



April 9, 2019

Secretary Alex M. Azar II
US Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Azar:

On behalf of the Alliance for Home Dialysis, we applaud your speech on March 4 to the National Kidney Foundation's Kidney Patient Summit and stand ready to work with you and your leadership team to transform dialysis care in the US. We are encouraged by your call to action to transform the diagnosis, prevention and treatment of kidney disease in the US and to increase the utilization of home dialysis, specifically. We look forward to working with you to ensure that more Americans who are living with end stage renal disease (ESRD) have access to home dialysis.

The Alliance is a coalition of kidney dialysis stakeholders, representing patients, clinicians, providers, and industry that works to promote policies that facilitate treatment choice for individuals in need of dialysis, and to address systemic barriers that limit access to the many benefits of dialysis in the home. Home dialysis—peritoneal dialysis (PD) and home hemodialysis (HHD)—is an important treatment option that offers patients significant quality of life advantages, including clinically meaningful improvements in physical and mental health. HHD, for example, allows for more frequent and/or longer lasting dialysis sessions. Studies have demonstrated that more frequent hemodialysis results in faster recovery time after treatment and fewer side effects¹; improved cardiac status² and survival rates³; and increased opportunity for rehabilitation.⁴ PD patients may experience fewer negative side effects, such as nausea, and dietary restrictions than in-center patients.⁵

Additionally, home dialysis offers significant quality of life advantages, including greater autonomy and flexibility in dialysis scheduling, and reduced dependence on transportation. Conversely, lengthy trips to a

¹ Heidenheim AP, Muirhead N, Moist L, et al. Patient Quality of Life on Quotidian Hemodialysis. *Am J Kidney Dis.* 2003 Jul; 42(1 Suppl):36-41.

² Culleton, B et al. Effect of Frequent NHD vs. CHD on Left Ventricular Mass and Quality of Life. *JAMA* 2007;11

³ Foley, R.N, D.T. Gilbertson et al. Long interdialytic interval and mortality among patients receiving hemodialysis. *New England Journal of Medicine.* 2011 365, no.12:1099-1107

⁴ 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>.

⁵ "A Brief Overview of Peritoneal Dialysis." DaVita, Inc., Web. 16 Jul 2012. <http://www.davita.com/treatment-options/home-peritoneal-dialysis/what-is-peritoneal-disease-/a-brief-overview-of-peritoneal-dialysis/t/5483>.

facility multiple times a week have the potential to interfere with a patient's work and personal life. Research shows that after six months of in-center hemodialysis, only 57 percent of people are able to maintain the same level of employment as before they began treatment. This means that almost half of all in-center dialysis patients are unable to maintain the same level of employment.⁶

However, today, only 11.5% of U.S. dialysis patients receive treatment at home, with approximately 9% of patients receiving peritoneal dialysis and less than 2% of patients receiving HHD.⁷ Congress' stated intent in the creation of the ESRD benefit was that "the maximum practicable number of patients who are medically, socially, and psychologically suitable candidates for home dialysis or transplantation should be so treated."⁸ However, data suggests that barriers still remain for optimizing the availability and utilization of home dialysis. For example, in its October 2015 report, "Medicare Payment Refinements Could Promote Increased Use of Home Dialysis", the Government Accountability Office (GAO) estimated that up to 25% of dialysis patients could realistically dialyze at home.

We stand ready to work with you and your leadership team and hope you will call on us as you refine your proposals. We would be happy to be a resource for you and your team you to discuss ways to work together to achieve our shared goals. Should you have any questions, please feel free to contact Michelle Seger at michelle@homedialysisalliance.org.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Lee".

Elizabeth Lee

Executive Director

⁶ Rebecca J. Muehrer, Dori Schatell, Beth Witten, Ronald Gangnon, Bryan N. Becker, and R. Michael Hofmann, "Factors Affecting Employment at Initiation of Dialysis," *Clinical Journal of the American Society of Nephrology* 6, no. 3 (March 2011)

⁷ U S Renal Data System, *USRDS 2016 Annual Data Report*.

⁸ Section 1881(c)(6) of the Social Security Act.



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