# Working Group Aims to Improve Care of Patients with Chronic Diseases

By Rachel Meyer

The US Senate Finance Committee in June launched an ambitious new bipartisan working group that aims to improve the care of Medicare patients with chronic diseases. Concerned that treatment of chronic illnesses—such as kidney disease, heart disease, and diabetes—constitutes 93% of the total Medicare budget, Chairman Orrin Hatch (R-UT) and Ranking Member Ron Wyden (D-OR) heard testimony in May from Centers for Medicare & Medicaid Services (CMS) Chief Medical Officer Patrick Conway, MD, and MedPAC Commissioner Mark E. Miller, PhD, about opportunities to reverse this trend, and followed that hearing with the announcement of the "chronic care working group."

Chaired by Sen. Johnny Isakson (R-GA) and Sen. Mark Warner (D-VA), the working group will identify policy solutions that provide higher quality care at greater value and lower cost without adding to the deficit—and is seeking input from ASN and other stakeholders on how to achieve those goals.

People with kidney disease stand to benefit substantially from the working group's efforts. ASN highlighted numerous opportunities to improve care and reduce cost for this population.

More than 51% of patients with end stage renal disease (ESRD) have 5 or more chronic co-morbid conditions and more than 80% have 3 or more chronic co-morbid conditions. In 2012 CMS reported on the top five most costly triads of chronic illness; chronic kidney disease (CKD) was included in four out of the five with an average cost of approximately $60,000 per capita. And although patients with ESRD make up 1% of the Medicare population they comprise over 6% of the total costs.

But policy changes related to kidney care could do more than just reduce costs. Strategies to slow the progression of kidney disease and improve transitions of care could improve quality of life for the millions of Americans with kidney disease. ASN's complete comments are available online at https://www.asn-online.org/policy/webdocs/15.6.22asninputsfcchronicconditionswg.pdf.

Table 1 summarizes ASN's recommendations to the working group. Chief among ASN's input was encouragement to improve CKD care and transitions, and increase access to transplantation.

Currently, accountable care organizations (ACOs) are tailored specifically to the general population while the forthcoming (as of July 1, 2015) ESRD Seamless Care Organization (ESCO) pilot is tailored to the specific needs of patients on dialysis. No programs or pilots exist that address the needs of individuals with advanced chronic kidney disease by promoting patient-centered care, smooth transitions of care, and improved quality outcomes. ASN proposed piloting of a "comprehensive CKD care delivery model" pilot to fill a significant gap in care coordination for this chronically ill patient population—and potentially to result in savings in the Medicare program.

This pilot would be similar to but broader than the ESCO, include patients with advanced CKD, and focus on managing and slowing the progression of kidney disease and other complex chronic conditions common in patients with advanced kidney disease. Such a pilot model would build upon and borrow from many of the same concepts in the ESCO model, but expand the patient population included. Spearheading the care coordination efforts, a nephrologist would serve as the care leader for a population of patients from the time of their diagnosis of advanced CKD and would assume responsibility for their care—in partnership with other members of the care team, including dialysis providers—through the transition periods of dialysis initiation, transplantation, or end-of-life care.

## Improved access to transplantation

The chronic care working group specifically solicited ideas for policies that improve care transitions, produce stronger patient outcomes, increase program efficiency, and overall reduce the growth of Medicare spending. ASN highlighted that improved access to transplantation, including pre-emptive transplantation, would directly help achieve each of these goals.

Kidney transplantation is the treatment of choice for eligible patients and compared to dialysis, markedly improves survival (Wolfe, *NEJM*, 1999), reduces risk of chronic medical conditions that complicate ESRD, and improves quality of life. It is also one of the most cost-effective interventions. One live kidney donation has been estimated to lead to an increase of 2 to 3.5 quality adjusted life-years for recipients and a net health care savings of $100,000 [Klarenbach et al., *CMAJ*, 2006]. Yet thousands die on the wait list annually, and the number of kidney transplants remains limited by the supply of deceased donor organs—and hampered by a decreasing number of living donations.

**Table 1.**

**ASN's recommendations to the Senate Finance Committee Working Group**

1) Improve care coordination—especially during care transitions—for patients with advanced CKD and other complex chronic conditions through Medicare Advantage (MA) plan access and new care delivery pilot programs.
2) Improve access to transplantation, the optimal therapy for most patients with ESRD from the perspective of outcome and cost.
3) Permit patients with ESRD to enroll in MA plans.
4) Reduce medication errors for complex, chronically ill patients.
5) Utilize telemedicine and remote monitoring to more effectively manage co-morbidities and coordinate care for people with all stages of kidney disease.

ASN's recommendations to the working group highlighted several policy levers that could increase access to transplantation. These included asking CMS to explore strategies to incentivize nephrologists to refer patients with advanced CKD to transplant centers for pre-emptive transplant evaluation, expanding access to pre-and posttransplant care for geographically disadvantaged kidney recipients and kidney donors through telemedicine, and eliminating barriers for potential live kidney donors

Besides these issues, ASN also urged that patients with ESRD be permitted to enroll in Medicare Advantage plans; called for expanded telehealth in the Medicare Program; and delineated opportunities to reduce medication errors.

The society will continue to collaborate with the working group and the Committee to advocate for policies that improve the lives and outcomes of people with ESRD.

# Congressional Reception Brings Together NIDDK Supporters

By Grant Olan

On June 23, 2015, ASN co-sponsored a Friends of NIDDK congressional reception in Washington, DC, to formally launch the new advocacy coalition. Senate Diabetes Caucus Co-Chair Jeanne Shaheen (D-NH) and Senate Minority Whip Richard Durbin (D-IL) spoke at the reception, which also featured National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Director Griffin P. Rodgers, MD.

" I want to thank you for your work on this coalition, and I can assure you that it will pay off," Dr. Rodgers said. "We combat some of the most common, consequential and costly diseases … and we are committed to doing basic, clinical, and translational research. As we plan, we will continue to seek your broad input. To that end, I look forward to working with all of you not only now but into the future."

Friends of NIDDK was established in 2013 with the goal of bringing all NIDDK stakeholders together to raise awareness about NIDDK-funded research and to build support for increased funding to maintain current projects and support new initiatives. ASN serves on the Friends of NIDDK Executive Committee, along with the American Diabetes Association, American Gastrological Association, American Urological Association, and others. To date, Friends of NIDDK includes more than 40 member organizations.

Earlier this year, Friends of NIDDK met with staff from the House and Senate committees with jurisdiction over NIDDK's budget to discuss the breadth of research funded by the institute and its impact on our nation's health. For 2016, Friends of NIDDK requested $2.066 billion for NIDDK, approximately an 8% increase over its 2015 budget and a 6.2% increase over President Obama's 2016 budget request.

NIDDK is the fifth largest institute at the National Institutes of Health (NIH) and coordinates research on many of the most serious diseases affecting public health. NIDDK's mission is to "conduct and support medical research and research training and to disseminate science-based information on diabetes and other endocrine and metabolic diseases; digestive diseases, nutritional disorders, and obesity; and kidney, urologic, and hematologic diseases, to improve people's health and quality of life."

NIDDK funds the lion's share of kidney research at NIH. In fact, NIDDK is the largest funder of kidney research in the world. "The research NIDDK funds promises to unlock mysteries about the causes and progression of kidney disease that could lead to new cures and therapies for this silent killer that strikes 1 in 10 adults in the United States," ASN Research Advocacy Committee Chair Frank C. Brosius, MD, stated. "ASN looks forward to working with the Friends of NIDDK advocacy coalition to galvanize support for NIDDK research and funding."