August 28, 2017

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS–1674–P
P.O. Box 8010, Baltimore, MD 21244–8010.

Via Electronic Submission: www.regulations.gov

Re: 42 CFR Parts 413 and 414 [CMS–1674–P] RIN 0938–AT04
Medicare Program; End-Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals With Acute Kidney Injury, and End-Stage Renal Disease Quality Incentive Program

Dear Administrator Verma,

On behalf of the Coalition to Transform Advanced Care (C-TAC), we appreciate the opportunity to provide comments on the proposed rule: *ESRD PPS, AKI, QIP;* particularly with respect to the policies that would affect those with advanced illness.

Background

C-TAC is a national non-partisan, not-for-profit organization dedicated to ensuring that all those with advanced illness, especially the sickest and most vulnerable, receive comprehensive, high- quality, person- and family-centered care that is consistent with their goals and values and honors their dignity. C-TAC is made up of over 140 national and regional organizations including patient and consumer advocacy groups, providers, health plans, faith-based and community organizations, and others who share a common vision of improving advanced illness care in the U.S.

C-TAC's definition of advanced illness is when one or more conditions becomes serious enough that general health and functioning begin to decline, treatment may no longer lead to preferred outcomes, and care oriented toward comfort may take precedence over attempts to cure – a process that extends to the end of life and that for some patients and their families may lead to transition to hospice. The move to paying for value, as opposed to quality of care, is particularly helpful to those with advanced illness and It is with that population in mind that we comment on the following aspects of this proposed rule.

Accounting for Social Risk Factors in the ESRD QIP

We support accounting for social risk factors for this population as people with ESRD are disproportionately affected by them[1]. We do not have a position on which demographic factors to include in this calculation, but would also advocate for considering functional status as well. There is evidence that those from lower socioeconomic and minority groups have poorer functional status[2] and that this affects both their medical care and quality of life.

AKI and the ESRD QIP

We also support the inclusion of those with acute kidney injury (AKI) into the ESRD quality measurement. Although some with AKI will recover kidney function, and therefore only need dialysis for a short while, they are at higher risk for ultimately developing ESRD and their experience of care should be monitored.

In regard to future measures for those with AKI, we would suggest that activities that promote advance care planning are very important and should be included, as are ones that integrate advanced illness management or palliative care into usual treatment for AKI. People with AKI and their families need particular support and assistance with articulating their personal goals and values given their potentially poor prognosis.

Request for Information (RFI) on Ways to Improve Medicare

We very much appreciate the opportunity to suggest improvements to Medicare and do so here on regard of those with ESRD. Evidence shows that these patients and their families need symptom management, improved communication, and support[3]. One way to provide that is to integrate advanced illness management and palliative care into the usual care for this population. C-TAC's experience with the Sutter Advanced Illness Management (AIM) model,[4] and subsequent models based on it, shows such integration can improve patient and family outcomes along with better managing utilization and cost. The Advanced Care Model C-TAC has submitted to PTAC provides an advanced alternate payment model (APM) which, if

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[1] Bruce MA, Beech BM, Sims M, Brown TN, Wyatt SB, Taylor, HA, Williams DR, Crook, E. Social Environmental Stressors, Psychological Factors, and Kidney Disease, *J Investig Med* 2009; 57: 583Y589

[2] Weiner DE, Seliger SL. Cognitive and physical function in chronic kidney disease. *Curr Opin Nephrol Hypertens.* 2015 May; 23(3):291-297

[3] O'Connor NR, Corcoran AM. End-stage renal disease: symptom management and advance care planning. *Am Fam Physician.* 2012 Apr; 85(7):705-710.

[4] Reese, M, Balmaceda, V. Advanced Illness Management at Sutter Health. August 12, 2016 Accessed: https://www.hqinstitute.org/sites/main/files/sutter_aim_application.pdf

approved, could help provide care to those with ESRD and other advanced illnesses. We are available for further discussions of how to implement such clinical and payment models, if desired.

Conclusion

Thank you for the opportunity to comment on this proposed rule. We believe it could improve and incentivize better care for Medicare beneficiaries with ESRD and AKI.

If you have any questions, please contact Marian Grant, Policy Consultant at C-TAC, at 443-742-8872 or mgrant@thectac.org.

Sincerely,

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