The health of the people is really the foundation upon which all their happiness and all their powers as a state depend.  

Benjamin Disraeli
Routine health screening is important for maintaining the health and wellness of both ESRD patients and the individuals who provide their care. To ascertain how well such screening is applied, we have adapted some of the quality measurements used by the National Committee for Quality Assurance (NCQA) in its HEDIS® 2000 program (which provides the public with information on the performance of managed care health plans), applying these screening specifications to groups of ESRD patients. Additional information on patient and staff hepatitis B vaccination rates, patient hepatitis C diagnosis rates, and influenza vaccinations is also provided.

On average, fewer than 45% of dialysis patients and 86% of dialysis staff receive the hepatitis B vaccine. These rates vary depending on location, with patient rates lowest in the west, and rates for staff lowest in the southeastern Atlantic, southern, and southwestern regions (fig 9.1–3).

Hepatitis C diagnosis rates show striking patterns across the country, with rates for hemodialysis patients highest in the mid-eastern, East Coast, and West Coast regions, and higher rates for peritoneal patients confined primarily to areas west of the Rocky Mountains and to small clusters in Florida, along the East Coast, and in eastern Oklahoma and the surrounding regions. The highest rates for transplant patients appear in southern Florida, on the east and west coasts, and in the Gulf regions of Texas and Louisiana (figs 9.4–6). These patterns, particularly in hemodialysis patients, are the reverse of those seen with staff Hepatitis B vaccination rates, a contrast which merits further investigation.

Screening rates for breast cancer, cervical cancer, and prostate cancer, reported here for the first time, are extraordinarily low within the ESRD population—fewer than four in ten patients receive screening—and well below the rates recommended for the general population. Mammogram screening rates, for example, which increased only slightly from 1995 to 1998, remain low across age groups (<36%) while only 30% of Native American and Asian female patients receive screening (fig 9.7).

Cervical cancer screening rates are relatively unchanged from 1995, are low across all age groups (<16%), and decline with increasing age (fig 9.8). Rates are particularly low in the Native American patient population.

While screening rates for prostate cancer have improved overall since 1995, they continue to be low for all ages, with the rate among men aged 50–54 at only 18%. Rates are lowest in Native Americans and Asians (fig 9.9).

Fewer than 40% of diabetic patients between the ages of 18 and 75 received an eye exam in 1998 (fig 9.10). The rate is lowest for Native Americans, fewer than one-third of whom receive the exam. Testing rates for glycosylated hemoglobin (HbA1c) are also extremely low, with almost 75% of the diabetic ESRD population receiving no HbA1c testing in 1998 (fig 9.11).

Influenza vaccination rates for patients vary throughout the country. With the exception of North Dakota, rates are highest in the upper Midwest, central, and northwestern regions of the county (fig 9.12).


Figure 9.1
Hepatitis B vaccine & antibody among patients & unit staff
dialysis patients, 1997, by network

Information is obtained from the CDC surveillance data. Data refer only to patients treated or staff members working during the last week of the year.

Figure 9.2
Percent of patients receiving hepatitis B vaccine
dialysis patients, 1997, by HSA

Information is obtained from the CDC surveillance data. Gray areas indicate HSAs in which there are either no dialysis units or the units have not completed the survey form.

Figure 9.3
Percent of unit staff receiving hepatitis B vaccine
1997, by HSA

Information is obtained from the CDC surveillance data. Gray areas indicate HSAs in which there are either no dialysis units or the units have not completed the survey form.
Figure 9.4
Hepatitis C diagnosis rates
per 100 patient years at risk,
incident & prevalent
hemodialysis patients, 1998, by HSA

Figure 9.5
Hepatitis C diagnosis rates
per 100 patient years at risk,
incident & prevalent peritoneal
dialysis patients, 1998, by HSA

Figure 9.6
Hepatitis C diagnosis rates
per 100 patient years at risk,
incident & prevalent transplant
patients, 1998, by HSA
Figure 9.7
Breast cancer screening
all ESRD patients, by age group & race
Excludes patients not eligible for Medicare enrollment. See HEDIS® 2000 for code specifications.

Figure 9.8
Cervical cancer screening
all ESRD patients, by age group & race
Excludes patients not eligible for Medicare enrollment. See HEDIS® 2000 for code specifications.

Figure 9.9
Prostate cancer screening
all ESRD patients, by age group & race
Excludes patients not eligible for Medicare enrollment. See Appendix A for code specifications.
Figure 9.10
Diabetic eye exams
prevalent diabetic ESRD patients, by age group & race
Further exploration is needed of rates of specific eye complications related to diabetes, including hemorrhage, neovascularization, retinal detachment, and blindness.
Excludes patients not eligible for Medicare enrollment. See HEDIS® 2000 for code specifications.

Figure 9.11
Glycosylated hemoglobin testing
prevalent diabetic ESRD patients, by number of tests received
Further analyses should assess monitoring rates in the pre-ESRD diabetic population, and should examine as well the relationship between diabetic complication rates and glycosylated hemoglobin levels to determine the effectiveness of treatment.
Excludes patients not eligible for Medicare enrollment. See HEDIS® 2000 for code specifications.

Figure 9.12
Percent of patients receiving influenza vaccine
all ESRD patients, 1998, by HSA
Rates of complications related to influenza—including pneumonia, bronchitis, and septicemia/bacteremia—should be assessed on both an inpatient and outpatient level.
Excludes patients not eligible for Medicare enrollment. See Appendix A for code specifications.