



# **Report of the Delegates**

April, 2012

Washington, DC



## National Summit on Home Dialysis Policy Report of the Delegates

### Executive Summary

More than fifty invited leaders in the field of kidney dialysis—including patients, clinicians, industry, and policymakers—assembled on March 29, 2012, in Washington, D.C. for the first-ever National Summit on Home Dialysis Policy. The group came together to identify common concerns and opportunities to drive appropriate utilization of home dialysis and identify pathways for collaborative action. Home dialysis, including peritoneal dialysis (PD) and home hemodialysis (HHD), are alternatives to in-center treatment, which requires patients to visit a clinic three times a week.

While peer-reviewed medical literature reflects broad support for home dialysis—including improved outcomes associated with greater frequency of treatments, enhanced patient satisfaction, and improved quality of life—currently less than ten percent of U.S. dialysis patients receive treatment at home.<sup>i</sup> This is a steep decline from the 1970s when almost 40% of dialysis patients in the United States received treatments at home and this practice patterns lags far behind other countries.<sup>ii</sup>

“Less than ten percent of U.S. dialysis patients receive treatment at home. This is a steep decline from the 1970s...”

Delegates discussed current hurdles that hamper efforts to optimize the utilization of home dialysis and shared intelligence about efforts underway to help drive more appropriate utilization of home dialysis. Invited speakers and discussants included: patients; leaders in the field of home dialysis; Congressional Kidney Caucus Co-Chair Representative Jim McDermott (D-WA), and representatives from key federal agencies, such as the Centers for Medicare and Medicaid Services and the Department of Veterans Affairs.

Three overarching themes emerged—from the day’s four panel discussions: **Accessibility, Accountability, and Aligning Incentives**. Within these key themes delegates discussed the value and need for a number of policy actions and related opportunities to optimize and expand clinically appropriate utilization levels of home dialysis. While every delegate did not formally speak on each action item identified, broad consensus emerged around a number of these topics. Below are the policy priorities identified at the Summit, and the entities that would require action to advance these proposals.

## **Accessibility**

*Delegates identified lack of patient awareness of home dialysis and limited number of providers that are trained and well-versed in home dialysis as significant barriers to improving access to this modality. Policy priorities include:*

- Expand the Medicare Chronic Kidney Education Benefit to include Stage Five pre-dialysis patients and allow other health care clinicians, such as registered nurses and social workers, to offer the education (*Congress/ Centers for Medicare and Medicaid Services*)
- Support mentoring programs, particularly those that use existing patients as mentors (*Congress/home dialysis stakeholders/Centers for Medicare and Medicaid Services/Agency for Healthcare Quality and Research*)
- Develop competency measures and benchmarks for PD and HHD within physician training programs to include in certification requirements (*nephrology community/Accreditation Council for Graduate Medical Education*)
- Explore regionalization and partnership opportunities to bring economies of scale to home dialysis clinician training and patient services (*home dialysis stakeholders/ESRD Networks*)

## **Accountability**

*Delegates discussed the various federal programs that impact home dialysis, including Medicare's ESRD Quality Program, and found that utilization can be improved through measures that are specifically designed to recognize and support excellence in the delivery of home dialysis services. To improve accountability, delegates identified the following policy actions:*

- Enforce existing Centers for Medicare and Medicaid Services Conditions for Coverage requirement to provide education on all modalities in a way that patients can understand (*Congress/Centers for Medicare and Medicaid Services*)
- Develop and adopt appropriate quality measures for home dialysis, including patient satisfaction measures specific to home patients (*National Quality Forum/Centers for Medicare and Medicaid Services*)

## **Aligning Incentives**

*A key component to optimizing appropriate utilization of home dialysis is to ensure that the reimbursement, regulatory and innovation environment are aligned to support this underutilized treatment option. Delegates identified several ways policymakers could work to enhance current programs to better support home dialysis:*

## **Reimbursement**

- Maintain reimbursement parity for home and in-center dialysis in the ESRD Prospective Payment System (*Congress/ Centers for Medicare and Medicaid Services*)
- Increase home dialysis training adjustment payment (*Congress/ Centers for Medicare and Medicaid Services*)

- Update tracking and reimbursement codes for home hemodialysis (*Centers for Medicare and Medicaid Services*)
- Support more frequent home hemodialysis payment under Medicare (*Congress/ Centers for Medicare and Medicaid Services*)
- Evaluate payment across the care continuum (primary care, surgeons, hospitals, nephrologists) to ensure incentives are properly aligned for home dialysis (*Centers for Medicare and Medicaid Services /home dialysis stakeholders*)
- Advance demonstration programs for alternative payment methodologies for home dialysis (*Centers for Medicare and Medicaid Services/Centers for Medicare and Medicaid Innovation*)

#### **Regulatory**

- Align federal and state regulatory requirements for home therapies, such as revising CMS Conditions for Coverage requirements, to reflect differences in home and in-center dialysis (*Congress/Centers for Medicare and Medicaid Services/ states*)

#### **Innovation**

- Provide clarity on regulatory requirements to support the indication for home nocturnal hemodialysis (*Food and Drug Administration*)
- Fund innovations in home dialysis, including those focused on more frequent and extended dialysis therapies (*Food and Drug Administration/Centers for Medicare and Medicaid Services/ National Institutes of Health*)

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<sup>i</sup> The Medicare Payment Advisory Commission. Report to the Congress: Medicare Payment Policy, Chapter 6, “Outpatient Dialysis Services”. Washington, DC: MedPAC, March, 2012. Web. [http://www.medpac.gov/documents/Mar12\\_EntireReport.pdf](http://www.medpac.gov/documents/Mar12_EntireReport.pdf)

<sup>ii</sup> Christopher Blagg, MD. “Home Hemodialysis: Then and Now.” PowerPoint Presentation. The Ronald Reagan Building & International Trade Center, Washington, D.C. 29 Mar 2012.



## Report of the Delegates

More than fifty invited leaders in the field of kidney dialysis—including patients, clinicians, industry, and policymakers—assembled on March 29, 2012, in Washington, D.C. for the first-ever National Summit on Home Dialysis Policy. The group came together to identify common concerns and opportunities to drive appropriate utilization of home dialysis and identify pathways for collaborative action.

Today, over 570,000 Americans are living with end-stage renal disease (ESRD), the vast majority of whom are dependent on dialysis treatments to replace kidney function.<sup>i</sup> A number that will likely increase, as an estimated 23 million people in the United States (U.S.) have chronic kidney disease and are at an increased risk for kidney failure.<sup>ii</sup>

Home dialysis, including peritoneal dialysis (PD) and home hemodialysis (HHD), are alternatives to in-center treatment, which requires patients to visit a dialysis clinic three times a week. The clinical benefits of home dialysis have been well documented in peer-reviewed medical literature, including greater survival rates, improved quality of life, and increased opportunity for rehabilitation.<sup>iii</sup>

In addition, home dialysis offers significant lifestyle advantages, providing patients with greater independence and flexibility, as well as offering a more convenient and comfortable setting to receive care. Furthermore, home dialysis treatments consistently have been found to be less costly than in-center treatments. An analysis from the United States Renal Data System found that on a “per person, per year basis PD is about \$6,000 to \$7,000 less costly for outpatient service...” compared to a similar population in-center.<sup>iv</sup> In addition, a Government Accountability Office report found that of the facilities surveyed, all reported that average costs per treatment for home therapy were lower than average costs of treatments in-center.<sup>v</sup>

Despite the significant lifestyle, clinical and economic advantages of home dialysis, currently less than 10% of U.S. dialysis patients receive treatment at home.<sup>vi</sup> This is a steep decline from the 1970s when almost 40% of dialysis patients in the U.S. received treatments at home and lags far behind the practice of other countries, such as New Zealand and Australia, all who have significantly higher home dialysis utilization rates compared to the U.S.<sup>vii</sup> In contrast to the low utilization rates of this modality in the US, a recent survey of nephrologists found that over 90% would choose home dialysis for themselves, with only 6% choosing in-center.<sup>viii</sup>

At the Summit delegates discussed the current hurdles that may hamper efforts to optimize the utilization of home dialysis and shared intelligence about efforts underway to help encourage clinically appropriate utilization of home dialysis. Each delegate received briefing materials prior

to the Summit on some of the key issues that would be raised at the Summit. Invited speakers and discussants included: patients; leaders in the field of home dialysis; Congressional Kidney Caucus Co-Chair Representative Jim McDermott (D-WA) and representatives from the Centers for Medicare and Medicaid Services (CMS), United States Renal Data System (USRDS), Department of Veterans Affairs (VA), and the Food and Drug Administration (FDA).

From the day's four panel discussions—Educational, Training, and Implementation Challenges; the Impact of the National Reimbursement System; Quality Measures and Initiatives; and the Innovation Environment—three overarching themes emerged: **Accessibility, Accountability, and Aligning Incentives**. Within these key themes, delegates discussed the value and need for a number of policy actions and related opportunities to optimize and increase appropriate utilization of home dialysis. While every delegate did not formally speak on each action item identified, broad consensus emerged around a number of these topics. This report highlights those general consensus items, as well as details some of the key issues discussed at the Summit.

## ***Accessibility***

Delegates identified improved patient, clinician, and provider education and training as a key factor to increasing accessibility to home dialysis. Several studies tell us that if patients are made aware of home dialysis, a high proportion will choose that treatment option. Dr. Sloand, Senior Medical Director at Baxter Healthcare Corporation, presented findings from one survey which showed that in patients who received modality education before starting dialysis, 45% of patients chose PD.<sup>ix</sup>

A critical component to ensuring appropriate education is access to physicians and other health care professionals who are trained and well-versed on home dialysis. Delegates raised concerns that there is a shortage of appropriately trained health care clinicians that are comfortable with home dialysis to effectively educate and care for home dialysis patients. Summit panelist Dr. Rudy Rodriguez, a member of the American Society of Nephrology's Training Program Directors Executive Committee, presented data from a survey of nephrologists following fellowship training, which found that less than 20% of nephrologists for HHD, and just over 50% of nephrologists for PD, felt "comfortable, well trained and competent" on the treatment modality.

Delegates identified various reasons for this inadequate training ranging from lack of exposure to patients during fellowships to low prioritization of this treatment option in board exams. In order to improve training, delegates suggested the following: developing benchmarks for home dialysis in nephrology training programs; increasing exposure to home therapy during nephrology fellowships; and requiring more focus on home therapies in certifying exams and continuing education.

To improve access to education, delegates identified the following priorities:

- *Expand the Medicare Chronic Kidney Education Benefit to include Stage Five pre-dialysis patients and allow other health care clinicians, such as registered nurses and social workers, to offer the education*
- *Support mentoring programs, particularly those that use existing patients as mentors*
- *Develop competency measures and benchmarks for PD and HHD within physician training programs to include in certification requirements*

In addition to enhancing education and training for all health care professionals, including nurses, delegates also indicated that the field could do a better job equipping patients about home therapy if they start chronic dialysis in the hospital. Delegates reported that patients typically choose in-center dialysis if their first experience with dialysis is in a hospital. Innovation Environment panelist Dr. Mark Shapiro, National PD Advisor for DaVita, shared data from an initiative that focused on driving changes in practice style that resulted in patients utilizing PD, including those whose first encounter was in a hospital.

Delegates also agreed that another strategy for improving accessibility to home dialysis is to enhance the patient's experience. Delegates discussed ways to address particular infrastructure barriers with home treatments. One patient delegate suggested that there should be more intensive training on the modality options prior to starting therapy.

Another recurring area of consensus was the potential for regional efforts to improve accessibility. These regional centers or partnerships could serve as a hub for training, as they would provide clinicians with a critical mass of home patients. As was noted previously, one of the current barriers for physician training is the lack of exposure to home patients. In addition, delegates noted that regional centers might serve as a resource to patients, as it would bring economies of scale to patient training and planning efforts. Delegates suggested that home dialysis stakeholders and ESRD Networks should:

- *Explore regionalization and partnership opportunities to bring economies of scale to home dialysis clinician training and patient services*

## ***Accountability***

Another key theme that emerged during the day's discussion was the need for increased accountability in current programs impacting home dialysis. As referenced previously, patient education and awareness is critical to improving accessibility to home dialysis. Medicare requires that patients be informed of all treatment options, including home dialysis. However, Summit panelist Vanessa Evans, patient ambassador for Dialysis Patient Citizens, told delegates that she only became aware of home dialysis through her own research, after spending nearly five years receiving treatments in-center.

In fact, according to data presented by opening panelist Dr. Beth Piraino, Professor of Medicine at University of Pittsburg and President-elect of the National Kidney Foundation, a recent

survey conducted by American Association of Kidney Patients found that only 48% of in-center patients were provided information on PD and even fewer, 34% of in-center patients were provided information on HHD.<sup>x</sup> Delegates agreed there is a need for increased accountability to ensure that clinicians and dialysis providers are not just “checking the box” when fulfilling education requirements, but actually providing meaningful education on different treatment options as required in a “way patients can understand.” To ensure accountability, delegates suggested that Congress and CMS should:

- *Enforce existing CMS Conditions for Coverage requirement to provide education on all modalities in a way that patients can understand*

Another area of focus at the Summit was Medicare’s ESRD Quality Incentive Program. Jean Moody Williams, Director of the Quality Improvement Group in the Office of Clinical Standards and Quality at CMS, presented an overview of the current program and quality measures. Delegates noted that most of the quality measures are focused on in-center dialysis and agreed that there is a need for more home specific measures.

Some delegates suggested that the CMS Conditions for Coverage Measures Assessment Tool could be revised to include home measures and others suggested that there was a need for improved data sharing among stakeholders to develop benchmarks for appropriate quality measures. At the end of the discussion on how to ensure accountability in quality programs for home dialysis, there was consensus that home dialysis stakeholders, the National Quality Forum and CMS must work together to:

- *Develop and adopt appropriate quality measures for home dialysis, including patient satisfaction measures specific to home patients*

## ***Aligning Incentives***

The last major theme that emerged at the Summit was the importance of aligning incentives for reimbursement, regulatory requirements, and innovation. Dr. Richard Rettig, Adjunct Senior Social Scientist at RAND Corporation, kicked off the reimbursement panel by providing the historical perspective on reimbursement for dialysis, highlighting the various disincentives to home dialysis over the years and how Congress has attempted to address these issues.

Dr. Allan Collins, Director of the United States Renal Data System Coordinating Center, focused his presentation on the new ESRD Prospective Payment System (PPS) and provided the most up-to-date data on the impact of the new payment system on home dialysis. Delegates agreed that the new payment bundle has led to improvements in aligning incentives for PD, although delegates indicated that there may be a need for further alignment if the bundled payment is rebased. Additionally, delegates agreed that the data suggested that reimbursement gaps remain for HHD.



Delegates expressed support for Medicare’s overarching goal of providing equity between home and in-center payments. In order to ensure Congress’s intent in the creation of the ESRD benefit that “the maximum practical number of patients who are medically, socially, and psychologically suitable candidates for home dialysis or transplantation should be so treated...”<sup>xi</sup> is fulfilled; delegates agreed that Congress and CMS should:

- *Maintain reimbursement parity for home and in-center dialysis in the ESRD Prospective Payment System*
- *Increase home dialysis training adjustment payment*
- *Update tracking and reimbursement codes for home hemodialysis*

Several delegates also noted the well documented research that more frequent dialysis provides significant clinical benefits. For instance, four recent studies published in the Journal of American Society of Nephrology showed that more frequent dialysis can “reduce mortality rates and improve quality of life.”<sup>xii</sup> Delegates discussed the current limitations in reimbursement policy regarding the number of allowable treatments per week and agreed that Congress and CMS should:

- *Support more frequent home hemodialysis payment under Medicare*

Some disagreement emerged among delegates on the alignment of incentives for various health care clinicians, including nephrologists, primary care physicians, and surgeons. There was consensus that more analysis was needed and that dialysis stakeholders, CMS and the Centers for Medicare and Medicaid Innovation (CMMI) should:

- *Evaluate payment across the care continuum (primary care, surgeons, hospitals, nephrologists) to ensure incentives are properly aligned for home dialysis*
- *Advance demonstration programs for alternative payment methodologies for home dialysis*

Delegates also discussed the various federal and state regulatory requirements, such as CMS Conditions Coverage, for home and in-center practices. Several delegates indicated that many of the current requirements, such as billing and medication documentation, are aligned for in-center and then applied to home therapies. A common theme throughout the day was the need to move away from simply translating in-center practices and procedures to the home setting, as many prove to be overly burdensome which is a significant barrier to establishing a home practice. Delegates recognized that policymakers should seek to:

- *Align federal and state regulatory requirements for home therapies, such as revising CMS Conditions for Coverage requirements, to reflect differences in home and in-center dialysis*

Following a presentation by a representative from the Food and Drug Administration on a recently announced ESRD Innovation Challenge, delegates engaged in a thoughtful discussion

on the current status of research and innovation in home dialysis. Delegates discussed the need for more user friendly devices and tools to support patients in their homes. Additionally, patient delegates noted the lifestyle and clinical benefits of nocturnal dialysis and questioned whether the current regulatory environment was sufficiently aligned to support this treatment option. There was agreement that the Food and Drug Administration should:

- *Provide clarity on regulatory requirements to support the indication for home nocturnal hemodialysis*

There was broad support among delegates for additional partnerships between the home dialysis stakeholders and the federal government to ensure drug and device advancements which will improve both outcomes and quality of care for dialysis. Delegates also stressed the importance of patient involvement in innovation planning. In regards to research and innovations, delegates agreed that the federal government, such as CMMI and FDA, should:

- *Fund innovations in home dialysis, including those focused on more frequent and extended dialysis therapies*

## **Conclusion**

Delegates overwhelmingly agreed on the value of the day's discussions and that collaboration between an array of leaders in kidney dialysis is needed if home dialysis utilization is to increase. Indeed, one delegate noted that such a cross-collaboration was not possible when similar discussions were attempted in 2003. Only today, when the clinical, economic, and quality of life benefits of home dialysis are broadly accepted and the policy environment is taking important initial steps in support of home dialysis, is such a consensus building session even possible.

There was great interest expressed by many delegates on continuing the conversations started at the Summit. For instance, much of the focus of Summit delegates was on the adult population; however, delegates noted the significant pediatric home dialysis population and the need to include children in ongoing policy discussions, as well as identify potential unique barriers for this population.

As these action items reflect, the delegates widely viewed that federal policymakers can be a more active partner in the effort to optimize home dialysis. That said, there was also broad recognition of the steps that private stakeholders – patients, clinicians, facilities and others in industry – can and should take in order to “move the dial” on home dialysis.

Finally, delegates expressed enthusiasm that the current environment offers a unique opportunity to revitalize and increase the appropriate utilization of home dialysis in the U.S., and that stakeholders across interests should use the momentum generated by the Summit to work together to advance a supportive policy regime.

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<sup>i</sup> U.S. Renal Data System. 2011 USRDS Annual data Report: Volume 2, "Atlas of End-Stage Renal Disease in the United States." Washington, D.C.: National Institute of Diabetes and Digestive and Kidney Diseases, Mar 2012. Web.

<sup>ii</sup> James Sloand, MD. "Laying the Foundation for Home Dialysis." PowerPoint Presentation. The Ronald Reagan Building & International Trade Center, Washington, D.C. 29 Mar 2012.

<sup>iii</sup> Blagg, Christopher. "It's Time to Look at Home Hemodialysis in a New Light." Hemodialysis Horizons: Patient Safety & Approaches to Reducing Errors. (2006): 22-28. Web. 12 Apr 2012.  
<http://www.aami.org/publications/HH/Home.Blagg.pdf>.

<sup>iv</sup> Allan J. Collins, MD, FACP, "ESRD Payment Policy Changes: The New "Bundled" Dialysis Prospective Payment System (PPS) in the United States". PowerPoint Presentation. The Ronald Reagan Building & International Trade Center, Washington, D.C. 29. Mar 2012.

<sup>v</sup> United States Government Accountability Office. Report to Congressional Committees: END-STAGE RENAL DISEASE, "CMS Should Monitor Effect of Bundled Payment on Home Dialysis Utilization Rates". Washington, DC: GAO, 2009. Print.

<sup>vi</sup> The Medicare Payment Advisory Commission. Report to the Congress: Medicare Payment Policy, Chapter 6, "Outpatient Dialysis Services". Washington, DC: MedPAC, March, 2012. Web.  
[http://www.medpac.gov/documents/Mar12\\_EntireReport.pdf](http://www.medpac.gov/documents/Mar12_EntireReport.pdf)

<sup>vii</sup> Christopher Blagg, MD. "Home Hemodialysis: Then and Now." PowerPoint Presentation. The Ronald Reagan Building & International Trade Center, Washington, D.C. 29 Mar 2012.

<sup>viii</sup> Merighi, Joseph, Dorian Schatell, Jennifer Bragg-Gresham, Beth Witten , and Rajnish Mehrotra. "Insights into nephrologist training, clinical practice, and dialysis choice." Hemodialysis International. (2011): 1-10. Print.

<sup>ix</sup> Beth Piraino, MD. "Barriers to Home Dialysis in the US." PowerPoint Presentation. The Ronald Reagan Building & International Trade Center, Washington, D.C. 29 Mar 2012.

<sup>x</sup> Rudolph Rodriguez, MD. "Educational, Training, and Implementation Challenges: Fellowship Perspective." PowerPoint Presentation. The Ronald Reagan Building & International Trade Center, Washington, D.C. 29 Mar 2012

<sup>xi</sup> "Medicare Coverage for End Stage Renal Disease Patients". Title 42, Chapter 7, Subchapter XVIII, Part E, § 1395rr. Web. [http://www.ssa.gov/OP\\_Home/ssact/title18/1881.htm#ft737](http://www.ssa.gov/OP_Home/ssact/title18/1881.htm#ft737)

<sup>xii</sup> Gordon, Serena. "More Kidney Dialysis Is Better, Research Finds." US News Health. 23 Feb 2012: n. page. Web. 20 Mar. 2012. <http://health.usnews.com/health-news/news/articles/2012/02/23/more-kidney-dialysis-is-better-research-finds>



Ronald Reagan Building and International Trade Center

March 29, 2012

8:00 am - 4:00 pm

*HONORARY CONGRESSIONAL CO-CHAIRS*

*Congressman Tom Marino*

*Congressman Jim McDermott*

*Congressman Jesse Jackson Jr.*

*Congressman John Fleming*

Agenda

**8:00 AM**      **REGISTRATION**

**8:30 AM**      **WELCOME**

*Richard Marritt, General Manager, U.S. Region, Renal Franchise, Baxter Healthcare Corporation.*

**8:45 AM**      **OPENING SESSION: LAYING THE FOUNDATION FOR HOME DIALYSIS**

**Panelist:**      **James Sloand, MD, Senior Medical Director, North American Renal Division, Baxter Healthcare Corporation**

**Panelist:**      **Christopher Blagg, MD, FRCP, Professor Emeritus of Medicine, University of Washington; Executive Director Emeritus, Northwest Kidney Centers**

**Panelist:**      **Captain Herman Phillips, U.S. Navy (retired), Board of Directors, National Kidney Foundation Serving the National Capital Area**

**Panelist:**      **Beth Piraino, MD, Professor of Medicine, University of Pittsburgh**

**9:30 AM**      **REMARKS FROM CONGRESSMAN JIM McDERMOTT (D-WA)**

*Honorary Summit Co-Chair and Congressional Kidney Caucus Co-Chair*

**9:40 AM**      **PANEL DISCUSSION: EDUCATIONAL, TRAINING AND IMPLEMENTATION CHALLENGES**

**Panelist:**      **Rudolph Rodriguez, MD, Professor of Medicine, University of Washington; Director, Nephrology and Renal Dialysis Unit, Veterans Affairs Puget Sound Medical Center**

**Panelist:**      **Lisa Koester, Renal Nurse Practitioner, Washington University School of Medicine**

**Panelist:**      **Vanessa Evans, Patient Ambassador, Dialysis Patient Citizens**

**Panelist:**      **Juan Ordonez, MD, Clinical Professor of Medicine, University of California, San Francisco; Chair of the Chiefs of Nephrology, Kaiser Permanente Medical Care Program of Northern California**

**Moderator:**      **Troy Zimmerman, Vice President Government Relations, National Kidney Foundation**

**10:20 AM**      **DELEGATE DISCUSSION**

**11:00 AM**      **BREAK**

**11:15 AM**      **PANEL DISCUSSION: THE IMPACT OF THE NATIONAL REIMBURSEMENT SYSTEM**

**Panelist:**      **Richard Rettig, PhD**, *Adjunct Senior Social Scientist, Research and Development (RAND) Corporation*

**Panelist:**      **Allan Collins, MD**, *Director, United States Renal Data System Coordinating Center*

**Panelist:**      **Robert J. Kossmann, MD**, *President Elect, National Renal Physicians Association; Clinical Nephrologist, Nephrophiles, LLC*

**Moderator:**    **Leslie Norwalk**, *Strategic Counsel, Epstein Becker Green; former Acting Administrator for the Centers for Medicare & Medicaid Services*

**11:45 AM**      **DELEGATE DISCUSSION**

**12:30 PM**      **LUNCHEON PANEL DISCUSSION: THE INNOVATION ENVIRONMENT**

**Panelist:**      **Susan Crowley, MD**, *National Program Director for Kidney Disease & Dialysis, Veterans Health Administration*

**Panelist:**      **Mark Shapiro, MD**, *National Peritoneal Dialysis Advisor, DaVita Inc.*

**Panelist:**      **Daya Ranamukhaarachchi, PhD**, *Senior Advisor for Innovation, Food and Drug Administration, Center for Devices and Radiological Health*

**Moderator:**    **Hrant Jamgochian, JD, LLM**, *Executive Director, Dialysis Patient Citizens*

**1:10 PM**      **DELEGATE DISCUSSION**

**2: 00 PM**      **PANEL BRIEFING: QUALITY MEASURES AND INITIATIVES**

**Panelist:**      **Jean Moody Williams**, *Centers for Medicare and Medicaid Services, Director, Quality Improvement Group, Office of Clinical Standards and Quality*

**Panelist:**      **Rajnish Mehrotra, MD**, *Professor of Medicine, David Geffen School of Medicine at University of California, Los Angeles (UCLA); Associate Chief of the Division of Nephrology and Hypertension, Harbor UCLA Medical Center*

**Panelist:**      **Suhail Ahmad, MD**, *Chief Medical Officer, Northwest Kidney Centers*

**Panelist:**      **Kathe LeBeau**, *Patient Advocate, Northeast Kidney Foundation*

**Moderator:**    **Leslie Wong, MD**, *Vice President of Clinical Affairs, Satellite Healthcare*

**2:40 PM**      **DELEGATE DISCUSSION**

**3:15 PM**      **CONSENSUS DISCUSSION & WRAP UP**

**Moderator:**    **Hrant Jamgochian, JB, LLM**, *Executive Director, Dialysis Patient Citizens*

**Moderator:**    **Leslie Wong, MD**, *Vice President of Clinical Affairs, Satellite Healthcare*

# **List of Delegates**

## **National Summit on Home Dialysis Policy**

### **Delegates (alphabetized by last name):**

- Suhail Ahmad, MD, Chief Medical Officer, Northwest Kidney Centers
- Richard Berkowitz, President, Home Dialyzors United
- Christopher Blagg, MD, FRCP, Professor Emeritus of Medicine, University of Washington; Executive Director Emeritus, Northwest Kidney Centers
- Robert Blaser, Director of Public Policy, Renal Physicians Association
- John Burkart, MD, Wake Forest Baptist Medical Center, HSM
- Kelly Chuba, Renal Support Network
- Allan Collins, MD, Director, United States Renal Data System Coordinating Center
- Susan Crowley, MD, National Program Director for Kidney Disease & Dialysis, Veterans Health Administration
- Denise Eilers, RN, BSN, Home Dialyzors United
- Wayne Evancoe, Northeastern Regional Director, National Renal Administrators Association
- Vanessa Evans, Policy Committee, Dialysis Patient Citizens
- Robert Farrell, President, Home Dialysis, Fresenius Medical Care
- Johnie Flotte, Vice President, Education & Quality, DSI Renal
- Judit Gordon, MD, Georgetown University & Johns Hopkins University
- Joyce F. Jackson, CEO and President, Northwest Kidney Centers
- Hrant Jamgochian, JD, LLM, Executive Director, Dialysis Patient Citizens
- Lisa Koester, Renal Nurse Practitioner, Washington University School of Medicine
- Robert J. Kossmann, MD, President Elect, National Renal Physicians Association; Clinical Nephrologist, Nephrophiles, LLC
- Kathe LeBeau, Patient Advocate, Northeast Kidney Foundation
- Kelli Lester, Director, Federal Government Affairs, Baxter Healthcare Corporation
- Maureen Lyden-Green, Vice President, Home Therapies, Fresenius Medical Care
- Richard Marritt, General Manager, U.S. Region, Renal Franchise, Baxter Healthcare Corporation
- Rajnish Mehrotra, MD, Professor of Medicine, David Geffen School of Medicine at University of California, Los Angeles (UCLA); Associate Chief of the Division of Nephrology and Hypertension, Harbor UCLA Medical Center
- Jean Moody-Williams, Centers for Medicare and Medicaid Services, Director, Quality Improvement Group, Office of Clinical Standards and Quality
- Jessica Nagro, Director of Public Affairs, Dialysis Patient Citizens

- Leslie Norwalk, Strategic Counsel, Epstein Becker Green; Former Acting Administrator for the Centers for Medicare & Medicaid Services
- Nikia Okoye, Director, Government Relations, American Kidney Fund
- Juan Ordonez, MD, Clinical Professor of Medicine, UCSF; Chair of the TPMG Chiefs of Nephrology; Chief, Nephrology Division, Kaiser Oakland Medical Center
- Herman Phillips, Board of Directors, National Kidney Foundation Serving the National Capital Area
- Beth Piraino, MD, Professor of Medicine, University of Pittsburgh
- Daya Ranamukhaarachchi, PhD, Senior Advisor for Innovation, Food and Drug Administration, Center for Devices and Radiological Health
- Richard Rettig, PhD, Adjunct Senior Social Scientist, Research and Development (RAND) Corporation
- Rudolph Rodriguez, MD, Professor of Medicine, University of Washington; Director, Nephrology and Renal Dialysis Unit, Veterans Affairs Puget Sound Medical Center
- Dori Schatell, Executive Director, Medical Education Institute
- Kathryn Schubert, Washington Representative, American Society of Pediatric Nephrology
- Rachel Shaffer, Manager, Policy and Government Affairs, American Society of Nephrology
- Mark Shapiro, MD, National PD Medical Advisor, DaVita, Inc.; Assistant Professor of Medicine, University of California, San Diego
- Dale Singer, Executive Director, Renal Physicians Association
- James Sloand, MD, Senior Medical Director, North American Renal Division, Baxter Healthcare Corporation
- Paul Smedberg, Director of Government Affairs and Advocacy Relations, Affymax, Inc.
- Tad Stahel, VP-Home Modalities, DaVita, Inc.
- Joseph Turk, President, NxStage Medical
- Linda Upchurch, Director of Public Policy, NxStage Medical
- Christopher Wilcox, MD, PhD, Georgetown University
- Leslie Wong, MD, Vice President of Clinical Affairs, Satellite Healthcare
- Troy Zimmerman, Vice President, Government Relations, National Kidney Foundation
- LeAnne Zumwalt, Group Vice President, DaVita, Inc.

*THE NATIONAL SUMMIT ON HOME DIALYSIS POLICY  
WAS MADE POSSIBLE BY THE GENEROUS SUPPORT OF:*

**Affymax/Takeda**

**American Society of Nephrology**

**Baxter**

**DaVita, Inc.**

**Dialysis Patient Citizens**

**National Kidney Foundation**

**Northwest Kidney Centers**

**NxStage Medical**

**Renal Physicians Association**

**Satellite Healthcare**



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