July 19, 2018

Nancy Lescavage
Deputy Secretary for Quality Assurance
PA Department of Health
625 Forster Street
Room 532 H & W Bldg.
Harrisburg, PA 17120-0701

Dear Deputy Secretary Lescavage:

On behalf of the National Kidney Foundation (NKF), Dialysis Vascular Access Coalition (DVAC), and the more than 25,000 patients with End Stage Renal Disease (ESRD) in Pennsylvania, we thank you for your efforts to work with all stakeholders related to the repair and maintenance of kidney patient's dialysis vascular access in the outpatient setting. The National Kidney Foundation has two Pennsylvania chapters, one in Pittsburgh and one in Philadelphia, and we want to preserve our patients' choice in where they obtain their care for vascular access services.

Our organizations have carefully reviewed your proposed guidance for vascular procedures as currently drafted; we remain strongly concerned for kidney patients and their access to the best outcomes and most efficient care for their vascular access. We agree with the goals of patient safety and improving quality of care for patients receiving kidney dialysis and believe they can be achieved by allowing patients to access vascular access procedures in ambulatory surgical centers. We are very troubled that the shifting of these procedures back to hospitals are more likely to have serious, unintended consequences for patients.

More than 10,000 patients in PA receive care outside of the hospital setting. The attached reference shows the analysis of the US Renal Data System results when comparing Hospital Outpatient Department results and the results of free standing access care. Related to patient satisfaction, the major providers in the state (accounting for about 75% of the dialysis access care) shared their satisfaction data noting above a 90% rating of care very good or excellent. Patients treated outside of the hospital have less infections, hospital days and mortality at a lesser cost that a similar population treated in the hospital outpatient department.
Another main issue is the cost of care. An angioplasty in the hospital costs 5 times that of a freestanding outpatient center. In many cases, the patient feels the burden of that cost difference in terms of co-insurance.

For these reasons, free-standing vascular centers are critical to improving the lives of people with ESRD while obtaining better outcomes and managing associated costs. According to Medicare, more than 60% of the Vascular Access procedures are performed in free-standing centers. As drafted, your guidance would direct nearly all ESRD patients into hospital settings, instead of these locally based free-standing centers, the clear treatment of choice for the majority of ESRD patients.

We look forward to working together toward the goal of achieving efficient ESRD care through a system of free-standing access centers while maintaining patient safety for patients suffering from ESRD.

Sincerely,

Chin L. Tuladzieck  
Erin L. Tuladzieck, MS  
Executive Director

Sandeep Sharma, M.D.  
Board Member

Enclosure