June 2, 2017

Ms. Seema Verma
Administrator
Centers for Medicare and Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

Re: CMS-1679-P: Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2018, SNF Value-Based Purchasing Program, SNF Quality Reporting Program, Survey Team Composition, and Proposal to Correct the Performance Period for the NHSN HCP Influenza Vaccination Immunization Reporting Measure in the ESRD QIP for PY 2020

Dear Administrator Verma:

Kidney Care Partners (KCP) appreciates the opportunity to provide comments on the “Proposal to Correct the Performance Period for the NHSN HCP Influenza Vaccination Immunization Reporting Measure in the ESRD QIP for PY 2020” (Proposed Rule). KCP is an alliance of members of the kidney care community that includes patient advocates, dialysis care professionals, providers, and manufacturers organized to advance policies that improve the quality of care for individuals with both CKD and irreversible kidney failure, known as ESRD. KCP remains deeply committed to promoting and improving the quality of care patients receive and continues through the Kidney Care Quality Alliance (KCQA), which it founded in 2005, to develop meaningful measures that impact patient care and outcomes.

KCP believes that influenza vaccination of health care personnel, the focus of the NHSN Healthcare Personnel Influenza Vaccination, is an important public health concept, which is why we continue to support including it as a reporting measure in the ESRD QIP.

While we support the proposal to shift the performance period for PY 2020 to October 1, 2017, through March 31, 2018, we encourage CMS to take this opportunity to align the performance period with the NHSN protocol upon which the measure is based, as well as with NQF’s standardized influenza immunization specifications. Both define the acceptable immunization period as commencing on
“October 1 or when the vaccine became available.”1,2 If this change is not made, providers will be penalized when practicing according to established clinical guidelines.

Not making this change could also place patients at increased risk early in the influenza season. Per the CDC, approximately two weeks are required after vaccination for sufficient antibody production to protect against infection; early vaccination is recommended to protect patients before the virus begins spreading through the community.3 Vaccine shipments typically begin in August,3 and we believe the measure should be specified to permit credit for this fact. According to the CDC’s data for the 2014-15 flu season collected through the Behavioral Risk Factor Surveillance System, by the end of September 15.6 percent of children and 7.6 percent of adults had already been vaccinated.4

Thus, the specifications as currently written are not consistent with public health goals, the goals of the new Administration, or clinical practice. Therefore, KCP encourages CMS to finalize the performance period for PY 2020 as “October 1, 2017 or when the vaccine became available through March 31, 2018.”

We very much look forward to working with the new Administration on ways to continue to improve and maintain high quality care for patients living with kidney failure. Please do not hesitate to contact Kathy Lester at (202) 534-1773 or klester@lesterhealthlaw.com if you have any questions about our recommendations.

Sincerely,

Frank Maddux, M.D.
Chairman
Kidney Care Partners

cc: Kate Goodrich, MD, Director, Center for Clinical Standards and Quality, and CMS Chief Medical Officer
Pierre Yong, Director, Quality Measurement and Value-Based Incentives Group