

Issue of Serious Concern: Infection Prevention Innovation & Patient Access

Agency: Centers for Medicare and Medicaid Services (CMS)

- Patients who receive life-sustaining treatments via a central venous catheter, like hemodialysis patients, are a growing population where these infections occur most often.
- Under status quo catheter care, catheter-related bloodstream infections (CRBSI) are common because the emphasis is on **exit site** infections and **not** what is happening **inside the catheter**. Across the kidney dialysis population, these infections **disproportionately impact minority kidney patients**.
- CRBSIs lead to septicemia, long and costly hospital readmissions, and are often fatal. Among hemodialysis patients covered by CMS/Medicare, catheter-related blood infections (**CRBSI**) **occur at an alarming rate of nearly 25,000 patients per year at a cost of an additional \$2 billion or more to treat. AAKP and kidney professionals view this as a crisis impacting the quality of kidney care.**
- AAKP is excited new infection prevention innovations should soon be available for vulnerable patients who depend upon catheters for life-saving treatments, including kidney patients on hemodialysis. Among dialysis patients, these new innovations have reduced these often-deadly bloodstream infections by over 71%.
- Yet, AAKP and kidney professionals are **concerned** these new innovations **are not seen** by CMS/Medicare as a **proactive and long-term infection prevention tool** to reduce CRBSIs, patient risks, and healthcare costs.
- **Instead, it appears CMS/Medicare may mis-identify these new life-saving infection prevention innovations as “renal dialysis services” – putting them in the End Stage Renal Disease (ESRD) bundled payment system - despite the fact they are NOT dialysis devices or a renal dialysis service.**



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ALERTING CONGRESS

Infection Prevention Innovation & Access continued...

- Congress needs to know that if CMS/Medicare inappropriately puts these innovations in the ESRD bundled payment system – access to these needed prevention therapies will be inconsistent/patchwork for Medicare patients. Doctors must have access to NEW treatments to reduce Healthcare Acquired Infections (HAIs).
- AAKP urges Congress to tell CMS/Medicare to ensure that patients have full, long-term access to new innovations that are proven to prevent CRBSIs and address this public health crisis. Further, we respectfully ask Congress to tell CMS/Medicare that it would be unfortunate if the Agency's misinterpretation of CMS/Medicare reimbursement policy for dialysis care prevents patients from being able to access new infection prevention innovations that are demonstrated and approved to address the unmet needs of this population.

