

2020 Annual Meeting Special Edition

RPA News

March 2020

Vol. XXXVIII No. 2

The Year in Review by Jeffrey Perlmutter, MD, RPA President

The last 12 months have been monumental for the kidney care community with the announcement of the Advancing American Kidney Health Initiative (AAKHI) by President Trump last summer and the subsequent development and release of several new kidney payment models by the Centers for Medicare and Medicaid Innovation (CMMI). RPA has had a front seat to all of these exciting changes and has been working closely with the Administration and relevant agency staff to influence the new models so that nephrology practices are able to participate in a way that enables them to improve kidney patient care and succeed financially. Highlights of RPA's activities related to the roll out of the AAKHI as well as in other areas over the past year are provided below.

Following RPA's 2019 Annual Meeting, we launched RPA CONNECT, an online member engagement communication platform where nephrology professionals can share ideas, ask questions, and discuss issues of concern. You can join one or more of the communities on the platform from medical directors to practice administrators to early career physicians among others. We have also held several online discussion forums moderated by experts in the selected topics. During the past year, these discussions addressed Utilizing Telehealth to Manage Patients Receiving Dialysis Care; Uncompensated Kidney Care in the United States — Who Pays?; Pain Management in Kidney Care; and Best Practices for CKD Management. I encourage you to engage with your colleagues at <https://rpaconnect.renalmd.org/pages/home>.

Five years ago, RPA launched its Kidney Quality Improvement Registry (RPA Registry) to assist nephrologists with fulfilling reporting requirements outlined in the Centers for Medicare and Medicaid Services (CMS) Quality Payment Program and conduct benchmarking and performance gap analysis to improve kidney care. Once again, CMS has granted approval to the RPA Registry as a Qualified Clinical Data Registry (QCDR) for 2020. In addition, hundreds of nephrologists obtain maintenance of certification (MOC) credits from the American Board of

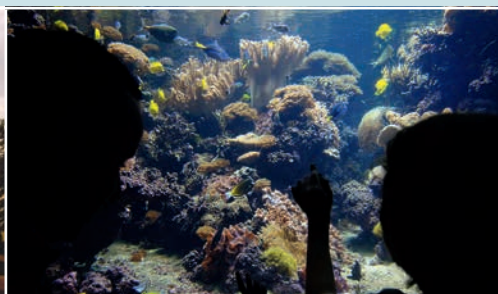
Internal Medicine (ABIM) for participation in the Quality Assessment and Performance Improvement (QAPI) program through utilization of the RPA Registry. Over the past year RPA received two grants from industry to use this registry to conduct research. The results from the first project which focused on the impact of hyperkalemia on chronic kidney disease (CKD) patients will be presented on Sunday morning. The second project is gearing up and will focus on examining bone metabolism disorders in people with CKD. To learn more about the RPA Registry and its capabilities stop by the booth near the exhibit hall.

Much of our work in the advocacy arena over the last year focused on shaping the payment models proposed by CMMI. RPA submitted comments on the proposed rule outlining the mandatory End-Stage Renal Disease (ESRD) Treatment Choices (ETC) Payment Model—the final rule has been delayed with an implementation date uncertain at press time. At the end of October, CMMI released the long awaited RFAs for the voluntary payment models. RPA focused its attention on the Kidney Care First (KCF) model. RPA believes the KCF should be accessible to as many nephrology practices as possible and developed guidance for our members to consider the benefits and challenges of participation before deciding to submit an application ahead of the January 22 due date. RPA also provided feedback to CMMI on several of the provisions outlined in the model including alternate quality measures that may be better suited for tracking and reporting by nephrology practices. There will be several sessions about the AAKHI and



Jeffrey Perlmutter, MD
RPA President

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The Year in Review

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President Trump presents the signed executive order on Advancing American Kidney Health on July 10 in Washington, DC.

the payment models during the annual meeting. I encourage you to bring your questions to Baltimore.

As a result of your support, RPA had several significant successes in the advocacy arena over the past year:

► Maintained Appropriate Reimbursement for Vascular Access Services in ASCs

In recent years, CMS has proposed and/or finalized changes in reimbursement for outpatient dialysis vascular access care that have threatened patient access to those services. For 2019, the Agency proposed cuts of 55 percent and 54 percent for the two high volume balloon angioplasty services (CPT codes 36902 and 36905) when provided in the Ambulatory Surgical Center setting.

RPA not only led the effort to dissuade CMS from finalizing this proposal for 2019, but our ongoing advocacy resulted in CMS deciding to not even propose those changes for 2020.

► Secured Introduction of Immunosuppressive Drug Coverage Legislation

In late December, HR 5534, the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act, was introduced in the U.S. House of Representatives. Extension of immunosuppressive drug coverage for the life of the transplanted kidney has been a legislative priority for RPA for over ten years.

► Reduced Impact of Revision and Revaluation of Medicare E&M Service Codes on Nephrology

As the nephrology specialty's representative to the AMA's CPT Editorial Panel and Relative Value Update Committee (RUC), RPA helped develop an alternate methodology to the 2018 CMS proposal to compress payment levels for all outpatient evaluation and management (E&M) services to a single level for each family. This process resulted in proposals adopted by CMS for implementation in 2021.

► Obtained Payment for TCM Services to ESRD Patients

RPA's advocacy efforts resulted in CMS removing the prohibition against billing transitional care management (TCM) services in conjunction with the monthly capitation

suite of outpatient services provided to ESRD patients. This allows nephrologists to more appropriately manage the care provided to ESRD patients who have recently been discharged from the hospital and get reimbursed for those services utilizing the TCM codes. RPA also advocated for the dialysis facility to be an allowable site of service for these claims.

► Attained Transplant Bonus in Kidney Payment Models

RPA urged senior staff from CMMI to include a sizable bonus for successful kidney transplants for beneficiaries aligned with nephrology practices in the kidney payment models the agency developed. RPA included this bonus in RPA's original ESRD Clinical Episode Payment Model proposal to the Physician Payment Model Technical Advisory Committee (PTAC).

A transplant bonus of up to \$15,000 over three years was ultimately included in the voluntary payment models developed by CMMI and released in 2019 due to RPA's advocacy efforts.

Please contribute to the RPA Political Action Committee (PAC) and attend Capitol Hill Day on June 26 in Washington, DC, so that we can continue to have future advocacy successes. Your support is crucial to the future of legislation and regulations affecting kidney care and our profession.

RPA is fortunate to have dedicated volunteers who contribute freely of their time and talent which enables us to conduct our important work on behalf of the profession. My sincere thanks to outgoing Board members Drs. John Ducker, Jeffrey Giullian, Ron Hyde, and Vijay Rao. It has been a privilege working with each of them over the past six years. Join me in recognizing their achievements during the general session on March 20.

The RPA Board is well positioned to tackle the challenges on the horizon as we welcome four new members this month: Dr. Nishant Jalandhara (Texas), Dr. Katie Kwon (Michigan), Dr. Rajiv Poduval (Arizona) and Dr. David Roer (Connecticut). More information about these nephrologists and their areas of expertise will be shared in the May issue of *RPA News*.



RPA leaders and staff pictured l. to r. Dr. Louis Diamond, Dr. Rebecca Schmidt, Robert Blaser and Dr. Jeffrey Perlmutter in attendance at the Ronald Reagan Building for the announcement of the Advancing American Kidney Health Initiative.

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I'm looking forward to working with the new and returning RPA Board members during my second year as president. Beginning this year, RPA leaders President-Elect Tim Pflederer, Secretary-Treasurer Keith Bellovich, Immediate Past President Michael Shapiro, Counselor Rebecca Schmidt, and the small but mighty RPA staff will be working with me, our committees and the rest of the Board to implement the strategic plan we crafted during the October retreat. I encourage you to become engaged in your professional society and join one of our committees to assist us with charting our future.

When the RPA Board along with several invited guests representing diverse stakeholder groups met last fall, we worked on a plan to focus the association's activities for the next two to three years. Our efforts resulted in the creation of a new vision:

Championing excellence in kidney care and forging the future for the nephrology profession.

We also developed a new mission statement.

RPA empowers nephrology professionals through:

- Leadership development and mentorship
- Regulatory and legislative advocacy
- Development and promotion of best business and care delivery practices

Our goals address four areas that highlight RPA's core competencies:

- The Voice of Nephrology
- The Business of Nephrology
- Leading and Learning in Nephrology
- Community of Nephrology

For each of the goals, we have developed strategies and tactics to achieve those strategies. We are developing an operational plan to implement high priority tactics over the next two years

and will share more information with the membership about the strategic plan during the coming months.

On behalf of the RPA Board, thank you to the education committee chair Dr. Ron Hyde, vice chair Dr. Gary Singer, and members for their work planning an outstanding 2020 annual meeting program. For the third consecutive year, RPA has planned a leadership workshop in collaboration with the American Association for Physician Leadership. This year's workshop focuses on negotiation and includes relevant nephrology-specific examples. All of us negotiate medical director agreements, employment agreements, private payer contracts, joint ventures, etc. Learn how to use various techniques to improve your negotiation skills through this interactive workshop. Participants in the one-day leadership workshop will receive MOC credits in addition to CME credits. For those of you unable to travel to Baltimore for the annual meeting, I encourage you to check out RPA's e-learning portal to meet your distance learning needs.

I am also committed to visiting practices in diverse communities around the country to hear about your challenges and learn how RPA can help you and your practice. I enjoyed meeting with Mountain Nephrology in Asheville, Metrolina Nephrology Associates in Charlotte, and Kidney Specialists of Southern Nevada in Las Vegas thus far. Contact the RPA office so I can schedule a trip to your part of the country.

I hope you will join me for the opening plenary session at the 2020 annual meeting in Baltimore where I will provide an overview of the historical context within which RPA represents nephrology professionals to legislators, regulators and policy makers. I think it is worth reminding all of us of how the need for the RPA in 1974 is even more relevant today in the current health care climate. Thank you for your continued support of RPA. We couldn't do what we do without you! ■

AAKP Honors Katherine Tuttle at Medal of Excellence Dinner During RPA Annual Meeting



The American Association of Kidney Patients (AAKP), America's largest independent, patient-lead kidney advocacy organization, will honor Dr. Katherine Tuttle, executive director for research at Providence Health Care (PHC), and co-principal investigator of the Institute of Translational Health Sciences and professor of medicine in the Nephrology Division and the Kidney Research Institute at the University of Washington.

Dr. Tuttle earned her medical degree and completed her residency in Internal Medicine at Northwestern University School of Medicine in Chicago. Her nephrology fellowship training was performed at University of Texas Health Science Center in San Antonio.

Dr. Tuttle's primary research interests are in the areas of clinical and translational science and precision medicine for diabetes and chronic kidney disease. She has published over 200 original research contributions and served two terms as associate editor for each of the Clinical Journal of the American Society of Nephrology and the American Journal of Kidney Disease. Dr. Tuttle has received many honors and awards including the Garbed Eknayan Award from the National Kidney Foundation, the YWCA Woman of Achievement Award in Science, and two Outstanding Clinical Faculty Awards at the University of Washington. The Medal of Excellence Award is the AAKP's highest honor for kidney healthcare professionals and is designed to elevate national and international figures who have been in the forefront of advancements in kidney care and patient empowerment.

RPA is pleased to have the AAKP Medal of Excellence dinner held in conjunction with RPA's Annual Meeting on Friday, March 20, at 7 pm. For more information or to purchase tickets go to <https://aakp.org/medal-of-excellence/>. ■

RPA Recognizes Excellence in Practice and Service

During the annual meeting several awards will be presented in recognition of outstanding contributions and service to the nephrology discipline. Congratulations to each of these awardees!



Dr. Franklin Maddux will receive the 2020 Distinguished Nephrology Service Award.

As a nephrologist, information technology entrepreneur, and health care executive, Dr. Maddux has influenced how the specialty delivers kidney care. The first renal practice-based electronic health record software now known as Acumen Physician Solutions had its beginning at Gamewood Data Systems, a company Dr. Maddux founded in

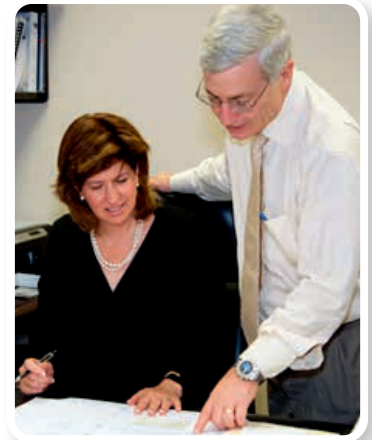
1991, which later became Health IT Services Group. When that company was acquired by Fresenius Medical Care in 2009, Dr. Maddux left his Danville, Virginia, practice where he served as president from 1995-2005 to become Fresenius Medical Care's Chief Medical Officer. Two years later he became the dialysis company's Chief Medical Officer for North America and in March 2019 he was appointed as Fresenius Medical Care's first Global Chief Medical Officer and named to the company's global Management Board that same year. This career trajectory has enabled Dr. Maddux to interact with nephrologists from diverse settings around the world to improve their ability to deliver value-based care. Dr. Maddux believes that the kidney community is making progress; however, there remains much work to be done. "The field is changing, and we work in a complicated environment. It's critical that nephrologists are able to obtain useful data from information systems that can be used to impact patient care," Dr. Maddux shared. "Serving on the RPA Board of Directors was a sentinel activity of my professional life. I learned so much from this experience and developed long-lasting relationships. The bonds that RPA creates among nephrologists is one of its greatest strengths. It is so important that nephrologists don't feel like they are alone dealing with the challenges they face every day." Dr. Maddux served as a member of the RPA Board (2006-2011) and as its Secretary-Treasurer (2009-2011).



MANA Group Photo

Mid-Atlantic Nephrology Associates, P.A., (MANA) Baltimore, will receive the 2020 RPA Exemplary Practice Award.

MANA is a community-based physician owned and governed nephrology practice whose mission is to provide comprehensive, consistent, high-quality care to patients with kidney and hypertensive diseases. Over the past three years practice President and CEO Dr. Paul Turer has focused on creating collaborative relationships with payers, primary care physicians and nurse case managers to increase early identification and staging of CKD, slow progression of CKD, improve timely nephrology referrals and optimize a patient-centric approach to manage the transition from CKD to ESRD treatment. Dr. Turer used the core principles outlined in RPA's Advanced CKD Patient Management Toolkit as the backbone for the practice's community outreach and care delivery approach. The practice also follows an internal quality improvement program reporting on measures that matter for CKD and ESRD patients. MANA began focusing on increasing home therapies by opening Kidney Home Centers more than a decade ago and opened a transitional care unit (TCU) in November 2018 to help transition patients who "crash" into dialysis in the hospital as well as those office patients who may benefit from its educational and support services. As a result of the positive results the practice has seen from the first unit, they plan to open a second TCU this year.



Suzanne Przybyla and Dr. Paul Turer



Rep. Ron Kind (D-WI) will receive RPA's 2020 Special Recognition Award.

Congressman Kind has been a leader on legislation needed to extend immunosuppressive drug coverage for the life of a kidney transplant. During the past ten years, he has either introduced or been the original co-sponsor on every immunosuppressive drug coverage bill including the current version, H.R. 5534, the

Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2019. He is also a co-sponsor of H.R. 1224, the Living Donor Protection Act of 2019. Congressman Kind has represented Wisconsin's Third Congressional District since 1997 and is a member of the House Ways and Means Health Subcommittee. ■

RPA Pays Tribute to Outgoing Board Members

RPA members voted on a new slate of Board members who will begin their terms this month. The new members will be featured in the May issue of *RPA News*. In this issue the association leadership and staff recognize the contributions of the outgoing board members who have volunteered numerous hours of service to move RPA and the nephrology specialty forward over the last six years. We are grateful for the time they have taken from their professional and personal lives and given to their professional society. RPA could not succeed without dedicated Board members.



As a transplant nephrologist, **Dr. John Ducker** wanted to increase RPA's emphasis on transplant-related issues. "Looking at RPA's legislative priorities I would say that we have put these issues front and center from coverage of immunosuppressive drugs to living organ donor legislation," Dr. Ducker noted. "I believe I have gotten more out of my participation on the Board than I have put in. This is the best experience

I have had in my professional career. Beyond the friendships I have made, I have learned how much I didn't know about the complexities of health policy and the intricacies of the physician payment system." In his role as a member of the RPA Registry workgroup, Dr. Ducker participated in the program launch and growth of the platform. He has also shared the knowledge he has gained through his involvement in RPA with his nephrology practice encouraging them to use RPA's Advanced CKD Patient Management Toolkit, participate in an ESCO and understand quality metrics.



Dr. Jeffrey Giullian has learned a great deal during his four years serving on the RPA Board. "While I have learned a ton from other Board members about value-based payments, interventional nephrology, quality improvement and practice management, I think what I learned most was around leadership. Watching our executive team lead physicians from disparate backgrounds bring us together to coalesce around

a problem and find a solution has been eye-opening for me," reflected Dr. Giullian. Serving on the Board has influenced his own leadership style to empower those around him to achieve the right results in the right way. "I do this by helping to ensure that my team is working on projects that align with our clinical and business objectives, providing resources, identifying and overcoming obstacles, and ensuring accountability." When Dr. Giullian joined the Board in 2016 he was transitioning out of practice and being on the Board kept him grounded in what practicing nephrologists deal with on a daily basis. As RPA's representative to the AMA Relative Value Update Committee (RUC) and chair of RPA's Health Care Payment Committee, Dr. Giullian shared his knowledge and passion for physician payment and billing and coding with the Board and RPA membership. He noted, "Being on the Board is not a figurehead

position. It is an opportunity to lead and shape the future of the organization. Every step of the way, it is about thinking through what our members need to be successful today, tomorrow and well into the future."



When **Dr. Ronald J. Hyde** joined the RPA Board, he sought to bring the perspective of a practicing nephrologist from a large group and offer the "man on the street" input regarding how policies affect practitioners in the community. He ended up taking a strong interest in membership and trying to grow the association's roster by promoting the value of RPA to nephrologists around the country.

"The RPA Board is a wonderful group of intelligent people who offer different perspectives. Board meetings are collegial and stimulating," Dr. Hyde reflected. "When I joined the Board in 2014 RPA celebrated its 40th anniversary. For me, that was an incredible highlight. It was amazing to see how RPA championed so many successful initiatives on behalf of the specialty over its short history. The numerous accomplishments that preceded my involvement are not apparent on a daily basis but must not be forgotten." He concluded, "Past President Dr. Ruben Velez told me I would make lifelong friendships during my Board service and he was right. I would encourage anyone with an interest to make time to serve in RPA leadership. You have a unique opportunity to work with peers from around the country and benefit from their wisdom."



Dr. Vijay Rao remembers a patient who lost his transplant because he couldn't afford the immunosuppressive medication needed to prevent rejection when his Medicare coverage expired. He became depressed and gave up. "I hope because of RPA's advocacy efforts we will be able to celebrate passage of the extension of immunosuppressive drug coverage for the life of the transplant this year!" exclaimed Dr.

Rao. "Since I have been involved, I have seen firsthand what a huge impact RPA has had on nephrology practice." Dr. Rao was a member of the government affairs committee prior to becoming a Board member six years ago. He stated, "Like RPA, I am committed to maintaining independent nephrology practice. As past president of Associates in Nephrology (Chicago), I can see how RPA's efforts have improved our ability to take care of patients and get fairly compensated for that care. From what I have learned through RPA I have been able to keep our practice on the cutting edge." He went on to emphasize the importance of being part of the process, especially for early career nephrologists. "All nephrologists should participate in Capitol Hill Day. Our elected officials need to understand what nephrologists do and appreciate our challenges taking care of chronically ill patients. I have enjoyed coming to Washington, DC, every year to advocate for issues affecting our practices and our patients," Dr. Rao shared. ■



RPA's PAC Honors Rep. Lisa Blunt Rochester (D-DE)

PAC Reception: March 20, 5:30 p.m., Baltimore Marriott Waterfront



Congresswoman Blunt Rochester will be the guest speaker at the RPA PAC's Annual Reception on Friday, March 20. She has served as the U.S. Representative for Delaware's at-large congressional district since 2017. Ms. Blunt Rochester—a member of the House Energy and Commerce Health Subcommittee, with jurisdiction over the Medicare program—will provide PAC supporters real insight into policy making.

Congresswoman Blunt Rochester is also a member of the Congressional Black Caucus and serves as the Assistant Whip for House Leadership under Speaker Nancy Pelosi (D-CA). Additionally, she is a cosponsor of H.R. 1224, the Living Donor Protection Act of 2019, and more recently, H.R. 5534, the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2019.

The RPA PAC facilitates the ability of RPA staff and volunteers to have face-to-face meetings with legislators on Capitol Hill and in their home districts on issues of critical importance to nephrology professionals and kidney patients. All RPA members are urged to begin or continue their participation in the political process and make their annual contribution to the RPA PAC.

Contributions to the RPA PAC can be made online at <http://www.renaldm.org/PAC-Home/>. Donations will be accepted at the Advocacy Action Center near the registration area at the annual meeting.

RPA PAC is a separate, segregated fund established by RPA. Voluntary contributions by individuals to RPA PAC will be used to support candidates for public office, regardless of political affiliation, who demonstrate their belief in the principles to which the profession of nephrology is dedicated. Contributions from corporations and associations as well as medical practices are prohibited by federal law and cannot be accepted. Contributions to the RPA PAC are not deductible as charitable contributions for federal income tax purposes. ■

RPA Recognizes Corporate Patrons

The RPA corporate patrons program is designed to augment the alliance between stakeholder industries and the RPA since corporate members of the nephrology community play an important role in optimizing patient outcomes. Gifts from corporate patrons are for scientific or educational purposes. During the year RPA leaders meet with representatives from corporate patrons participating companies to discuss areas of mutual concern and interest. This informal dialogue benefits industry and the association. Potential donors should contact the RPA office to obtain additional information. Links to all of our corporate patrons' sites may be found at www.renaldm.org.

RPA is pleased to acknowledge the support provided by all of our corporate patrons in this issue of *RPA News*:

PLATINUM (\$100,000)

Amgen
AstraZeneca Pharmaceuticals
Medtronic

GOLD (\$50,000)

Akebia
Avenu Medical
Bard Peripheral Vascular, Inc.
DaVita Kidney Care
Fresenius Medical Care
Janssen Pharmaceuticals
W.L. Gore, Inc

SILVER (\$25,000)

AtCor Medical, Inc.
Baxter Healthcare
Otsuka Pharmaceuticals
Relypsa
Rockwell Medical

BRONZE (\$10,000)

Laminate Medical Technologies
Medibeacon, Inc.
OPKO Pharmaceuticals

Sharon Kaufman Delivers Louis Diamond Lecture

Ordinary Medicine: Extraordinary Treatments, Longer Lives, and Where to Draw the Line

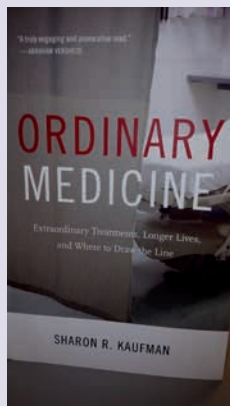


How has the graying of the dialysis population affected nephrology practice? When Medicare began paying for dialysis treatments in 1973 regardless of age, gender, race, or socioeconomic status the composition of the patient population was very different from today's ESRD patients. "When CMS decides to reimburse a treatment or procedure that becomes the standard of care for

all it becomes very difficult for health professionals to deny that care and for patients and their family members to say they don't want the care," explains Dr. Sharon Kaufman, a medical anthropologist with research interests in the changing culture and structure of U.S. medicine and end-of-life care as well as the effects of aging on medical practice.

In Dr. Kaufman's most recent book, "Ordinary Medicine: Extraordinary Treatments, Longer Lives, and Where to Draw the Line," she explores how experimental medicine can become "standard care." Using implantable cardiac devices, dialysis, kidney and liver transplantation and oncology as examples, Dr. Kaufman shares how a nearly invisible chain of social, economic, and bureaucratic forces has made once-extraordinary treatments seem ordinary, necessary, and desirable.

This book builds on her previous publication, "...And a Time to Die: How American Hospitals Shape the End of Life," that was published a decade prior and describes the role of medical practice and hospital structure in organizing and naming "life" and "death." Based on two years of ethnographic fieldwork in three California hospitals, the research was motivated by the growing cultural conversation



of complaints in the United States about overly-technological dying and the fact that solutions to the 'problem' of death were being articulated almost exclusively in terms of patient decision-making and the doctor-patient relationship, rather than in terms of the structural forces of American hospital culture which emphasize aggressive treatments up to the moment of death.

A San Francisco native, Dr. Kaufman was part of the initial class of the first doctoral program in medical anthropology that was founded in 1975 under a collaborative with the University of California Berkeley (UCB) and the University of California San Francisco (UCSF) Medical School. She recently stepped down as chair of the Department of Anthropology, History and Social Medicine at UCSF but continues to mentor students and post-doctoral fellows, write and lecture. RPA annual meeting attendees will be challenged to reflect on the kidney patient population and how demographic changes have affected their practices.

"Anthropologists make the familiar strange and the strange familiar. We reveal trends that we are all seeing emerge in society," Dr. Kaufman explains. Her work highlights the importance of hospice care and palliative care and pain management. She is also a strong advocate for supporting and mentoring young physicians who want to know more about palliative care.

Her research on the ethics and rationality embedded in the structure of the vast U.S. biomedical economy and health care delivery system has been funded by the National Institutes of Health (NIH). She has studied the ways in which the clinical trials industry, evidence-based medicine, and Medicare reimbursement policy are inextricably linked to the creation of standards of care and ethical practice. Those standards and ethics, in turn, are shaping societal knowledge and expectations about longevity, normal old age, and the time for death. The result is the unprecedented growth in life-extending procedures for ever-older patients, accompanied by the profound difficulty of saying 'no' to them, with consequences for family and medical responsibility, the goals of medicine, and the sustainability of the Medicare program. ■

Save Your 2019 Data for the upcoming 2020 RPA Nephrology Practice Business Benchmarking Survey.



Renal Physicians Association

Watch your inbox for an invitation to
participate in the survey in April 2020.

We appreciate and value your participation!



RPA Appreciates Our Single Invoice Practices

RPA is pleased to recognize the following practices who support the association. All of the clinicians in these practices belong to RPA and are committed to helping the organization represent and serve nephrology professionals in their pursuit and delivery of quality kidney care. If you are interested in becoming a Single Invoice Practice, please contact Katrina Murray in the RPA office at 301-468-3515 or kmurray@renalmd.org.

Advanced Nephrology Associates

Hawthorne, New York

Associates in Nephrology

Chicago, Illinois

Balboa Nephrology Medical Group Inc

San Diego, California

California Nephrology Consultants

Fresno, California

Capital Nephrology Medical Group

Sacramento, California

Caritas Medical Center

Stockbridge, Georgia

Carolina Kidney Care

Fayetteville, North Carolina

Carolina Nephrology PA

Greenville, South Carolina

Central Maryland Nephrology LLC

Greenbelt, Maryland

Central Nephrology Clinic PLLC

Flowood, Mississippi

Central Valley Nephrology

Merced, California

Cleveland Kidney and HTN Consultants

Euclid, Ohio

Columbia Nephrology Associates PA

Columbia, South Carolina

Dallas Kidney Specialists

Dallas, Texas

Dallas Nephrology Associates PA

Dallas, Texas

Delaware Valley Nephrology and HTN Associates

Philadelphia, Pennsylvania

Denver Nephrologists PC dba Colorado Kidney Care

Denver, Colorado

Durham Nephrology Associates PA

Durham, North Carolina

East Texas Kidney Specialists

Longview, Texas

Eastern Nephrology Associates

Greenville, North Carolina

Essex Kidney Group

Newark, New Jersey

Eugene-Springfield Nephrology Associates PC

Springfield, Oregon

Florida Society of Nephrology

Tampa, Florida

Georgia Kidney Associates Inc

Marietta, Georgia

Hawaii Kidney Specialists

Honolulu, Hawaii

Health Systems Management Inc

Tifton, Georgia

Kidney and Hypertension Consultants Inc

Canton, Ohio

Kidney Associates PLLC

Houston, Texas

Kidney Care Center Georgia

Gainesville, Georgia

Kidney Care Physicians LLC

Salem, Oregon

Kidney Center of Frederick

Frederick, Maryland

Kidney Disease and Hypertension Center PA

Pascagoula, Mississippi

Kidney Health Center of Maryland

Easton, Maryland

Kidney Specialists of Central Oklahoma

Oklahoma City, Oklahoma

Kidney Specialists of Southern Nevada

Las Vegas, Nevada

Macon Medical Group

Macon, Georgia

Metrolina Nephrology Associates

Charlotte, North Carolina

Metropolitan Nephrology Associates

Clinton, Maryland

Miami Kidney Group

South Miami, Florida

Michigan Kidney Consultants PC

Rochester Hills, Michigan

Mid-Atlantic Nephrology Associates PA

Baltimore, Maryland

Midwest Nephrology

Saint Peters, Missouri

Midwest Nephrology Consultants PA

Kansas City, Missouri

Mountain Kidney and Hypertension Associates PA

Asheville, North Carolina

Nephrology Associates

Wynnewood, Pennsylvania

Nephrology Associates

Chattanooga, Tennessee

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Bridgeport, Connecticut

Nephrology and Hypertension Assoc of NJ

Voorhees, New Jersey

Nephrology and Hypertension Associates Ltd

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Nephrology and Internal Medicine of Anderson PA

Anderson, South Carolina

Nephrology Associates PC

Bronx, New York

Nephrology Associates Inc

Wheeling, West Virginia

Nephrology Associates PA
Panama City, Florida

Nephrology Associates PA
Newark, Delaware

Nephrology Associates PC
Nashville, Tennessee

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Birmingham, Alabama

Nephrology Associates PLLC
Winston Salem, North Carolina

Nephrology Associates Medical Group Inc
Riverside, California

Nephrology Associates of WNY
Amherst, New York

Nephrology Associates of Yakima
Yakima, Washington

Nephrology Associates of Dayton
Dayton, Ohio

Nephrology Associates of Central Maine
Lewiston, Maine

Nephrology Associates of Lexington PSC
Lexington, Kentucky

Nephrology Associates of Michigan PC
Ypsilanti, Michigan

Nephrology Associates of Mobile PA
Mobile, Alabama

Nephrology Associates of Northern Illinois (NANI)
Oak Brook, Illinois

Nephrology Associates of South Miami PA
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Nephrology Associates of Tidewater Ltd
Norfolk, Virginia

Nephrology Physicians LLC
Mishawaka, Indiana

Nephrology Specialists PC
Mechanicsville, Virginia

Nephrology Specialists Medical Group Inc
Orange, California

Nephrology Specialists of Oklahoma
Tulsa, Oklahoma

New Orleans Nephrology Associates LLC
Metairie, Louisiana

North Carolina Nephrology PA
Raleigh, North Carolina

North Florida Nephrology Associates
Tallahassee, Florida

North Houston Nephrology and Diagnostic Assocs PA
Houston, Texas

Northwest Renal Clinic Inc
Portland, Oregon

Ocala Kidney Group
Ocala, Florida

Ocean Renal Associates PA
Brick, New Jersey

Ohio Valley Nephrology Associates PSC
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Northfield, New Jersey

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Renal Associates of Baton Rouge LLC
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Montgomery, Alabama

Renal Medical Associates PC
Powell, Tennessee

Renalcare Associates
Peoria, Illinois

Revere Health
Provo, Utah

Richmond Nephrology Associates
Richmond, Virginia

Seacoast Kidney and Hypertension Specialists
Portsmouth, New Hampshire

SMG Nephrology
Lansing, Michigan

South Mississippi Nephrology
Gulfport, Mississippi

Southwest Kidney Institute PLC
Tempe, Arizona

Southwest Nephrology Associates S.C.
Evergreen Pk, Illinois

Spartanburg Nephrology Associates
Spartanburg, South Carolina

St. Clair Specialty Physicians
Roseville, Michigan

The Center for Kidney Care
Hainesport, New Jersey

The Kidney Group Inc
Youngstown, Ohio

The Nephrology Clinic PC
Fort Collins, Colorado

The Nephrology Group Inc
Fresno, California

The Polyclinic PC
Seattle, Washington

Tidewater Kidney Specialists
Virginia Beach, Virginia

Valley Kidney Specialists PC
Allentown, Pennsylvania

Vero Renal Associates PA
Vero Beach, Florida

Wichita Nephrology Group PA
Wichita, Kansas

RPA's 2020 Legislative Agenda Focuses on Key Kidney Care Issues

The RPA Board of Directors finalized RPA's legislative agenda for 2020 at its January meeting. The Board considered recommendations made by the RPA Government Affairs Committee (GAC) on issues of consequence for kidney care and nephrology. To recap 2019, while there was limited progress on key issues such as living organ donation legislation (S. 511 and H.R. 1224, the Living Donor Protection Act of 2019) and the community CKD bill (S. 1676 and H.R. 3912, the Chronic Kidney Disease Improvement in Research and Treatment Act of 2019), there was positive news with the introduction of the immunosuppressive drug bill at the end of the year (H.R. 5534, the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2019). Additionally, CMS has for the moment chosen not to pursue site neutral payments for vascular access services in the ambulatory surgical center (ASC) setting, addressing RPA's fourth legislative priority for 2019 (calling for congressional oversight of the vascular access coverage policy process).

Given that background, three of RPA's legislative priorities from 2019 were recommended by the GAC to be carried forward to the 2020 agenda:

- 1) The immunosuppressive drug coverage bill;
- 2) The living organ donation legislation; and
- 3) The community kidney disease bill, which is annually developed by Kidney Care Partners (KCP) with RPA's review and input.

Based on the importance of these initiatives and RPA's longstanding commitment to them, the RPA Board approved continuing to include these issues on the legislative agenda for 2020.

Additionally, there was a recommendation to pursue congressional oversight of the CMS quality measure development process as it pertains to nephrology and kidney care. This is based primarily on the CMS decision outlined in the 2020 Quality Payment Program (QPP) final rule to eliminate nephrology-specific measures from the Merit-Based

Incentive Payment System (MIPS). The Agency's rationale for removing the nephrology measures was based on their desire to streamline quality measurement programs and reduce provider burden. However, while RPA among other organizations specifically urged CMS to maintain the nephrology measures, the Agency decided otherwise.

This was not the only decision in the quality space in which CMS ignored the recommendations of RPA and other groups in the kidney community. The QPP final rule also increased the data threshold for quality measures (which in RPA's view would increase the reporting burden on clinicians with no clear benefit to patient care, and disproportionately impact small practices), and finalized the new acute kidney injury (AKI) cost measure (despite RPA and the medical community's concerns regarding the patient level variability in acuity/intensity of care required and attribution issues with the measure). Further, the Agency seems to be deemphasizing the role of QCDRs in a way that runs counter to congressional intent and is of great concern to physician specialties like RPA that have invested substantial resources in development of registries to advance the use of and provide structure to quality measures.

Therefore, the following slate of issues comprise the 2020 RPA legislative agenda:

- Coverage for immunosuppressive drugs for the life of a kidney transplant (enactment of H.R. 5534);
- Codification of improvements and further enhancement of living organ donation (S. 511 and H.R. 1224);
- Omnibus kidney disease legislation (enactment of S. 1676 and H.R. 3912); and
- Advocacy for transparency and accountability in the CMS quality measure development and review process for nephrology.

Make plans now to join other RPA members in Washington, DC, for RPA's Annual Capitol Hill Day on June 26, 2020. Participation in this event gives you the opportunity to meet with your elected representatives and advocate for these issues of critical importance to your patients and your practice. ■



A group of RPA advocates pose in front of the Capitol before embarking on their visits in June 2019.

Insights into Real World Management of Hyperkalemia: RPA's Registry as a Research Tool

On Sunday morning, March 22, RPA meeting attendees will learn about a unique research project undertaken by RPA and funded by Relypsa to better understand how nephrologists are managing hyperkalemia in CKD patients as well as the patient's experience of care.

The RPA project on the Real-World Management of Hyperkalemia was designed to better understand clinical care patterns in managing non-acute hyperkalemia in patients with CKD. RPA, with support from our technology platform partner, Premier, Inc., developed a module within the RPA Kidney Quality Improvement Registry to collect project data from the participating nephrology practices. This module served as both the data entry and survey deployment tool as well as the dashboard for the project.

During the annual meeting session, project lead and chair of the RPA Registry Workgroup Dr. Adam Weinstein will share how RPA worked with 11 nephrology practices from around the country to collect both chart data and patient quality of life surveys for more than 300 CKD patients. The data focused on the diagnosis, treatment, known contributing factors, and quality of life impact of hyperkalemia. This was a novel project for the RPA with several goals:

- To solidify relationships between the RPA, industry partners, and nephrology practices that may not typically participate in clinical research.
- To obtain clinical data from the “front lines” of nephrology, something not easily done under typical research conditions to facilitate industry partners new or varying levels of understanding.
- To help practices think through and operationalize their data gathering and analysis skills, something critical for success in a changing payment landscape.
- To use the RPA registry platform for patient survey dissemination and data aggregation.

Dr. Weinstein will also moderate a panel comprised of representatives from several of the participating practices who will share their experiences and insights about the study.

The project was directed and overseen by a project faculty advisory group comprised of nephrologists, advanced practitioners, practice administrators, and patients and managed by RPA staff. The project collected two pools of data for analysis:

- Chart abstraction gathering retrospective data on patients with non-acute hyperkalemia, which was entered into the study module by members of the participating practices.
- Direct (electronic) patient surveys examining the impact of elevated potassium levels and treatment on patient experience and quality of life (QoL). Surveys were sent directly to the patients or patients could complete the survey while they were in the office.

Participating practices received individualized training on study criteria and use of the study module. Practices had approximately three months to enter data and deploy patient

surveys. The project began October 2018 and concluded at the end of 2019.

Study data is being prepared for publication and presentation. Abstracts and posters focusing on the data from the chart abstraction and patient surveys will be shared at the National Kidney Foundation and American Nephrology Nursing Association annual meetings, respectively, this spring. A manuscript describing both pools of data will be generated for publication in a peer-reviewed journal later this year.

Outside of clinical results, this study demonstrates that centralized data collection for small and medium-size practices is a viable means to gather clinical information often not included in research. Moreover, this study validated that the RPA registry can be a viable vehicle for conducting patient surveys. It has opened the door for future research efforts on other clinical questions and demonstrated the flexibility of the RPA Registry platform. ■

RPA appreciates the participation of the following practices in this project:

Columbia Nephrology, Columbia, SC
Georgia Nephrology, Decatur, GA
Metrolina Nephrology, Charlotte, NC
Nephrology Associates, P.C., Homewood, AL
Nephrology Associates Medical Group, Riverside, CA
Nephrology Associates of Northern Illinois, Chicago, IL
Nephrology Associates of Northern Indiana, Fort Wayne, IN
Partners in Nephrology & Endocrinology, Pittsburgh, PA
Renal and Transplant Associates of New England, Springfield, MA
St Clair Specialty Physicians, Roseville, MI
Valley Kidney Specialists, Allentown, PA

RPA would like to thank the faculty advisory group for their work on this project:

Melissa Bain, RN
Keith Bellovich, DO
Brendan Bowman, MD
Shaun Conlon, MD
Michael Fischer, MD
Sallie Israelit, MD
Richard Knight, MBA
Evan Norfolk, MD
Paul Palevsky, MD
Jeff Perlmutter, MD
Lisa Simonton
Leah Smith, MSN, APRN, FNP-BC, CNN-NP, FNKF
Adam Weinstein, MD

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advocating for our profession and our patients.***

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**JUNE 26–28
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RPA

Renal Physicians Association

Learn more at
<https://www.renalmd.org/getinvolved>

**All nephrology professionals and practice
administrators are invited to attend.**

REGISTRATION IS OPEN