



NORTH WEST
KIDNEY CENTERS

August 20, 2010

Dr. Donald Berwick
Administrator
Centers for Medicare and Medicaid Services
c/o <http://www.regulations.gov>.

Since 1962,
a nonprofit,
community-based
health care provider

RE: CMS-1503-P: Proposed Rule for Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2011

Dialysis facilities
located in:

Auburn
Bellevue
First Hill
Lake City
Kent
Northgate
Port Angeles
Renton
SeaTac
Seattle
Snoqualmie
Totem Lake
West Seattle

Dear Administrator Berwick:

Northwest Kidney Centers provides dialysis services to 1400 people in western Washington. We are the first out-of-hospital dialysis provider in the world, established in 1962. We have operated a home dialysis program since 1964. Currently 16% of our patients have completed home dialysis training and conduct self treatment at home. We are champions for home dialysis therapy.

We urge the Agency to ensure that policy changes to the monthly capitation payment, as proposed in the Rule for Payment Policies under the Physician Fee Schedule, do not create significant problems for home dialysis patients and disincentives for physicians to follow home patients.

We ask that CMS leaves unchanged the existing monthly capitation payment (MCP) policy for physician/practitioners following patients on home dialysis.

Dialysis services
also provided in:

180 Homes
11 Hospitals

CMS proposes to require the physician/practitioner to furnish at least one face-to-face patient visit per month to be eligible for the MCP. This is a change from current policy which does not require a face-to-face encounter every month.

We agree that a monthly visit between the home patient and their physician is optimal care. Every patient should be offered a monthly visit with their physician. These visits should happen regularly.

In addition to this visit, the MCP physician tracks patient laboratory results, responds to patient calls, consults with home dialysis nursing staff, monitors and changes orders, completes and updates the Plan of Care and conducts other services.

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Upon occasion a home patient may decide to extend the interval between the face-to-face encounters with their physician beyond 30 days. The patient may do so because of rural/geographic considerations, transportation challenges, weather emergencies, patient travel plans, work and other considerations. As well, some home patients live with exceptional medical conditions (ventilator-dependency, advanced cancer) that make travel difficult. Many home patients

are employed. Rehabilitation is a primary focus of home therapy, a major reason why CMS and Congress strongly support home dialysis therapy.

If the home patient chooses to extend the interval between physician visits beyond one month, due to planned or unexpected circumstances, the patient's choice for the exception should be documented in the clinical record. Since monthly visits should be the routine, the patient is expected to see their physician the following month. The home dialysis program reinforces this expectation.

The ESRD Conditions for Coverage, explained in the Guidance (V560), clearly supports this practice. The Guidance states “**Any patient may choose not to be seen by a physician every month.** However, if there is a pattern of a patient consistently missing physician visits, the interdisciplinary team should determine whether or not the patient is unstable and should address the lack of medical oversight with the patient in the plan of care.”

We are extremely concerned that Medicare beneficiaries will decide to forgo the choice of home dialysis if the Proposed Rule is implemented requiring a face-to-face visit every month because of this increased responsibility. Flexibility, independence and quality of life are the hallmarks of home dialysis therapy. The patient's involvement in decision making is extremely important, especially for those who are committed to self treatment. The Proposed Rule will eliminate any flexibility for patients to choose to extend the interval between doctor visits.

As well, we are concerned that home patients will lack access to home therapy because of more limited physician participation in this program. Some physicians may discharge home patients because they do not complete a monthly visit every month. It is possible that some physicians may discontinue all participation in following home patients. In contrast, we note that physicians following facility patients have choice over when and how often they round on the patient, requiring no self-determination on the patient's part.

Home dialysis is a highly successful therapy for many Medicare beneficiaries. Medicare beneficiaries on home dialysis may face reduced access to care due to the MCP proposed rule. We believe the ESRD Conditions for Coverage support the current MCP payment practice for following home patients. We urge you to leave unchanged the MCP payment rule for physicians/practitioners following home dialysis patients.

Sincerely,

Joyce F. Jackson
President and CEO