KIDNEY CARE PARTNERS

December 21, 2015

Andrew M. Slavitt
Acting Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Acting Administrator,

On behalf of Kidney Care Partners (KCP), I want to thank you for providing us with the opportunity to submit comments on the "Revisions to Requirements for Discharge Planning for Hospitals, Critical Access Hospitals, and Home Health Agencies" Proposed Rule (Proposed Rule). 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 both chronic kidney disease (CKD) and End-Stage Renal Disease (ESRD).[1]

We support and urge you to finalize with one clarification the provisions set forth in the Proposed Rule that seek to strengthen the current discharge planning and summary requirements, especially the requirement for hospitals to provide the discharge instructions, discharge summary, and other relevant information to a patient's other providers. The Proposed Rule aligns with the provision of S. 598/H.R. 4814, "The Chronic Kidney Disease Improvement in Research and Treatment Act of 2015," introduced by Senators Ben Cardin (D-MD) and Mike Crapo (R-ID) and Representatives Tom Marino (R-PA) and John Lewis (D-GA). This legislation, among other things, would require hospitals to provide discharge summary and other information to dialysis facilities after a patient has been hospitalized and discharged.

Sharing hospital treatment and discharge information is particularly important to ensure the continuity of care for dialysis patients. As the preamble notes, "[p]atients' post-discharge needs are frequently complicated and multi-factorial, requiring a significant level of on-going planning, coordination, and communication among the health care practitioners and facilities currently caring for a patient."[2] This statement is especially true for dialysis patients who have multiple comorbidities, require a substantial number of medications, and require dialysis treatments three to four times a week. Their dialysis facilities and nephrologists must calibrate their treatment protocols to ensure appropriate care. This includes appropriately removing volume to prevent either heart failure or

[1] *See* Appendix A for a list of the members.
[2] 80 *Fed. Reg.* 68126, 68127 (Nov. 3, 2015).

hypotension; administering and dosing medications in such a way to ensure that important medications are not removed with dialysis; ensuring that medication dosing is correct for a person with no kidney function; knowing what medications need to be administered with dialysis; treating other complications and health issues (including blood pressure and nutrition); addressing important social issues that may have arisen during the hospitalization (including awareness of changes in advance directives); and managing bleeding and clotting issues that can occur with the provision of dialysis. All of these are critical to providing quality care for our patents.

Yet, for the vast majority of patients, their dialysis centers and nephrologists are never told of the care they are provided when hospitalized. This lack of sharing of information creates a black hole that places patients at higher risk of complications, unnecessary treatment, and future hospitalizations.

Despite efforts by KCP members, it has been extremely difficult to obtain discharge information from hospitals. We appreciate that there are many demands on hospital staff. Often, requests from dialysis facilities or nephrologists go unanswered. Thus, we are extremely pleased that the Proposed Rule would require hospitals to send to patient's other health care providers: (1) the discharge instructions and discharge summary within 48 hours; (2) pending test results within 24 hours of their availability; and (3) all other necessary information specified in the "transfer to another facility" requirements.[3] While some patients may tell hospitals about their nephrologists and dialysis facilities, others may forget. Therefore, we encourage CMS to clarify that hospitals must also provide this information upon request by a dialysis facility, as well as when a request is made by a nephrologist.

Having information about a patient's stay in the hospital is critically important to providing the appropriate care once he/she has been discharged. For example, providing erythropoietin stimulating agents (ESAs) is an essential part of a dialysis patient's treatment. Calibrating the dosage is important to ensure that patients' hematocrit levels remain within the appropriate range. Often, however, when a dialysis patient is hospitalized, neither the dialysis facility nor the nephrologists are told whether the patient received an ESA while hospitalized. Patients often do not remember what medications they did or did not receive and hospitals do not respond to requests from the dialysis facilities to obtain the information. This lack of information could result in either over- or under-dosing of an ESA.

Similarly, it is important to understand how a patient's weight changes to assess fluid overload. Fluid overload is a leading cause of rehospitalization for

[3] *Id.* at 68135.

dialysis patients. It is important to have sufficient data from a patient's hospitalization to allow the patient's care team to remove the appropriate amount of fluid.

Dialysis patients often require specialized care from a number of different providers across the health care system. There is no question that these patients would benefit from enhanced care coordination. Having information about what treatments/medications provided during a hospital stay, as well as discharge summaries and discharge instructions, would improve the coordination of care. Without such data, dialysis facilities and nephrologists do not have sufficient information to make sure that patients are receiving the appropriate care post-discharge.

As the preamble to the Proposed Rule states:

> [t]he discharge planning process should ensure that patients and, when applicable, their caregivers, are properly prepared to be active partners and advocates for their healthcare and community support needs upon discharge from the hospital or PAC setting.[4]

Therefore, we support the Proposed Rule and ask that CMS clarify that hospitals must also provide this information upon request by a dialysis facility, as well as to a nephrologist. This information should be provided as quickly as possible, but no later than 48 hours after the discharge (or within 48 hours of the date of the request, if made by a dialysis facility and/or nephrologist). This timeframe would allow dialysis facilities to address readmissions, consistent with the expectation set forth in CMS's Standardized Readmissions Ratio (SRR) measure specifications, which requires dialysis facilities to assume responsibility for readmissions after 72 hours. This requirement will promote efficiency and patient safety as patients transition from a hospital to a dialysis facility.

Again, we appreciate the opportunity to provide comments. Please do not hesitate to contact Kathy Lester at (202) 534-1773 or klester@lesterhealthlaw.com if you have any questions.

Sincerely,

Edward R. Jones, M.D.
Chairman
Kidney Care Partners

[4] *Id.* at 68127.

Appendix A: KCP Members

AbbVie
Akebia Therapeutics, Inc.
American Kidney Fund
American Renal Associates, Inc.
American Society of Nephrology
American Society of Pediatric Nephrology
Amgen
AstraZeneca
Baxter Healthcare Corporation
Board of Nephrology Examiners and Technology
Centers for Dialysis Care
DaVita Healthcare Partners, Inc.
Dialysis Patient Citizens
Dialysis Clinic, Inc.
Fresenius Medical Care North America
Fresenius RTG
Greenfield Health Systems
Hospira
Keryx Biopharmaceuticals, Inc.
Kidney Care Council
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
Rogosin Institute
Sanofi
Satellite Healthcare
U.S. Renal Care