

Patient Ambassador Monthly Meeting  
Wednesday April 27, 2011 Re-Cap Notes

## **Meet Hrant Jamgochian, DPC Executive Director**

### **🕒 Background on DPC's New Leadership**

- The April Patient Ambassador call offered a chance for some of our Patient Ambassadors to get to know DPC's new leadership.
- Hrant Jamgochian, J.D., LL.M., joined DPC as its new Executive Director in April 2011. He can be reached at 1-866-877-4242 or [hjamgochian@dialysispatients.org](mailto:hjamgochian@dialysispatients.org). His full biography can be viewed in the previously sent April 2011 (Quarter 2) edition of "The Patient Citizen" newsletter or on our website at <http://www.dialysispatients.org/about-dpc>.

## **Washington DC Update**

Hrant Jamgochian

### **🕒 Legislative and Regulatory Issues Update:**

- **The Bundle - Transition Adjuster:**
  - Medicare has transitioned into a new payment system that "bundles" the costs of dialysis into a lump-sum payment to providers.
  - The bundle was intended to be budget neutral. However, the Centers for Medicare and Medicaid Services (CMS) initially made an incorrect estimation – they thought roughly 43% of providers would opt-in, when in fact up to 85% or more are being reimbursed under the bundle. As a result, providers were reporting that about \$6 per dialysis treatment was being lost that should not be for dialysis patient care.
  - Due to this discrepancy, DPC and other patient organizations lobbied Congress and sent comment letters to instruct CMS to correct for this miscalculation so that money was not lost for life-saving patient care, and it worked! Effective April 1, 2011, the dialysis facilities are now receiving bundled reimbursement at the correct rate.
- **ESAs for Anemia Treatment:**
  - In March, DPC was concerned about CMS issuing a National Coverage Determination that would restrict the coverage of ESAs under Medicare.
  - Due to this concern, DPC and other patient organizations lobbied Congress and sent comment letters to CMS encouraging it to consider the usefulness of ESAs

in anemia treatment, and it also worked! CMS did not restrict Medicare coverage of ESAs.

- Quality Incentive Program (QIP):
  - To aid in implementation of the ESRD bundled payment system, Congress and CMS have taken measures to develop a Quality Incentive Program (QIP) that seeks to align payment incentives for providers with patient outcomes.
    - DPC submitted comments to the National Quality Forum (NQF) to ensure the patient perspective is considered when determining future quality measures for the program. DPC encouraged the QIP overall and generally agreed with the list of 11 quality measures.
    - However, we were particularly concerned that the **Serum Phosphorus Greater Than 6 mg/dl** measure was not included in the QIP. Regulating patients' bone and mineral metabolism is vital to preventing co-morbidities. The serum phosphorus levels below 6mg/dl measure is clearly an established standard of care and should be included in the QIP.
- Coordinated Care Policy:
  - Coordinating care means that each health care provider serving a patient shares information with one another in a timely manner about the patient's health, treatments prescribed and care delivered to him or her.
  - Current proposed models that focus on improving the coordination and integration of care to improve quality include Accountable Care Organizations (ACO) and Medical Homes.
  - Regardless of the payment model chosen to facilitate improved care coordination, DPC believes reimbursement should be aligned to provide incentives for all of a CKD patient's health care providers to better coordinate with one another.
  - We need our Patient Ambassadors' feedback on a coordinated care policy. You can do so by accessing our proposal online at <http://www.dialysispatients.org/coordinated-care-policy>. You can also call us at 1-866-877-4242 or email us at [dpc@dialysispatients.org](mailto:dpc@dialysispatients.org) to give feedback on your support or concerns for such a policy.