RPA, Major Dialysis Companies, and Stakeholders Launch Vascular Access Initiative

The Renal Physicians Association (RPA) and major dialysis organizations nationwide have joined forces to develop and launch the Vascular Access Initiative (VAI), a collaborative project to improve the unacceptable rate of central venous catheter (CVC) use in the nation’s kidney patients receiving life-saving hemodialysis. This document provides background on the scope of this problem, describes barriers to optimizing clinical care, presents the goals of the VAI, and provides action steps that are intended to address these issues.

Background

The end-stage renal disease (ESRD) patient population in the U.S. has an unacceptably high morbidity and mortality rate that can be significantly attributed to the predominant use of CVCs as the source of vascular access in patients receiving hemodialysis. Approximately 82% of ESRD patients start dialysis with a CVC, and indeed 74% of patients followed by nephrologists for more than 6 months initiate hemodialysis with a CVC. Since CVC presence is associated with high infection rates, high hospitalization rates and an excessive cost of care, this situation requires action.

There are many reasons for the high incidence of CVC, and while physicians and dialysis providers have implemented initiatives to improve vascular access, it remains a significant problem for the renal community. RPA, representing the practicing nephrologists in the U.S., believes that nephrologists must take the lead role in eradicating CVCs from our patients by accepting responsibility and accountability for resolving this deplorable situation. Toward this end, the RPA has been working with American Renal Associates, the Centers for Dialysis Care, DaVita, Dialysis Clinic, Inc., Fresenius Medical Care, Northwest Kidney Center, Renal Advantage, Renal Ventures, the National Renal Administrators Association (NRAA), and other public entities such as the Quality Improvement Organizations (QIOs), the Fistula First Breakthrough Initiative (FFBI) and the ESRD Networks to establish the VAI, a coordinated approach to assist all members of the renal community achieve a reduction in CVC use. It is the belief of these organizations that working together nephrologist leaders and dialysis providers will be able to establish effective processes for reducing the use of catheters and provide assistance to nephrologists, dialysis facility leadership and staff, hospitals and surgeons to tackle this significant problem.

Statement of Goals

1. Reduce the percentage of patients who are initiated on dialysis with a CVC by 10% every year, with an ultimate goal of less than 10% catheter use in prevalent dialysis patients.

2. Reduce the percentage of patients followed by a nephrologist for six months or more who are initiated on dialysis with a CVC by 20% every year.
3. Ensure that all patients who are initiated on hemodialysis with a catheter have plans to have a permanent access within 90 days from initiating dialysis regardless of insurance status.

4. Achieve a 66% arterio-venous (AV) fistula rate in all patients receiving care from a nephrologist for more than six months.

**Actions Steps (All members of the initiative including the RPA and dialysis providers will participate in the action steps)**

1. Engage physicians and dialysis providers in making a commitment to ensuring that as many patients with ESRD as possible have a permanent vascular access, with an ultimate goal of less than 10% of all dialysis patients requiring the use of a central venous catheter for dialysis.

2. RPA will encourage nephrologists to be leaders in this effort by assuming responsibility and accountability for the CVC reduction.

3. Promote collaborative efforts between dialysis providers and nephrologists to engage surgeons and hospitals in quality improvement efforts to avoid CVC use in dialysis.

4. Urge all dialysis providers to establish catheter reduction programs in their centers, and to engage nephrologists in their creation and implementation.

5. Pursue preemptive renal transplantation and peritoneal dialysis (considered as a bridge therapy until AV Fistula is established) in the appropriate patients.