

FIRST YEAR DIALYSIS MORTALITY IN PATIENTS PREVIOUSLY ENROLLED IN A STRUCTURED CHRONIC KIDNEY DISEASE (CKD) PROGRAM

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A structured CKD program will lead to better patient outcomes on dialysis. CKD programs offer specific therapy and education to lower blood pressure, improve anemia, control metabolic bone disease, and prepare patients for dialysis or transplantation. Currently, little data is available on the impact or effectiveness of pre-dialysis care or what the optimal timing of CKD care prior to starting dialysis should be.

To investigate these questions we retrospectively followed patients who were enrolled in a Detroit area CKD clinic and who subsequently developed ESRD and initiated dialysis at Davita run dialysis units. Patients were stratified by the length of time they were enrolled in the CKD clinic: <6, 6-12, 13-24 and >24 months. Outcomes examined included one-year mortality and frequency of transplant in the first year. We also investigated various biochemical measures (albumin, phosphorous, calcium, hemoglobin, iron, ferritin and PTH levels) at 90, 120 and 180 days and assessments of dialysis adequacy (URR and Kt/V) also at 90, 120 and 180 days.

A total of 213 patients met enrollment criteria; 141 were female. At one-year 18 (8.5%) died, and 13 (6.5%) patients received a kidney transplant. We were unable to detect any relationship with the length of CKD treatment and biochemical or dialysis measures. Mortality in the first year is typically much higher than found with Network 11 reporting 22.6% for Michigan.

Our analysis suggests that something other than established biochemical or adequacy markers has impacted 1-year mortality in patients seen in a CKD clinic. We posit that patient education may trump traditional clinical measures and result in patients that do better with ESRD than patients who present unprepared. The dialysis industry as well as payers should consider a more structured approach to this population.