



Renal Physicians Association

## RENAL PHYSICIANS ASSOCIATION 2011 ADVOCACY AGENDA

**RPA will continue to advocate for excellence in nephrology practice and in 2011 will focus on important issues facing medicine.**

### **Provide Equitable Reimbursement for Physician Services in Medicare**

To preserve patients' access to quality care, RPA will continue to advocate that Congress enact equitable and permanent Medicare physician payment reform that replaces the sustainable growth rate (SGR) formula. While RPA supports incorporating a payment methodology that provides incentives for quality improvement, RPA also believes that adding another payment methodology to an already flawed system will produce further confusion and complications for both Medicare physicians and the beneficiaries who depend upon their care. RPA, therefore, will pursue improvements in the Medicare physician payment methodology, including removal of the SGR formula from the methodology, in conjunction with quality improvement-based revisions.

### **Assure Patient Access to Quality Kidney Care**

RPA believes that significant opportunities exist to both enhance kidney patient care and accrue savings to the Medicare Trust Fund with regard to the care provided to patients with kidney disease. Among the barriers to appropriate kidney disease care are: (1) the absence of coverage for acute kidney injury, non-ESRD dialysis; (2) the shortfall in funding for the survey and certification of new dialysis facilities; and (3) the 90-day waiting period in eligibility to receive Medicare services, compromising the beneficiary's access to timely vascular access care. Accordingly, RPA urges Congress to improve patient access to quality kidney care by: (1) providing coverage for acute kidney injury dialysis, (2) funding the survey and certification of ESRD facilities; and (3) promoting timely vascular access care, particularly in a beneficiary's first 90 days of eligibility in the Medicare program.

## **Enact Meaningful Medical Liability Reform**

Skyrocketing malpractice insurance costs are hampering access to quality care for millions of Americans suffering from kidney disease and related disorders. RPA will continue to advocate for legislation lowering medical malpractice premiums to ensure that nephrologists can provide quality care to kidney patients and will work with Congress to enact medical liability reform that regulates lawsuits for health care liability claims.

## **Expand Coverage for Immunosuppressive Drugs**

RPA believes that in order to improve the efficiency of Medicare spending and the quality of life for kidney disease patients by preventing transplanted patients from returning to dialysis, Congress should enact legislation to extend coverage of immunosuppressive drugs for Medicare transplant beneficiaries.

## **Provide Coverage for More Frequent Dialysis**

RPA believes that many kidney dialysis patients could benefit from more frequent dialysis sessions. The recently published Frequent Hemodialysis Network (FHN) trial, a randomized controlled trial of “daily” (six times per week) in-center hemodialysis compared to conventional three times a week treatments, showed improvements in hypertension, hyperphosphatemia, and in a key quality of life measure. Therefore, RPA will continue to urge Congress to pass legislation directing Medicare to publish regulations allowing for equivalent payments for more frequent dialysis treatments.

## **Allow Kidney-Specific Accountable Care Organizations**

As regulations for accountable care organizations (ACOs) develop, RPA strongly urges federal policymakers to allow for the creation of a kidney disease ACO. The unique nature of end-stage renal disease (ESRD), the integrated system of providers necessary to appropriately care for ESRD patients, and existing data-gathering capabilities provided by the United States Renal Data System (USRDS), among other factors, support the suitability of an ACO model for the treatment of ESRD patients.



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