Addressing Reasons for Poor MBD Outcomes in Low Performing Facilities

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INTRODUCTION

Metabolic bone disease (MBD) management in the ESRD population is difficult and requires the involvement of a multidisciplinary team. Our large dialysis organization has developed a system to assess MBD management on a facility level.

Objective: to determine the cause of poor control of MBD in the lowest performing facilities.

METHODOLOGY

- Each facility’s performance in MBD management was ranked according to a weighted scoring system including % of patients meeting the guidelines for:
  - phosphorus (≤ 5.5 mg/dL),
  - calcium (≤ 9.5 mg/dL),
  - Ca x P product (< 55 mg²/dL²), and
  - PTH (150 ≥ x ≥ 300 pg/ml) based on KDOQI-recommended targets.
- Six facilities with low MBD scores completed a root cause analysis by questionnaire.
- Solutions were developed for the top 3 contributing factors. The number of times a contributing factor was chosen is listed in the table.

RESULTS

Table 1. Root Cause Analysis Results and Solutions Implemented

<table>
<thead>
<tr>
<th>Contributing Factor</th>
<th>Solution Implemented by Care Teams</th>
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<tbody>
<tr>
<td>Patient non-adherence (12)</td>
<td>Positive reinforcement and repeated patient follow up and education</td>
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<tr>
<td>Inability to afford medications (11)</td>
<td>Helping patients to enroll in drug assistance programs and to utilize drug cards, vouchers and coupons</td>
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<td>Patient lack of understanding of long-term consequences (9)</td>
<td>Delivered a consistent message by all teammates through individual interactions and educational sessions</td>
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Solutions were implemented from July 2008 through December 2008

KEY LEARNINGS

- We were able to improve poor MBD outcomes on a facility-level by investigating and addressing the root causes.
- The improvement in MBD components (Fig. 1) was driven by:
  - involving each dialysis team member,
  - helping to enroll patients in assistance programs to enable them to afford their medications,
  - providing repeated follow up to patient education, and
  - offering positive reinforcement.
- The improvement was significant as many patients fell within the Medicare Part D coverage gap during the last few months of 2008.

CONCLUSIONS

- The root cause analysis identified 3 contributing factors and solutions (Table 1).
- The improvement in MBD components (Fig. 1) was driven by:
  - involving each dialysis team member,
  - helping to enroll patients in assistance programs to enable them to afford their medications,
  - providing repeated follow up to patient education, and
  - offering positive reinforcement.
- The improvement was significant as many patients fell within the Medicare Part D coverage gap during the last few months of 2008.

We thank the patients who participated in this study and DaVita Clinical Research® for support in preparing this poster. DCR is committed to advancing the knowledge and practice of kidney care.

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