

Lori Hartwell
Founder/President

August 12, 2009

Malia Langen
Chairman of the Board

An Open Letter to President Barack Obama and the Members of the United States Congress

Susan Vogel, RN
Treasurer

Re: Ways to reduce costs and improve care in the Kidney Program

Linda Oakford
Secretary

The Renal Support Network (RSN) is a patient-run, patient-centered advocacy and education organization that strives to help patients with chronic kidney disease (CKD) improve their employability and develop their personal coping skills and special talents.

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We who have CKD are appreciative of the care provided by the Medicare ESRD program, which allows us access to the life-saving therapies of dialysis and a kidney transplant. We would like to offer the patient's perspective on ways that Congress can reduce costs and provide quality or improved outcomes.

Take down the wall between Medicare A & B

Medicare currently separates payment for inpatient and outpatient care, so investments in measures that would keep patients healthier and out of the hospital are difficult to make since they are not reimbursed by Part B of Medicare. The savings resulting from fewer hospital days are accrued to Part A of Medicare and thus are not available to offset the costs of Medicare Part B. This is unfortunate since not only can patient outcomes be improved, but the total cost of care can be reduced. Currently there is no interest in doing so because the funding for Medicare A and B comes from different "pockets." Taking down the wall between Medicare A and B has the added benefit of maintaining kidney patients in a healthier state with a better quality of life which, after all, is the very point of any good health care program. If all incentives are aligned, it will prevent cost shifting.

A few specific examples to reduce costs and provide quality or improved outcomes include:

- 1. Provide support and incentives for self care, home treatment and more optimal modalities**

Dialysis treatments are a good paradigm for what "home" care can mean, by maintaining the best quality of life for a patient and by helping them stay actively employed. Currently, though, there are no reimbursement provisions for awareness and training programs to encourage patients to choose home treatments. Economically, home modalities have the added

An illness is too demanding when you don't have hope!

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benefit of freeing up medical staff time and resources. Creating incentives for home dialysis will not only address the ever increasing healthcare staff shortage, but will also help alleviate the cost of transportation that many patients need to get back and forth from dialysis. Studies of patients with access to these treatments have shown them to be generally healthier, needing fewer medications and requiring much less frequent hospitalization. All promote a better quality of life for the dialysis patient, again making them more likely to be employable.

2. **Reduce complications of the patient lifeline (vascular access)**

Monthly vascular access surveillance improves patient care and furnishes healthcare providers with key information necessary to predicting vascular accesses failure. Using this information, physicians and patients are able to proactively schedule less-expensive outpatient appointments to restore the blood flow to safe levels rather than wait for highly expensive and invasive inpatient emergency interventions to occur. Monthly access flow surveillance reduces ESRD patient suffering, helps prevent life threatening emergency interventions and shortens hospital stays. Incorporating vascular access flow surveillance in the ESRD clinical protocol has the ability to reduce Medicare spending on vascular access care by \$3 Billion over five years.¹

3. **Reduce hospitalizations due to fluid overload which causes congestive heart failure and use of blood pressure medications**

When your kidneys no longer remove fluid everything you eat and drink has to be closely monitored and you are at great risk for fluid overload which leads to congestive heart failure. It is hard to estimate a patient's optimal dry weight. Technology is available that helps better monitor the patient, but is often not utilized because of expense as there is no reimbursement under Medicare Part B. Studies have shown that 10 of 13 patients using this technology had their dry weight significantly reduced and many had blood pressure medications discontinued, or the dose reduced. Also, the number of hospitalizations related to "fluid overload" was reduced from 15 admissions in the 12 months prior to blood volume monitoring to one admission over 18 months following regular use of blood volume monitoring to assign dry weights.²

4. **Program for integrated, Comprehensive Kidney Care (PICK) – a Pilot Program**

RSN supports a pilot program that is being proposed called Program for Integrated, Comprehensive Kidney Care (PICK). PICK is a Medicare payment and delivery system reform pilot that will dramatically enhance the lives of kidney patients and benefit society by:

- Providers taking clinical and financial accountability, aligned with policy best practice
- Providers having flexibility and funding to optimize benefits and delivery model
- Patients receiving individualized coaching, care coordination, value-based benefits

¹ "Analysis of Medicare Cost Savings for End-stage Renal Disease Patients on Hemodialysis," Judy Xanthopoulos, PhD, May 2009 study. Quantria Strategies, LLC. www.quantria.com

² Rodriguez HJ, Domenici R, Diroll A, Goykhman I. *Assessment of Dry Weight by Monitoring Changes in Blood Volume during Hemodialysis using Crit-Line*. *Kidney International* 2005; **68**:854-861

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- Reducing disparities in access to care
- Savings guaranteed to CMS

5. Patient Survivor Task Force Program

Also, one of the ways we think that Congress could help be more efficient with funds is to develop a mechanism to create an ESRD patient survivor task force that can review the data, comment and recommend policies on what patients need to return to the work force and help identify practice patterns and strategies to help guide the renal community in the direction of fully rehabilitating the ESRD patient.

We thank you for considering the tenets of our health care reform proposal with regard to patients with Chronic Kidney Disease, and look forward to an ongoing dialogue on these issues. The patient advocates from the Renal Support Network would be happy to provide proactive and ongoing feedback as healthcare reform moves forward.

Sincerely,



Lori Hartwell
RSN Founder/President