

National Kidney Foundation[®]

The National Kidney Foundation Comment Letter to the Centers for Medicare and Medicaid (CMMI) on File Code CMS-5527-P; Medicare Program; Specialty Care Models to Improve Quality of Care and Reduce Expenditures, September 16, 2019

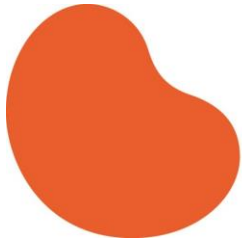
Executive Summary

The National Kidney Foundation (NKF) supports the End Stage Renal Disease (ESRD) Treatment Choices (ETC) model announced in July 2019 and looks forward to its expeditious implementation. The status quo for kidney patients is unacceptable and the time for marginal improvements has passed. In-center dialysis should not be the default option for patients whose kidneys have failed. The Administration outlined a goal to have 80 percent of new ESRD patients either on [home dialysis](#) or having received a [transplant](#) by 2025. **The ETC model is necessary to achieve that goal and is a bold policy change that will turn the current care paradigm on its head and give patients greater access to more choices about how to live with kidney failure.** NKF appreciates the opportunity to work with the Centers for Medicare and Medicaid Innovation (CMMI) through the rulemaking process to make the model even more patient centered.

The ETC model represents a positive and transformational change to kidney care. NKF is committed to working with the Administration and CMMI to ensure that patients are protected from any unintended consequences of the model that could impinge on patient choice. All patients deserve the opportunity to be empowered and supported in their selection of the treatment that is best for them, whether that is dialyzing at home, receiving a transplant from a living or deceased donor, or doing dialysis in a facility.

NKF has made a [series of recommendations](#) to CMMI intended to maximize the benefits of the model while minimizing any negative ramifications to patients. These recommendations include:

- Increasing the payment that CMMI will provide to nephrologists and dialysis facilities to support transitioning patients to home dialysis.
- Delay the payment cuts in the model for 18 months to give nephrologists and dialysis facilities more time to adjust.
- Include tools in the model to support shared decision-making between patients and their providers about the treatment that is best for them.
- Waive the coinsurance on home dialysis treatments to provide an empowering incentive for patients in selecting home dialysis.
- Create a unique risk adjustment methodology to account for patients who face insurmountable barriers to home dialysis and transplantation.



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- Provide additional flexibilities for dialysis facilities in the model such as allowing for performance to be aggregated to the company level.
- Consider lowering the maximum benchmark of 80% of patients dialyzing at home or having a received a transplant if it appears, over the course of the model, to be adversely impacting patient choice.
- Vigilantly monitor the model for unintended consequences and take swift, corrective action as necessary.
- Work diligently to [increase the supply of deceased donor organs](#) so nephrologists and dialysis facilities face fewer barriers in getting patients transplanted.

The National Kidney Foundation (NKF) is pleased to support CMMI in its efforts to make the model as patient-centered and successful as possible. **We believe that the ETC model is a critically important opportunity to end the status quo and drive forward a new vision for how kidney failure is treated in the United States.**

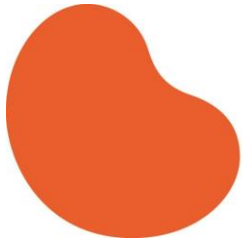
About Kidney Disease

In the United States, 37 million adults are estimated to have [chronic kidney disease](#) (CKD) – and most aren't aware of it. 1 in 3 American adults is at risk for CKD. [Risk factors](#) for kidney disease include [diabetes](#), [high blood pressure](#), [heart disease](#), [obesity](#), a family history of kidney failure, and being age 60 or older. People of African American, Hispanic, Native-American, Asian or Pacific Islander descent are at increased risk for developing the disease. African Americans are about 3 times more likely than Whites to develop end-stage kidney disease (ESKD or kidney failure). Compared to non-Hispanics, Hispanics are almost 1.3 times more likely to receive a diagnosis of kidney failure.

More than 726,000 Americans have irreversible kidney failure, or [end-stage renal disease](#) (ESRD), and need dialysis or a kidney transplant to survive. More than 500,000 of these patients receive dialysis at least three times per week to replace kidney function. Nearly 100,000 Americans are on the waitlist for a kidney transplant right now. Depending on where a patient lives, the average wait time for a kidney transplant can be upwards of three to seven years. [Living organ donation](#) not only saves lives, it saves money. Each year, Medicare spends approximately \$89,000 per dialysis patient and less than half, \$35,000, for a transplant patient.

About National Kidney Foundation Living Organ Donation Resources:

[THE BIG ASK: THE BIG GIVE](#) platform, which provides nationwide outreach, is designed to increase [kidney transplantation](#) through training and tools that help patients and families find a living donor. It includes direct patient and caregiver support through our toll-free help line 855-NKF-CARES, peer mentoring from a fellow kidney patient or a living donor, online communities, an advocacy campaign to remove barriers to donation, and a multi-media public awareness



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campaign. All resources are free and designed to teach kidney patients, or their advocates, how to make a “big ask” to their friends, loved ones, or community to consider making a “big give,” a living organ donation. More information can be found at www.kidney.org/livingdonation.

The National Kidney Foundation (NKF) is the largest, most comprehensive and longstanding organization dedicated to the awareness, prevention and treatment of kidney disease. For more information about NKF visit www.kidney.org.

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