

ESRD NETWORK 13

Serving Arkansas, Louisiana & Oklahoma Renal Communities



ANEMIA MANAGEMENT IN CHRONIC RENAL FAILURE

STANDARD: Management of anemia in chronic renal failure usually involves repeated administration of epoetin or darbepoetin [erythropoiesis-stimulating agents (ESAs)] to achieve and maintain desired hemoglobin value between 10.0 to 12.0 g/dL.

FACILITY LEVEL PERFORMANCE:

- *Assessment of Iron Stores.* Measure Description: Percentage of all adult (≥ 18 years old) hemodialysis (HD) or peritoneal dialysis (PD) patients prescribed an ESA at any time during the reporting period or who have a Hemoglobin (Hgb) < 11.0 g/dL, in at least one month of the reporting period for whom serum ferritin concentration AND either percent transferrin saturation or reticulocyte Hgb content (CHr) are measured at least once in a three-month period for in-center HD patients, and at least twice during a six-month period for PD patients and home HD patients.
- *Hemoglobin Control for ESA Therapy.* Measure Description: Adult HD and PD patients, with ESRD ≥ 3 months, who have received ESA therapy at any time during a 3 month reporting period AND have achieved a mean Hgb of 10.0 – 12.0 g/dL for the 3 month reporting period. The Hgb value reported for the end of each month (end-of-month Hemoglobin) is used for the calculation.
- *Monitoring Hemoglobin Levels Below Target Minimum.* Measure Description: Adult HD and PD patients, with ESRD ≥ 3 months, who have a mean Hgb < 10.0 g/dL for a 3 month reporting period, irrespective of ESA use. The Hgb value reported for the end of each reporting month (end-of-month hemoglobin) is used for the calculation.

EVALUATION:

- The MRB requires the Network staff to evaluate facilities for compliance with established standards. Due to various CMS constraints on data collection, there is currently one opportunity to review timely anemia management indicators via the Voluntary Lab Data Collection (LDC) activity. Performance of the voluntary LDC will facilitate QIC/MRB review of anemia management standard by facility, state and Network.
- The available Lab Data Collection activity will be utilized to generate state-specific anemia management data analysis reports for QIC/MRB review prior to development of the next QI work plan (QIWP). The same analysis will be used to generate comparative groupings and rankings within the groupings for QI activities
- With the projected implementation of the CROWNWeb system in 2009, all CPM's, which have been approved by CMS, will have outcomes being calculated at the facility level and aggregated at the ESRD Network and National levels.

REFERENCE: The Centers for Medicare & Medicaid Services (CMS) Phase III ESRD Clinical Performance Measures in effect April 1, 2008.

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Mission Statement: "To assess and improve the quality of care provided to individuals with End Stage Renal Disease."