



Kidney Care Partners
Media Kit
2007



Understanding Kidney Care in America:

About Kidney Failure:

Each year in the United States, more than 100,000 Americans are diagnosed with kidney failure (or End Stage Renal Disease) – an irreversible condition which is fatal without a kidney transplant or lifesaving dialysis treatments. Currently, more than 400,000 Americans suffer from ESRD and that number is expected to double over the next decade.

The dramatic rise in kidney failure is attributable to the increase of diabetes and hypertension, two skyrocketing chronic diseases and the leading risk factors for ESRD. Furthermore, an additional 20 million Americans – or 1 in 9 adults – suffer from Chronic Kidney Disease, which untreated, can ultimately progress to kidney failure.

Because transplantation options are extremely limited, most patients who suffer from ESRD depend on lifesaving dialysis treatments to survive. Ensuring that quality dialysis care remains available is essential, as is providing prevention and education resources.

About Patients:

- The groups with the highest risk for developing kidney failure include African Americans, Hispanics, Pacific Islanders, Native Americans, seniors (those 65 and older), and anyone with a family history of CKD.
- African Americans make up 12 percent of the general population but account for 30 percent of people with kidney failure.
- Six percent of Americans have diabetes and 25 percent of Americans have high blood pressure – the two leading causes of kidney failure.
- Almost 70,000 U.S. patients are currently waiting for a kidney transplant.

About Treating Kidney Failure & Medicare:

The kidney community is dedicated to providing education and prevention resources to at-risk individuals to help slow the rise of kidney failure. For those who will progress to requiring dialysis treatments, providers are committed to ensuring the availability of quality care

Approximately 75 percent of U.S. dialysis patients depend on Medicare to pay for their treatments; however, Medicare payments do not fully cover the cost of treating dialysis patients. In fact Medicare's reimbursement for a dialysis treatment does not cover the actual costs of providing that care. To make matters worse, dialysis is the **only** Medicare prospective payment that does *not* receive an annual inflation adjustment, which is necessary to address the cost of recruiting and retaining skilled nurses, cover the increased costs of providing health insurance to employees, and improving equipment.

About the Solution:

To address the need for resources to educate patients, and adequate funding to ensure quality care, the kidney community is working together to support passage of bipartisan legislation to do both. If passed, the Kidney Care Quality and Education Act would provide an annual Medicare update tied to quality improvement and attainment for three years, and support a quality initiative for the future of the nation's ESRD program. For specifics about the legislation, please visit www.kidneycarepartners.org.



End Stage Renal Disease, Chronic Kidney Disease & Dialysis Frequently Asked Questions

How Are Kidneys Important in Overall Health?

Kidneys are arguably the most important organs in the human body, functioning to remove wastes and fluid, and controlling delicate chemical balances in the blood. Kidneys also regulate the body's water content; remove drugs and toxins; and release essential hormones.

What is Chronic Kidney Disease (CKD)?

CKD is damage to the kidneys which decreases their ability to perform vital functions and keep the body healthy. CKD can cause wastes to build up in blood with life-threatening consequences. People with CKD may develop complications like high blood pressure, anemia (low blood count), weak bones, poor nutritional health and nerve damage.

What is End-Stage Renal Disease (ESRD)?

The final progression of CKD is referred to as End-Stage Renal Disease or kidney failure, which is a complete loss of kidney function. ESRD can be caused by inherited disorders, prolonged medical conditions (like hypertension and diabetes) or the long-term use of certain medications. ESRD is irreversible and those who suffer from it require a kidney transplant or lifelong dialysis to survive.

Who is Affected by CKD and ESRD?

Anyone can get CKD. People with diabetes, high blood pressure, a family history, or who belong to a population group that has a high rate of diabetes or high blood pressure are most often affected. ESRD is found primarily in patients with a primary diagnosis of diabetes or hypertension. The majority of patients are 40–79 years of age.

Is Kidney Failure Preventable?

Yes. Proper education and management of chronic diseases – like hypertension and diabetes – can often help patients avoid kidney failure altogether.

What is Dialysis?

Kidney dialysis is a means of filtering waste products from the blood when the kidneys fail to do so. Patients most commonly receive dialysis three times per week in sessions that last several hours. Dialysis is not a cure for ESRD, but rather a way to substitute for healthy kidneys.

Are there Different Types of Dialysis?

Hemodialysis is the most common type of dialysis in the United States, in which a patient's blood volume is removed, circulated and filtered through an artificial kidney over the course of several hours. Another method is Peritoneal Dialysis, whereby the patient's own peritoneum (or abdominal lining) is used to filter the blood.

How Does Dialysis Impact the Lives of Patients?

Thanks to improvements in medicine and technology, dialysis patients can continue to live normal and active lives. Individual situations vary, but a majority of patients can work, participate in activities, and spend time with loved ones. Dialysis is certainly a life-altering treatment – requiring multiple weekly sessions – but it allows survival and ongoing quality of life.



Mission Statement:

Members of the kidney care community have formed an alliance -- Kidney Care Partners. Our goal is to involve patient advocates, care professionals, providers and suppliers. Our mission, individually and collectively, is to ensure:

- *Chronic kidney disease¹ patients receive optimal care;*
- *Chronic kidney disease patients are able to live quality lives;*
- *Dialysis care is readily accessible to all those in need; and*
- *Research and development leads to enhanced therapies and innovative products.*

Coalition Members:

Abbott
AMAG Pharmaceuticals, Inc
American Kidney Fund
American Nephrology Nurses' Association
American Regent, Inc.
American Renal Associates, Inc.
American Society of Diagnostic and Interventional Nephrology
American Society of Nephrology
American Society of Pediatric Nephrology
Amgen
Baxter Healthcare Corporation
Board of Nephrology Examiners and Technology
California Dialysis Council
Centers for Dialysis Care
DaVita, Inc.
Dialysis Patient Citizens
DSI, Inc.
Fresenius Medical Care North America
Fresenius Medical Care Renal Therapies Group
Genzyme
Kidney Care Council
National Association of Nephrology Technicians and Technologists
National Kidney Foundation
National Renal Administrators Association
Nephrology Nursing Certification Commission
Northwest Kidney Centers
Renal Advantage Inc.
Renal Physicians Association
Renal Support Network
Renal Ventures Management, LLC
Satellite Healthcare
U.S. Renal Care
Watson Pharma, Inc.

¹ Chronic kidney disease is a condition that causes reduced kidney function over a period of time. CKD may develop over many years and lead to end-stage renal disease. CKD is present when a patient's glomerular filtration rate remains below 60 mL/min/1.73 m² for more than three months.



KIDNEY CARE QUALITY AND EDUCATION ACT OF 2007

Congress should ensure high quality kidney care and provide more education about kidney disease by:

- ❖ Creating public and patient education initiatives to increase awareness about chronic kidney disease (CKD) and to help patients learn self-management skills that prevent and control CKD;
- ❖ Establishing a three-year Continuous Quality Improvement Initiative that would reward quality improvement and attainment;
- ❖ Providing educational sessions for Medicare beneficiaries with Stage IV CKD to teach them how to slow the progression of the disease;
- ❖ Establishing a uniform training for patient care dialysis technicians; and
- ❖ Seeking to understand the barriers to the adoption of different treatment modalities by patients.

This legislation would build upon the "Kidney Care Quality and Improvement Act of 2005" introduced during the 109th Congress.

BACKGROUND

Four hundred thousand Americans have irreversible kidney failure. Kidney failure is fatal unless a patient receives one of two types of treatment – dialysis or kidney transplantation. Transplantation is limited due to the shortage of donor organs, so the vast majority of patients undergo regular dialysis treatments of three to four hours duration, three times a week. Today's patients are older and sicker than those first enrolled in the Medicare End Stage Renal Disease (ESRD) program, due primarily to the aging of the population and the long-term effects of diabetes and hypertension.

In 1972, Congress committed to provide Americans with kidney failure with coverage for their lifesaving therapy through the Medicare program. In 1983, Congress implemented the first Medicare Prospective Payment System (PPS), known as the "composite rate", for reimbursing dialysis providers. Medicare's ESRD program continues to play a vital role in ensuring access to high quality, lifesaving therapy for those patients with kidney failure. Better care for patients leads to better quality of life, improved rehabilitation, fewer medications, and fewer hospitalizations.

QUALITY AND EDUCATION

Congress should establish educational programs for those at risk of developing kidney disease. Educational programs about kidney disease would provide information about the factors that lead to kidney failure, such as obesity, diabetes, and hypertension, how to prevent them, how to treat them, and how to avoid kidney failure. Education programs for those with progressive kidney disease would also enable affected individuals to actively participate in their choice of therapy and to understand how to manage their disease, thereby reducing associated costs.

Congress should establish a three-year Continuous Quality Improvement Initiative for the Medicare ESRD Program to assure that payments support high quality care. The quality of dialysis care remains high; however, there is room for improvement. Both MedPAC and the kidney care community agree that the community is well positioned among Medicare providers to participate in a quality program that recognizes providers for their performance. Facilities, providers, and physicians should report quality data, based upon clinical and quality of life measures developed in consultation with the kidney care community and receive quality bonus payments based upon the attainment of benchmarks and maintenance of outcomes. Bonus payments should be drawn from a portion of an annual update. Because the ESRD composite rate is the only Medicare PPS without an annual update mechanism to adjust for changes in input prices and inflation, Congress should provide an update to dialysis facilities for the duration of the Continuous Quality Improvement Initiative, thereby, linking an annual update to clinical performance.

Congress should assist patients by improving ESRD patient coverage. According to U.S. Renal Data System, the percentage of ESRD patients relying on home dialysis and other treatment modalities has steadily declined. Yet, home dialysis can improve patients' quality of life by allowing them to remain employed and to participate in other activities that promote well-being. Congress should learn more about the barriers these patients face and how to remove them.