The frequency of CKD claims & nephrologist claims prior to ESRD initiation

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Introduction

- As patients near ESRD, chronic kidney disease (CKD) may be recognized more frequently, yet preparation for ESRD treatment may be lacking.
- Referral to a nephrologist has been shown to be associated with the use of fewer dialysis catheters and improved outcomes.
- In this analysis we assess how frequently CKD was recognized before ESRD and when nephrology referral occurred.

Methods

- We identified 29,955 incident ESRD patients in 2007 aged 67 years or older at initiation with Medicare as their primary payer for the two years prior to initiation.
- Using Part A (Inpatient and Outpatient) and Part B claims, we counted the number of CKD claims and the number of claims where the physician code was for seeing a nephrologist, and summarized them to any of the above listed physicians.

Results

- CKD was recognized in 75% of patients as much as 2 years before ESRD, yet only 25% saw a nephrologist 2 years before ESRD, and only 40% one year before ESRD.
- Even within 6 months of ESRD initiation, only 50% of patients recognized to have CKD were seen by a nephrologist, thereby given little time to plan for ESRD and address CKD care.
- In comparison, 65% of the patients saw a primary care physician 2 years before the start of ESRD.
- While there is a substantial increase in the percent of patients with each type of claim (CKD and nephrologist) in the last quarter prior to ESRD, much of this occurs in the last few weeks before ESRD.
- Almost everyone (99.2%) had at least one CKD claim during the 2 years prior to ESRD. The average number of days between the first CKD claim and the first nephrology claim was 298.9.
- Of those with a nephrologist claim in the 2 year period, 19% had their first claim during the last 30 days before ESRD.
- Those with a referral to a nephrologist were more often diabetic, and had more occurrences of CHF and CKD hospitalizations prior to ESRD.

Conclusions

- Although a patient’s CKD is often recognized up to 2 years before ESRD, they are not always referred to a nephrologist.
- Even though the final quarter prior to ESRD shows a dramatic increase in the percent of patients with nephrologist claims, there is little time to address CKD care, manage risk factors, and plan for ESRD treatment with either form of dialysis, or vascular access assessment and placement.
- A more complete assessment of the monitoring of kidney disease, risk factors and treatment is needed to inform primary care physicians of their role in managing timely referral of the CKD population.
**Tables**: Please do not use the space bar to align numbers in columns; the numbers will not print properly. If you aren’t sure how to set the tabs to create columns, just ask Ed or Sue; we’ll be happy to show you.

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Formaldehyde
Peracetic Acid
Glutaraldehyde
Conventional
Free-standing
Profit

1st Qtr 2nd Qtr 3rd Qtr 4th Qtr
per million population

graphs with confidence intervals: the bars have to be colored by hand, and the x-axis labels (if long), line at 1.0, and legend have to be made outside of the graph.