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April 30, 2009

Harry Reynolds, Jr.
Chairman
National Committee on Vital and Health Statistics
3311 Toledo Road
Room 2341
Hyattsville, MD 20782

Dear Chairman Reynolds:

I am writing on behalf of DaVita, Inc., to provide the National Committee on Vital and Health Statistics (NCVHS) with our comments related to the definition of "meaningful use" for purposes of implementing the health information technology (HIT) provisions of the "American Recovery and Reinvestment Act of 2009" (ARRA).

DaVita provides dialysis services for those diagnosed with chronic kidney failure, a condition also known as chronic kidney disease (CKD). We have more than 1,400 outpatient dialysis facilities and acute units in more than 700 hospitals. We are located in 43 states and the District of Columbia, serving approximately 110,000 patients.

DaVita is committed to providing high quality care to patients living with kidney failure, known as End Stage Renal Disease (ESRD). We have supported quality improvement issues, such as expanding value-based purchasing to the Medicare ESRD program and the development of outcomes-based measures for dialysis facilities. We also understand the importance of strong care coordination among the interdisciplinary team who takes care of these patients.

One of the greatest challenges we face as dialysis providers in our efforts to improve quality and patient care planning is the lack of information we receive from hospitals when our patients are admitted and receive dialysis treatments. The vast majority of patients with kidney failure receive care through independent dialysis facilities that are not connected with hospitals. This fact means that the information related to their hospitalizations is not automatically shared with these facilities. Dialysis facilities need this patient-specific data, such as the length of stay and diagnoses indicating co-morbid conditions, to establish an appropriate plan of care and properly manage each patient. With this data, facilities will be able to evaluate why hospitalizations occur and how to prevent or minimize them in the future. Currently, this data is rarely reported to these facilities.

Hospitalization is a primary driver of cost for treating patients with end stage renal disease. Thus, decreasing hospitalizations is a key component of improving quality and reducing costs.

To address issues such as this one, we strongly encourage NCVHS to define meaningful use to include care coordination among treating physicians and providers. Electronic health records (EHRs) provide the health care system with the opportunity resolve the current difficulties of sharing such information. Through advances in technology, one provider should be able to provide another provider with appropriate detailed information about a patient in a timely manner. In the case of dialysis patients, the new technology would permit hospitals to notify the patient's treating physician or dialysis facility of patient admission within 24 hours of admission. It would also allow the hospital to easily share patient discharge summaries with the patient's treating physician and dialysis facility within 24 hours of the patient's discharge.

Given that current practice does not result in the exchange of such information for care coordination, we believe it is necessary to provide incentives to encourage this practice in the future. The HIT incentives established in the ARRA provide the perfect opportunity to create such incentives.

Therefore, we urge NCVHS to recommend to the Secretary that when defining meaningful use to include, among other things, the following factors:

Promotes improved quality and increased efficiency;

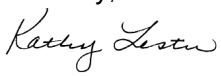
Provides for improved patient management through seamless patient care planning and utilization review; and

Establishes care coordination functionality that includes transferring data among different treating providers.

We also recommend providing an example of such care coordination and suggest the sharing of certain dialysis patient information among hospitals and dialysis facilities and treating physicians as the example.

We appreciate the opportunity to provide these initial comments to the NCVHS and look forward to working with you and the Secretary to further refine the definition of meaningful use in the future. If you would like to discuss this suggestion or have any questions, please do not hesitate to contact Allen Nissenson at allen.nissenson@davita.com or (310) 536-2549.

Sincerely,



Kathy Lester