



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.