American Society of Transplant Surgeons®

Saving and improving lives with transplantation.

July 20, 2022

Ms. Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8013
Baltimore, MD 21244-1850

Re: [CMS–1768–P];RIN 0938–AU79. Medicare Program; End-Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals With Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, and End-Stage Renal Disease Treatment Choices Model ("ESRD Proposed Rule")

Dear Administrator Brooks-LaSure:

The American Society of Transplant Surgeons is pleased to have the opportunity to comment on the 2023 ESRD Proposed Rule. ASTS is a medical specialty society representing approximately 1,900 professionals dedicated to excellence in transplantation surgery. Our mission is to advance the art and science of transplant surgery through patient care, research, education, and advocacy.

Our comments focus on the 2023 ESRD Proposed Rule as it relates to transplantation. The care of patients with advanced CKD and ESRD is extremely complex and requires close cooperation and coordination among many providers. Unfortunately, the current system is extremely fragmented, and closer coordination between dialysis facilities and transplant centers is needed in order to ensure that those patients on dialysis who are appropriate for transplantation are referred for transplant evaluation as expeditiously as possible. There is also a pressing need to improve the education of dialysis patients and those with Stage IV CKD regarding transplantation treatment options. It is for this reason that we proffer these comments on the 2023 ESRD Proposed Rule.

First, we note that CMS is proposing to suppress the "Percentage of Prevalent Patients Waitlisted (PPPW)" and other clinical measures under the ESRD Quality Improvement Program (QIP) in light of the impact of COVID. While we most certainly agree that quality measures should be suppressed in light of the devastating impact of COVID on those with ESRD, we note that Transplant Centers are among the only providers participating in Medicare whose quality measures related to mortality have not been suppressed: under the methodology used by the Scientific Registry of Transplant Recipients, the only data excluded from mortality and other Transplant Center quality measures is mortality data related to the first three months of the pandemic. We believe that quality measurement should be uniformly applied across the ESRD ecosystem to the best extent practicable. We urge that CMS confer with HRSA to implement a consistent policy to ensure that patients are in a position to compare the outcomes of transplantation and dialysis on an even footing.

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Second, the ESRD Proposed Rule includes requests for information on several important topics, including potential quality measures for home dialysis, the expansion of quality reporting programs to allow CMS to provide more actionable and comprehensive information on health care disparities across multiple variables and new care settings, and on the possible future inclusion of two potential social drivers of health screening measures.

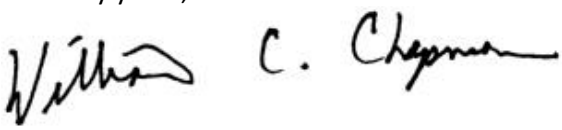
ASTS strongly supports CMS' focus on health care equity and access and specifically supports the proposal included in the 2023 ESRD Proposed Rule to collect information from dialysis facilities on the social drivers of health. In addition, while substantial progress has been made in addressing disparities in transplantation once potential recipients are waitlisted, more work needs to be done to address disparities in referrals for transplant evaluation. Along these lines, we urge CMS to adopt a dialysis facility quality measure that tracks the percentage of patients meeting specified clinical thresholds who are referred for transplant evaluation during the first year of dialysis. We believe that adoption of such a measure has the potential to significantly reduce disparities in the referral of dialysis patients for transplant evaluation and to increase access to transplantation overall.

Third, CMS is proposing to update the domain weights and individual measure weights under the ESRD QIP Program beginning with the 2025 Payment Year. The PPPW, which is the only measure that really encourages dialysis facilities to get their patients waitlisted, currently accounts for 4 points out of 100, and its weight would be increased to 6 points out of 100 if the ESRD Proposed Rule is adopted without change. While we support increasing the weight of this measure, we believe that, in light of the significant clinical advantages of transplantation over dialysis for those suffering from ESRD, dialysis facilities should be more strongly encouraged to refer clinically appropriate patients for transplant evaluation. Since referrals are not in dialysis facilities' financial best interests, it is important that the regulatory incentives encouraging such referrals be strengthened.

Finally, the ESRD Proposed Rule would preclude a nephrologist from leasing staff from dialysis facilities to provide kidney disease patient education services to beneficiaries with Stage IV chronic kidney disease, regardless of whether or not the nephrologist waives the patient's copayment obligation. While we support this proposal, we believe that more needs to be done to encourage primary nephrologists to provide robust patient education to those with Stage IV CKD. We urge CMS to include strong incentives in the Quality Improvement Program for nephrologists to collaborate with area transplant centers and dialysis facilities to provide balanced information regarding the treatment options available for these patients.

We appreciate the opportunity to comment on the 2023 ESRD Proposed Rule. If you have any questions about our comments, please do not hesitate to contact Emily Besser, Associate Director, Advocacy, at emily.besser@asts.org.

Sincerely yours,



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