Political, Economic, and Legal Issues in Hemodialysis Access

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Planned Access vs. Immediate Access

Planned AV Access
• AVF preferred but rarely done

Immediate Access
• >80% patients have placement of CVC
• ~70% still have CVC at 3 months

Current Practice for Hemodialysis

Renal Disease
CKD
AVF
AVG
ESRD
CVC
AVF
AVG

Proposed Protocol

Renal Disease
CKD
AVF
ECAVG
ESRD

Cost Breakdown AVF vs AVG + CVC

Clinical Research

Two-Year Outcomes of Early Cannulation Arteriovenous Grafts for End-Stage Renal Disease

Numerous political, economic, and legal hurdles exist.

Disclosures

• Consultant, W.L. Gore & Associates
### Developing an Integrated Dialysis Access Program

- First, use KPIs that hospitals are focused on
  - Sepsis
  - CLABSI
  - PIP / VBP
  - MIPS
  - Readmission penalties
- Second, use evidence-based research to highlight how an integrated dialysis program can drive value for both patients and the hospital
- Third, position services to naturally fill the identified gaps in care

### Three Program Drivers

**Build a Value-Based Program**

- Physician Support
- Hospital Support
- Access Center Support
Physician Support

- Achieve technical mastery
  - Usual learning curve is 5-10 cases
- Implement a joint monitoring program
  - Coordinate care between nephrologists, vascular surgeons, and interventionalists
  - Monitor patients every 3 months and share data on flow rates, ultrasound findings, and issues with access
- Comprehensive education program
  - Educate nurses on best practices for access to minimize access trauma and reduce infection
  - Educate patients on what to watch for to avoid late complications

Access Center Support

- Expert assistance with cannulation and maintenance of ECAVGs through in-person training and supervision
- Use access drawings to clearly communicate type of access and acceptable locations for needle puncture
- Record average flow volumes and relay data to vascular surgeon

Hospital Support

- Create a protocol to drive use of ECAVG for ESRD patients who require urgent start dialysis
- Encourage availability of operating room for urgent cases to minimize CVC utilization
- Drive data transparency between physicians and access centers to promote good patient care

Integrated Dialysis Access Program

Nephrologists
Surgeons
Interventionalists
Dialysis Centers
Hospitals

Driving Value to Transform Dialysis Access

- ▼ Intensive care utilization due to sepsis reduction
- ▼ $1.97M in direct costs for hospital
- ▼ $7,967 in direct cost reduction per patient per year