



Coalition for Supportive Care of Kidney Patients

1918 F Street NW  
Washington, DC 20052

<https://www.kidneysupportivecare.org/>

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**RE: Advancing Person-Centered Care: Support for the D-PaLS PRO-PM in ESRD Facilities and Advance Care Planning**

On behalf of the **Coalition for Supportive Care of Kidney Patients**, I am writing to strongly advocate for the integration of the **Dialysis Facility Discussion of Patient Life Goals (D-PaLS PRO-PM) and ACP** into the Medicare End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP).

As an organization dedicated to ensuring that every person with kidney disease receives care that aligns with their personal values, goals, and preferences, we believe the D-PaLS measure is a vital tool for transforming the current dialysis landscape.

**The Critical Need for Supportive Care Metrics**

For decades, dialysis quality has been measured through a narrow clinical lens—focusing on lab results and technical adequacy. While these are important, they do not reflect the lived experience of the patient. Too often, there is a profound "communication gap" between the medical goals of a facility and the life goals of the individual sitting in the dialysis chair.

The D-PaLS PRO-PM (Patient-Reported Outcome Performance Measure) provides the first scientifically rigorous way to hold facilities accountable for having these essential conversations.

**Why the Coalition for Supportive Care of Kidney Patients Endorses D-PaLS and ACP:**

- **Alignment with Patient Values:** D-PaLS uses patient-reported data to generate a t-score. By focusing on facilities where the majority of patients achieve a **t-score of greater than 40**, we ensure that "quality" is defined by the patient's satisfaction with how their care team supports their life goals.
- **Empowerment Through Communication:** Supportive care is rooted in communication. This measure incentivizes care teams to move beyond "informed consent" toward "shared decision-making," ensuring patients understand how their treatment impacts their ability to work, travel, or spend time with family.

- **Reducing Treatment Discordance:** When treatment plans conflict with a patient's life goals, it leads to depression, non-adherence, and decreased quality of life. D-PaLS identifies facilities that successfully bridge this gap, promoting better mental health and psychosocial outcomes.
- **Standardizing the "Human" Side of Medicine:** By quantifying the quality of life-goal discussions, the D-PaLS PRO-PM allows for benchmarking and the sharing of best practices across the 7,000+ dialysis facilities in the United States.

### Our Recommendations

The Coalition for Supportive Care of Kidney Patients urges your office to support the following:

1. **Regulatory Adoption:** Direct CMS to include the D-PaLS PRO-PM in the ESRD QIP to ensure life-goal discussions are a standard of care.
2. **Public Reporting:** Elevate patient voice by including these scores on Care Compare, allowing patients to select facilities that prioritize supportive care.
3. **Supportive Funding:** Ensure that facilities have the necessary resources and training to conduct these high-quality discussions effectively.
4. **Monitor Implementation, especially patient burden:** Patients with ESKD report considerable survey fatigue. While we recognize that the D-PaLS survey is relatively short, it would be prudent to explore integrating this measure with existing surveys already administered as part of the ESRD Quality Improvement Program (QIP). Further, D-PaLS has so far only been tested with a small number of patients. To ensure the information returned is reliable and useful, we recommend piloting this measure with additional programs before a full-scale rollout.

The Coalition stands ready to provide clinical expertise, patient testimonials, and data to support the implementation of this measure. We must move toward a healthcare system that treats the whole person, not just the disease.

Thank you for your leadership and for your commitment to the kidney community.

Sincerely,



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