

Welcome to the first issue of The Gold Standard

The Gold Standard: a Quarterly Newsletter

The Fistula First Breakthrough Initiative (FFBI) is a task under the ESRD Network Coordinating Center funded by the Centers for Medicare & Medicaid Services (CMS) which has the primary focus to assist all 18 ESRD Networks in building upon their vascular access quality improvement initiatives. The purpose of this newsletter is to share information, best practices and ideas about how to reach the national prevalent AV fistula goal of 66% while decreasing the use of central venous catheters (CVCs). Publication of the newsletter will be quarterly with information that can be used as additional resources for accomplishing the stated goal. Please feel free to send your suggestions and ideas for future editions to Marianne Neumann, RN, CNN.

A Brief History of the FFBI

The *National Vascular Access Improvement Initiative* (NVAII), which began in 2003, was a project designed to surpass the K-DOQI practice guideline of 40% prevalent AVF use in the U.S. When that goal was achieved in 2005 with the support of the Institute for Healthcare Improvement (IHI) and the efforts of ESRD Networks, dialysis providers, medical specialists and specialty organizations, the NVAII was recognized by CMS as one of its “Breakthrough Initiatives” and was renamed the *FFBI*. To maintain consistency with the updated K-DOQI guideline of > 65% prevalent AV fistulas, CMS increased its stretch goal to 66%. Focused on the FFBI’s original 11—and now 13—Change Concepts, a wide array of tools were developed for use by patients and professionals that support fistula placement and successful use in suitable hemodialysis patients.

Where Are We Now and Where Do We Need to Be?

The national prevalent AV fistula goal of 66% has not yet been realized. As of March 2011, the prevalent rate was 58%. Although there has been steady positive progress (figure 1) since the FFBI began, there is still work to be done.

The FFBI has acknowledged that not every hemodialysis patient is a candidate for an AV fistula. However, reducing the use of long-term, tunneled CVCs is essential for improving the quality of care we provide to patients with ESRD. Unfortunately, incident CVC rates have changed very little since 2003 and fluctuate between 70% and 80%. The incident AVF use rate has only improved from 12.7% – 17.2% (Figure 1). These are both areas for improvement and a focus of ongoing discussion by the FFBI Coalition.

For professionals committed to optimal vascular access care for the renal patient

FFBI Vision:

The FFBI is a coalition of vascular access experts and stakeholders who are committed to the development and implementation of sustainable system changes that support AV Fistula placement and use in suitable hemodialysis patients, while reducing CVC use.

FFBI Mission:

The FFBI mission is to improve the survival and quality of life of hemodialysis patients by optimizing vascular access selection, which for *most* patients will be an AV Fistula, to lower infection, hospitalization and mortality rates while preserving vital Medicare resources.

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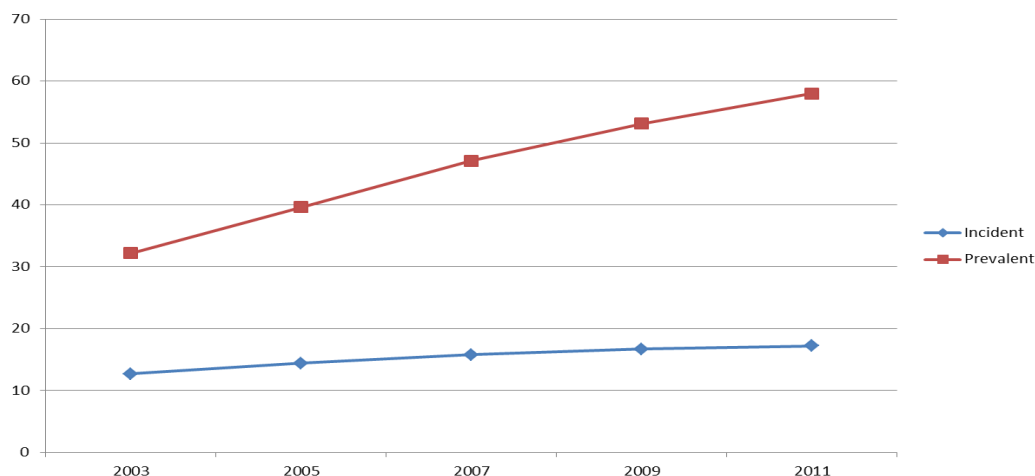


Figure 1. Incident & prevalent AVF rates since the launch of the FFBI

A Message from the FFBI Nephrology Consultant

The Fistula First Breakthrough Initiative (FFBI) has continued its momentum and success into 2011. The national prevalent arteriovenous fistula (AVF) use rate rose to 57.9% in March 2011, and 17 of 18 ESRD Networks achieved their respective goals for increasing AVF use in their geographic areas during the 2010-2011 contract cycle. This phenomenal vascular access culture change in the United States is due to the commitment of all national and local stakeholders to fundamentally change the way they care for patients approaching and receiving hemodialysis.

A central venous catheter is no longer a path of least resistance; it is appropriately viewed as a toxic state which, in most cases, should be eliminated as soon as possible. A better understanding of the appropriate milestones for AVF maturation – and timely intervention if those milestones are not met – has prevented an increase in long-term catheter use despite the 25% increase in AVF prevalence since the beginnings of the FFBI (then known as the National Vascular Access Improvement Initiative) in 2003. Most of the increase in AVF prevalence since 2003 has also been mirrored by an associated decrease in arteriovenous graft (AVG) prevalence. These trends constitute positive momentum, but there remain opportunities for further improvement as we continue to strive towards achieving the national AVF prevalence goal of 66%.

Major challenges for the future include determining which patients have a poor outlook for AVF success and therefore should undergo AVG placement as their first permanent access, which patients with non-maturing AVFs should undergo further procedures, additional wait time or should undergo AVG placement, and how to decrease the abysmal incident 80% incident catheter rate, which will involve greater engagement by referring physicians and hospital systems.

The 25% increase in prevalent AVFs since 2003 is most impressive and a source of pride for the dialysis community. However, there is plenty of work to be done in providing the best vascular access for all hemodialysis patients in the timeliest manner. The FFBI looks forward to continuing its role as a think tank for vascular access innovation and a clearing house for best practices. **Jay Wish, MD**