

INCIDENT MANAGEMENT OF HEMODIALYSIS PATIENTS: MANAGING THE FIRST 90 DAYS

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IMPACT (Incident Management of Patients, Actions Centered on Treatment) is a program to reduce mortality and morbidity in new patients during the first 3 months of dialysis, when these patients are most vulnerable. IMPACT was designed to standardize the onboarding process of incident patients from their 0 to 90-day period. We report on an observational (non-randomized), un-blinded study of 606 incident patients evaluated over 12 months (Oct07 – Oct08) at 44 US DaVita facilities. The study focused on 4 key predictive indicators associated with lower mortality and morbidity – anemia, albumin, adequacy and access (4As). IMPACT consisted of (1) Structured New Patient Intake Process with a standardized admission order, referral fax, and an intake checklist; (2) 90- day Patient Education Program with an education manual and tracking checklist; (3) Tools for 90-Day Patient Management Pathway including QOL; and (4) Data Monitoring Reports. Data as of July, 2008 is reported. Patients in the IMPACT group were 60.6 ± 15.1 years old (mean \pm SD), 42.8% Caucasian, 61% male with 25% having a fistula. Results showed a reduction in 90-day mortality almost 2 percentage points lower (6.14% vs. 7.98%; $p<0.10$) among IMPACT versus nonIMPACT patients. Changes among the 4As showed higher albumin levels from 3.5 to 3.6 g/dL (note that some IMPACT patients were on protein supplementation during this period) and patients achieving fistula access during their first 90-days was 25% vs. 21.4%, IMPACT and nonIMPACT, respectively ($p\leq 0.05$). However, only 20.6% of IMPACT patients achieved Hct targets ($33\leq 3xHb\leq 36$) vs. 23.4% for controls ($p<0.10$); some IMPACT patients may still have >36 -level Hcts. Mean calculated Kt/V was 1.54 for IMPACT patients vs. 1.58 for nonIMPACT patients ($p\leq 0.05$). IMPACT is a first step toward a comprehensive approach to reduce mortality of incident patients. We believe this focus may help us to better manage CKD as a continuum of care. Long-term mortality measures will help determine if this process really impacts patients in the intended way, resulting in longer lives and better outcomes.