

Fistula First - Overcoming Barriers



Issue	Discussion	Comment
<p>Nephrologists cannot control the vascular accesses that the partners in the Nephrology Group order.</p>	<p>While it is true that a nephrology partner may not buy-into the Fistula First initiative, it is under the control of the individual nephrologist to see to it that his/her patients have quality vascular access care despite what a partner may choose to do.</p>	<p>It is beneficial if the culture of the Nephrology Group practice and the dialysis center all affirm the Fistula First Breakthrough Initiative concepts.</p>
<p>The Centers for Medicare & Medicaid Services (CMS) has not instituted Pay for Performance (P4P) in dialysis yet, so physicians do not see P4P as a reason to promote arteriovenous fistula (AVF) placement.</p>	<p>Even though P4P has not been introduced into the dialysis centers yet, it has been instituted by CMS in other areas of healthcare.</p>	<p>Payment should not be the only reason that a physician orders that an AVF be placed in an eligible patient. If an AVF is the appropriate choice, it should be ordered.</p>
<p>There is fear within the renal community that CMS will hold nephrologists accountable for patients who refuse to have an AVF placed.</p>	<p>Adequate documentation should be available showing CMS that the dialysis center and physician have encouraged the eligible patient to accept an AVF,</p>	<p>Like other instances of patient non-adherence to the plan of care, the facility and physician need to document efforts to show the patient is making an informed decision not to accept care or adhere to suggestions.</p>
<p>It has been expressed that nephrologists would order more AVFs if only there were good surgeons in the area who could adequately create them.</p>	<p>Most regions have at least one surgeon available to serve the ESRD patient population. Vascular access creation surgical symposiums have been presented across the nation allowing all surgeons the opportunity to learn basic and advanced surgical techniques from the best practitioners.</p>	<p>The questions could also be asked whether the nephrologist has had conversations with the surgeon about the Fistula First initiative and cultivated their working relationship.</p> <p>Practice patterns need to be evaluated at some point. If a particular surgeon is unable or unwilling to provide the services required by the nephrologist, perhaps a referral to another surgical group or surgeon is indicated regardless of past associations.</p>

Some physicians indicate that their patient load has many co-morbid conditions and are elderly.		The available data suggests that each dialysis facility serves a mixture of patient types and physical conditions.
A common complaint of some nephrologists is that the dialysis care staff is unable to cannulate the access of the AVF patients effectively.	Dialysis facilities are responsible for training the staff members to treat dialysis patients effectively. The nephrologist as a care team leader is in a prime position to assist in the training and education staff members.	The Fistula First Breakthrough Initiative has developed a comprehensive cannulation resource for dialysis centers to use during training and in-services.

*Courtesy: Heartland Kidney Network www.heartlandkidney.org

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