



January 3, 2025

Ms. Joella Roland
HRSA Information Collection Clearance Officer
Health Resources and Services Administration
5600 Fishers Lane
Room 14NWH04
Rockville, MD 20857

Submitted Electronically: paperwork@hrsa.gov

RE: Information Collection Request Title: Process Data for Organ Procurement and Transplantation

Dear Ms. Roland,

We appreciate the opportunity to provide information related to the Health Resources and Services Administration (HRSA)'s Information Collection Request (ICR) related to "Process Data for Organ Procurement and Transplantation Network, on behalf of Commonspirit - Virginia Mason Medical Center - Transplant Center.

We are a Kidney/Pancreas transplant center located in Seattle. We serve a large area, providing transplants for patients regionally and in Alaska, Montana, Idaho and Washington. We have designed our program to serve the special needs of patients, families and referring physicians who live great distances from us.

HRSA has requested feedback related to the necessity and utility of the proposed information collection, accuracy of the estimated burden, and ways to enhance the quality, utility, and clarity of the information being collected.

We believe utilizing this data in reducing disparities in access to transplantation is not the outcome. The responsibility for referring patients for transplant services rests with referring physicians and dialysis centers, not transplant centers. The transplant centers have limited influence over who is referred and when, raising concerns about their accountability for the referral event data collection and the accuracy of the information gathered.

Here are key points on how why this will strain an already overburdened system:

- The estimated time assumes that the necessary information is readily available, without accounting for the increasing volume of transplant cases.
- The proposal will delay or discourage access to transplant services by adding an extra layer of work upstream. We strongly recommend exploring opportunities within our



community partners, electronic health record systems, and third-party technologies to provide a more sustainable and effective approach to achieving this goal.

- It will inadvertently hinder the achievement of key goals, such as increasing access to transplantation, maximizing the number of organs transplanted, and reducing the non-use of available organs.
- The disparities are largely driven by factors such as limited resources, healthcare literacy, insurance coverage, and social vulnerabilities. Addressing inequities in transplantation must start with foundational programs focused on chronic disease management and education for both community healthcare providers and patients. Additionally, fostering dialogue and enacting changes within the insurance sector to improve transplant coverage is essential for reducing disparities nationwide.

We appreciate the opportunity to provide feedback, and look forward to continued collaboration with HRSA, CMS, and others toward the shared goal of improving care for our patients in the transplant population. If you have any questions, please contact us at (206) 341-0925.

Thank you.

Sincerely,

Rea Z Berg

Rea Z Berg, RN, BSN, MBA/HCM, NE-BC

Director of Ambulatory Services

Urology, Nephrology, Transplant, Wound Care, Dermatology and MOHS

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Note: My email domain has changed to @commonspirit.org.

Please send future correspondence to this address only.

To learn more about CommonSpirit, visit commonspirit.org/about-us.