



**Statement of DaVita Patient Citizens
Before the House Committee on Ways and Means Subcommittee on Health
Hearing on Ensuring Kidney Patients Receive Safe and Appropriate Anemia
Management Care
June 26, 2007**

Introduction

As America's largest dialysis patient organization, we are proud to represent over 20,000 pre-dialysis and dialysis patients and their families. On a wide variety of issues, we seek to ensure that the patients' point of view is heard and considered by policy makers so that continued progress may be made in the quality of care and life for patients with kidney disease. We appreciate this opportunity to submit testimony to the House Ways and Means Subcommittee on Health's hearing on Ensuring Kidney Patients Receive Safe and Appropriate Anemia Management Care.

Thanks to the ESRD Medicare Benefit, we have seen incredible advances and successes in fighting kidney disease over the past twenty-five years. These advances have saved many of our lives. DaVita Patient Citizens (DPC) recognizes the current Medicare Payment System needs to be updated and reformed, and we hope DPC can serve as resource in providing the perspective of the patients – people like us whom these laws and regulations are meant to protect.

Research Applicable to ESRD Patients is Needed

We commend Congress for its commitment to protecting patients and urge them to make decisions about our care based on complete and accurate information and research.

Of course, it is critical that we, as well as our physicians, be informed of any increased risks associated with anemia management. The CHOIR and CREATE studies cited in recent news articles focused on Chronic Kidney Disease (CKD) patients in stages 1-4, who are not on dialysis. The studies did not focus on patients with End Stage Renal Disease (stage 5) – patients like us, who are on dialysis. We therefore look forward to clinical studies of anemia management in the ESRD population to determine the appropriate approach to anemia management for dialysis patients.

Community Cooperation Improves Quality of Care

1155 15th Street, NW, Suite 1100 • Washington, D.C. 20005 • Toll Free Number 1.866.877.4242

www.dialysispatients.org • Email: dpc@dialysispatients.org • Fax: 202.457.0452

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DPC is also a proud member of the Kidney Care Partners - a nationwide alliance of representatives from the entire kidney care community, including patients and their advocates, nephrologists, nurses, dialysis care providers, and manufacturers who have joined together to improve the quality of care and quality of life for individuals suffering from kidney disease and kidney failure – and supports the testimony submitted by the organization as a whole to the record for this hearing. Additionally, we support the statement submitted by the Renal Support Network, also a member of the Kidney Care Partners.

Recognizing the importance of appropriate anemia management, we joined with the kidney care community in asking CMS to revise the April 2006 monitoring policy on anemia management to better align with physician prescribing methods and to take into consideration the patient's quality of life. We believe that this revised monitoring policy is a vast improvement over the April 2006 policy. We look forward to further collaboration with CMS and Congress to continue improving quality care.

Quality of Care and Quality of Life

Anemia is a serious, life-threatening problem affecting almost all dialysis patients. It causes fatigue, weakness and increased risk of hospitalization and death. With the introduction and appropriate dosing of erythropoietin stimulating agents (ESAs), we no longer require blood transfusions, we require less medical attention and hospitalization, and we are better able to lead productive, quality lives.

While the cost to the government and the taxpayers is an important issue that legislators need to consider, they also must ensure patients receive quality healthcare. Determining how well patients' anemia is managed is a decision best made by our physician in consultation with ourselves.

Dialysis Reimbursement Reform

Recent discussions have centered on whether the costs of dialysis services and the cost of all dialysis drugs should be "bundled" together and providers paid one fee for all services and drugs provided.

Regardless of the method of reimbursement, we should continue to receive the treatments and medications as prescribed by our doctors. We believe that there must also be a mechanism to ensure that there is an annual update to pay for the increased costs of dialysis. Adequate reimbursement should:

- be tied to quality outcomes,



- provide for patient access to quality care – the best trained staffs and up-to-date technology and equipment,
- allow patients to choose where we receive our care and our modality of treatment and
- fund educational programs for patients.

In addition, decision makers should consider patient input and evaluate the effects any changes to the reimbursement policy will have on dialysis patients' quality of care and quality of life.

Patient Considerations

Any new reimbursement policy should take into consideration its impact on quality patient care. We urge policymakers to refrain from restricting physicians from making decisions based on the patients' individual needs.

Reimbursement should be free from incentives for over or under-utilization of medications and should protect patients from being "cherry-picked" or selected to receive care based on their current health or potential to have cost-effective outcomes.

Conclusion

All dialysis patients have the right to live normal and productive lives. We should have access to the best quality of care that allows us to have careers, raise children, and enjoy life. Receiving the proper dosing of ESA's has greatly made these activities possible for us.

We look forward to continued advances to the ESRD Medicare Benefit and hope that any improvements made to the program do not end with anemia management. We also hope that future changes to the benefit will not be based on financial constraints, but instead on improving access to quality care and improving our quality of life.