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April 20, 2020

Tom Duvall, MBA

Operations Analyst, Center for Medicare and Medicaid Innovation
WB-06-05
7500 Security Boulevard
Baltimore, MD 21244-8013

Dear Mr. Duvall:

The Renal Physicians Association (RPA) is the professional organization of nephrologists whose goals are to ensure optimal care under the highest standards of medical practice for patients with kidney disease and related disorders. RPA acts as the national representative for physicians engaged in the study and management of patients with kidney disease. RPA is writing to offer our perspective on the potential implementation of the mandatory ESRD Treatment Choices (ETC) payment model for kidney care proposed in July 2019 and the voluntary Kidney Care Choices (KCC) models for which CMMI solicited applications in October 2019.

To begin, RPA unreservedly commends the Administration for the historic, bold, and aspirational vision that is embodied by the Advancing American Kidney Health Initiative (AAKHI). The payment and care delivery mechanisms for care provided to persons with kidney disease had not experienced fundamental change for decades, and did not sufficiently establish incentives or provide pathways for patients to choose home dialysis or transplantation modalities, and the proposed payment models sought to address those critical flaws. Further, the proposal to address upstream kidney care by providing reimbursement to nephrologists specifically for chronic kidney disease care for the first time is paradoxically both groundbreaking and based on common sense. RPA appreciates the broad scope of the AAKHI's objectives, and many of the specific policy proposals seeking to implement its goals.

That said, we are extremely concerned that the current public health emergency (PHE) will render implementation of the ETC and KCC models all but impossible in the near and foreseeable future. Nephrology practices are stretched to their limits providing care to patients across the spectrum of kidney disease care. Further, practices are bracing for large reductions in revenue, despite best efforts to pivot to telehealth, and are also focused on procuring small business loans and workforce preservation strategies in order to keep their doors open and care delivery workflows sustainable.

As for the specific models, we believe implementation of the ETC model is simply not viable during the PHE. Admittedly, RPA had numerous concerns about the proposed rule when it was released, but the Administration's good faith efforts to obtain community input and ideally implement a modified version of the ETC model offered hope that it could attain its broad goals of increased home dialysis and kidney transplantation without adversely disrupting necessary care delivery. However, the PHE changes the equation. RPA firmly believes that it will be entirely unfeasible for nephrology practices and dialysis facilities to fulfill the responsibilities of participation in the ETC until the PHE has concluded and additional time has passed for the involved parties to assess the impact of proceeding with the mandatory model. **RPA strongly urges the Administration to defer implementation of the ETC model until the PHE is concluded and sufficient time has passed to evaluate the suitability of moving forward.**

With regard to the KCC models, RPA solicited input from a broad expanse of our members from practices who have submitted applications for either or both of the KCF and CKCC models to ascertain whether they would proceed under the current circumstances. The unanimous response was that given the PHE these practices would be withdrawing their applications and not participating if the models began in 2021. Among the reasons given for these decisions were:

- The exceptionally large amount of resources being allocated to adapting existing nephrology practice workflow to providing care during the PHE;
- As such, it will be quite difficult for practices to determine if they will be in a financial position to be able to devote the funds needed to build the infrastructure required to perform successfully in these models by the fall;
- Partner groups and organizations such as primary care physicians (PCPs), other specialty physicians, and hospital systems are similarly overwhelmed in the effort to treating patients during the pandemic;
- Patient engagement will likely be much more difficult during and after the PHE, especially among marginalized patient populations;
- To the degree that it is included in establishing benchmarks in the models, the 2020 data will be aberrational and thus have compromised validity;
- CMS will also be feeling the stress of administering existing programs during the PHE and performing critical tasks such as benchmarking, establishing beneficiary alignment, and determining accurate incentive payments or penalties will be more challenging than would otherwise be the case.

To be clear, these nephrologists were very interested in participating in the voluntary models pre-COVID. Many of the respondents participated in the ESCO program, and over time have become believers in the promise of value-based care, recognizing the benefits to patients and the potential for meaningful cost-savings. However, at the moment the members we solicited for comment indicated that they would have little choice but to defer participation in the voluntary models.

RPA also recommends that CMMI consider extending the ESCOs for another year to enable those nephrology practices who wish to continue participation in an alternate payment model have the opportunity to do so. We believe that an ESCO extension would allow participants to maintain familiarity with the processes necessary to succeed in value-based care. ESCO requirements, such as quality performance thresholds, would need to be modified given the challenges in which nephrologists and dialysis facilities are operating.

As always, RPA welcomes the opportunity to work collaboratively with CMS in its efforts to improve the quality of care provided to the nation's kidney patients, and we stand ready as a resource to CMMI in its future work on innovative care delivery models in kidney disease care. Any questions or comments regarding this correspondence should be directed to RPA's Director of Public Policy, Rob Blaser, at 301-468-3515, or by email at rblaser@renalmd.org.

Sincerely,

A handwritten signature in black ink, reading "Jeffrey A. Perlmutter" with a stylized flourish at the end.

Jeffrey A. Perlmutter, MD
President