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Kidney Disease Patient Advocate and Former NBA All-Star Alonzo Mourning Joins Congressional Kidney Caucus, Kidney Community to Discuss Future of Kidney Care, Highlight Recent Improvements in Patient Mortality

Kidney Community Urges Congress to Prevent Additional Cuts to Medicare Dialysis Benefit, Vulnerable Patients' Care During Fiscal Cliff Discussions

Washington, DC – Seven-time NBA All-Star Alonzo Mourning joined with representatives of Kidney Care Partners (KCP), a broad-based coalition and leading voice of the kidney community, on Capitol Hill today to announce significant improvements in patient care outcomes and urge Congress to maintain its commitment to dialysis patients by refraining from enacting any additional funding cuts or further restructuring the Medicare End Stage Renal Disease (ESRD) benefit.

Mourning, a member of the 2006 NBA championship Miami Heat team, received a kidney transplant in 2003 after being diagnosed with Focal Glomerulosclerosis, a degenerative kidney disease, in 2000. Mourning returned to the NBA following his transplant and has since been an advocate for kidney patients nationwide. Mourning has partnered with KCP on several advocacy efforts to improve kidney patients' quality of care and quality of life.

At today's educational briefing sponsored by the Congressional Kidney Caucus, Mourning and KCP members told lawmakers that any additional cuts to the Medicare ESRD benefit would be ill-advised and could negatively affect the future of kidney care at a time when the community is making measurable improvements in improving survival while still implementing a new bundled payment system and grappling with previously imposed cuts.

During the briefing, KCP announced the results to date of its three-year campaign to improve survivability of first-year dialysis patients, illustrating a significant, 12.3 percent decline in mortality. With the launch of the Performance Excellence and Accountability in Kidney Care (PEAK) Campaign in June 2009, members of KCP committed to reducing mortality in first-year dialysis patients. The Campaign focused on patient education and key clinical care activities to achieve its goal, including case management, nutrition, anemia management, dialysis adequacy, catheter use, and psychological and social support.

To monitor progress toward the goal, PEAK's Data Partner, Dr. Vincent Mor of Brown University, who presented the results today, and the PEAK Data/Results Panel, comprised of data and research experts from academic and research institutions, dialysis providers, and manufacturers, reviewed "real time" data from the Centers for Medicare and Medicaid Services (CMS) since the launch of PEAK. Dr. Mor reported on results from data through June 2012.

“A reduction of 12.3 percent is pretty substantial and speaks well for this effort that the kidney community voluntarily challenged itself to do,” said Dr. Mor. “According to the data, based on the numbers of new patients with kidney failure in 2010, the decline represents an estimated 3,480 patients whose lives have been extended.”

“National outcomes demonstrate that dialysis delivery and survival are improving despite the cuts and the distinct challenges of caring for patients with such complex medical needs,” said Dr. Ed Jones, a nephrologist and former KCP Chairman. “We are proud that the U.S. kidney care community is helping these Americans live longer, healthier, and more productive lives.”

Each year, more than 100,000 Americans are diagnosed with kidney failure, a number that continues to rise with the aging of the population and the increasing prevalence of its risk factors including diabetes and high blood pressure. Today, more than 31 million Americans are living with chronic kidney disease (CKD), which if left untreated, can ultimately progress to kidney failure. About 415,000 patients aren’t fortunate enough to receive a kidney transplant and rely on life-saving dialysis care three times per week for three to four hours each time to filter toxins from their blood. In addition to dialysis, they receive nursing care, medications, lab work, nutritional support and other important services.

Because of the unique and incurable nature of this disease, and the necessity of care to survive, the Medicare benefit for end-stage renal disease was implemented in 1972 and covers the cost of dialysis care at a relatively low cost for all Americans who need it – regardless of age or income.

“As members of Congress look for solutions to the current fiscal crisis, we hope they will understand that cutting this program when we are making measurable progress in improving the delivery of high quality care would negatively impact one of our country’s most vulnerable groups – those with kidney failure who rely on life-saving dialysis for survival,” said Ron Kuerbitz, KCP Chairman. “We applaud lawmakers’ efforts to avert our nation’s financial woes and we recognize everyone needs to be part of the solution. But we hope that Congress remembers the efficiencies we have achieved with our new payment system, and we urge lawmakers to avoid cuts to essential kidney care services.”

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About Kidney Care Partners

KCP is an alliance of patient advocates, dialysis professionals, care providers and manufacturers dedicated to working together to improve quality of care for individuals with Chronic Kidney Disease (CKD). To learn more about Kidney Care Partners, visit <http://www.kidneycarepartners.org>. To join the kidney health policy conversation, connect with us on [Facebook](#), [Twitter](#) and [YouTube](#).

To learn more about the Performance Excellence and Accountability in Kidney Care (PEAK) Campaign, visit www.kidneycarequality.org.