Spurring Physician Practice Self Assessment

Using an enhanced intervention that included an "Accountable Leadership" Collaborative, Network 5 assisted a group of 49 low-performing facilities to improve their prevalent in-use AV fistula rate. At re-measurement, facilities in the Collaborative demonstrated significantly greater improvement than a comparison group. Poor performing facilities can benefit from Network technical assistance in the form of a collaborative that includes leadership.

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Project objectives, purpose, goals: Develop a physician group practice profile to spur self-assessment of pre-dialysis vascular access placement, to re-double efforts to identify CKD patients with coverage, aggressively educate patients about the need for early placement and follow them actively to obtain placement prior to dialysis.

Raise awareness of patient insurance status prior to dialysis, particularly in patients starting dialysis with a catheter only. Network-wide 88.7% of patients have insurance prior to starting dialysis and yet, they have only a catheter at initiation of dialysis.

Setting: State of Texas – Network 14's service area

Sample/Patients: The project involved twenty large physician groups. A large physician group is one with eight or more physicians belonging to the practice as defined by Network 14's Medical Review Board. All of the large groups had one or more nephrologists in their practice who was listed on the 2728 CMS form as having seen at least one patient prior to the start of dialysis within a timeframe of less than 6 months prior to initiation of dialysis, 6 to 12 months prior to initiation of dialysis, or greater than 12 months prior to initiation of dialysis. This subset of incident patients all started dialysis with a catheter only upon starting dialysis.

Process studied: Vascular access type at start of dialysis for patients with pre-dialysis Nephrology care. Data was extracted from the 2728 CMS form.

Intervention: A profile was designed by Network QI staff with input and guidance from the Medical Review Board for vascular access quality improvement purposes. Selected data fields were extrapolated from the 2728 CMS form with physician UPIN data. Physicians belonging to one of the twenty large groups were Identified and given a group code. Catheter only patient data and financial payment sources were then aggregated by group and by three distinct timeframes that the patients were seen by the group nephrologist prior to dialysis - < 6 mos, 6 to 12 mos, > 12 mos.

Strategies used by the Network included collaboration with the Texas Medical Foundation (TMF) Quality Improvement Organization (QIO), the distribution of group profiles to the medical directors of the large physician groups with comparative group data, a variety of educational resources regarding arteriovenous fistulas, and ultimately, a request for action plans from groups that fell in the "low performer" category, defined as groups with the highest incident catheter group rates in the state for patients seen by a nephrologist prior to the initiation of dialysis.

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Timeline of interventions

Round I, February 2011

- Distributed group profiles to medical directors and provided education
- Partnered with TMF and had joint meeting with medical director from a group with the highest incident catheter rate in the state; assisted director with identification of internal (group) and external barriers to placing AVFs in pre-ESRD patients
- Evaluated feedback results from medical directors regarding the group profile report

Round II, July 2011

- Distributed group profiles to medical directors with comparative group information including group ranking
- Identified "top performers" – 10 percent of groups who achieved the lowest incident catheter rate; Medical Review Board acknowledged groups with top performance
- Identified "low performers" – 25 percent of groups who had the highest incident catheter rate; Medical Review Board requested action plans
- Developed and distributed a Nephrology Group Leader Action Checklist with five key action steps, target dates, and completion status

The majority of the "low performer" groups returned requested action plans. Two of the medical directors opted to use the Nephrology Group Leader Action Checklist for their action plan and requested and were given additional educational resources. One of the medical directors from a large group responded that the group profile had received much attention and review of their own data confirmed that of the Network's. As a result, this group strengthened their access placement process and implemented additional improvement strategies.

Evaluation: In the first round of interventions, an evaluation of the profile was distributed to the medical directors. Favorable responses pointed to a need to continue to produce and distribute the group profiles to the medical directors of large groups in Texas twice a year going forward.

Forty-five percent (9 out of 20) of group leaders completed and returned a profile evaluation

- 77 percent responded they will use the profile to make changes in group practice or processes
- 100 percent were interested in receiving physician specific profiles on group members
- 100 percent responded they will use the profile to influence group members to make timely referrals to surgeons
- 88 percent stated they will use the profile to inform group members on patterns of care related to catheters prior to dialysis
- 77 percent indicated that the profiles provided new information on catheter utilization at dialysis initiation for incident patients

Group comparisons were made from 2010 to 2011 on the vascular access type at dialysis initiation for incident patients seen by a nephrologist prior to dialysis.

Conclusion and Recommendations: Overall, the evaluation and responses to the group profile from the group medical directors were positive. Various interactions, such as meeting at the group practice office and one-on-one calls, confirmed that the sharing of practice patterns and comparative data surprised many, raised awareness, and stimulated action. Follow-up measurement for calendar year 2011 showed a 2.7% decrease of incident patients who were seen by a nephrologist and started dialysis with a catheter only within the 20 large nephrology groups from 42.1% to 39.3% of patients while the rate increased statewide from 63.2% to 66.6%. Catheter only rate at start of dialysis decreased in 60% of the groups.