Achieving CMS CPMs Are Important to Patient Mortality

Recent studies link key clinical indicators including anemia management to lower mortality rates.

Research studies have shown that patients who meet CMS Clinical Performance Measures (CPM) and National Kidney Foundation's (NKF) Kidney Disease Outcomes Quality Initiative (KDOQI) outcomes achieve the lowest mortality rates. DaVita, one of the nation's leading providers of kidney care services, consistently exceeds national averages for CMS CPM and KDOQI outcomes. Most recently, DaVita exceeded the national averages by 6 - 30% on five key clinical performance outcomes as referenced in the June 11, 2007 Release: CMS Data Confirms Quality of DaVita's Clinical Care.

(Logo: http://www.newscom.com/cgi-bin/prnh/20020729/DAVITALOGO)

In the July 2007 edition of the Journal of the American Society of Nephrology, a retrospective study(1) analyzed outcomes for 13,792 patients treated at facilities operated by Dialysis Clinic Inc. (DCI), the largest not-for-profit dialysis provider, from 1998 to 2004. Tentori et all found that simultaneously achieving KDOQI measures including dialysis adequacy, anemia management and nutrition is associated with reductions in mortality.

The findings of Tentori et all are consistent with Wolfe et all published in 2005 in American Journal of Kidney Diseases. The specific findings include that mortality is lower in dialysis facilities with better anemia performance. For every 10% increase in patients with hemoglobin levels (Hb) greater than or equal to 11, there is a 1.5% decrease in mortality.(2) For DaVita's 100,000 patients and clinical performance outcomes, this would mean 2,550 additional patients are survivors with End Stage Renal Disease each year.

"At DaVita, we work along side our nephrologist partners to strive for clinical excellence so our 100,000 patients can feel their best and are able to enjoy life," said Charlie McAllister, M.D., Chief Medical Officer of DaVita. "Our distinctive clinical training and intense focus on quality improvement is essential to DaVita's success in patient mortality."

DaVita provides high quality prevention and treatment services to Americans with Chronic Kidney Disease (CKD) and End Stage Renal Disease (ESRD), serving more than 100,000 patients in 42 states and the District of Columbia. DaVita provides treatment in more than 1,300 outpatient facilities and in more than 800 U.S. hospitals.

Reference List

(1) Tentori F, Hunt WC, Rohrscheib M, Zhu M, Stidley CA, Servilla K, Miskulin D, Meyer KDB, Bedrick EJ, Johnson HK, Zager PG. Which Targets in Clinical Practice Guidelines Are Associated with Improved Survival in a Large Dialysis Organization?, 1998 to 2004. J Am Soc Nephrol 18: 2377-2384, 2007. doi: 10.1681/ASN.2006111250.

(2) Wolfe RA, Hulbert-Shearon TE, Ashby VB, Mahadevan S, Port FK. Improvements in dialysis patient mortality are associated with improvements in urea reduction ratio and hematocrit, 1999 to 2002. Am J Kidney Dis 2005; 45(1):127-135.

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