

September 7, 2016

Mr. David Wright, Director
CMS Survey and Certification Group
Department of Health and Human Services
Attention: CMS-1656
PO Box 8013
Baltimore, MD 21244-1850

RE: Feedback on Revised CMS Transplant Outcome Measures and Documentation Requirements

Mr. Wright

Members of the American Society of Transplantation have reviewed the July 14, 2016 Federal Register notice regarding proposed changes to transplant outcome measures and documentation requirements. The AST congratulates and thanks the CMS Survey group for re-examining the organ transplant outcome thresholds and creating a two-tiered approach with standard and condition level deficiencies. We appreciate the recognition that improved outcomes have made compliance more difficult and has likely resulted in a high level of risk avoidance in the transplant community, decreasing access for some patients.

We do question, however, the application of kidney outcomes to all organs for the sake of consistency. CMS acknowledges that applying the same logic used for kidney to liver and lung outcomes would set the conditional level threshold O: E ratios for these organs at 2.00 but chose 1.85 for all to avoid complexity. We would suggest that to achieve both excellent outcomes while not stifling access to more complex patients, that each organ have outcomes thresholds based on the national experience for that organ and not use kidney transplant outcomes as a proxy for all organs. This is particularly important as there are no life-sustaining treatment options for patients requiring lung or liver transplantation.

We thank you for the opportunity to provide comment and your collaboration in making transplant as available, safe, and effective as possible for as many people as possible. We look forward to working with you in this area in the future. Please let us know if you have any questions or would like to discuss any transplant-related issues further.

Best regards,



Anil Chandraker, MD
President