



## **KCP looks to cut first-year mortality by 20%**

From July 2009

National

by: Mark E. Neumann

Kidney Care Partners—a coalition of renal providers, patients, renal pharmaceutical companies, and dialysis equipment manufacturers—launched the Performance Excellence and Accountability in Kidney Care (PEAK) project on June 3 in Washington, with the hopes of reducing the death rate among dialysis patients in their first year of treatment by 20% before the end of 2012. If successful, PEAK could extend the lives of 10,000 dialysis patients, KCP said.

KCP has contracted with Brown University in Rhode Island, and that state's quality improvement organization, Quality Partners of Rhode Island, to manage the project. Scientists from Brown University's Gerontology Center will work with nephrologists in the school's Department of Medicine to develop project goals and track progress.

The impetus for PEAK began about six months ago, said Kent Thiry, chairman of KCP and CEO of DaVita Inc., the second largest dialysis provider in the United States. When KCP members looked at launching a new project, "we wanted something that would have a clear quality improvement goal...something that would really move the dial," he said. At 30% per year, first year mortality was a persistent problem, and outcomes hadn't improved in over a decade. "We didn't want to use the excuse any more [of high mortality] about having older and sicker patients on dialysis. We're looking at this problem as a way to see how we can think differently, share [information] differently, and live up to our goals" of KCP, he said.

While the agenda and approach to the problem is still being formulated, PEAK project directors believe one of the keys to reducing the mortality rate is in improving preventive care, addressing clinical issues in patients as their kidney disease progresses. The success of the project will rely on a "community-wide process of identifying and sharing 'breakthrough' practices that will improve survival rates," according to the PEAK Web site. Project coordinators will look at anemia management, catheter use, dialysis adequacy, and nutrition as starting points, and explore the value of case management.

Thiry said he hopes the Centers for Medicare & Medicaid Services takes an interest in PEAK, particularly since reducing mortality will also reduce expensive hospitalizations for dialysis patients. "In order to significantly reduce first year mortality, we need to significantly improve quality of care. If you improve quality of care, you will reduce hospitalizations."

For more information on PEAK, visit the Web site at [www.kidneycarequality.org](http://www.kidneycarequality.org)

