



January 19, 2012

Measure Applications Partnership  
c/o National Quality Forum  
1030 15<sup>th</sup> Street, NW  
Suite 800  
Washington, DC 20005

*Subject: Pre-Rulemaking Report, Public Comment Draft*

Thank you for the opportunity to comment on the Measure Applications Partnership (MAP)'s draft *Pre-Rulemaking Report*. Kidney Care Partners (KCP) is a coalition of members of the kidney care community that includes the full spectrum of stakeholders related to dialysis care – patient advocates, health care professionals, dialysis providers, researchers, and manufacturers and suppliers – organized to advance policies that improve the quality of care for individuals with both chronic kidney disease and end stage renal disease (ESRD). We greatly appreciate MAP undertaking this important work.

Twenty-two measures/measure composites on the “ACA 3014 list” are of particular interest to KCP and its members: MUC 1-5, MUC 71, MUC 72, MUC 104, MUC 105, MUC 223, MUC 224, MUC 290, MUC 329-337, and MUC 359. In reviewing these measures, we offer the following comments:

- I. **MUC 5, Vascular Access Infection.** KCP concurs with MAP's conclusion that this measure should not be supported. KCP opposes this measure and supports, as does MAP, MUC 3, the National Healthcare Safety Bloodstream Infection Measure.
- II. **Measures Without Specifications.** KCP supports MAP's recognition of the importance of having specifications to review, which meant that MAP did not recommend measures where the numerator, denominator, and exclusions were “TBD.” At the same time, it is our understanding that the Renal Physicians Association/American Society of Pediatric Nephrology/Physician Consortium for Performance Improvement forwarded specifications for its measures to CMS in September 2011. It is regrettable that they were not made available by CMS to MAP for its full review.
- III. **Alignment between Dialysis Facility and Physician Measures.** KCP notes that several measurement areas overlap between the facility-level measures to be used in the End Stage Renal Disease Quality Improvement Program (QIP) and the physician-level Physician Quality Reporting System (PQRS) – e.g., dialysis adequacy (Kt/V) and vascular access. KCP emphasizes the critical importance of ensuring that the details of the specifications are aligned between these two sets as MAP continues its review of future ACA 3014 lists.

Again, thank you for the opportunity to comment on this important work. If you have any questions, please do not hesitate to contact Lisa McGonigal, MD, MPH ([lmcgon@msn.com](mailto:lmcgon@msn.com) or 203.298.0567).

Sincerely,

Abbott Laboratories  
Affymax  
American Kidney Fund  
American Nephrology Nurses' Association  
American Renal Associates, Inc.  
American Society of Nephrology  
American Society of Pediatric Nephrology  
Amgen  
Baxter Healthcare Corporation  
Board of Nephrology Examiners and Technology  
Centers for Dialysis Care  
DaVita, Inc.  
Dialysis Patient Citizens  
DCI, Inc.  
Fresenius Medical Care North America  
Fresenius Medical Care Renal Therapies Group  
Kidney Care Council  
Mitsubishi Tanabe Pharma America  
National Kidney Foundation  
National Renal Administrators Association  
Nephrology Nursing Certification Commission  
Northwest Kidney Centers  
NxStage Medical  
Renal Physicians Association  
Renal Support Network  
Renal Ventures Management, LLC  
Sanofi  
Satellite Healthcare  
U.S. Renal Care  
Watson Pharma, Inc.

bcc: CMS