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Press Contact:
Jessica Nagro
202-789-6931

Dialysis Patient Citizens Provides Comments to CMS on ESRD Quality Incentive Program

*Letter Outlines Key Priorities Including Timeliness of Data, Lower Level
Hemoglobin Measure*

(Washington, DC) - Yesterday, Dialysis Patient Citizens (DPC), the nation's largest, patient-led dialysis organization, provided comments to the Centers for Medicare and Medicaid Services (CMS) on the Proposed Rule for the Changes to the End Stage Renal Disease Prospective Payment System for CY 2012, End Stage Renal Disease Quality Incentive Program for PY 2013 and PY 2014. As a member of Kidney Care Partners (KCP), DPC stated its strong support for the comments submitted by the coalition, and used the letter as an opportunity to emphasize several key priorities.

DPC reiterated its continued concern with the lack of timeliness of data in the QIP. DPC urged CMS to prioritize the development of new ways to analyze and report information to the public in a more timely manner. DPC would like to see no more than a 6 month lag between data submission and public reporting, since further delays reduce the value of such information to patients and providers.

"In order for the QIP to be a truly useful tool for patients, the data used to evaluate the quality of care delivered must be current," said DPC Executive Director Hrant Jamgochian. **"It should not be acceptable for patients to rely on data that is more than two years old, which is then compared against much older baseline data."**

DPC also raised concerns about the removal of the lower limit hemoglobin less than 10 g/dL measure from the QIP. The organization stated its strong support for public reporting of the full range of hemoglobin levels below 10 g/dL, published both on Dialysis Facility Compare and made available in individual facilities. DPC recommended CMS make data available from the most recent six months from the date of posting and update the data regularly, including all dialysis patients, not just those who receive ESA treatment. At the same time, DPC urged CMS to develop appropriate anemia management measures for payment in QIP.

"The recent FDA label change for ESA use has the potential to dramatically alter patient care, and its possible impact on patient quality of life cannot be underestimated," said Jamgochian. **"By monitoring and publically reporting hemoglobin levels on a timely basis, CMS, patients, and providers will have a more meaningful understanding of the impact recent changes have made on standards and quality of care."**

In the letter, DPC weighed in on several additional clinical measures, including dialysis adequacy, vascular access type and standardized hospitalization ratio admission measures. DPC also provided feedback on patient experience of care and bone mineral metabolism reporting measures.

DPC also questioned CMS' interpretation of the Medicare Improvements for Patients and Providers Act (MIPPA), specifically its decision to turn the QIP into a penalty based program. DPC strongly urged CMS to establish a means to also reward those providers who deliver the highest quality of care and recommended the Agency consider new ways to promote innovation in ESRD treatment, including the potential for a new pass through payment system for innovative therapies and technologies.

DPC's full comment letter is available at:

http://dialysispatients.org/file/08%2030%2011%20CMS%203206%20P%20ESRD%20QIP%20Letter%20FINAL%20B_%281%29.pdf