

March 24, 2014

Nancy Day Adams, MD
ASN Education Director for Fellowship Training
American Society of Nephrology
1510 H Street, NW
Suite 800
Washington, DC 20005

Dear Dr. Adams,

The Alliance for Home Dialysis believes that improving physician education and training is a key factor in increasing access to home dialysis for individuals with kidney failure across the country. We know the American Society of Nephrology (ASN) considers training in home dialysis to be an essential component of nephrologist training, and we encourage ASN to incorporate its recently developed home dialysis training benchmarks into the nephrology-specific training benchmarks for the new Accreditation Council for Graduate Medical Education (ACGME) and American Board of Internal Medicine (ABIM) Internal Medicine Subspecialty Reporting Milestones.

The Alliance is a coalition of kidney dialysis stakeholders, representing patients, clinicians, providers and industry. We have come together to promote activities and policies to facilitate treatment choice in dialysis care while addressing systemic barriers that limit access for patients and their families to the many benefits of home dialysis. As you know, home dialysis—peritoneal dialysis (PD) and home hemodialysis (HHD)—is an important treatment option that offers many patients significant quality of life advantages, including clinically meaningful improvements in physical and mental health. Yet, despite these benefits, only about 10% of U.S. dialysis patients conduct their treatment at home.

At the first-ever National Summit on Home Dialysis, policy delegates—top leaders in the kidney disease patient, clinician, facility and industry communities—raised concerns that there is a shortage of appropriately trained health care clinicians who are comfortable with home dialysis and able to effectively care for and educate patients on this important treatment option. In fact, according to a recent survey of nephrologists, following fellowship, "more than 44% did not feel well trained and competent to provide care to PD patients and more than 84%

reported this to be the case for home HD patients." This is not surprising as another study of dialysis training programs in the United States and Canada found that training directors reported that only five percent of nephrology training was spent on peritoneal dialysis, the most prevalent form of home dialysis.²

Following the Summit, your organization initiated a seminal project to develop home dialysis benchmarks for the training of nephrology fellows. These benchmarks were recently released to the public and, for the first time, will provide a standardized set of knowledge and skills in which nephrology fellows must demonstrate proficiency to be considered competent in home dialysis. The Alliance strongly supports this effort, as studies have demonstrated that physicians who were prepared to care for home dialysis patients at the time of certification were significantly more likely to refer patients for home dialysis.³

While the development of training benchmarks is an important step forward, this alone is insufficient to result in the changes that will ensure a high level of comfort for physician trainees in providing care to home dialysis patients upon completion of their medical training. We understand that the ACGME recently developed 23 milestones across six different competency domains as part of the next accreditation system (NAS), which goes into effect for subspecialty fellowship programs July 1, 2014.

Further, we learned that ASN and other subspecialty groups will now undertake a process to develop specialty-specific measurements across those milestones. We believe that this would be an excellent opportunity to advance training for home dialysis among nephrology fellows, and we strongly encourage you to draw on and incorporate the ASN home dialysis benchmarks as a key component to any new nephrology curriculum.

The ASN benchmarks, which were developed and vetted through ASN's distinguished Dialysis Advisory Group led by ASN's representative to the Alliance, Rajnish Mehrotra, MD, FASN, in partnership with the Training Program Directors Executive Committee, which you lead, include a competency based curriculum, curriculum organization and fellow experiences. The Alliance believes that the ASN Committees' thoughtful and inclusive approach to the development of these benchmarks has led to the best resource available to cultivate trainee competency in home dialysis, which we believe should be an essential element of any nephrology curriculum. We understand the challenging scope of ASN's task in developing nephrology-specific training to support the NAS milestones, and we encourage you to look to the work of your own members in identifying existing benchmarks that could easily be incorporated into this broader effort.

The Alliance is encouraged by the medical community's efforts to revise its training programs, and we hope that ASN will seize this opportunity to enhance the quantity and quality of training

¹ Berns JS. A survey-based evaluation of self-perceived competency after nephrology fellowship training. *Clinical Journal of American Society of Nephrology*. 2010;5:490-496.

² Mehrotra, R, Blake P, Berman N, Nolph K, An Analysis of Dialysis Training in the United States and Canada. *American Journal of Kidney Diseases*, Vol 40, No 1 (July), 2002: pp 152-160

³ Merighi J, Schatell D, Bragg-Gresham J, Witten B, Mehrotra R. Insights into nephrology training, clinical practice and dialysis choice. *Hemodialysis International* 2012; 16: 242-251

that nephrology fellows receive in home dialysis. It is our hope that we train the next generation of nephrologists to be comfortable with home dialysis and to appropriately care for and educate their patients about this important treatment option.

Thank you for your consideration of this request. Please contact Lindsay Punzenberger at lindsay@homedialysisalliance.org or 202-466-4721 with any questions.

Sincerely,

Stephanie Silverman

Executive Director



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