

Top 10 Concerns Patients Have for Bundling Dialysis Services

Lori Hartwell



This past summer, Renal Support Network (RSN) weKAN (Wellness & Education Kidney Advocacy Network) patient activists visited 169 congressional offices to educate lawmakers about the importance of signing on as a co-sponsor of the Kidney Care Quality and Education Act (KCQEA) of 2007. Twenty-six senators and 122 representatives have co-signed to show their support for this bill.

Several new bills were introduced this past summer that, if passed, will affect the care of people who have chronic kidney disease. In addition to the KCQEA, two major bills stand out that could dramatically change the landscape for patients. The Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2007 will help transplant recipients to keep their organs. The Children's Health and Medicare Protection Act (CHAMP) has several positive provisions but takes billions of dollars out of the kidney program to help pay for children's health insurance. In addition, anemia management has received quite a bit of attention. It has been a hectic summer.

All signs point to dialysis services (including labs and medications) being bundled into one payment. If not handled properly, this may unintentionally lead to a decrease in patient quality of care and quality of life, or potentially impact our access to care. In 2004, CMS set forth to conduct a demonstration project on bundling of dialysis services to ensure that everyone understood the complexities of these services, but they were unable to get the project off the ground. If a bundled system is implemented without the much-needed demonstration project, it is vital that there be regular reviews that allow for evaluation and prompt correction of the new payment system if problems arise. We

do not want to end up with another flawed reimbursement system that will take an act of Congress to fix.

Here are 10 ways to keep the focus on the patient in a new bundled policy:

1. Ensure that the new policy does not result in the disappearance of patient care services that dialysis facilities currently provide. For example, laboratory testing must be done in the dialysis setting to

If a bundled system is implemented, it is vital that there be regular evaluation and prompt correction if problems arise. We do not want to end up with another flawed reimbursement system that will take an act of Congress to fix.

ensure patients receive optimal care. Every extra needle stick a kidney patient receives to draw blood is counterproductive to the Fistula First and National Vascular Access Initiative. We need to preserve our veins.

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 about the differences between modality options (including home dialysis and kidney transplantation).
5. Include provisions that will continue to allow patients to make real choices about where they can dialyze and their ability to travel.

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.
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 additional physician office visits for care that can be provided in the dialysis facility.

It is imperative for the renal community, friends, and family members to engage in the issues and get involved. Get to know your representative and send a letter to your senator. Congress only hears us when we have a loud, educated voice. Help your patients with kidney disease get access to the best care possible. Get involved and make a difference. **D&T**

The author has had a kidney disease since age 2, and is on her third kidney transplant. She is the founder and president of the Renal Support Network, and lives in Glendale, Calif.