

PLANNED CUTS TO DIALYSIS PROGRAM MAY LIMIT ACCESS TO CARE

Patients in areas where dialysis care is already limited may be most vulnerable.

A proposal to cut the Medicare End-Stage Renal Disease (ESRD) Program by nearly 10% may have unintended consequences for people on dialysis. “More than 20 million Americans have kidney disease, and the Medicare ESRD program provides lifesaving care to nearly 400,000 beneficiaries with kidney failure,” said Bruce A. Molitoris, MD, FASN, President of the American Society of Nephrology (ASN). “People with kidney disease, among the most vulnerable patients, are disproportionately underrepresented minorities, and such a large cut may reduce access to care and quality of treatment.”

Earlier this year, Congress directed the Centers for Medicare & Medicaid Services (CMS) to reexamine the ESRD base rate. ASN understands the need for fiscal responsibility and respects the fact that CMS was required by Congress to recommend a payment reduction. A nearly 10% cut, however, may adversely affect the quality of care provided by the Medicare ESRD Program. In all likelihood, the proposed cut will endanger the existence of some dialysis units—especially rural, inner-city, and smaller clinics—making it much more difficult for people who must undergo dialysis at least three times a week to receive their care.

“It’s troubling that Congress mandated a payment reduction at the same time that CMS is using the ESRD program as a model for bundled payment, a quality-incentive program, and a specialty-specific integrated care delivery model,” noted Thomas H. Hostetter, MD, who chairs the ASN Public Policy Board. “The kidney community is working diligently on achieving the goals of the Quality Incentive Program (QIP), which was also mandated by Congress and implemented by CMS, in order to avoid further cuts in reimbursement.”

ASN urges CMS to develop an alternative to protect this vulnerable group of patients. Potential solutions must include real-time monitoring to ensure that patient health and continued access to dialysis care is not compromised by efforts to cut costs.

“ASN, the rest of the kidney community, and CMS must work together to provide the highest quality care possible to the millions of Americans with kidney disease, including those on dialysis whose lives are saved daily by the Medicare ESRD Program,” said Dr. Molitoris. “ASN urges CMS to track closely the care these patients receive to guarantee that any payment reductions do not have unintended consequences.”

Founded in 1966, and with more than 14,000 members, the American Society of Nephrology (ASN) leads the fight against kidney disease by educating health professionals, sharing new knowledge, advancing research, and advocating the highest quality care for patients.