



September 30, 2021

Rich Formica, MD
Chair
Performance Monitoring Enhancement Subcommittee
OPTN Membership and Professional Standards Committee

Re: Public Comment on MPSC Proposal: “Enhance Transplant Program Performance Monitoring System”

On behalf of Kidney Care Partners (KCP), I want to thank you for the opportunity to provide comments on the OPTN Membership and Professional Standards Committee (MPSC) “Enhance Transplant Program Performance” proposal (Proposal). Improving the availability of and access to solid organs, especially kidneys, is a priority for KCP and our members. We strongly agree that the monitoring program should seek to increase the number of transplants. KCP also supports efforts to lessen the emphasis on transplant outcomes such that the metrics do not inadvertently disincentivize including sicker patients on the waitlist. We are concerned that the proposed waitlist mortality measure will not achieve these goals if implemented because it does not align with the transplant waitlist measures that apply to dialysis facilities and nephrologists in the Medicare program. In addition, without modification, the measure will likely incentivize transplant centers to adopt criteria that result in sicker individuals living with kidney failure not being able to qualify for the waitlist.

KCP is an alliance of members of the kidney care community that serves as a forum for patient advocates, dialysis care professionals, providers, and manufacturers to advance policies that support the provision of high-quality care for individuals with chronic kidney disease (CKD), including End-Stage Renal Disease (ESRD). Since 2005, KCP has led the kidney care community in its efforts to shift to a patient-centered, quality-based approach to providing kidney care in America. Through the Kidney Care Quality Alliance (KCQA), our members have developed measures, navigated them through the National Quality Forum’s (NQF) endorsement and maintenance processes, and advocated for their inclusion in the Medicare ESRD QIP and other quality programs. In the Spring of 2021, KCQA renewed its measure development agenda. Led by Drs. George Aronoff and Keith Belovich as the co-chairs of the KCQA Steering Committee, KCQA is developing additional measures, including in the domain of kidney transplant.

KCP supports the Biden-Harris Administration decision to continue the previous administration’s prioritization of increasing access to kidney transplant. Part of these efforts have included increasing accountability for dialysis facilities and nephrologists to support patients with kidney disease and/or kidney failure being added to transplant waitlists. There are transplant waitlist measures in the ESRD Quality Incentive Program (the traditional

Medicare value-based purchasing program for dialysis facilities) and the ESRD Treatment Choices (ETC) Model (the mandatory Medicare model that initially applies to 30 percent of the dialysis facilities and nephrologists in the United States). With more than 21,000 kidney transplants performed in 2018 and nearly 95,000 patients on current waitlists, nephrologists and facilities face substantial limits in what they can do to increase the number of kidney transplants. It is, therefore, critically important that the kidney care community and the transplant community work together to ensure that kidney care measures and transplant centers measures align to help encourage more patients with kidney failure to be added to transplant waitlists.

We support MPSC's efforts to improve monitoring, including creating new metrics, to support expanding access to transplants. We are concerned that the proposed waitlist mortality ratio measure will incentivize transplant centers that do not provide daily direct care to dialysis patients to avoid including higher-risk, sicker patients on their waitlists to improve overall mortality. Yet, these are the very patients on which the health care sector needs to focus to improve access to transplant. This result would lead to the opposite outcome that MPSC is trying to achieve – increasing the number of transplants.

Avoiding such a consequence is also essential to addressing the gap in transplants that exists between Black and White patients. According to the U.S. Renal Data Systems 2020 Annual Report, the median wait-time for dialysis patients initially listed in 2013 was 49.2 months. Median wait-time was five years for Black patients who were initially wait-listed in 2013, but only 3.4 for years for White patients, a difference of more than 1.5 years.

At the same time, there has been a slight improvement in transplant centers adding Black and Hispanic patients to their waitlist. USRDS reports that between 2017 and 2018, the number of Black patients who were added to the waitlist increased by 8.5 percent, which was slightly more than the corresponding change in White patients which was 8.0 percent. During that same time period, the number of Hispanic or Latino patients who were added to the waitlist increased by 13.1 percent compared to the corresponding change in non-Hispanic patients of 7.1 percent.

It is important that the waitlist mortality measure, which we understand seeks to encourage transplant centers to move more patients to transplant, not result in fewer patients being waitlisted or erode the small improvements that are underway.

While we appreciate that MPSC seeks to address this concern with the risk adjustment, the experience of KCP members suggests that this approach which was tried and failed to work in the past with a CMS metric.

Mr. Rich Formica
September 30, 2021
Page 3 of 4

We ask that MPSC engage with the kidney care community, including KCP and our measure development sister organization the Kidney Care Quality Alliance (KCQA), to find a way to balance the need for the mortality measure with the dialysis facility and nephrologist measures so the incentives are aligned to increase access to the transplant waitlists and to move more waitlisted patients to transplant.

Sincerely,

A handwritten signature in black ink, appearing to be 'J. Butler', with a long horizontal flourish extending to the right.

John Butler
Chairman

Appendix: KCP Members

Akebia Therapeutics
American Kidney Fund
American Nephrology Nurses' Association
American Renal Associates, Inc.
American Society of Pediatric Nephrology
Amgen
Ardelyx
American Society of Nephrology
AstraZeneca
Atlantic Dialysis
Baxter
BBraun
Cara Therapeutics
Centers for Dialysis Care
Cormedix
DaVita
DialyzeDirect
Dialysis Patient Citizens
Dialysis Vascular Access Coalition
Fresenius Medical Care North America
Fresenius Medical Care Renal Therapies Group
Greenfield Health Systems
Kidney Care Council
NATCO
Nephrology Nursing Certification Commission
Otsuka
Renal Healthcare Association
Renal Physicians Association
Renal Support Network
Rockwell Medical
Rogosin Institute
Satellite Healthcare
U.S. Renal Care
Vertex
Vifor Pharma