March 4, 2016

University of Michigan Kidney Epidemiology and Cost Center
1415 Washington Heights
Suite 3645 SPHI
Ann Arbor, MI 48109
dialysisdata@umich.edu

Re: Revisions to the Standardized Transfusion Ratio

Dear Sir or Madam:

On behalf of the American Nephrology Nurses Association (ANNA), I appreciate the opportunity to comment on the Centers for Medicare and Medicaid Services (CMS) and University of Michigan Kidney Epidemiology and Cost Center’s (UM-KECC) proposed revisions to the Standardized Transfusion Ratio (STrR). ANNA is supportive of CMS and UM-KECC’s efforts to develop measures of anemia management in End-Stage Renal Disease (ESRD) patients.

ANNA promotes excellence in and appreciation of nephrology nursing so that we can make a positive difference for people with kidney disease. Established as a nonprofit organization in 1969, ANNA has a membership of approximately 9,000 registered nurses in almost 100 local chapters across the United States. We are the only professional association that represents nurses who work in all areas of nephrology, including hemodialysis, chronic kidney disease, peritoneal dialysis, acute care, and transplantation. Most of our members work in freestanding dialysis facilities, hospital outpatient units, and hospital inpatient dialysis units.

ANNA develops and updates standards of clinical practice, educates practitioners, stimulates and supports research, disseminates knowledge and new ideas, promotes interdisciplinary communication and cooperation, and monitors and addresses issues encompassing the breadth of practice of nephrology nursing.

We are supportive of CMS and UM-KECC’s efforts to revise the STrR and we appreciate CMS and UM-KECC’s efforts to limit the definition of a transfusion event. The revisions to the STrR, however, fail to adjust for multiple variables, and ANNA has several concerns regarding the STrR measure.

ANNA believes that implementation of the STrR as currently drafted will hold outpatient dialysis facilities responsible for a measure for which they do not have data access. Few, if any, transfusions are administered in a dialysis facility, and communication with hospitals is problematic. Often, it is difficult for a dialysis facility to obtain a patient’s blood transfusion data from a hospital, and impossible to acquire such
information in time to plan the continued care of that patient. ANNA supports regulations that increase the sharing of patient information between hospitals and dialysis facilities and that reduce the risks for dialysis patients. As CMS proceeds with implementation of the STrR, ANNA encourages CMS to require hospitals to promptly transmit dialysis patients’ transfusion data upon discharge to the dialysis facilities involved in the care of such patients. The sharing of blood transfusion data and other related information will allow for safer and more effective care of patients.

ANNA also has concerns the STrR fails to take into consideration the reasons for the transfusion. Often, it is unclear why dialysis patients receive transfusions. For example, in the experience of our members, hospitals frequently do not continue erythropoiesis-stimulating agent (ESA) doses during a patient’s hospitalization, which can lead to the need for transfusion. Additional grounds for transfusion include inadequate anemia management in the inpatient facility, other chronic illness, or due to an acute problem during hospitalization. These factors are both outside the control of and unrelated to the care provided in a dialysis facility.

We are concerned that the use of the STrR as a clinical measure may unfairly punish a facility for an outcome impacted by multiple variables beyond its control. We urge CMS and UM-KECC to consider the influence of such patient-specific conditions on the calculation of the STrR and further examine methods to eliminate the effect of such variables on each facility’s STrR.

ANNA greatly appreciates the opportunity to share our comments on the revisions to the STrR. As the leading professional association representing nephrology nurses, we look forward to continuing to work with you and CMS on these important issues. Should you have any questions, please contact me or have your staff contact our Health Policy Consultant, Kara Gainer (Kara.Gainer@dbr.com or 202-230-5649). We thank you for your consideration.

Sincerely,

Cindy Richards, BSN, RN, CNN
President, 2015-2016