



The Voice of All Kidney Patients™

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Subject: Comments Regarding Draft Recommendations for End Stage Renal Disease Measures

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Dear Ms. Norwalk:

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On behalf of the American Association of Kidney Patients (“AAKP”), I am writing to comment on the draft recommendations submitted by Arbor Research for ESRD measures. Below, we briefly describe AAKP, and then provide AAKP’s comments.

• **About the American Association of Kidney Patients (AAKP)**

Background. The American Association of Kidney Patients (AAKP) (www.aakp.org) was founded in 1969, and is the nation’s only education and advocacy organization for people with kidney disease both patient-led and managed. Each year, AAKP serves over one million Americans who have either lost kidney function (and live with dialysis or transplant) or have chronic kidney disease (CKD). The *average* life expectancy for individuals following initiation of dialysis therapy is short, about 5 years. But AAKP’s membership includes many long-term dialysis survivors, who live full and productive lives through aggressive attention to their healthcare, a core mission of AAKP. Indeed, most kidney patients face not only the challenge of kidney disease, but other medical conditions as well, such as diabetes and hypertension.

AAKP’s General Principles in Evaluating Public Policies. AAKP reviews proposed government policies with respect to several core principles: Will the proposed policy improve access, quality and outcomes, and affordability of care to America’s kidney patients, and does the proposed policy respect the principle that *the physician and patient make a joint determination of the care plan best suited for that patient?*

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AAKP's Comments on the Draft Recommendations for ESRD Measures.

AAKP first provides general comments on the proposed recommendations, followed by comments on specific provisions.

1. General Comments on Proposed Recommendations

AAKP commends the Centers for Medicare and Medicaid Services (“CMS”) for undertaking the review and update of current clinical performance measures. The recommendations, for the most part, enforce more strict guidelines for the treatment of dialysis patients therefore possibly prolonging lives, as well as enhancing the quality of life for today’s renal patient. Specific comments on certain recommendations can be found below.

A. Anemia Management Technical Expert Panel Recommendations

1. *Proposed CPM I – Hb Goal for Anemia Management:* AAKP supports this goal and believes it reflects current clinical evidence.

B. Hemodialysis Technical Expert Panel Recommendations

1. *Proposed CPM III – Delivered Dose of Hemodialysis is a Kt/V of ≥ 1.2 using UKM or the Daugirdas II formula:* AAKP believes this is an appropriate measurement and reflects the HEMO Study findings. However, very large patients may not achieve a Kt/V of 1.2, yet do very well. On the other hand, elderly ladies with a high Kt/V and a low albumin do poorly. It needs to be emphasized that the Kt/V targets should probably not be uniform applied to everyone. We believe that this issue should be further studied.

C. Peritoneal Technical Expert Panel Recommendations

1. *Proposed CPM V – Minimum Delivered Dose of Dialysis is total Kt/V of at Least 1.7 for All Peritoneal Dialysis Patients:* AAKP welcomes this measurement and feels it will greatly increase the outcomes for peritoneal patients.

D. Vascular Access Technical Expert Panel Recommendations

1. Though AAKP is pleased by the recommendations by this Panel we still challenge the community to increase the incidence of arterial venous fistulae, especially in young healthy individuals. In addition AAKP appreciates the update for surveillance of permanent access for dysfunction, as this will help patients kept their grafts longer and have healthier outcomes.

E. DFC Measures Technical Expert Panel Recommendations

1. AAKP accepts the recommendations of this Panel.

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F. Mineral Metabolism Technical Expert Panel Recommendations

1. AAKP agrees with these recommendations but suggests that serum calcium should be maintained between 8.5 and 9.5 mg/dl in CKD Stage 5 patients.

Lastly, AAKP again raises the call for a “National Commission on Improved Kidney Patient Outcomes.” Mortality rates in ESRD are unacceptably high, and there is substantial evidence that patients do not receive all needed medical care. Although dialysis treatment is an essential element in the care plans of the nation’s ESRD patients, quality medical care requires broad multidisciplinary coordination of medical care (given that many patient’s have multiple medical conditions, which often are not fully treated). There are also many other opportunities to improve care and reduce costs to Medicare, including slowing the progression to ESRD among chronic kidney disease patients (CKD), better chronic disease management, advances in new technology and biomedical solutions, more transplantation, and improved patient education.

In closing, AAKP appreciates the hard work and dedication of the CMS staff in revising the clinical performance measurements. Once again, CMS is making a positive difference in the lives of kidney patients. If AAKP can otherwise be helpful on this matter, please do not hesitate to contact me or Kris Robinson, AAKP’s Executive Director/CEO, at (800) 749-2257 or krobinson@aakp.org.

Sincerely,



Donald Dowe
President