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Submitted electronically.

Re: Comments on 2025 Measures Under Consideration (MUC) List, ESRD Measures

To the Measures Under Consideration (MUC) Team:

Dialysis Clinic, Inc. (DCI) appreciates the opportunity to comment on the MUC List pertaining to End Stage Renal Disease (ESRD). DCI is the only independent, national not-for-profit kidney health provider in the United States. We were founded by Dr. H. Keith Johnson in 1971, more than two years before Medicare began paying for dialysis care, to save the lives of eight individuals with kidney failure in Nashville, Tennessee. Today, we care for more than 13,000 people on dialysis across more than 240 outpatient facilities and provide in-hospital dialysis care in more than 90 hospitals, serving patients in 30 states and the U.S. Virgin Islands. We are the fifth largest dialysis provider in the United States.

In addition, we operate REACH Kidney Care, which is responsible for improved care for more than 9,000 individuals with kidney disease in 10 states. REACH was established more than a decade ago to provide upstream, patient-empowering support to people with chronic kidney disease, transplant recipients, and individuals approaching kidney failure. Our affiliated organization, DCI Donor Services, Inc., operates Organ Procurement Organizations serving Tennessee, New Mexico, and Northern California—supporting 995 transplants in 2024 alone.

DCI has consistently delivered care with lower mortality, fewer hospitalizations, and lower Medicare costs than other national providers, as reflected in past U.S. Renal Data System comparisons. We have been deeply engaged in CMS innovation efforts, including the CEC Initiative, Kidney Care Choices (KCC), and leadership participation in CKCC models and ETC. We are also a founding member of the Nonprofit Kidney Care Alliance (NKCA).

In the spirit of partnership and collaboration, DCI offers comments on two ESRD measures currently under consideration.

MUC2025-011 – Dialysis Facility Discussion of Patient Life Goals

This measure, proposed to be included as a clinical quality measure in the ESRD Quality Incentive Program, "reports patients' satisfaction with how well their care team discussed life goals as part of treatment planning using the Patient Life Goals Survey instrument and allows facility-level comparison of patient satisfaction around discussion of life goals by generation of a t-score."

DCI agrees that understanding a person's values, priorities, and life goals is critical to person-centered care. These conversations are foundational to treatment planning, psychosocial support, modality decision-making, and long-term expectations. Because dialysis is life support, understanding each patient's priorities is essential. DCI recognizes the value of the intent of this measure.

Our primary concern is that this survey could become a "check the box" process for dialysis providers. We are working to implement a process that includes the life goals outlined in the survey within the DCI assessment and care planning process in DCI clinics. We are interested in meeting with you to share our thoughts about effective implementation of this survey.

MUC2025-020 – Advance Care Planning (ACP)

This measure intends to determine the percentage of adult patients "with one or more inpatient encounters during the measurement period who have an advance care planning document or documentation of an advance care planning discussion resulting in a documented decision in the electronic health record (EHR) by the time of hospital discharge for at least one hospital encounter during the measurement period." As rationale for this measure, CMS notes, "This measure aims to advance person-centered care by ensuring that hospitals provide patients and their caregivers the opportunity to discuss their goals of care and/or capture patients' existing ACP decisions."

DCI agrees that ACP is essential to patient dignity, medical ethics, and informed decision-making. Moreover, ACP is especially important in dialysis, where treatment is life-sustaining. Many DCI patients already participate in ACP discussions as part of routine care planning, physician visits, and social work support.

However, as currently drafted, the measure appears tailored to hospital-based documentation pathways (e.g., ACP completed "by time of discharge"), which do not translate operationally to outpatient dialysis settings.

To better align the measure with the ESRD environment, we recommend basing it on the percentage of adult ESRD patients who have an ACP document or documentation of an ACP discussion resulting in a documented decision within the survey period.

DCI believes that an appropriate process for dialysis clinics to ensure an appropriate and up-to-date ACP would be:

- ACP should be offered to patients within the first 90 days of starting dialysis;
- ACP should be offered at least once a year.

Conclusion

DCI supports CMS' general intent of both MUC 2025-011 and MUC2025-020 and has recommendations on implementation within a dialysis clinic. Our recommendations are intended to ensure that the measures are implementable, clinically meaningful, and aligned with the reality of outpatient dialysis care. We are willing to participate in beta-testing or structured refinement if CMS elects to revise the measures before implementation.

We appreciate the opportunity to provide feedback and stand ready to collaborate on next steps.

Sincerely,

Doug Johnson
Vice Chair of the Board