July 29, 2010

To: Quality Improvement Organization CEO
Vascular Surgeons

Subject: Vascular Access Initiative
DRAFT LETTER TO SURGEONS

Dear

As you know, the ideal and preferable access for patients with end-stage renal disease undergoing hemodialysis (HD) is an arteriovenous fistula (AVF). Through multiple efforts including the Fistula First Breakthrough Initiative (FFBI), the percentage of incident HD receiving an AVF has increased over the last decade. However, 82% of patients initiating HD start with a central venous catheter (CVC). In addition, estimates suggest that 50% of placed AVF are not functioning at 6 months, raising the issue of whether the choice of an AVF was appropriate in that patient. HD patients have a 30% firstone year mortality rate. ESRD patients with a CVC have a high hospitalization rate associated with infections and much higher costs of care. CVCs are a major contribution to these unacceptably high rates of morbidity, mortality and costs.

There are numerous reasons for the high CVC rate in incident and prevalent patients. Some of the reasons are out of the control of the nephrologists and surgeons. The patients are frequently not referred in a timely fashion but 75% of patients starting dialysis with a CVC are followed by a nephrologist for 6 months before starting dialysis. This may be the result of inadequate communication without a clear plan for access placement (i.e., the expected time to dialysis), timely vein mapping, inability to get a convenient and timely operating room time, reimbursement issues, etc.

We would like to work with you to develop a proactive program to minimize CVC use and ensure that the best functioning access is placed in our patients. The Renal Physicians Association (RPA), a national membership organization representing the practicing nephrologists, has been working with others within the renal community to establish this program (see attached goals). We would like to engage access surgeons as our partners in this endeavor. It is our hope that placement of permanent vascular access (AVF and where appropriate AV grafts) and that vastly reducing use of CVCs will become a priority for all of us. We are attaching set of expectations as a “tool” to help provide guidance of placement of the appropriate access. We hope to work with you and the hospital to accomplish these goals. Questions about this initiative should be directed to Robert Blaser, Director of Public Policy for the Renal Physicians Association (RPA) at 301-468-3515, or by email at rblaser@renalmd.org.