In 1997, National Kidney Foundation (NKF) published the first evidence-based clinical practice guidelines in nephrology under the Dialysis Outcomes Quality Initiative (DOQI) banner. Recognizing the need to treat kidney disease earlier to improve outcomes, not only for dialysis patients, but for all people with kidney disease, DOQI was soon expanded to the Kidney Disease Outcomes Quality Initiative (KDOQI). Now 20 years later, NKF has published 18 sets of KDOQI guidelines, addressing early identification, staging/classification, prevention and management of kidney disease and related conditions, as well as, recommendations for optimization of renal replacement therapy.

Since the introduction of the NKF-KDOQI Guidelines, the mortality rate among ESRD patients in the U.S has declined by over 30%, and the mortality rate in the dialysis population declined by over 26%.

The 2002 Chronic Kidney Disease (CKD) Guidelines provided the first uniform definition and staging system for kidney disease based on its severity. This allowed a “common language for communication among providers, patients and their families, investigators, and policy-makers and a framework for developing a public health approach to affect care and improve outcomes of CKD.” The guidelines endorsed creatinine-based estimated glomerular filtration rate (eGFR) as a readily available, low cost method for detection and classification of kidney disease.

The guideline recommendations led to wide-spread laboratory reporting of eGFR to allow early identification and management of decreasing kidney function both in nephrology and primary care. eGFR is now used globally as the standard clinical measurement to assess kidney function and diagnose CKD.

This standardized measurement of kidney function promotes research by providing a common endpoint to permit comparisons across clinical studies.

It has led to a better understanding of the prevalence of CKD, risk factors for CKD and the association of CKD with the development of cardiovascular disease, and adverse outcomes including heart attacks, strokes and premature death.

The guideline has also led to important scientific debates regarding best practices for measuring and identifying kidney disease, and using eGFR for renal replacement therapy planning.

The original Vascular Access Guidelines highlighted the benefits of early placement of an arteriovenous fistula to reduce the complications and increased mortality associated with grafts and tunneled catheters. This guideline has been adopted by many organizations to increase the use of fistulas and promote maintenance of vascular access integrity leading to increased dialysis adequacy.

The U.S. Office of Disease Prevention and Health Promotion establishes goals to improve the health of the nation through its Healthy People initiative. The NKF-CKD Classification system is used as the benchmark to define goals to improve outcomes across all stages of CKD.
KDOQI continually updates a selection of its original clinical practice guidelines. Updates are initiated when sufficient new evidence becomes available of high enough quality to change current recommendations, e.g. a recommended intervention causes previously unknown substantial harm, a new intervention is significantly superior to a previously recommended intervention, or a recommendation can be applied to a new population.

Upcoming Guideline Updates to be Published in 2018:
- Clinical Practice Guideline for Vascular Access: Update
- Clinical Practice Guideline for Nutrition in CKD: Update

KDOQI Home Dialysis Controversies Conference

Beginning in November 2017, NKF will convene a multi-stakeholder group of patients, clinicians, researchers, health payers, policy makers and representatives from dialysis equipment and provider companies. The primary goals of the initiative are to facilitate the development of research designs that measure home dialysis quality and evaluate interventions to address the barriers to maintaining dialysis treatment at home. The findings from this two-year project will inform the development of a cross-organizational collaboration on a home dialysis quality improvement initiative headed by KDOQI leadership.

A web-based information and advocacy hub will be created for patient-centered home dialysis quality improvement efforts, with a focus on connecting patients to relevant research and opportunities to engage in such projects. NKF’s extensive patient and provider network will be used to connect researchers and interested patients, and to create and publicize educational resources for home dialysis patients relating to participating in and understanding research.