Fistula First vs. Catheter Last

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National Vascular Access Improvement Initiative

- Better known as NVAII, sponsored by the Centers for Medicare & Medicaid Services (CMS)
- Initiated in 2003 to 2006
- Institute for Healthcare Improvement (IHI) worked with ESRD Networks to increase AV fistulas
- National AVF rate was 32%: Goal incident patients 50%; prevalent patients 40%
- For “eligible” patients

Source: Spergel, 2006
Fistula First Breakthrough Initiative

- NVAll changed to the Fistula First Breakthrough Initiative (FFBI) in 2004
- It was the first initiative undertaken by the federal government – the Centers for Medicare & Medicaid Services (CMS)
- Goal: Increase the percentage of patients with AV fistulas to 66% over the next five years (2005-2010)
- ESRD Networks are assigned goals based on their current AVF rates

Source: Vassalotti, 2012
Fistula First / Catheter Last

- Focus on increasing the use of AV fistulas while decreasing the use of tunneled dialysis catheters as long-term vascular accesses for dialysis.
- Goal: 68% of prevalent AVF in all ESRD Networks
- In addition, to improve vascular access outcomes to:
  - Improve patients’ experience of care
  - Improve outcomes for the ESRD population
  - Decrease the per-capita cost of care

Source: National Coordinating Center
Dialysis Facility Compare

- CMS instituted Dialysis Facility Compare (DFC) site for public reporting of Quality Measures for ESRD in 2001

Source: CMS
Five Star Rating System

- Star rating systems have been around since 2008
- Star ratings will be placed on Dialysis Facility Compare web site, and updated annually
- Initiated in October 2014

Source: CMS
Principles for Star Ratings

• Report what is most important to patients in a way they can understand
• Leverage knowledge and lessons learned from existing sites
• Report only valid data!
• Not all measures are appropriate for star ratings
• Transparency of methodology and display with stakeholders
• Coordinate across all Compare sites

Source: CMS
Star Ratings on DFC

• Star Rating is based on Quality Measures (QMs) currently reported on DFC that assess patient health outcomes and processes of care
• Each facility is given a rating between one and five stars

⭐⭐⭐⭐⭐ Much Above Average
⭐⭐⭐⭐ Above Average
⭐⭐⭐ Average
⭐⭐ Below Average
⭐ Much Below Average
Quality Measures Included in the Star Rating

- Standardized Transfusion Ratio (STrR)
- Standardized Mortality Ratio (SMR)
- Standardized Hospitalization Ratio (SHR)
- Percentage of adult hemodialysis (HD) patients who had enough wastes removed from their blood during dialysis
- Percentage of pediatric hemodialysis (HD) patients who had enough wastes removed from their blood during dialysis
- Percentage of adult peritoneal dialysis (PD) patients who had enough wastes removed from their blood during dialysis
- Percentage of adult dialysis patients who had hypercalcemia
- **Percentage of adult dialysis patients who received treatment through arteriovenous fistula**
- **Percentage of adult patients who had a catheter left in vein longer than 90 days for their regular hemodialysis treatment**

Source: CMS
Assignment of Star Ratings

- Facilities with top 10% final scores - a rating of 5 stars.
- Facilities with the next 20% highest final scores - a rating of 4 stars.
- Facilities within the middle 40% of final scores - a rating of 3 stars.
- Facilities with the next 20% lowest final scores - a rating of 2 stars.
- Facilities with bottom 10% final scores - a rating of 1 star.

Source: CMS
Bell Curve Rating System

1-2 Stars: 30%
3 Stars: 40%
4-5 Stars: 30%

Source: Dialysis Facility Compare
Quality Incentive Program (QIP)

• To promote high-quality services in outpatient dialysis facilities
• Links a portion of payment directly to facilities’ performance on quality of care measures.
• This is a “pay-for-performance” (PFP) or “value-based purchasing” (VBP) program

Source: CMS
Quality Incentive Program (QIP)

- Payment for services could be reduced up to 2% for facilities that do not meet or exceed certain performance standards.
- Reduction will apply to all payments for services performed by the facility receiving the reduction during the applicable payment year (PY).
- Performance Score Certificates are required to be posted in each facility in English and Spanish.

Source: CMS
ESRD Networks

- Contracted with CMS to oversee the quality of care provided to Medicare beneficiaries on dialysis and those who have been transplanted
- Statement of Work (SOW): Has been a three-year contract up until this year, when it was changed to a five-year contract
- Focus for the next five years will be on reducing LTCs
- Requires a 2% reduction in those facilities with >10% LTCs
- Must conduct a Quality Improvement Activity (QIA) to reduce LTCs
Impact on Nurse Practitioners

- Early education to patients on permanent vascular access – catheters are bridge devices
- Several patients have been deemed too unstable for surgery – regional anesthetic is an option
- Grafts are better than catheters – if the AVF rate is 68%, and catheters <10%, that leaves ~22% for graft placement
- Urgent-Start PD and early stick grafts are options for emergent dialysis
- Don’t refer to surgeons with poor permanent access results
Questions?
References


References

