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June 3, 2011

Dr. Donald Berwick Administrator Centers for Medicare and Medicaid Services Department of Health and Human Services Hubert H. Humphrey Building Room 445-G 200 Independence Avenue, SW Washington, DC 20201

Re: CMS-1345-P: Medicare Program; Shared Savings Program: Accountable Care Organizations

Dear Dr. Berwick:

The American Kidney Fund appreciates the opportunity to provide the Centers for Medicare and Medicaid Services (CMS) with comments about the Proposed Rule for the Medicare Shared Savings Program: Accountable Care Organizations (ACOs). We are the nation's leading charitable organization providing financial assistance to dialysis patients. We are also a member of Kidney Care Partners, an alliance of members of the kidney care community that includes patient advocates, dialysis care professionals, providers, and manufacturers organized to advance policies that improve the quality of care for individuals with both chronic kidney disease and End Stage Renal Disease (ESRD).

## Commitment to Quality Improvement and Reducing Costs

The American Kidney Fund appreciates the Administration's commitment to improving quality and reducing costs within the Medicare Program through ACO's. We, too, are committed to ensuring that the patients we serve have access to the most comprehensive health care services available and that cost sharing is fair and balanced. We recently worked closely with CMS to develop and shape the MIPPA mandated ESRD Payment bundle and the ESRD Quality Incentive Program, which seeks to reduce cost and improve the quality of care for patients with kidney failure.



As part of Kidney Care Partners, we launched the Kidney Care Quality Alliance, which focuses on developing cross-cutting quality metrics that could be used by dialysis facilities and physicians caring for beneficiaries receiving dialysis.

In addition, the American Kidney Fund is on the front lines of managing health care costs for patients and providing access to quality care. We continue to provide kidney patients with financial assistance to help pay for health insurance premiums and out-of-pocket costs for their care. In 2010, we provided financial assistance to more than 100,000 individuals—one out of every four U.S. dialysis patients.

## **Integrated Approach**

The American Kidney Fund strongly supports developing innovative models that better integrate care in order to improve the quality of care that beneficiaries receive, particularly those with ESRD and who are on dialysis. Dialysis patients are a fragile population, and often have co-morbidities which complicate their health even more. The effective and efficient management of their care is critical to their well being and livelihood.

We believe that the management of care for patients with ESRD provides an ideal model for integrated care. Dialysis facilities and nephrologists currently possess the structure to implement an integrated care model. Unfortunately, however, the proposed rule does not allow dialysis care providers and nephrologists to participate in the ACO integration and shared savings project.

Consequently, we believe dialysis care providers should be permitted to participate in the Medicare Shared Savings Programs that encourage investment in infrastructure and redesigned care processes for high quality and efficient service delivery. The kidney care community demonstrated that it is capable of improving quality of care for individual patients and the dialysis population, while lowering the growth of expenditures through the Disease Management Demonstration, a five-year demonstration project conducted by CMS between 2006 and 2010.

## Conclusion

We recommend that CMS implement a pilot program to allow dialysis facilities and nephrologists to establish integrated care models that improve quality and increase efficiencies for patient populations with kidney failure.

Thank you for the opportunity to submit comments on this issue.

Sincerely,

LaVarne A. Burton President and CEO