

KIDNEY DISEASE ADVISORY COMMITTEE

Meeting Minutes October 12, 2023 at 3:00 PM

The Kidney Disease Advisory Committee (KDAC), a subcommittee of the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease, held a public meeting on August 18, 2023, beginning at approximately 3:02 P.M., held over Microsoft Teams video and teleconference.

Sub-committee Members Present

Larry Lehner, MD, Nephrologist Katrina Russell, RN, CNN Consultant, Comagine Health Krista Shonrock, MD, Select Health

Council Members Not Present

Rocko Graziano, Fresenius Medical Care Chris Syverson, Chair

Others Present

Vickie Ives, MA, Bureau Chief, Department of Public and Behavioral Health (DPBH)

Mitch DeValliere, DC, Quality Improvement Manager, Chronic Disease Prevention and Health

Promotion (CDPHP)

Godwin Nwando, MPH, Health Equity Manager, CDPHP

Lynsie Hood, Office Manager, CDPHP

Emily Sanchez, Administrative Assistant, CDPHP

Nahayvee Flores-Rosiles, Comorbidity Coordinator, CDPHP

Troy Lovick, MS, NR-P, Heart Disease & Stroke Coordinator, CDPHP

Glahnnia Rates, MSHS, CCHWII, Office of State Epidemiology

Lea Case, Rewatch

Lilly Mazmanyan, Quality Improvement Advisor at Comagine Health



Richa Caturvedi, MPH, Epidemiologist, Office of State Epidemiology

Cameron Ginn, MPH-Senior Facility infection Prevention Epidemiologist, Office of State

Epidemiology

Sandra Annan, MPH, Epidemiologist, Office of State Epidemiology

MEETING NOTES

1. Call to order, Introductions, and Verify Timely Posting of Agenda

Lynsie Hood took roll and determined that a quorum was met per Nevada Revised Statute (NRS) 439.518.

2. Public Comment

Dr. DeValliere read the dial number for the meeting along with the meeting ID for public comment per the new Open Meeting Law guidance.

Dr. DeValliere called for public comment.

None heard.

3. For Possible Action: Discussion and possible recommendations regarding the Council's Role in increasing education concerning and awareness of kidney disease.

Dr. DeValliere asked the committee for direction on this action plan.

Katrina Russell asked for direction to fully understand the goals and accomplishments.

Dr. DeValliere responded that the main purpose of the Kidney Disease Advisory Committee was to provide educational material to the public regarding kidney disease. Dr. DeValliere added the original purpose was to have several representatives from medical organizations who work with kidney disease to better direct the advisory council on information regarding kidney disease and how best to educate the public.



Ms. Russell asked if the intent was to develop certain items for the advisory council or to make use of what is already available.

Dr. DeValliere responded the committee could do either.

Dr. Krista Shonrock added it is important to identify what the gaps are in educating, and asked if the ability to provide the information on gaps is available already.

Dr. DeValliere responded that the function of the committee is to discuss the gaps that exist and help direct the advisory board on policy recommendations.

Dr. Larry Lehner asked for clarification on the budget and with whom collaboration should be taking place.

Dr. DeValliere responded there is not a budget, but advice to the council, along with the programs within chronic disease to improve chronic kidney disease is what is being sought.

Ms. Russell asked if the education on the topic of chronic kidney disease prevention among entities engaged with the state is already being explored.

Dr. DeValliere replied there is not a program within CDPHP dealing directly with kidney disease and reiterated the knowledge is being sought to present to the advisory council.

Dr. Shonrock asked for clarification whether the recommendations being sought are for the advisory council or the public.

Dr. DeValliere responded it could be for either.

Vickie Ives added the relevant statute was placed in the chat section to help frame the statutory scope of the advisory committee.



Ms. Russell asked how to connect with the diabetic program or other programs to discuss what materials are available and needed.

Dr. DeValliere replied that the relative programs could provide presentations or be available to answer questions in future agenda items.

Ms. Russell agreed with the idea and suggested the committee hear from the diabetes program.

Dr. Shonrock asked if the rates of end stage renal disease broken down by zip code are available.

Dr. DeValliere responded the Office of Analytics would be able to provide the requested information.

Ms. Russell stated the End Stage Renal Disease (ESRD) Network 15 is a great resource for that kind of statistical data.

Dr. DeValliere asked for further comments.

None heard.

4. Informational: Presentation- Addressing Health Inequities in Chronic Kidney Disease Care

Glahnnia Rates provided the presentation (Addressing Health Inequities).

Dr. DeValliere asked for any questions.

None heard.

Dr. DeValliere added the information provided by Ms. Rates answered some of Dr. Shonrock's questions from earlier in the meeting.



5. For Possible Action- Discussion to establish meeting dates for the remainder of 2023(MIGHT HAVE TO DELETE)

Dr. DeValliere stated that since Ms. Russell had to leave the meeting early, the quorum was not met so it could not be an action item.

6. Public Comment

Dr. DeValliere called for public comment.

Lilly Mazmanyan mentioned a unique opportunity ongoing with Comagine Health that invites primary care providers in Nevada to join Comagine's chronic kidney disease screening and management learning collaborative to improve early detection. Ms. Mazmanyan added that Comagine is seeking clinics that see the great opportunity of this collaborative to improve patients' health outcomes. Comagine has partnered with kidney specialists of Southern Nevada that will be available for clinics as consultants at no cost. Ms. Mazmanyan stated this collaboration will start this November and end in June next year, adding that a flyer would be sent out for distribution.

Dr. DeValliere asked for additional public comment.

None heard.

7. For Possible Action: Adjournment

Dr. DeValliere called for a motion to adjourn.

Dr. Larry Lehner motioned to adjourn the meeting. Dr. Shonrock seconded the motion, which passed unanimously.

The meeting was adjourned at 3:50 P.M.