Niagara Health Quality Coalition

Improving Quality Through Cooperation

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Employers Leading The Way In Health Care Quality

National Disease Management Summit

Presented by:
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May 12, 2003 11:00 am to 12:00 pm

Niagara Health Quality Coalition

Improving Quality Through Cooperation

The Niagara Health Quality Coalition's mission is to improve the quality and value of health care delivery in Western New York by making quality and cost measures publicly available and by working collaboratively with leaders involved in health care to facilitate needed change.

What We Will Cover

- About The Niagara Health Quality Coalition
- Chronic Kidney Disease: A Region-Wide Approach

About The Niagara Health
Quality Coalition

Board of Directors

- Employer Leaders
- Hospital CEOs
- Health Plan CEOs
- Physician Leaders

Delivery System Quality

- Released 2002 New York State Hospital Quality Indicators Report Card
- NHQC Patient Survey
- Sharing Canadian quality and patient safety improvements initiatives with Western New York hospitals
- Built interstate collaboration with Texas, Pennsylvania and Colorado
- Ford/General Motors Hospital Profiling Project

Community Health

- **Chronic Kidney Disease/ESRD**
- Asthma
- Women's Health
- Obesity
- Smoking Cessation
- Inappropriate Antibiotic Use
- Etc.

Awards

- 2002 "Eye On Quality" Best in Nation Award, *National Research Corporation/Picker Institute*
- Selected by National Business Coalition on Health To Represent Its Members National on National Quality Forum
- Invited to National Leaders' Forum on Public Reporting sponsored by AHRQ and NHCPI

Awards Continued

- 2001 National Health Care Purchaser Award, *National Health Care Purchasing Institute*
- International Health Care Summit Skills for the New World of Health Care, *Harvard University Certification*
- Outstanding Service Awards, *American Lung Association*

Recognition

- National Quality Forum (Representing National Business Coalition on Health)
- National Disclosure Project Member
- Centers for Medicare and Medicaid Services: National Advisory Forum
- Agency for Quality Health Care: National Advisory Committee on Public Reporting
- Alliance for Quality Health Care, Founding Co-Chair, President
- Elected to Education and Research Committee of the National Business Coalition on Health

Patients, Families And Policy Leaders

- www.myHealthFinder.com, reaches up to 15,000 **people** per hour
- As many as 3 million hits per day
- "One of the Internet's top 10 healthcare information sites" *Medica*

myHealthFinder.com[sm]

Helping you find high quality health care

Collaboration Is Newsworthy

- NY Times
- Consumer Reports Magazine
- New York Newsday
- National Public Radio
- Lead TV Coverage (e.g., WNBC, WABC)
- AARP Newsletter
- More Than 50 Major Stories In Local Markets

Industry Experts

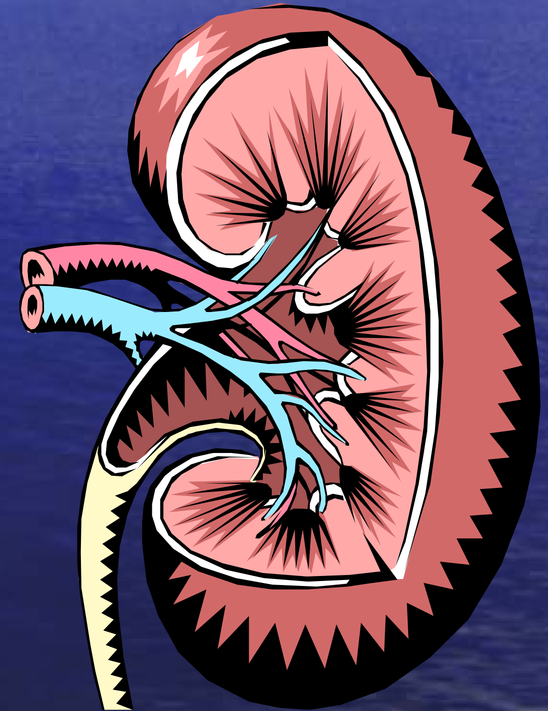
Said Donald M. Berwick to the New York Times after review of the NHQC's 2002 hospital quality indicators report for New York State:

"The public will not receive timely information by waiting for perfection in the data. It's time to step on the gas, not the brakes, on this."

Donald M. Berwick, M.D. is an esteemed member of the Institute of Medicine and President of the Institute for Health Care Improvement. Dr. Berwick never had supported such a public report of quality prior to reviewing NHQC's.

Chronic Kidney Disease: A Region-Wide Approach

Campaigning for
TRANSFORMATION
VS.
CHANGE



CKD Makes Sense As Community Initiative

- Average tenure of members is less than two years
- If community-wide, risk is shared
- Better coordination
- Eliminates lowest common denominator and poorer outcomes for all

Magnitude Of The Problem

- 20 million in US have reduced GFR
- 340,000 on dialysis or transplanted (1452 in Western New York)
- 651,000 will need dialysis or transplant by 2010
- Estimated cost of $70,000 /patient/yr
- Mortality Rate of 15-20%/yr.

Magnitude Of The Problem

- Prevalence of ESRD has doubled in last decade
- Prevalence of ESRD will more than double in next decade
- Obesity/Diabetes epidemic may further increase those estimates

Chronic Kidney Disease – Stages

Stage	Description	GFR (mL/min/1.73m^2)	Number US	Number WNY
1	Kidney damage with normal or ↑ GFR	≥ 90	10,259,000	35,000
2	Kidney damage with mildly ↓ GFR	60-89	21,794,000	70,000
3	Kidney damage with moderately ↓GFR	30-59	5,910,000	20,000
4	Kidney damage with severely ↓ GFR	15-29	363,000	1500
5	Kidney Failure	<15	300,000	1000

Not Enough Nephrologists to Provide All Necessary Care

- Nephrologists needed in 2010: 15,000
- Nephrologists currently in US: 4,200

- WNY Pts with GFR<30: 2,000
- WNY Pts with GFR<60: 20,000

Not enough nephrologists here to care for those 20,000 patients (<20 nephrologists)

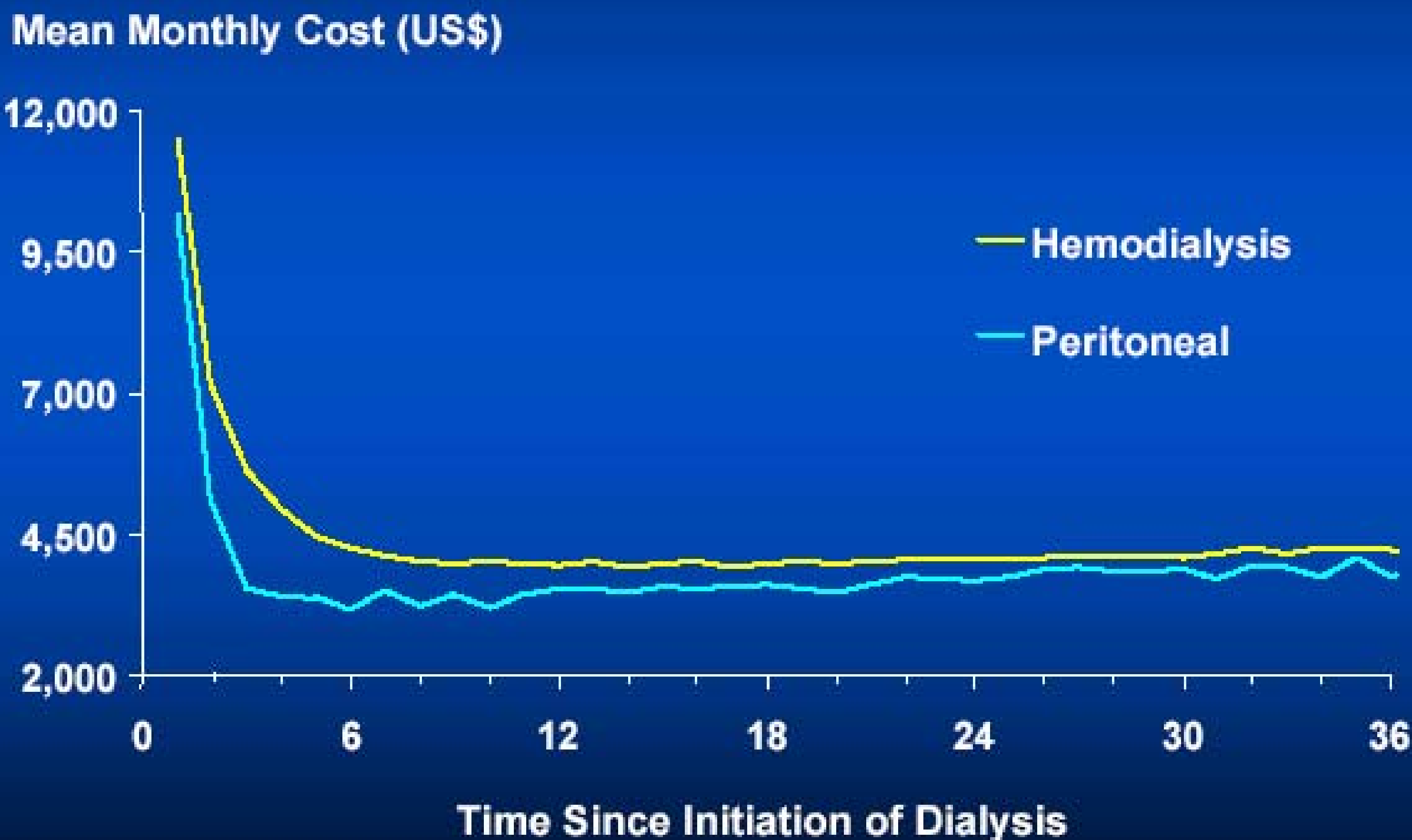
Costs in CKD

- Cost in year prior to initiation of dialysis: $37,000
- Cost in month prior to initiation of dialysis: $14,000
- Cost per month immediately after dialysis: $33,000
- Biggest costs are in first 3 months of dialysis

Costs in CKD

- Many of costs in first 90 days are avoidable
- Permanent vascular access can avoid costly hospitalization for initiation of dialysis
- Much of cost due to co-morbidities (especially cardiovascular complications)

Dialysis (Medicare) Costs Are Greater During the First Three Months of Dialysis



Keys to Effective Region-Wide CKD

- Stakeholders Identified/Recruited
- Early Identification of At-Risk Patients
- Stratification by Severity
- Early Referral to Nephrologist
- Team approach to Management
- Management to Delay or Avoid Need for Dialysis
- Preparation for Choice of and Initiation of Renal Replacement Therapy (HD, PD, or Transplant)
- Education of Patients and Families
- Measurement of Outcomes
- CQI

Buffalo Model

- Nephrologists
- NKF And Other Organizations
- PCPs
- IPAs
- Physician Groups
- Hospitals
- Labs
- Business And Community Leaders (NHQC)

Think GFR – Not Serum Creatinine

- GFR is used for initial identification and risk stratification
- Monitoring the rate of GFR decline is crucial in planning for renal replacement therapy (RRT)

Stratify GFR

- Stage 1
- Stage 2
- Stage 3
- Stage 4
- Stage 5

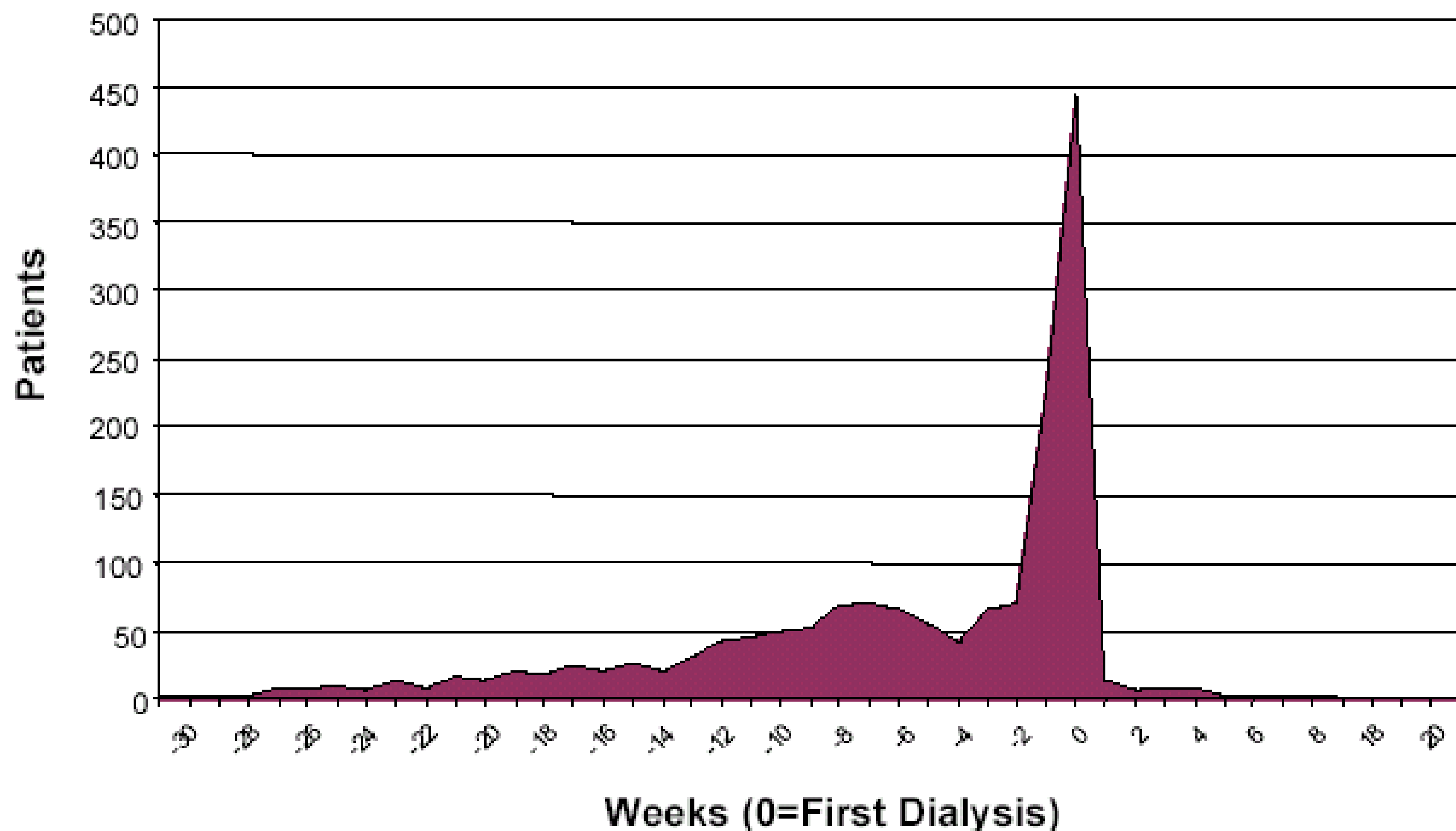
Slowing Progression of CKD

- Control of blood pressure - <130/85 or <125/75 if proteinuric
- Use of ACE inhibitors/ARB's
- Control of sugar in diabetes
- Dietary protein restriction
- Avoid nephrotoxic drugs

Management of Pre-ESRD Patient

- Help patient choose best method of renal replacement therapy (eg. hemodialysis vs. CAPD vs. pre-emptive renal transplant)
- Manage vascular access issues
- Manage anemia, metabolic & nutritional status
- Manage cardiovascular risk factors
- Manage co-morbidities

Time of First Nephrologist Visit



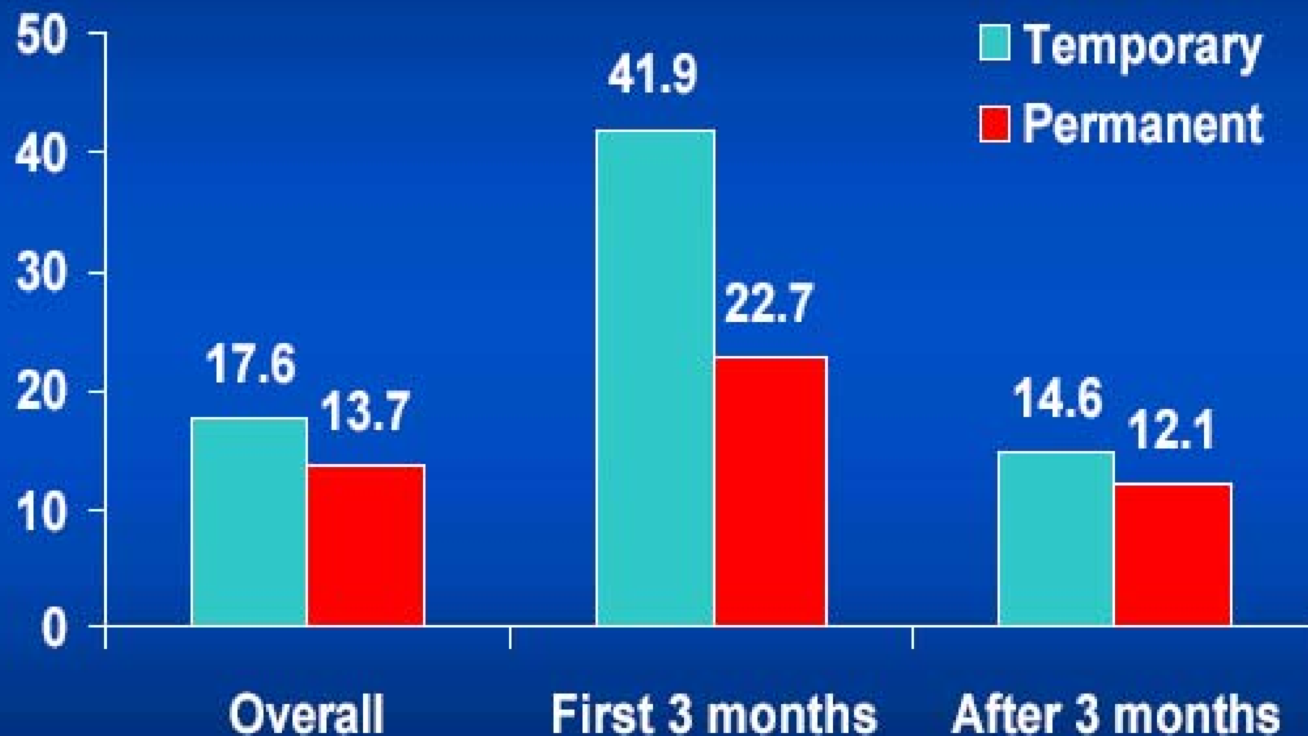
Benefits of Early Referral

- Those referred to nephrologists more than a year prior to dialysis have reduced mortality in the first year of dialysis
- Those with late referral more likely to be sicker at time of first dialysis and more likely to need emergency dialysis

Benefits of Early Referral

- Improved quality of life
- Reduced mortality
- Reduced morbidity
- Briefer hospital stays
- Fewer catheter-related complications
- Longer RRT-free survival
- Lower costs

Patients With a Permanent Vascular Access Have a Lower Rate of Hospital Utilization



Arora, J Am Soc Nephrol 2000, 11:2351-7

Concept Of Team Approach To Disease Management

- Physician heads a team of caregivers
- Can care for
  - medical needs
  - nutritional needs
  - psychological needs
  - social and financial needs
  - rehabilitation

Are You Ready?

- Are the payors willing to participate?
- Are the local nephrologists willing to work together?
- Are other stakeholders engaged?
- How can you get labs to report GFR?
- RFP? (local as well as national vendors)
- Can you ID methods to promote early referral?
- How will outcomes be measured?
- Will stakeholders share a database/registry (IT infrastructure) for CKD/ESRD?
- Are stakeholders committed long-term?

Q&A