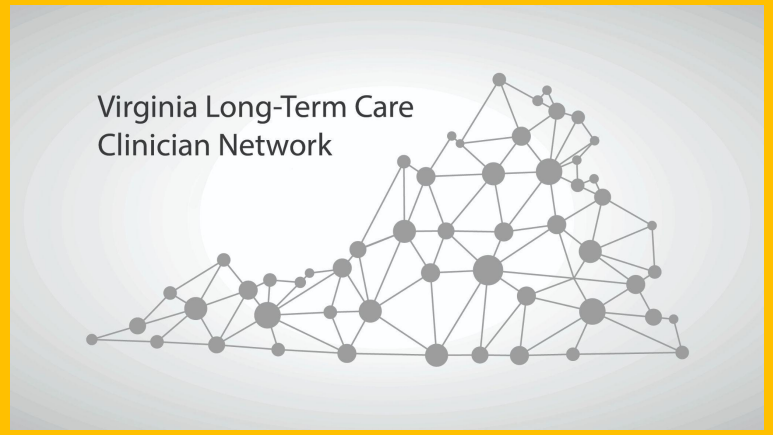
Virginia Long-Term Care Clinician Network

Monthly Forum
November 19, 2025



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WE ARE THE UNCOMMON.

The Virginia Long-Term Care Clinician Network is managed by VCU's Division of Geriatric Medicine, Virginia Center on Aging, and Department of Gerontology.

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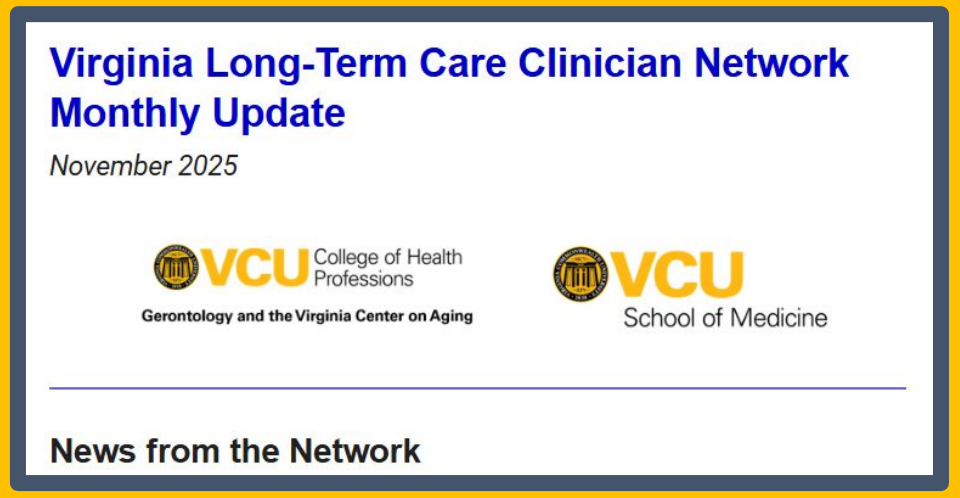
Welcome!

As you join, please turn on cameras and mic or unmute your phone and say hello to your Virginia colleagues.

Any updates in the state or with you or your work?


Virginia Long-Term Care Clinician Network
Monthly Update

November 2025

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News from the Network

Newsletters and other resources for you are at https://ltccn.vcu.edu/resources/

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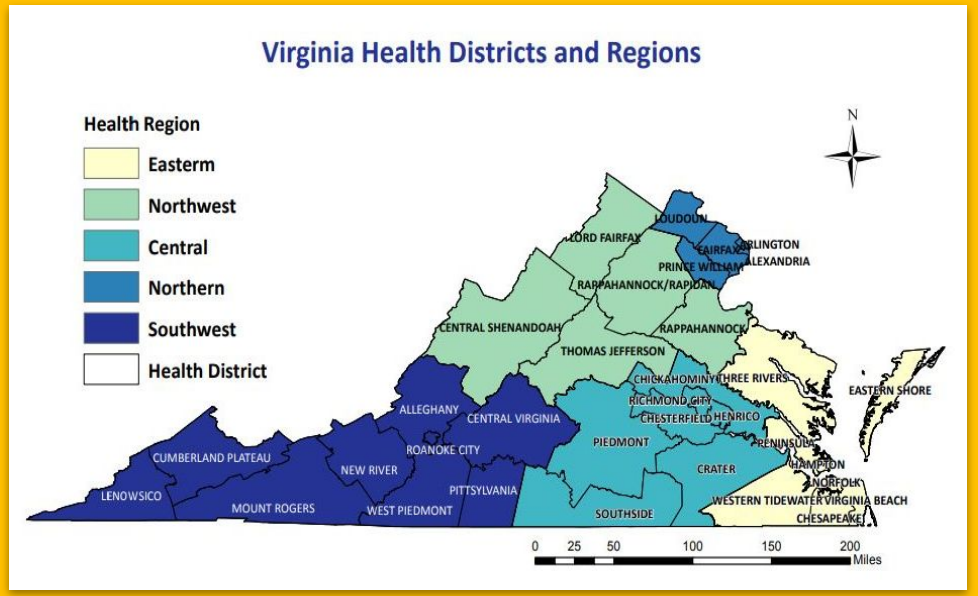
Accreditation

	In support of improving patient care, VCU Health Continuing Education is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.
	VCU Health designates this live activity for a maximum of ***1.00 AMA PRA Category 1 Credits***^{TM}. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
	VCU Health Continuing Education designates this activity for a maximum of ***1.00 ANCC*** contact hours. Nurses should claim only the credit commensurate with the extent of their participation in the activity.
	VCU Health Continuing Education has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for ***1.00 AAPA Category 1 CME credits***. PAs should only claim credit commensurate with the extent of their participation.

Welcome new members!

Kathleen Anderson - Eastern
Daphne Wren - Southwest



The Virginia LTC Advisory Board met for three hours on Nov. 14 and delivered some potential directives. The leaders will sort and collate for a report. Hopefully this work will continue with the next governor.

There are approximately 287 nursing homes and 580 assisted living facilities operating in Virginia. Within these, there are over 500 clinicians providing care. **We have 322 network members.** The Network provides ongoing learning and communication.

Remind your work colleagues to attend so they can get education, support and CME!

Waterfall Poll

What is your biggest beef with infection prevention?

Disclosure of Financial Relationships

Disclosure of Commercial Support:

We acknowledge that no commercial or in-kind support was provided for this activity.

Claiming CE Credit Through VCU

VCU Health
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NEW ACCOUNT NEEDED

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EXISTING ACCOUNT MEMBERS

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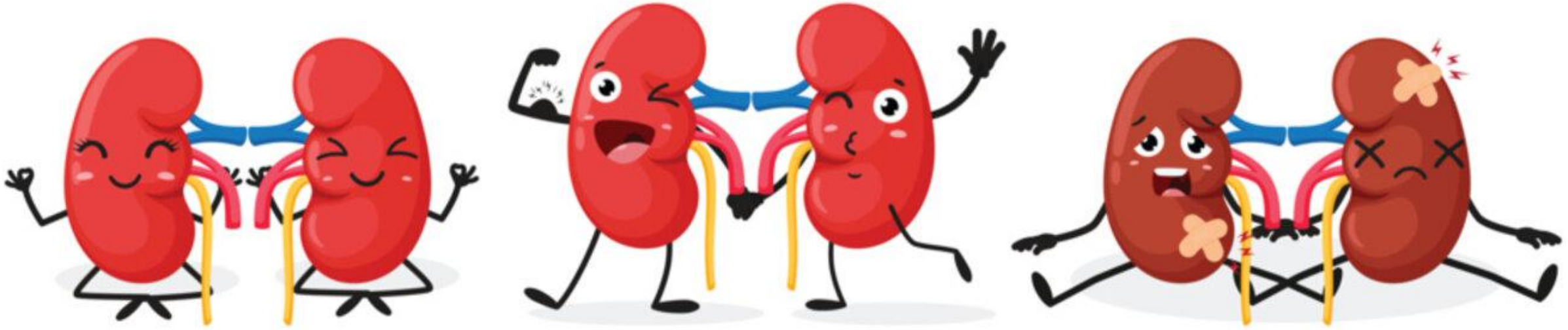

Updates in Chronic Kidney Disease

Rachel W. Khan, PharmD, BCPS, FCCP

Associate Professor, Internal Medicine and Nephrology Pharmacist

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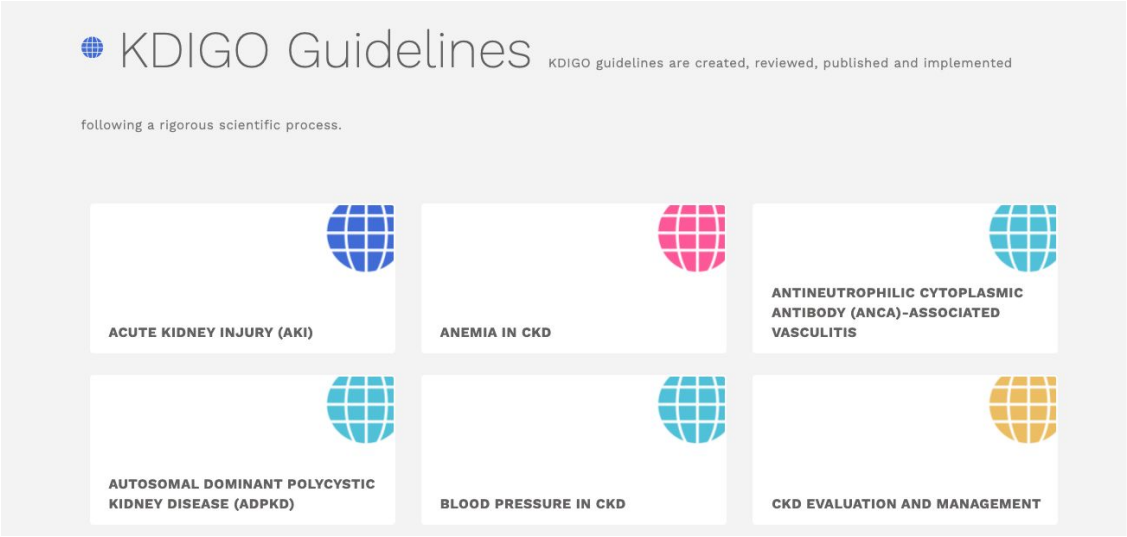
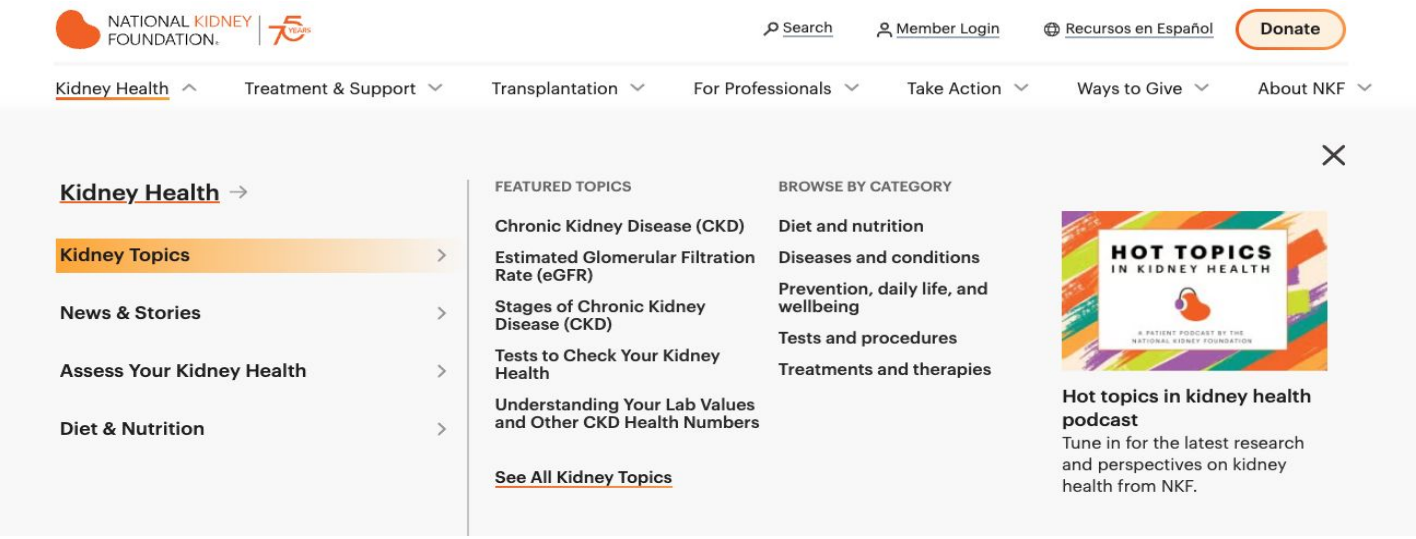
Clinical Pearl – Kidney Resources

KDIGO.ORG



National Kidney Foundation



United States Renal Data System – USRDS - NIDDK

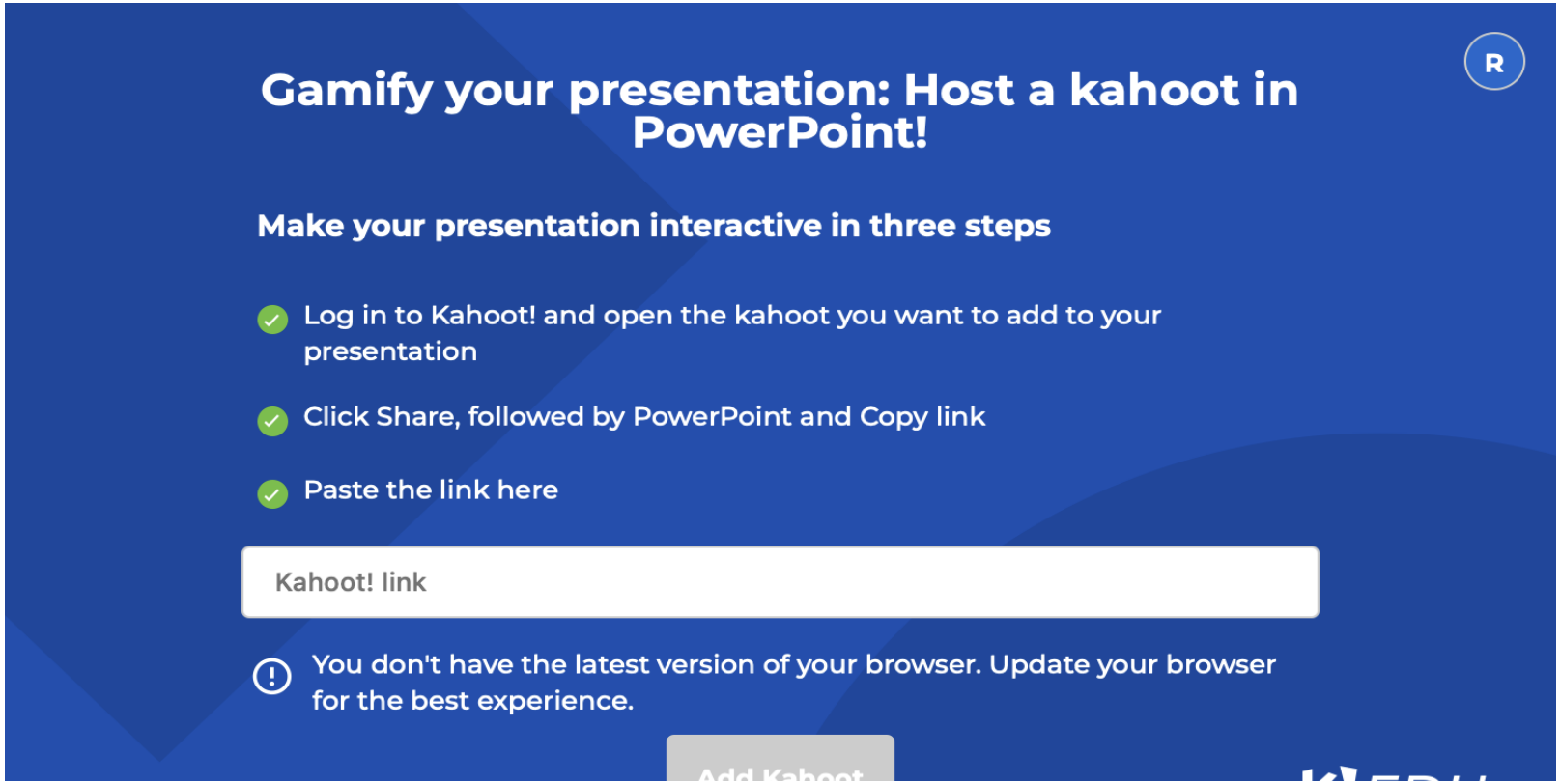

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Table 1.1 Percentage and number of U.S. adults in KDIGO CKD risk categories

Percentage | Number of Persons

(a) Percentage by eGFR and ACR, 2017-March, 2020

eGFR Categories	A1: Normal to mildly increased (ACR <30 mg/g)	A2: Moderately increased (ACR 30-299 mg/g)	A3: Severely increased (ACR ≥300 mg/g)	Total
G1: Normal or high (eGFR ≥90mL/min/1.73m²)	59.8	5.0	0.68	65.5
G2: Mildly decreased (eGFR 60-89 mL/min/1.73m²)	26.2	2.4	0.35	28.9
G3a: Mildly to moderately decreased (eGFR 45-59 mL/min/1.73m²)	3.1	0.79	0.12	4.0
G3b: Moderately to severely decreased (eGFR 30-44 mL/min/1.73m²)	0.61	0.32	0.18	1.1
G4: Severely decreased (eGFR 15-29 mL/min/1.73m²)	0.07	0.08	0.18	0.34
G5: Kidney failure (eGFR <15 mL/min/1.73m²)	0.00	0.02	0.13	0.15
Total	89.8	8.6	1.6	100

Data from: https://usrds-adr.niddk.nih.gov/2023/chronic-kidney-disease/1-ckd-in-the-general-population

CKD Diagnosis and Categorization

CKD is defined as abnormalities of kidney structure or function, present for a minimum of 3 months, with implications for health. CKD is classified based on Cause, Glomerular filtration rate (GFR) category (G1–G5), and Albuminuria category (A1–A3), abbreviated as CGA.

KDIGO: Prognosis of CKD by GFR and albuminuria categories

GFR categories (ml/min/1.73 m²) Description and range				Persistent albuminuria categories Description and range		
				A1	**A2**	**A3**
				Normal to mildly increased	Moderately increased	Severely increased
				<30 mg/g <3 mg/mmol	30–300 mg/g 3–30 mg/mmol	>300 mg/g >30 mg/mmol
	G1	Normal or high	≥90			
	G2	Mildly decreased	60–89			
	G3a	Mildly to moderately decreased	45–59			
	G3b	Moderately to severely decreased	30–44			
	G4	Severely decreased	15–29			
	G5	Kidney failure	<15			

Green: low risk (if no other markers of kidney disease, no CKD); Yellow: moderately increased risk; Orange: high risk; Red: very high risk. GFR, glomerular filtration rate.

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Kidney Int. 2024;105(Suppl 4S):S117-S314.

CKD Risk Factors

Table 5 | Risk factors for CKD

Domains	Example conditions
Common risk factors	Hypertension Diabetes Cardiovascular disease (including heart failure) Prior AKI/AKD
People who live in geographical areas with high prevalence of CKD	Areas with endemic CKDu Areas with the high prevalence of *APOL1* genetic variants Environmental exposures
Genitourinary disorders	Structural urinary tract disease Recurrent kidney calculi
Multisystem diseases/chronic inflammatory conditions	Systemic lupus erythematosus Vasculitis HIV
Iatrogenic (related to drug treatments and procedures)	Drug-induced nephrotoxicity and radiation nephritis
Family history or known genetic variant associated with CKD	Kidney failure, regardless of identified cause Kidney disease recognized to be associated with genetic abnormality (e.g., PKD, *APOL1*-mediated kidney disease, and Alport syndrome)
Gestational conditions	Preterm birth Small gestational size Pre-eclampsia/eclampsia
Occupational exposures that promote CKD risk	Cadmium, lead, and mercury exposure Polycyclic hydrocarbons Pesticides

AKD, acute kidney disease; AKI, acute kidney injury; *APOL1*, apolipoprotein L1; CKD, chronic kidney disease; CKDu, chronic kidney disease of undetermined origin; PKD, polycystic kidney disease.

Table 5 from: KDIGO CKD Guidelines 2024

Kidney Int. 2024;105(Suppl 4S):S117-S314.

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CKD Medication Timeline

ACEi and ARB show decreased albuminuria, eGFR decline, and progression to ESKD in CKD

SGLT2i show decreased albuminuria, eGFR decline in CKD, ESKD, kidney and CV events; Finerenone shows decreased albuminuria, eGFR decline, ESKD, and CV benefit in DKD

Steroidal and non-steroidal MRA show decreased albuminuria in DKD

GLP-1 RA show decreased proteinuria, eGFR decline, ESKD and CV benefit in CKD

ACEi, angiotensin-converting enzyme inhibitor; ARB, angiotensin receptor blocker; eGFR, estimated glomerular filtration rate; ESKD, end stage kidney disease; SGLT2i, sodium-glucose cotransporter-2 inhibitor; MRA, mineralocorticoid receptor antagonist; GLP-1 RA, glucagon-like peptide-1 receptor agonist; DKD, diabetic kidney disease; CV, cardiovascular

CKD Disease-Modifying Medications

RASi (angiotensin-converting enzyme inhibitors and angiotensin receptor blockers)	• Lowers UACR and slows GFR decline; CV benefit • Recommend for most patients with CKD (esp. if A2, HFrEF)
SGLT2i	• Lowers UACR and slows GFR decline; CV benefit • Recommend for most patients with CKD (esp. if ACR >200, HF)
MRA (steroidal and non-steroidal)	• Lowers UACR and slows GFR decline (non-steroidal only); CV benefit • Recommend for patients with DKD and A2, or HF
GLP-1 RA	• Lowers UACR and slows GFR decline; CV benefit • Recommend for many patients with DKD after metformin and SGLT2i

RASi, renin angiotensin system inhibitor; SGLT2i, sodium-glucose cotransporter-2 inhibitor; MRA, mineralocorticoid receptor antagonist; GLP-1 RA, glucagon-like peptide-1 receptor agonist; HF, heart failure; HFrEF, heart failure with reduced ejection fraction; DKD, diabetic kidney disease; CV, cardiovascular

Kidney Int. 2024;105(Suppl 4S):S117-S314.

Initiating CKD Medications

Baseline Assessment

- Blood pressure, blood glucose, volume status, eGFR, serum K^+, UACR

Follow eGFR and UACR as measure of efficacy

- Expect a 30-40% decrease in UACR for each therapy
- Expect up to a 30% increase in Scr within 2-4 weeks of starting therapy

Simultaneous versus Sequential Start

- Consider additive side effects and patient characteristics

If meds are held, reinitiate when patient is stable

eGFR, estimated glomerular filtration rate; UACR, urine albumin creatinine ratio; Scr, serum creatinine

CKD Medication Adverse Effects

Glomerular hemodynamics

- All show an initial decline in eGFR that is NOT indicative of kidney injury

Volume Status

- MRAs are diuretics, SGLT2i cause glucosuria and natriuresis
- RASi can combat RAAS activation from diuretic effect

Serum K^+

- RASi and MRA cause hyperkalemia
- SGLT2i may neutralize hyperkalemia

Blood glucose and weight loss

- SGLT2i decrease glucose in an eGFR-dependent manner
- GLP-1 RA lower glucose and weight

Barriers and Strategies in Implementing New Cardiorenal Therapies for CKD

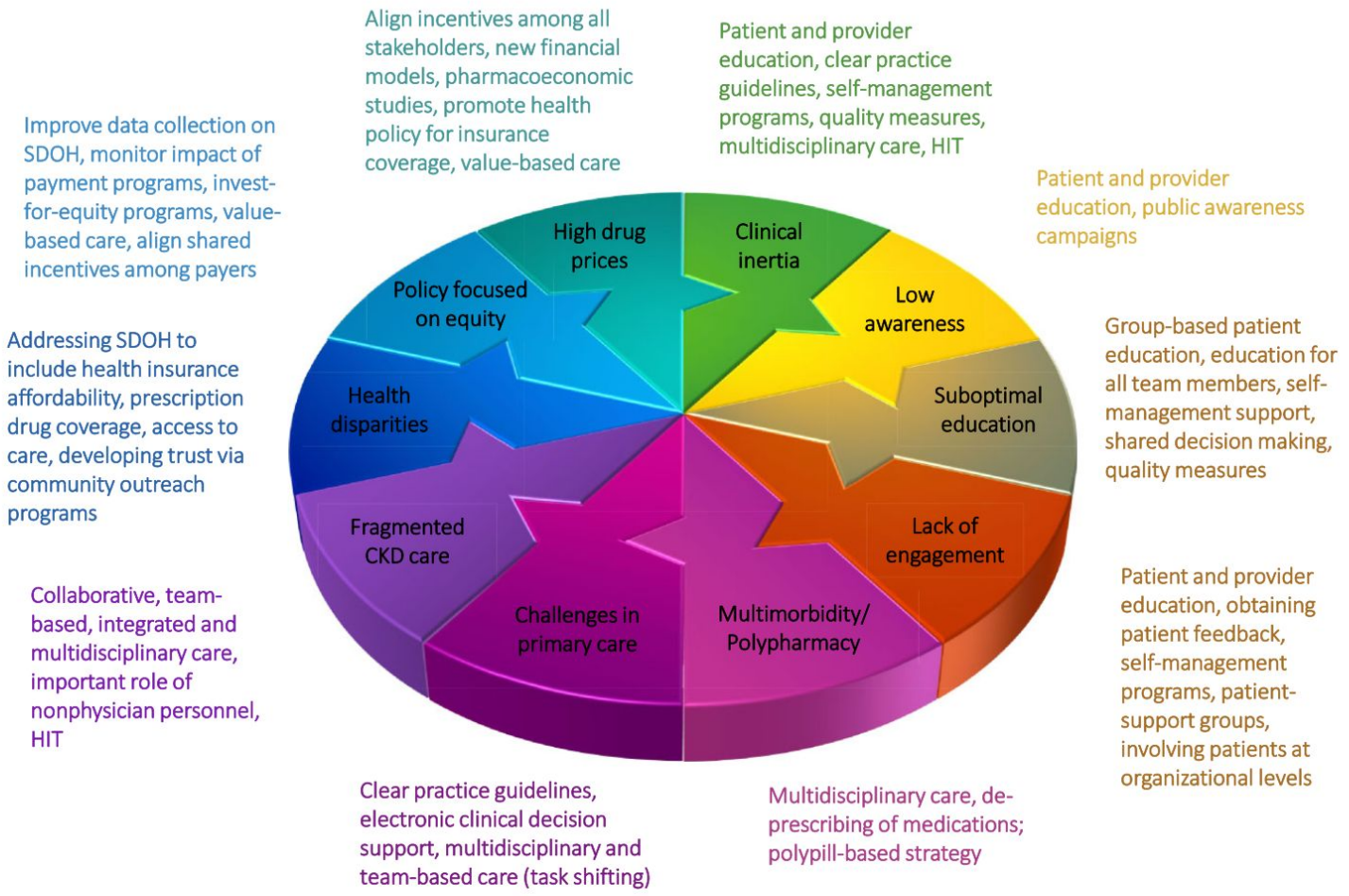

Figure 2: Barriers and strategies in implementing new cardiorenal therapies for chronic kidney disease. HIT, health information technology; SDOH, social determinants of health.

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Nee R, et al. Nephrol Dial Transplant. 2023;38:532-41.

Patients on Dialysis

Intradialytic hypotension is a common complication of HD

- Consider holding antihypertensives before dialysis sessions

BP and volume status can be tenuous

- Avoid major shifts
- BP goals are different for patients on dialysis

Some CKD GDMT may still be used

- RASi can still be effective for hypertension
- SGLT2i and GLP-1 RA may be used for diabetes or when transplant is a goal

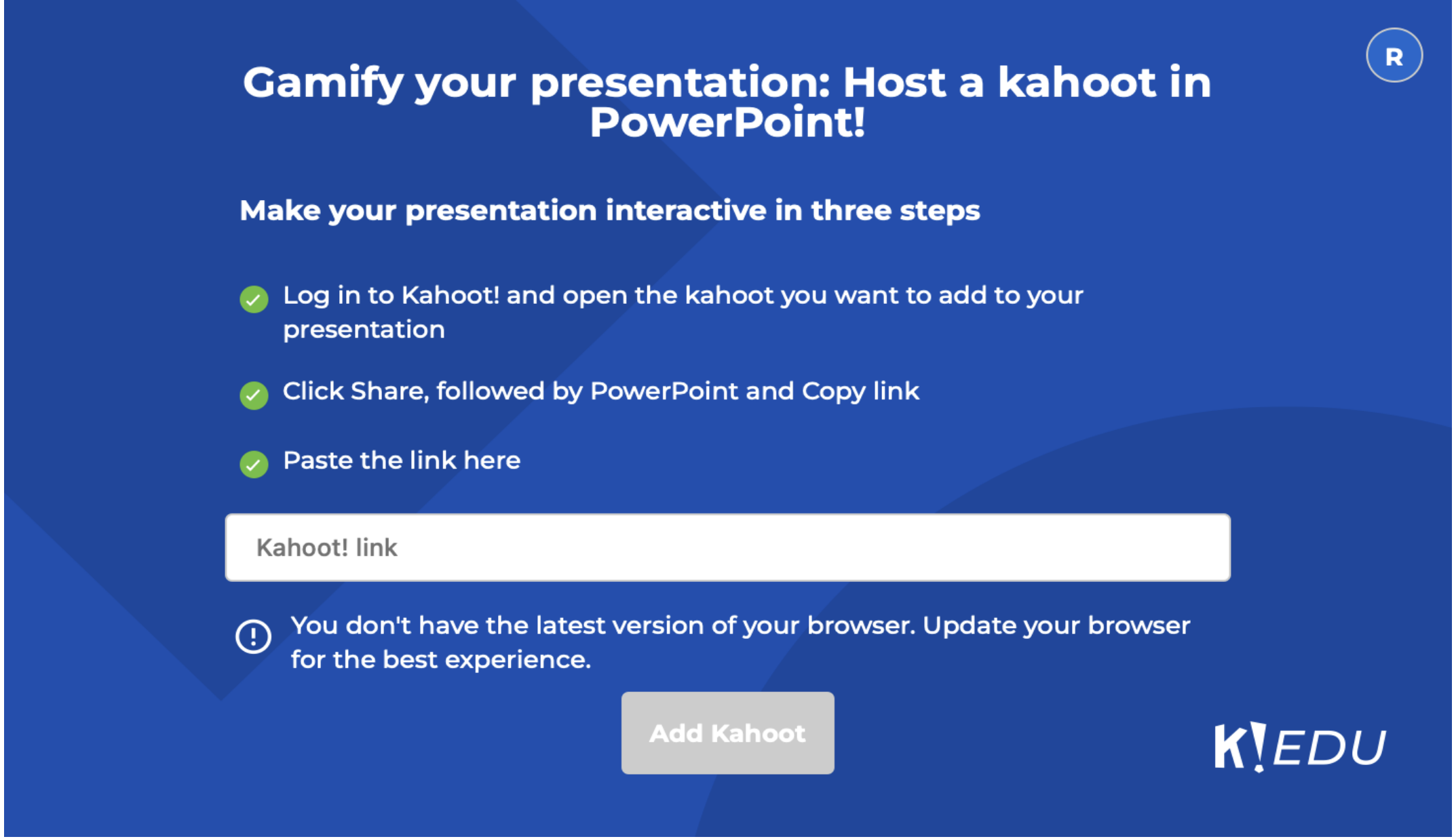
Watch for emergence of new symptoms

- Pain, depression, cognitive impairment
- Support and collaboration are key

Bansal N, et al. Hypertension. 2023;80(6):e112-e122.
Singh P, et al. Nephrol Dial Transplant.2014;29:990-996.

Take Home Points

- Almost half of patients with CKD are older adults
- In the past 5 years, three new medication classes have been approved for their benefit in CKD
  - Consider their additive side effects and benefits for comorbidities
  - Use of these medications is currently low
- Therapy should be individualized for patients on dialysis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- Perkovic W, Tuttle KR, Rossing P, et al. Effects of semaglutide on chronic kidney disease in patients with type 2 diabetes. N Engl J Med. 2024;391:109-121.
- Nee R, Yuan CM, Narva AS, et al. Overcoming barriers to implementing new guideline-directed therapies for chronic kidney disease. Nephrol Dial Transplant. 2023;38:532-541.
- Bansal N, Artinian NT, Bakris G, et al. Hypertension in patients treated with in-center maintenance hemodialysis: current evidence and future opportunities: a scientific statement from the American Heart Association. Hypertension. 2023;80(6):e112-e122.
- Singh P, Germain MJ, Cohen L, et al. The elderly patient on dialysis: geriatric considerations. Nephrol Dial Transplant. 2014;29:990-996.

Open Forum

Any questions or ideas from the talk?
Todays CE Code is ######

Happy Thanksgiving to you! Hope you, your family and friends have a nice get together. (Or not if that's preferable)

https://www.visitroanokeva.com/blog/post/10-hikes-for-the-best-fall-colors-in-virginia-blue-ridge-mountains-hiking-trails/

PALTmed Releases Recommendations for COVID-19 Vaccine in PALTC

PALTmed's Infection Advisory Committee has developed recommendations for the 2025–2026 COVID-19 vaccine to guide clinicians and administrators in post-acute and long-term care (PALTC) settings. While the Centers for Disease Control and Prevention (CDC) provides national guidance, these recommendations address the specific risks and needs of PALTC residents and staff. The recommendations will be published in JAMDA.

Interim Recommendations for the Management of Healthcare Personnel Exposed to or Infected with COVID-19 or Seasonal Influenza
https://www.vdh.virginia.gov/clinicians/clinician-letters/interim-recs_hcp_covid-19_flu/
Call to Action: Improving Environmental Cleaning to Prevent Multidrug-Resistant Organisms (MDRO) Transmission
https://www.vdh.virginia.gov/content/uploads/sites/174/Memo-Environmental-Cleaning-MDROs-2025.pdf

Thank you for joining us!

Updates and News - See News Updates via email and newsletter

Next Monthly Forum:

- **Dec. 17 we will take a forum holiday**
- **Jan. 21, 2026 - Osteoporosis Treatment: prescription and non prescription prevention and treatment as well as deprescribing**
- **Feb. 18, 2026 - Public Health Issues**

Your Calendar Link - In the Zoom Registration Confirmation email you received today, there's a calendar link to update your calendar for future meetings.

On your way out of our meeting today, kindly answer a brief feedback survey.

Stay in touch! Email us at lfinch@vcu.edu

Invite your colleagues! They can register at ltccn.vcu.edu