

NETWORK CONNECTIONS

Working together for kidney patients



Volume 4, Issue 2
June 2007

Network Connections is a quarterly publication designed to promote communication between agencies.

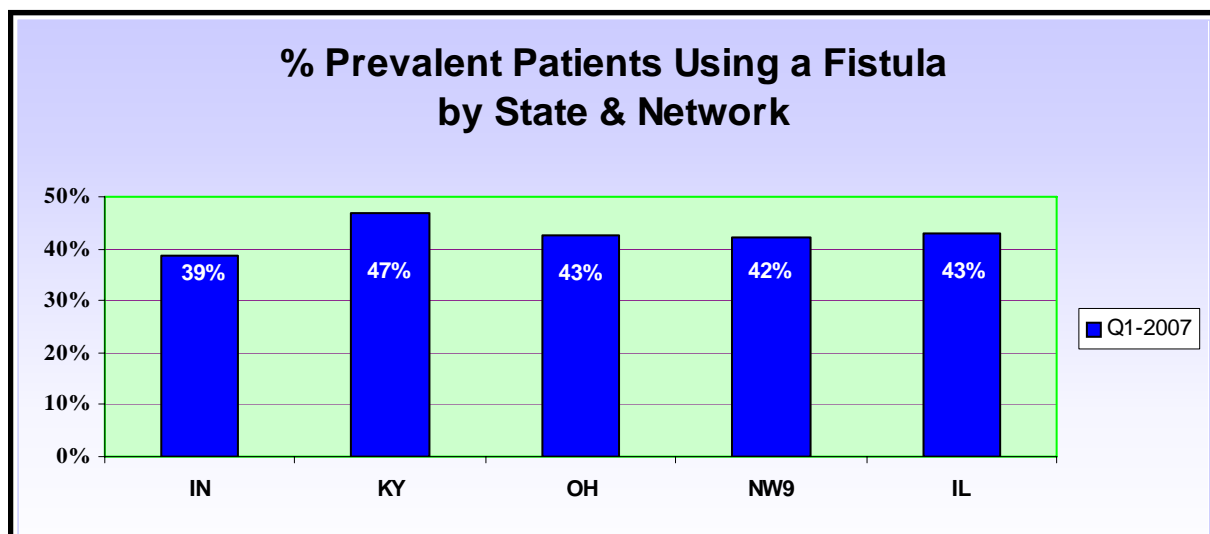
WHO ARE WE ? The Renal Network (TRN) is a non-profit organization under contract by CMS to monitor quality of care to renal patients in Indiana, Illinois, Kentucky and Ohio. TRN represents two of 18 networks nationally operating under the direction of a Medical Review Board and Board of Trustees made up of volunteers: physicians, nurses, administrators, social workers, dietitians, technicians, and patients. TRN collects data, performs quality improvement projects, provides patient education, and investigates complaints and concerns from patients, staff and family members.

Fistula First Update

The Renal Network continues to promote the AV Fistula as the access of choice in hemodialysis patients. The CMS goal is for facilities to attain a fistula rate of 66% by 2009. The Network is initiating some new projects to help facilities achieve that goal. Planning has begun for a series of WebExes for facilities with a 40-50% fistula rate highlighting the best practices of facilities. Potential topics include patient education, primary care physician education and awareness, AVF placement before a new patient leaves the hospital, and multidisciplinary team building.

The Network is also developing a Quality Improvement Project that would require “substandard” facilities (<50% fistulas and \geq 30% catheter) with 100 patients or more to attend a series of meetings that would identify facility barriers related to fistula placement, maturation, maintenance, and catheter reduction. There are 16 non-LDO facilities that would be invited to attend. The LDOs (FMC and Davita) will be asked to identify five of their facilities to attend that fall into this category as well (N=26). The first in person meeting would identify facility barriers. Subsequent WebEx conferences or meetings would present best practices related to barriers and “substandard” facility process changes and data review.

The Network has also developed an initiative to track fistula utilization. There will be nine non-LDO facilities with 50 – 99 patients from each Network involved with this project. These facilities will be given a vascular access data collection tool that will be the same as what they are using now but adding the surgeon and nephrologist related to the placed and/or used fistula. They will also send us the patient specific data so that we can track the fistula activity. The hope is to be able to collect some surgeon outcome data and facility fistula utilization data.



Short Subjects

Anemia management: The FDA issued a black box advisory in March on Erythropoiesis - Stimulating Agents (ESAs). The FDA alert addressed serious life-threatening side effects in patients treated with ESAs. The alert referred to two studies in patients with CKD, CHOIR and CREATE. The CHOIR study involved 1,400 CKD patients. 715 patients were given Procrit to be dosed to attain a target hemoglobin of 13.5gm/dL, and 717 patients targeted a hemoglobin of 11.3gm/dL. The primary endpoint, composite of death and cardiovascular event had a statistically significantly worse outcome in the higher target hemoglobin group.

The CREATE study involved 600 subjects and trended toward more cardiovascular events in a pattern similar to the CHOIR study. The CREATE study utilized epoetin beta that is not available in the United States.

The MRB discussed the topic at recent meetings and whether it should change the current anemia management goal for facilities to attain 85% of their patients with a hemoglobin ≥ 11 gm/dL. The board decided to suspend the current goal and wait until CMS rules on the issue in October before making any new goals for facilities. The MRB statement on the issue can be found on our web site www.therenalnetwork.org.

Midwest CKD Coalition Continues to Grow: The Midwest CKD Coalition continues to grow and expand its scope of interest. The Coalition is a consortium of volunteers, representing health care organizations, dedicated to increasing early detection and treatment of patients with chronic kidney disease.

The objectives of the Coalition are to:

- 1.) Develop education tools for medical professionals to use to educate about disease prevention, detection and treatment.
2. Educate payer/employer communities on the importance of early identification and treatment of chronic kidney disease.
3. Provide education resources to the general public for recognizing chronic kidney disease.

Current activities include planning an educational offering at the Coalition's next meeting on October 23rd. Other projects nearing completion include a PowerPoint slide set with speaker notes, and a Coalition Web site.

For more information on Coalition activities, please contact Bridget Carson in the Network office, (317)257-8265.

Pediatric Renal Group

The annual Fall Pediatric Renal Symposium will be held on Thursday and Friday, October 4 and 5, at the Omni Severin Hotel in downtown Indianapolis. This event is planned by the Pediatric Renal Group of The Renal Network, Inc., to benefit the pediatric renal community. Within Network 9/10, there are 10 pediatric renal programs. Anyone with an interest in pediatrics is invited to attend.

Topics will focus on care of the pediatric patient with end-stage renal disease. Presentations will include home hemodialysis, transplantation, nutrition, and fun activities for children with renal disease. Continuing education credit will be awarded for nurses, social workers and dietitians.

Registration will be available on-line at the Network Web site: www.therenalnetwork.org. For more information, please contact Bridget Carson at the Network office, (317)257-8265