cycle. And you can find the registration link to that at www.womeningovernment.org

I also want to remind you while you're there, check out all the other resources that we have. We have a very active and engaged group with all kinds of presentations from our recent [WIG Summer Summit Series](#), among other things. Finally, register for the [Women In Government conferences](#), the one for Orlando is open. And yes, we all don't know what's coming, but you can register and we'll deal with that at the time.

And really, all of you, thank you so much for joining us. Thank you to those who presented and emphasized how serious this disease can be. Yes, not necessarily for everyone, but for the one that it is, that's somebody relative and it really, really matters for us to do our part as leaders - to wear our masks, to socially distance, and to keep our hands washed. So thank you so much for being here today. And, of course, be well and stay safe.

Wendy Schrag, VP State Government Affairs wendy.schrag@fmc-na.com

Maria Garcia, Sr. Director of State Government Affairs maric.c.garcia@fmc-na.com

Shannon Gately, State Government Affairs Specialist shannon.gately@fmc-na.com