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## **Top 10 Concerns Regarding the Potential Bundling of ESRD Services and Its Impact on Patients**

The Renal Support Network strives to help patients with chronic kidney disease (CKD) improve their employability and develop their personal coping skills and special talents by educating and empowering them, as well as their family members, to take control of the course and management of the disease.

People who have CKD are very grateful for the ESRD program and how it has helped both prolong our lives and improve the quality of our lives. Based on the current national discussion on changing the dialysis payment process in favor of a bundling approach, we are concerned that revisions in the reimbursement policy may unintentionally lead to a decrease in patient quality of care or quality of life. We would like to bring up a few points to consider to ensure that the new policy remains focused on the patient:

1. Ensure that the new policy does not result in the disappearance of patient care services that dialysis facilities currently provide.
2. Ensure that all people who have ESRD have access to quality care, as jointly defined by medical professionals and patients.
3. Ensure that any newly implemented policies include provisions for ongoing and timely modifications in the definitions of quality of care and quality of life based on current data and the newest therapies.
4. Ensure that all patients continue to receive education on the differences between modality options (including home dialysis and kidney transplantation).
5. Include provisions that will continue to allow patients real choices on where they dialyze.
6. Include provisions and a financial model that will allow both small and large providers to remain viable, thereby providing patients with true choices on where to dialyze.

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

## Renal Support Network

7. Provide reimbursement structures that will continue to allow and motivate dialysis facilities to employ the best professional staff, upgrade dialysis machines, and integrate new equipment based on technological innovations.
8. Provide a reimbursement structure that will continue to motivate researchers to develop innovative therapies that will improve our quality of care and overall well-being.
9. Develop safeguards to prevent companies from “cherry picking” patients to avoid treating those who require the most expensive care.
10. Ensure that safeguards are in place to allow medical professionals to provide care based on individual patient needs, while protecting patients from needlessly being sent to the hospital or for additional physician office visits for care that can be provided in the dialysis facility.

We salute CMS and Congress for their past and ongoing efforts to improve the quality of care and quality of life for patients with CKD. Prominent examples of how CMS continues to protect the interests of patients include Fistula First, National Vascular Access Improvement Initiative the Dialysis Facility Compare Website, Know Your Numbers, and the Clinical Performance Measures. These efforts are currently benefiting hundreds of thousands of individuals, and may positively affect millions in the future. We urge CMS and Congress to continue and expand these efforts.

We also urge Congress to resist making a premature reimbursement decision that may not include complete or accurate information on the impact of such a change on patient outcomes. CMS is currently conducting several Demonstration Projects to determine whether bundling of care for people who have ESRD will improve the quality of care. The completion of these projects is critical to understanding all of the complexities that may affect how care is provided under a bundled model, and to ensure that any change does not unintentionally lead to an increase in patient mortality, decrease in our quality of life or decrease in access to care.

Finally, we feel that any discussions that will ultimately affect patient care should not take place behind closed doors. At the outset, these discussions should include the voice(s) of those who will be most affected by the decisions—the patients with CKD. RSN welcomes the opportunity to participate in this dialogue.