ASN Launches Quality and Patient Safety Task Force

Advancing the quality of care and improving patient safety are two of the most important issues for healthcare professionals and policymakers alike. Reducing preventable injuries and illnesses in hospitals is now recognized not only as an important goal from a patient perspective but also key to slowing the rising cost of care. Meanwhile, quality improvement initiatives—both voluntary and as a component of Medicare payment programs—are proliferating.

In concert with the growing attention to these issues, ASN recently established the ASN Quality and Patient Safety Task Force. The task force, chaired by Amy Williams, MD, is tasked with the following charge:

1. Draft ASN’s response to the American Board of Internal Medicine (ABIM) “Choosing Wisely” Campaign.
2. Identify current trends in quality improvement and patient safety initiatives.
3. Develop online tools to help nephrologists conduct quality improvement studies and improve patient safety.
4. Raise ASN member awareness of quality and patient safety issues and the resources available to help address them, including the development of a “quality” abstract category at ASN Kidney Week.
5. Consider opportunities for alignment with the Department of Health and Human Services’ “Partnership for Patients” initiative.

The task force’s first major initiative is to participate in the ABIM’s “Choosing Wisely” campaign, which is focused on the concept that more care is not necessarily high-quality care, and in some cases excess tests, procedures, or prescriptions can actually harm patients.

“As medical professionals, we are entrusted by our patients and society to provide quality care that is evidence based, safe, and achieves the best outcomes,” said task force chair Amy Williams, MD. “Managing the explosion of medical knowledge, increasing complexity of clinical care, and new external pressures demanding innovative, effective, and efficient care models to achieve benchmarks and quality standards can be confusing and overwhelming. The goal of this task force is to provide tools and guidance to meet the expectations of delivering safe, effective, patient-centered, timely, efficient and equitable care to all patients with kidney disease in an environment of constant change as well as to develop partnerships with CMS, ABIM and other governing bodies to appropriately influence change to improve the value of care delivered.”

Besides Dr. Williams and Council Liaison Ron Falk, MD, FASN, the task force is comprised of 10 members, each representing one of ASN’s 10 advisory groups (Table 1).

### Table 1

**ASN Patient Quality & Safety Work Group Roster**

- Amy Williams, Chair
- Amy Dwyer - Intervenational Nephrology Advisory Group
- Allison Eddy - Physiology and Cell Biology Advisory Group
- Ronald Falk - ASN Council Liaison
- Jeffrey Fink - CKD Advisory Group
- Bertrand Jaber - AKI Advisory Group
- Stuart Linas - Hypertension Advisory Group
- Beckie Michael - Practicing Nephrologists Advisory Group
- Ann O’Hare - Geriatric Nephrology Advisory Group
- Rachel Shaffer - ASN Staff Liaison
- Heidi Schaefer - Transplant Advisory Group
- Howard Trachtman - Glomerular Diseases Advisory Group
- Dan Weiner - Dialysis Advisory Group

Immunosuppressive Drug Coverage Bill Gains Support

Extending lifetime immunosuppressive drug coverage for kidney transplant recipients is a top ASN legislative advocacy priority. On Capitol Hill, the efforts of ASN leaders, volunteers, and policymakers, including Rep. Jeff Fortenberry (R-Nebraska), are set to expand for Congress to again consider providing the much-needed lifetime coverage.

Patients with end stage renal disease are entitled to Medicare coverage for dialysis or kidney transplants. While Medicare pays for most kidney transplants, it only provides 36 months of immunosuppressive drug coverage for patients who do not qualify for Medicare due to age or disability. Patients who cannot afford immunosuppressive drugs lose the transplanted kidney and then require dialysis to stay alive. Immunosuppressive drugs cost Medicare $19,000 per year per patient; dialysis costs Medicare more than $77,000 per year per patient. This bill would provide Medicare coverage for immunosuppressive drugs only—protecting Medicare’s investment in the transplant—and all other Medicare coverage would cease after 36 months, as under current law.

On July 29, Sen. Richard Durbin (D-IL) introduced the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2011 (S. 1454). ASN worked behind the scenes with Rep. Michael Burgess, MD, (R-TX) and other members of the kidney advocacy community to recruit a bipartisan group of congressmen in the House to co-sponsor a companion bill to be introduced by Rep. Burgess. Supported by 18 cosponsors from both sides of the aisle, the Rep. Burgess introduced the House companion bill (H.R. 29865) on September 21.

With both House and Senate bills now available for legislative consideration, ASN has redoubled its advocacy efforts in support of the legislation. Public Policy Board Chair Thomas Hostetter, MD, Public Policy Board member Wolfgang Winkelmayr, MD, ScD, FASN, ASN President Joseph V. Bonventre, MD, PhD, and ASN Manager of Policy and Government Affairs Rachel Shaffer participated in a series of meetings with key Republican and Democratic leaders in the House and Senate to discuss the legislation this October. These meetings included discussions with Rep. Tom Marino (R-PA) and Rep. John Fleming, MD (R-LA); the Republican co-chair and vice-chair of the Congressional Kidney Caucus, a House caucus dedicated to educating Congress and the public about the problem kidney disease poses for our society. As a direct result of these discussions with ASN, Rep. Marino and Rep. Jim McDermott—the Democratic co-chair of the Congressional Kidney Caucus—stated that they would sign on as co-sponsors of the bill.

For the first time, ASN also incorporated social media into their advocacy plan, posting updates about the bill’s introduction on Facebook and Twitter pages, and encouraging followers to send a message in support of the bill to their congressional representatives through ASN’s Legislative Advocacy Center (http://capwiz.com/ASN/issues/alert/?alertid=53779511). At press time, ASN members had sent more than 500 messages to Congress—an ASN record for member advocacy communications. If you haven’t sent in a message yet, please take a minute to do so today.

Broad support exists on both sides of the aisle for the bill, and ASN anticipates that many more members will support the bill in the coming weeks and months. So, a bill that would protect transplants and help more patients receive the gift of life—with broad bipartisan support—sounds like a slam dunk, right? Not so fast. As seen this summer with the debt ceiling debate, nothing is certain on Capitol Hill at this time. Several potential impediments to the bill’s passage, the “debt ceiling committee,” which is tasked with trimming the deficit by up to $1.5 trillion. There is a distinct possibility that the debt-reduction process could paralyze Congress, preventing consideration and passage of smaller (though worthwhile) bills. Moreover, the Congressional Budget Office (CBO) most recently estimated the bill to cost $600 million over 10 years—even though the actual cost is actually likely much lower, especially since the two most commonly used drugs have gone generic since CBO made that estimate. Getting new spending legislation passed is an uphill battle, especially in an election year.

Nonetheless, ASN is hopeful that its advocacy efforts, together with those of other patient advocacy organizations and transplantation communities, will come to fruition this year. The bill is generally recognized by both parties as a common-sense piece of legislation that would provide considerable benefit to society. Building upon this accord, lawmakers stand a legitimate chance of overcoming the current political climate to provide the lifetime drug coverage that patients need. You may view the joint ASN, ASPN, and RPA letter to the debt super committee at www.asn-online.org. To send a letter to your congressional rep­resentatives in support of the bill, please visit http://capwiz.com/ASN/home/.

Online ASN Resource Center for Investigators Aims to Simplify Research Approval Process

Recognizing the challenges of navigating the complex maze of steps necessary to obtain approval to conduct patient-identified research in dialysis units, the ASN Dialysis Advisory Group (DAG) created a new online resource for researchers. The “ASN Investigator Resource Center” is a clearinghouse for forms and policies regarding the research application process in national dialysis chains. Intended to be a “one-stop shopping” resource, the webpage contains all the information a researcher would need to initiate and complete the approval process. The Investigator Resource Center also provides the names and contact information of staff at each provider whom investigators with questions may contact. Although currently limited to DaVita and Fresenius Medical Care (FMC), the DAG anticipates expanding to all FMC and ASN Manager of Policy and Government Affairs Rachel Shaffer participated in a series of meetings with key Republican and Democratic leaders in the House and Senate to discuss the legislation this October. These meetings included discussions with Rep. Tom Marino (R-PA) and Rep. John Fleming, MD (R-LA); the Republican co-chair and vice-chair of the Congressional Kidney Caucus, a House caucus dedicated to educating Congress and the public about the problem kidney disease poses for our society. As a direct result of these discussions with ASN, Rep. Marino and Rep. Jim McDermott—the Democratic co-chair of the Congressional Kidney Caucus—stated that they would sign on as co-sponsors of the bill.

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“Clarifying the process for research applications is just one more thing ASN is doing to facilitate cutting-edge medical research,” said Peter Zuckerman, one of the principal investigators of the study. “The fact that ASN is putting together a one-stop shopping resource for researchers is wonderful.”

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