

Congress of the United States
Washington, DC 20515

October 13, 2011

Dr. Donald Berwick, Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

RE: End Stage Renal Disease Quality Improvement Program

Dear Dr. Berwick:

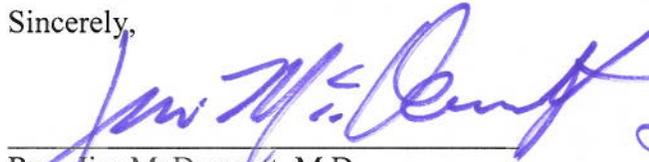
As leaders of the Congressional Kidney Caucus in the House of Representatives, we write to express our concerns about the Proposed Rule on the End Stage Renal Disease Quality Incentive Program (“ESRD QIP”). (Medicare Program; Changes to the End-Stage Renal Disease Prospective Payment System for CY 2012, End-Stage Renal Disease Quality Incentive Program for PY 2013 and PY 2014, CMS-1577-P). Specifically, we are concerned about the potential adverse consequences to patient safety that could result from CMS’s proposal to retire the QIP measure establishing a lower boundary to a dialysis patient’s hemoglobin level. (“Percentage of Medicare patients with an average Hemoglobin Less Than 10g/dL.”)

As you know, a bundled payment methodology such as the new ESRD PPS framework may incentivize providers to undertreat patients. Although not squarely evidence-based, we believe that the 10 g/dL measure—now slated for retirement—has effectively acted as a patient safeguard, encouraging providers to maintain patients’ hemoglobin at a level that prevents adverse consequences associated with low hemoglobin. Without such a floor, we fear that some providers feeling pressure to respond to reduced reimbursements may establish protocols that lead to avoidable patient suffering—fatigue, blood transfusions, and a lower quality of life—as well as higher downstream costs to the taxpayer. From our discussions with dialysis patients and advocates, we understand they too are concerned about the potential impact of dropping the hemoglobin floor.

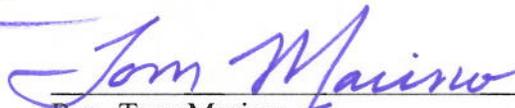
To that end, if CMS does retire the sub-10g/dL hemoglobin measure in the final rule, we urge CMS to put in place an evidence-based floor as soon as practicable, as well as to provide an estimate of when it expects to establish such a lower boundary. In the interim, and prior to the retirement of the floor, we respectfully request that you notify us of the steps that CMS is taking to ensure that dialysis patients are not undertreated with regard to their levels of hemoglobin, as well as an anticipated timeline for the implementation of these steps.

Thank you for your attention to our concerns and please do not hesitate to contact us if you have any questions regarding our request.

Sincerely,



Rep. Jim McDermott, M.D.
Co-Chair, Congressional Kidney Caucus



Rep. Tom Marino
Co-Chair, Congressional Kidney Caucus



Rep. Jesse Jackson, Jr.
Vice Chair, Congressional Kidney Caucus