DaVita Clinical Research
Advancing Kidney Care

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 mg^2/dL^2), 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

Contributing Factor (number times chosen)	Solution Implemented by Care Teams
Patient non-adherence (12)	Positive reinforcement and repeated patient follow up and education
Inability to afford medications (11)	Helping patients to enroll in drug assistance programs and to utilize drug cards, vouchers and coupons
Patient lack of understanding of long-term consequences (9)	Delivered a consistent message by all teammates through individual interactions and educational sessions

Solutions were implemented from July 2008 through December 2008

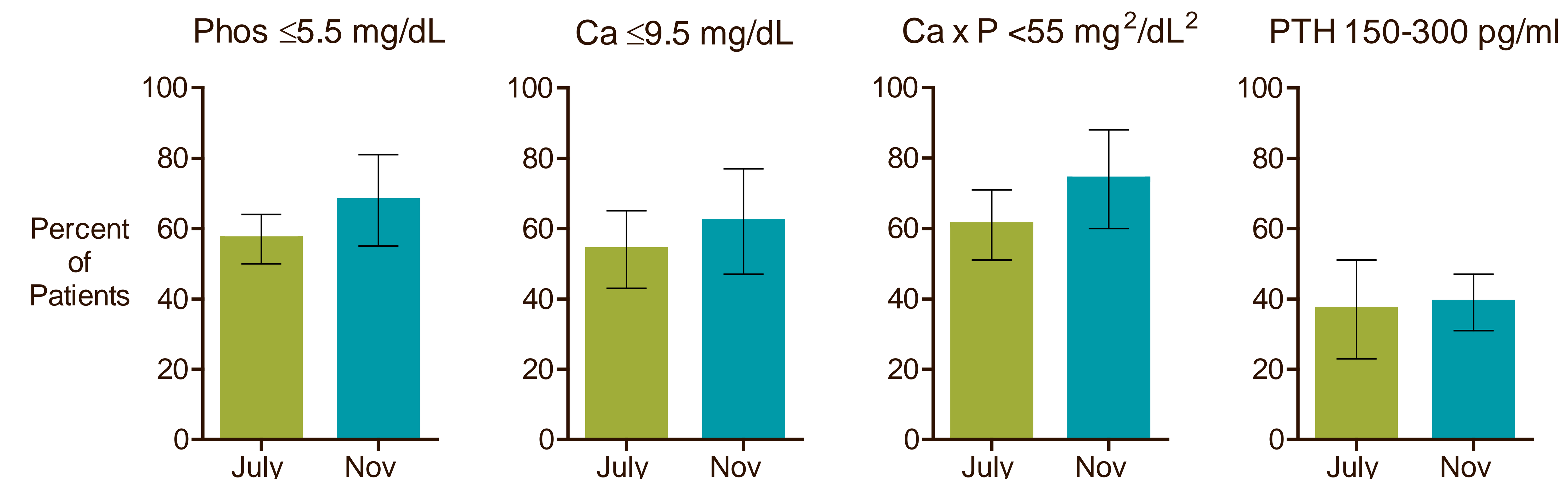

Figure 1. Components of MBC Scores Before and After Implementing Solutions

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.

KEY LEARNINGS

✓ We were able to improve poor MBD outcomes on a facility-level by investigating and addressing the root causes.

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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