

KCP Plans to Cut First-Year Dialysis Mortality by 20 Percent

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WASHINGTON—Every year a new U.S. Renal Data System report is released, the renal community is reminded of the persistent high-mortality rate for kidney disease patients in the first year of dialysis.

To combat this, Kidney Care Partners, a coalition of renal providers, patient advocates, professionals and manufacturers, announced a plan on June 3 to cut first-year mortality rates 20 percent by 2012.

If it's successful, the "Performance Excellence and Accountability in Kidney Care," or PEAK, campaign could save the lives of 10,000 dialysis patients, according to Kidney Care Partners.

"It's a very serious campaign, not window dressing," said Kent Thiry, who is the chairman of Kidney Care Partners, as well as the CEO of the dialysis provider DaVita. "We're talking about real challenges. We're talking about real accomplishments and investment."

The first-year mortality rate for dialysis patients is approximately 30 percent, according to the 2008 USRDS report. In this area, the United States lags behind much of the developed world. According to a the Dialysis Outcomes and Practice Patterns Study, early mortality among patients starting dialysis in the United States was 33 percent higher compared to Europe and nearly three times higher than in Japan.

One explanation for the higher rate is that the United States cares for older and sicker patients. Also, reporting metrics may vary from country to country. However, "if you try to normalize for all those things, it still looks like some other countries do, in fact, do better," Thiry said.

Thiry said other countries may be doing a better job in a number of areas, such as nutrition, how they handle time on dialysis, better primary and pre-ESRD care and vascular access. "These are some of the very issues that the coalition is very eager to investigate as we launch this campaign," he said.

PEAK will focus on patient education and clinical care activities in order to reach its 2012 goal of reducing mortality by 20 percent.

For the campaign, Kidney Care Partners is working with research scientists from Brown University's Gerontology Center, who will work with nephrologists to develop the project and track its progress. In addition, the campaign includes Rhode Island's quality improvement organization, Quality Partners of Rhode Island, to help manage the project.

"In launching this, there are three key things," Thiry said. "One is getting the data right. So we're working with CMS and our partners to do that. Second is launching the processes of information sharing and data sharing. Third, we want to keep reminding people that there are very few segments of American healthcare that can point to as much demonstrable quality improvement as the kidney care community can over the last 10 years. This is all about making the next 10 years as filled with improvement as the last 10."

The immediate future is honing in on exact wording and how to communicate with clinics. Details of the plan are still being worked out, and Thiry was in Washington D.C. in early June to discuss the details with the Kidney Care Council, the Kidney Care Partners, as well as with senators and representatives.

The way the campaign is rolled out is going to vary by organization, said Thiry. "There are already a lot that are internally starting to double down on their investment about these issues," he added. "There's already additional communication starting between organizations. This goal is so aggressive that it forces you to say, 'I need to think differently than I have.'"

With higher quality care, the PEAK Campaign can lead to reduced hospitalizations, which will save money and can, therefore, create a better policy dialogue about how to reward physicians and providers who do that, said Thiry. "While the whole of issue of when we improve quality, we reduce total cost was not a reason for doing this, if we succeed, it will be a byproduct," he added.

"It's taken a lot of work to get to this point where everyone has agreed that this is an achievable goal and would be a glorious thing for the patients and the taxpayers if we pulled it off," Thiry said.