

Speak Up for Innovation in Dialysis Care

When I walk into a dialysis unit today, it looks much the same as it did when I entered nephrology practice in 1995. Yet if I were to walk into a cardiac care unit or a cancer treatment suite, it would look dramatically different. The medications have changed so much that those who taught me about heart disease or cancer in the 1980s and 1990s would not be able to teach the students and residents of today.

Why is there such a disparity in innovation between nephrology and other medical fields? The ability to make money drives entrepreneurs and “sharks” to invest their creativity, drive, and money to a field.

When the United States Government amended the Social Security Act in 1973 to permit Medicare payment for patients requiring dialysis, they paid \$138 per treatment; an equivalent payment based on inflation would be \$1,033 in 2025. The base rate paid today is \$273.82.

Recognizing the lack of drivers of innovation, the kidney community banded together and asked Congress and the Centers for Medicare and Medicaid Services (CMS) to consider additional payment for new, innovative medications and equipment which could improve the quality of life and outcomes of patients requiring dialysis. In 2016, CMS introduced two payment pathways: the Transitional Drug Add-on Payment Adjustment (TDAPA) and the Transitional Add-on Payment Adjustment for New and Innovative Equipment and Supplies (TPNIES).

These programs provide payment of 65 percent of the average sales price of new products. The first products to qualify for TDAPA payment were calcimimetics, medications which mimic the action of calcium on the parathyroid gland, reducing the incidence of bone complications of chronic kidney disease. When initially introduced, the IV form (etelcalcetide or Parsabiv) was thought to represent a significant advance compared with the oral form (cinacalcet or Sensipar) and widespread use was anticipated. However, over the two-year TDAPA period, providers and physicians found little difference between the two forms of the medication, so when a generic form of cinacalcet was introduced in 2018, its use dramatically surpassed that of etelcalcetide. At the end of the two-year TDAPA period, payment for etelcalcetide was reduced further and its use was even more limited.

Another product, Korsuva (difelikefalin) was introduced in 2021 for treatment of itching associated with kidney disease. Because of the side effects of other medications used to treat itching like Benadryl (diphenhydramine), Korsuva was thought to be a tremendous advance. However, physicians used very little Korsuva because there was no pathway to permanent payment and they knew patients would not be able to pay for it after the TDAPA period ended. When TDAPA ended, CMS determined, based on use and pricing, to add nine cents for its ongoing use. Since the payment was sufficiently inadequate, Korsuva was withdrawn from the market in 2024.



Speak Up for Innovation in Dialysis Care

A new drug called XPHOZAH (tenapanor) has been approved by the FDA to help lower phosphorus levels in people undergoing dialysis. The developers are seeking to ensure its continued availability for patients through legislative changes or adjustments to the payment system. If these changes do not occur, access to this medication may also be at risk.

So far, TDAPA and TPNIES have not spurred innovation for patients requiring dialysis. The best way for patients to change the programs to gain more innovation is to talk about what they need, and talk to anyone who will listen: friends, other patients, doctors, dialysis unit staff, representatives at the local, state, or federal level, and officials in the department of health at the local, state, and federal level.

Often patients feel ill-equipped to talk to their representatives, but it is precisely patient stories and experiences which are needed. Since these programs were created to serve patients, those who oversee them need to understand where the programs work and where they fall short of reaching their goals.

Talking to officials may seem intimidating at first, but after a couple of meetings it will feel much more routine. Talking with your representatives alongside others in the kidney community—whether patients, physicians, or representatives of dialysis providers—may make these meetings feel easier.

New medications and equipment have the potential to improve the lives of people who have kidney disease. However, people who are impacted by these innovations need to make their voices heard. You can find support and help from organizations like the Renal Support Network. It is our voices which will force changes in a system that has changed little over the past 50 years!

As a physician, I will continue to speak up about the flawed payment system that does not spur innovation in treatment, and I hope you will join me!



Jeffrey Silberzweig, MD is the Chief Medical Officer of The Rogosin Institute, leads the dialysis programs at New York-Presbyterian Hospital as Chair of the Dialysis Executive Council and is the medical director of the dialysis units at the Weill Cornell and Lower Manhattan Hospital Campuses. He has been a nephrologist and leader in the community for over 25 years and has received many prestigious awards.

<https://www.rsnhope.org/kidneytalk-magazine/speak-up-for-innovation-in-dialysis-care/>

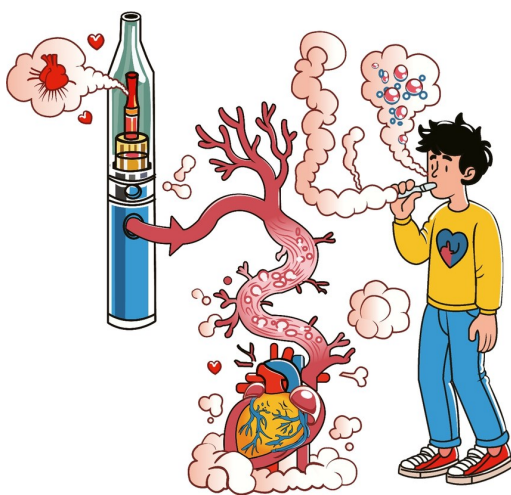
Heart Healthy Habits

This month we will continue the discussion of a few heart healthy habits guided by the **American Heart Association's Life's Essential 8** recommendations. Last month we focused on physical activity, controlling diabetes (or high blood sugar levels, known as hyperglycemia) and blood pressure. This month we will review stopping smoking.

Talk with your DCL dietitian to learn more about the American Heart Association's Life's Essential 8 recommendations of a healthy diet, a healthy weight, and lipid (e.g. cholesterol, triglyceride, HDL, & LDL) management.

Health Risks Related to Smoking, Vaping, and Tobacco Use

In the United States, smoking is the leading cause of preventable death in adults. Smoking can cause high blood pressure that can lead to heart attack, heart failure, stroke, and/or death. The chemicals in tobacco and vaping products are risk factors for plaque buildup, or fatty deposits, in arteries that are found throughout our bodies. Plaque buildup in the arteries is also known as atherosclerosis. Plaque buildup (atherosclerosis) can cause high blood pressure, heart attack, heart failure, stroke, and/or death over time. Some other substances that can cause plaque buildup (atherosclerosis) over time include cholesterol, waste products our bodies naturally make every day, calcium deposits, and fibrin, a natural substance that helps the blood to clot.



There are three types of blood vessels found throughout our bodies. They are arteries, veins, and capillaries. Blood flow in the arteries carries oxygen and nutrients to cells throughout our bodies. Plaque buildup (atherosclerosis) causes the arteries to narrow, which decreases blood flow and the amount of oxygen and nutrients going to the cells throughout the body. As a result, plaque buildup (atherosclerosis) can damage the heart, brain, kidneys, legs, arms and/or pelvis over time.

Damage to cells in the brain can result in a stroke. There are two types of stroke, one type is called an ischemic stroke and the other type is called a hemorrhagic stroke. An ischemic stroke means a clot formed in an artery in the brain occluding blood flow. The brain cells around a clot will not receive the oxygen and nutrients they need to remain healthy and may die. A blood clot is the most common type of clot that causes an ischemic stroke. A hemorrhagic stroke happens when a weakened artery in the brain bursts open causing bleeding in the brain. Bleeding in the brain may cause the cells in the area to die. Uncontrolled high blood pressure is the most common reason for a hemorrhagic stroke.

No Smoking



Your Life Is Important

Heart Healthy Habits

Quitting Smoking, Vaping, and Tobacco Use

The American Heart Association offers five steps to quitting smoking and vaping. They include (1) set a day to quit that will work best for you. Write it on your calendar and refer to it often as a gauge for achieving the goal; (2) choose your method for quitting. Examples include quitting cold turkey, cutting down on the number of cigarettes you smoke in a day, or the number of times you vape, or by only smoking part of a cigarette, cigar, vape, etc.; (3) talk about quitting with your healthcare provider and decide if you need medication to help your quit; (4) make a plan for after you quit to remain free from smoking or vaping. Discuss with your healthcare provider and/or DCL staff what will help you stay free from smoking or vaping, especially while you are quitting. Some ideas include:

Eating a healthy snack when you crave tobacco or want to vape

Do something enjoyable when you are tempted to smoke or vape

Go for a walk, work in the yard/garden, call a friend, try a new hobby that uses your hands (do a puzzle, draw, paint, play the piano, etc.), play a game on your phone or computer, take a nap, watch TV, play with your kids, grandkids, and/or pet.



The ideas are endless! Find some that work for you. And, (5) quit for good on the goal date. Refer to the plan in place, and get help from others, to keep you free from smoking or vaping for the rest of your life.

Next month, we will finish this series on heart healthy habits and the American Heart Association's Life's Essential 8 recommendations. We will end the series by discussing quality sleep and reducing stress. Both are important for heart health. In the meantime, ask your DCL team if you have questions on other ways to keep your heart healthy.

References:

American Heart Association (2025). Five Steps to Quit Smoking and Vaping. <https://www.heart.org/en/healthy-living/healthy-lifestyle/quit-smoking-tobacco/5-steps-to-quit-smoking>

American Heart Association (2025). Smoking and High Blood Pressure. <https://www.heart.org/en/health-topics/high-blood-pressure/changes-you-can-make-to-manage-high-blood-pressure/smoking-high-blood-pressure-and-your-health>

American Heart Association (2025). What is Atherosclerosis? <https://www.heart.org/en/health-topics/cholesterol/about-cholesterol/atherosclerosis>

Rethink that DRINK!

For people on dialysis, choosing the right low-sugar beverages is essential to manage fluid balance, control blood pressure, and avoid excess potassium, phosphorus, and sodium. Here are **some** [of the best low-sugar beverage options](#) that are generally considered safe for dialysis patients:

Kidney-Friendly Low-Sugar Beverages

1. Water (Plain or Infused)

- ◇ Best hydration option.
- ◇ Try infusing with cucumber, mint, or a splash of lemon (if potassium levels allow) for flavor

2. Unsweetened Apple Juice

- ◇ Low in potassium and phosphorus.
- ◇ Choose 100% juice with no added sugars

3. Unsweetened Cranberry Juice

- ◇ Supports urinary tract health.
- ◇ Low in potassium and phosphorus, but still check labels

4. Herbal Teas (Caffeine-Free)

- ◇ Chamomile, peppermint, or rooibos are good options.
- ◇ Avoid teas with licorice root or high potassium content

5. Plant-Based Milks (Unsweetened)

- ◇ Almond or rice milk are often lower in potassium and phosphorus than dairy.
- ◇ Always check for added phosphate or potassium additives

6. Low-Sodium Broths

- ◇ Can be hydrating and comforting.
- ◇ Choose low-sodium or no-salt-added varieties

7. Some Flavored Waters (Check Labels)

- ◇ Look for options without added potassium, phosphorus, or artificial sweeteners.
- ◇ Some Bai waters may be okay, but always read the ingredient list



Beverages to Avoid or Limit

- **Dark sodas** (often contain phosphorus additives)
- **Coconut water** (high in potassium)
- **Citrus juices** (like orange or grapefruit—high in potassium)
- **Vitamin waters** (often contain added potassium/phosphorus)
- **Energy drinks and sports drinks** (high in sugar and electrolytes)



Remember, most individuals on dialysis need to limit their fluids but also do need to ensure enough fluids are drank throughout the day. Please consult with your dietitian about any specific questions regarding fluids and dialysis.

August 2025

Newsletter

YOU ARE LOVED!



STRESS RELIEVING ACTIVITIES:

- ♦ MEDITATION
- ♦ GO FOR A WALK
- ♦ READ A BOOK
- ♦ COLOR OR DRAW A PICTURE
- ♦ TAKE A NAP
- ♦ LAUGH
- ♦ LISTEN TO MUSIC
- ♦ WATCH YOUR FAVORITE MOVIE

Fill your heart with LOVE! Write what you love....

