

June 29, 2011

Yale New Haven Health Services Corporation
Center for Outcomes Research and Evaluation
Harlan Krumholz, Principal Investigator
vascularmeasures@yale.edu

CC: Lein Han, Government Task Leader
Centers for Medicare & Medicaid Services
7500 Security Blvd, Mail Stop S3-02-01
Baltimore, MD 21244-9045

Douglas Brown, Project Officer
Centers for Medicare & Medicaid Services
7500 Security Blvd, Mail Stop S3-02-01
Baltimore, MD 21244-9045

Re: Hospital-Level 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) following Vascular Procedures: Summary of Technical Expert Panel Evaluation of Measures

Dear Dr. Krumholz:

On behalf of our 13,000 physicians and scientists, the American Society of Nephrology (ASN) appreciates the opportunity to provide comments on "Hospital-Level 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) following Vascular Procedures: Summary of Technical Expert Panel Evaluation of Measures." ASN is a not-for-profit organization dedicated to promoting excellence in the care of patients with kidney disease. Foremost among ASN's concerns is ensuring equitable patient access to the highest quality of dialysis care.

ASN applauds CMS' efforts to improve and guarantee the quality of care for all patients undergoing vascular procedures, and appreciates the opportunity to review and comment on the Summary of Technical Expert Panel (TEP) Evaluation of Measures for Hospital-Level 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) following Vascular Procedures.

ASN is supportive of the intention to exclude the renal dialysis patient population from the measure. ASN appreciates that CMS and the Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation recognize the unique needs and significant diversity of the vulnerable dialysis patient population. Patients on dialysis have unique care needs and vulnerabilities distinct from the general patient population to whom this measure would apply. ASN concurs with CMS that excluding the renal dialysis patient population from the measure is the appropriate course of action.

On behalf of ASN, thank you for your willingness to consider these comments about the Summary of TEP Evaluation of Measures at this time. To discuss ASN's comments, please contact ASN director of policy and public affairs, Paul C. Smedberg, at (202) 640-4656 or at psmedberg@asn-online.org.

Sincerely,



Joseph V. Bonventre, MD, PhD, FASN
President, American Society of Nephrology