Accountable Care Organization Models Appropriate for Use in ESRD

As the effort to reform the healthcare delivery system in the U.S. is debated in Congress, one concept under consideration that seeks to enhance the quality of care provided while simultaneously promoting cost efficiency is that of the Accountable Care Organization (ACO). An ACO is generally defined as an integrated health care delivery system that coordinates services provided by physicians, hospitals and other specialty providers to deliver care to a defined patient population.

The unique nature of end-stage renal disease (ESRD), the integrated system of providers necessary to appropriately care for ESRD patients, and existing data-gathering capabilities provided by the United States Renal Data System (USRDS), among other factors, support the suitability of a trial of an ACO model for the treatment of ESRD patients. Accordingly, the RPA is in agreement with organizations advancing a trial of an ACO model for ESRD care as reasonable and appropriate for consideration. ESRD is a disease entity that is well suited to test the viability of an accountable integrated care management system.

RPA believes that several safeguards should be in place to ensure the nephrologist’s autonomy in an ESRD ACO model. First, to preserve the nephrologist’s role as the advocate for renal care, reimbursement for professional services provided to this vulnerable patient population must not be included in an expanded dialysis facility composite rate bundle. This principle also applies to the payment mechanisms developed for an ESRD ACO. Further, compensation for services provided by dialysis facility medical directors must remain distinct from the ACO performance and payment methodologies. Thirdly, RPA and/or other nephrology organizations must have the opportunity to participate to the maximum extent practicable in the development of legislative initiatives and regulatory rulemaking used in developing an ESRD ACO model. Finally, development of the ACO model should consider the care coordination needs of independent dialysis facilities and other relatively 'small' providers of ESRD care to ensure that patient access to dialysis is not disrupted or otherwise compromised.

The Renal Physicians Association (RPA) is the professional organization of nephrologists whose goals are to ensure optimal care under the highest standards of medical practice for patients with kidney disease and related disorders. RPA acts as the national representative for physicians engaged in the study and management of patients with renal disease. Any questions or comments regarding this correspondence should be directed to RPA’s Director of Public Policy, Rob Blaser, at 301-468-3515, or by email at rblaser@renalmd.org.