

Anemia: Achieving agreement and avoiding angst in BC

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Objectives

- **Challenges of implementing 2006 KDOQI guidelines across BC**
- **Provincial Update**
 - Achieving the targets
 - Different solutions in different settings
- **Processes in BC**



Challenges of implementing guidelines

- **Which statement to focus efforts on:**
 - Evidence based guidelines
 - Practice recommendations
- **Measurement vs treatment goals**
- **Multiple locations and people involved**
 - In centre facilities, community facilities
 - Home based therapies
 - Responsibilities shared: MD, nurse, pharmacists
 - Resources different in different HA
- **Understanding the common goal and benefit of following guidelines**



Process in BC

- **Report on Key indicators to each HA and Exec as measure of Quality**
 - Use of PROMIS (provincial database) as
 - Tracking and feedback
 - Potential for incorporating into protocols
- **MD Consensus Meeting annually**
 - Data review and discussion
- **Pharmacy and Formulary review regularly**
- **Renal pharmacists group**
 - Review data/ recommendations made
 - Different protocols attempted and evaluated
- **Note: Provincial contracts negotiated based on need for physician/ patient choice and balance of best value**



Key Indicators and Clinical Care

- **What are the key indicators we use?**
 - Those that are clinically meaningful and correlate with outcome
- **Why do we measure them?**
 - To identify opportunities for improved clinical outcomes
 - To identify opportunities for improved cost efficiencies
 - improved outcomes for same cost
 - reinvestment in new initiatives
 - **For service planning**



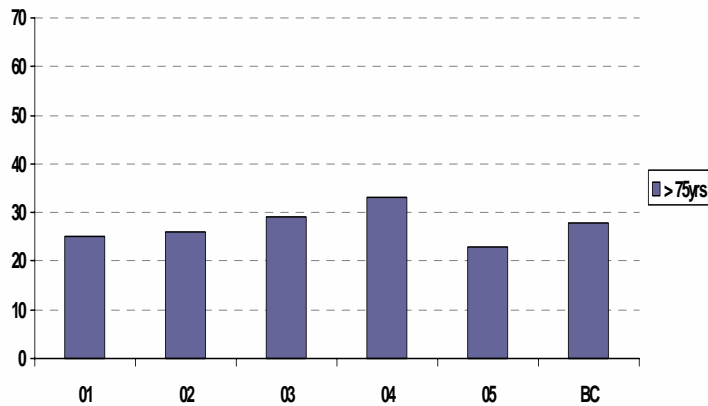
Provincial Outcomes and Key indicators

- **Key indicators include:**
 - **In Dialysis populations**
 - Anemia : Hgb, drugs used
 - Mineral Metabolism : C, P , PTH , drugs used
 - Adequacy of dialysis
 - Vascular access types
 - Survival
 - **In CKD populations :**
 - Prevalence of rapid rates of progression/ RRT take on
 - Numbers registered
 - GFR at time of registration
 - Anemia management
 - Use of CVD medications
 - Survival

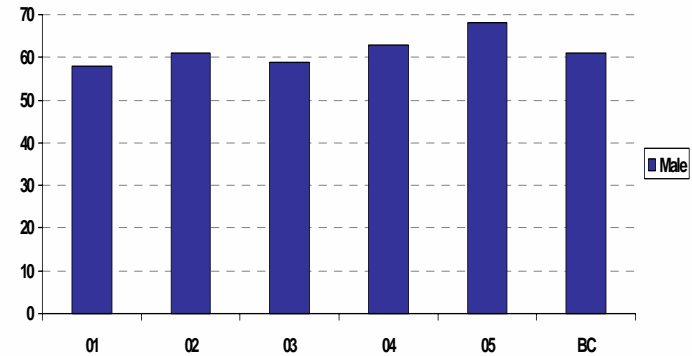


Similar demographics of dialysis patients in all HA

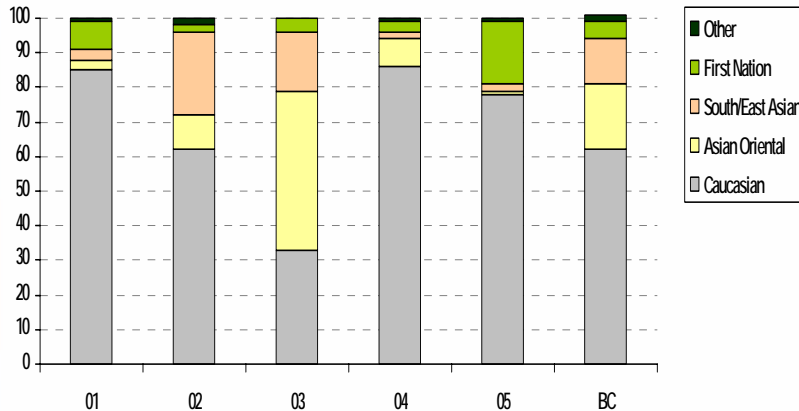
% Patients > 75 yrs



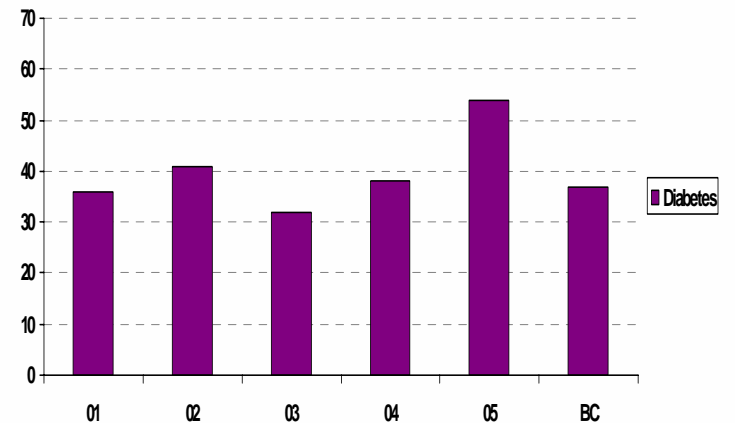
% Male Patients



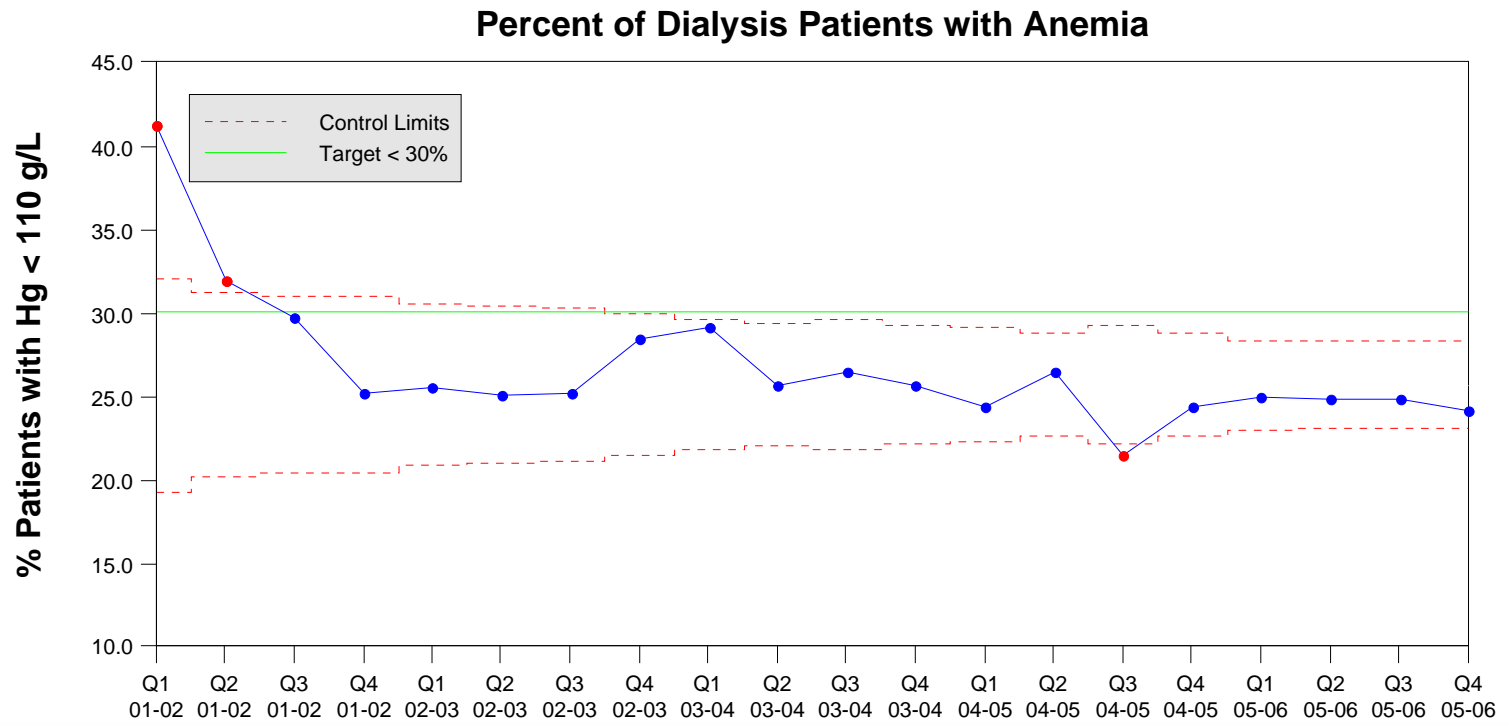
% Patients by Race



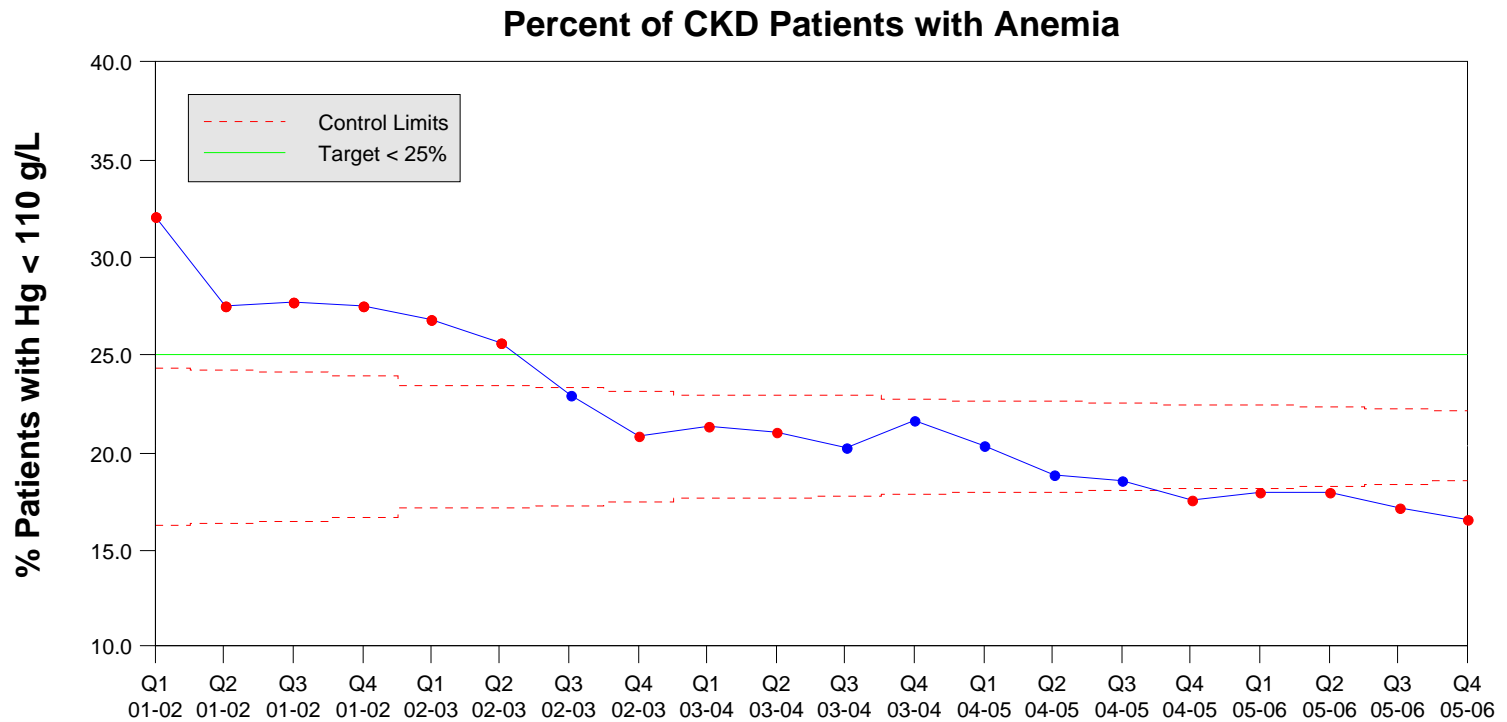
% Diabetic Patients



Low percent of anemic dialysis patients over time



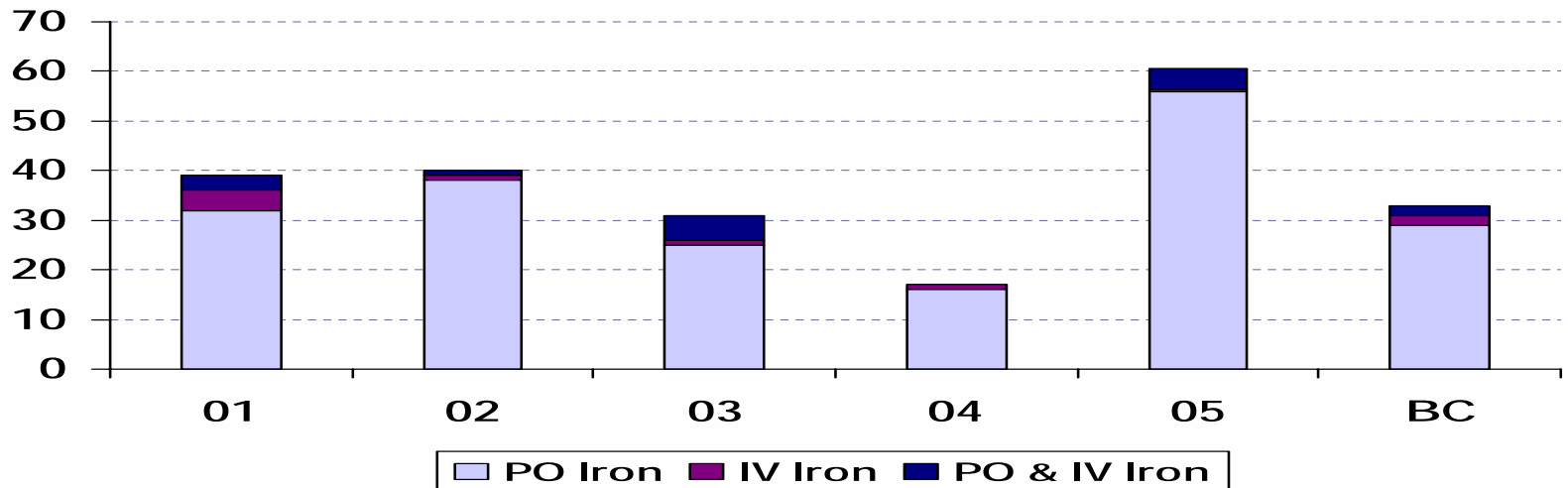
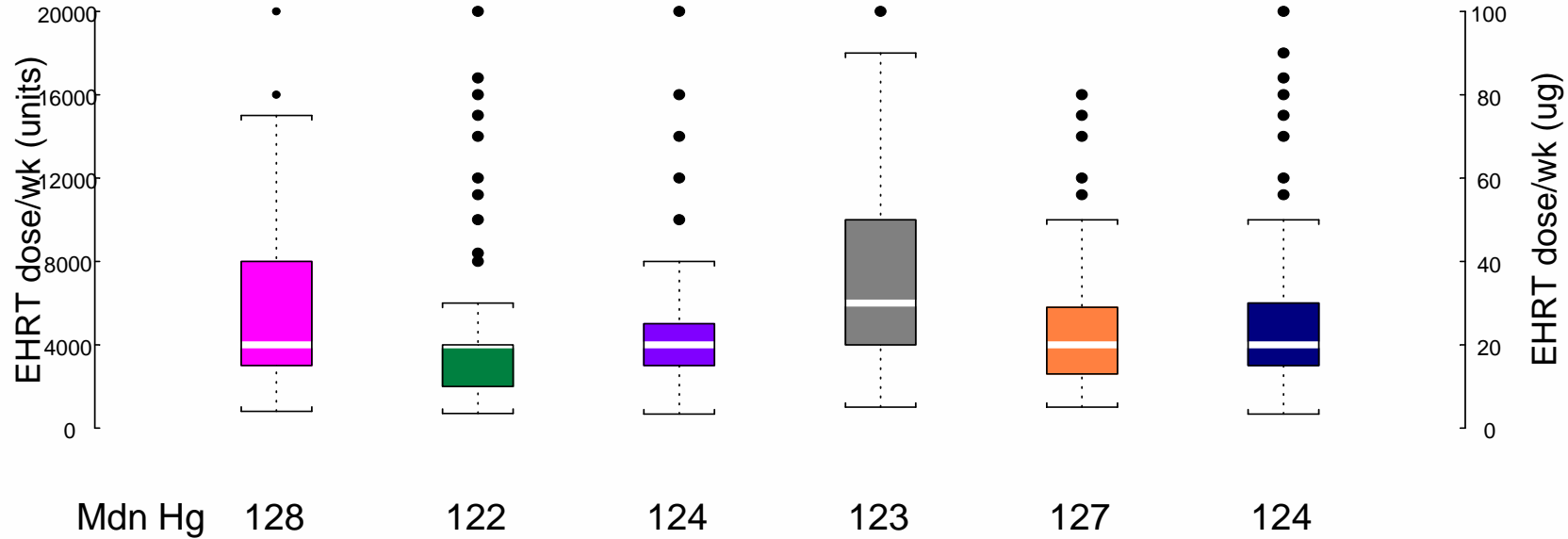
Low percent of anemic CKD patients over time



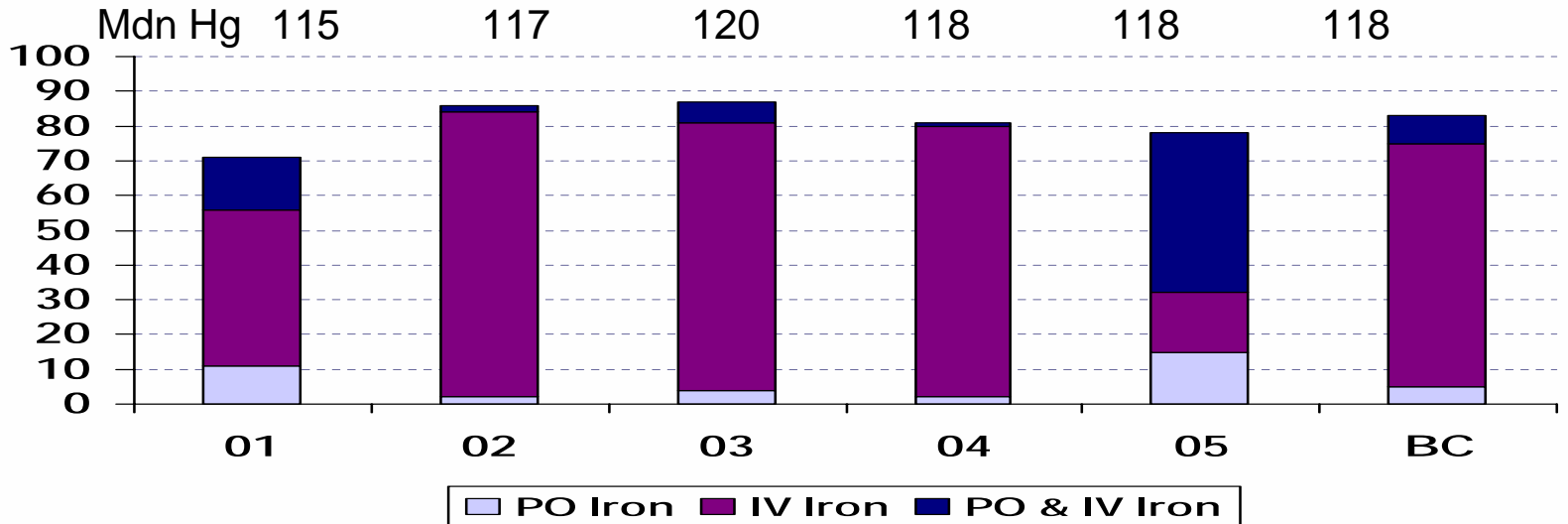
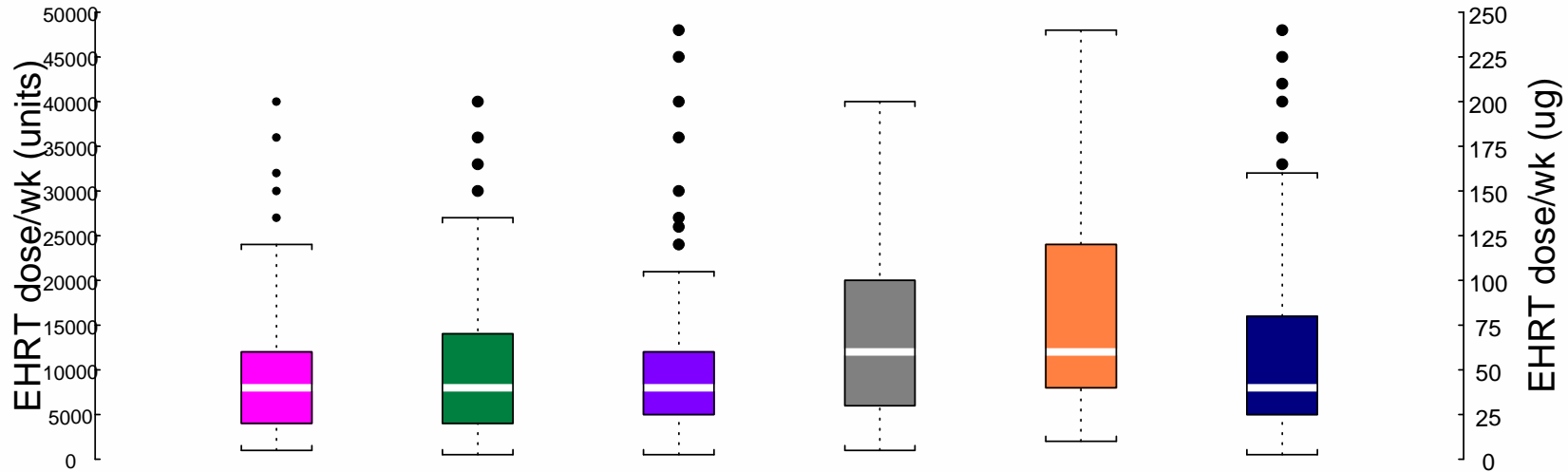
Medication use x Health Authority



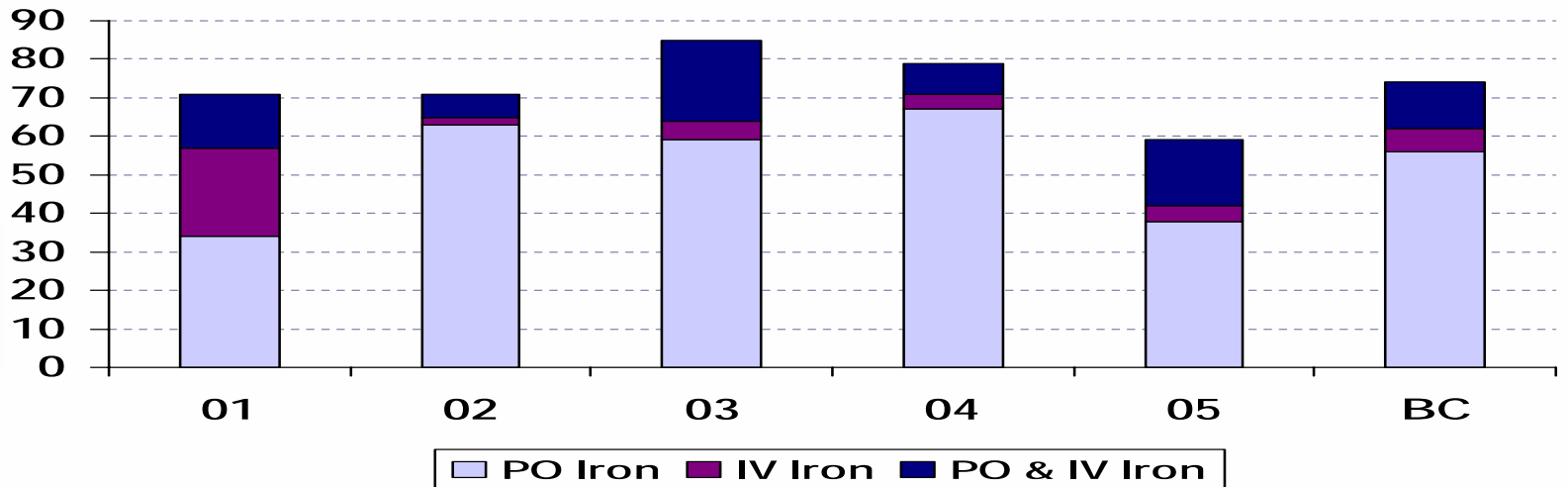
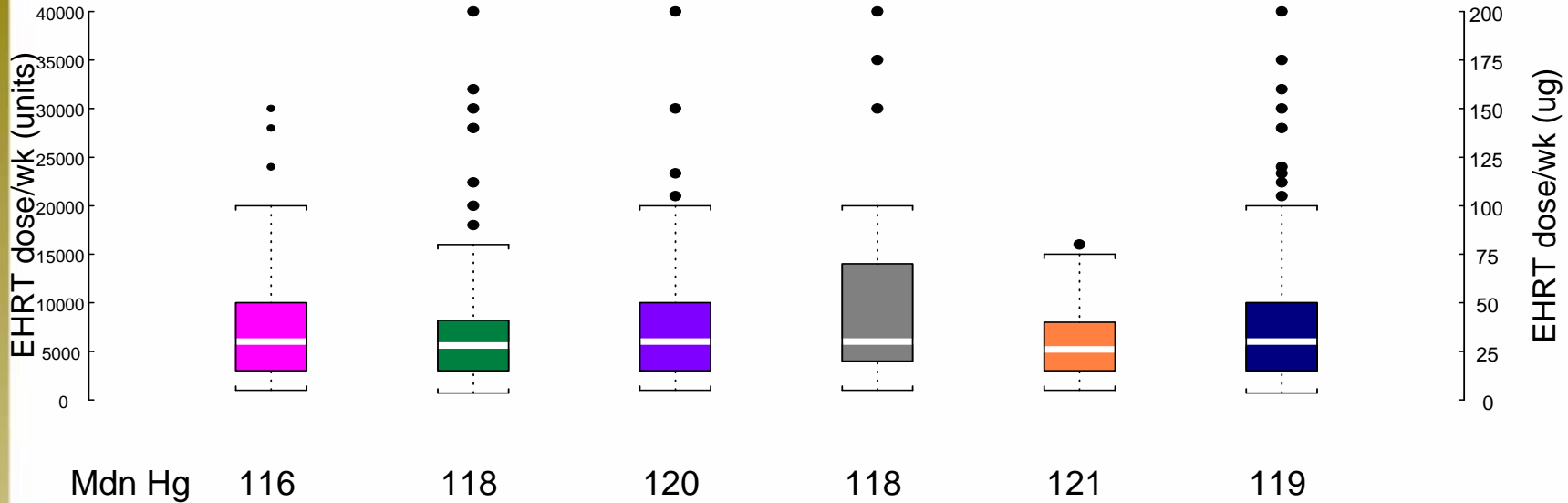
EHRT and Iron for CKD



EHRT and Iron for HD patients



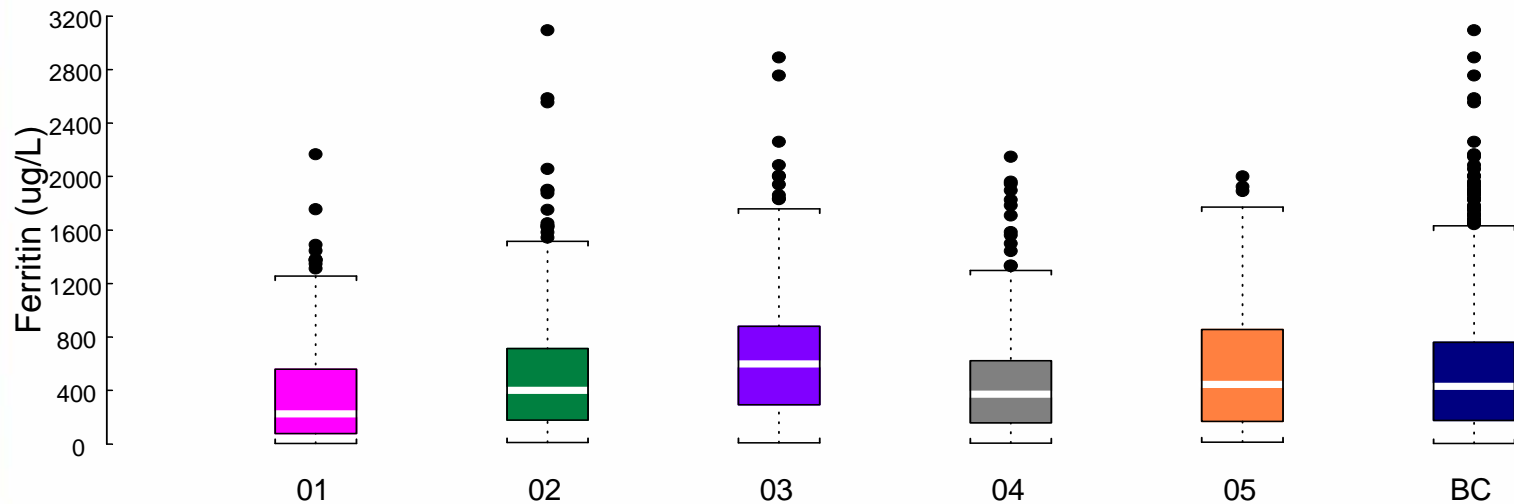
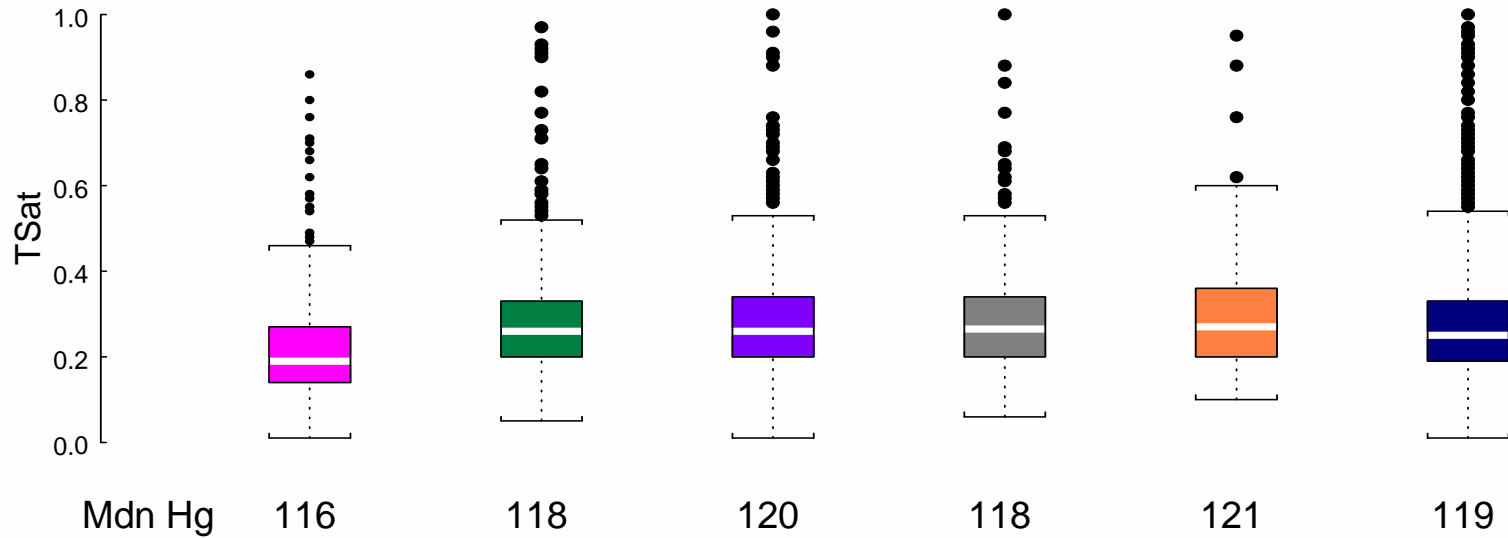
EHRT and Iron for PD



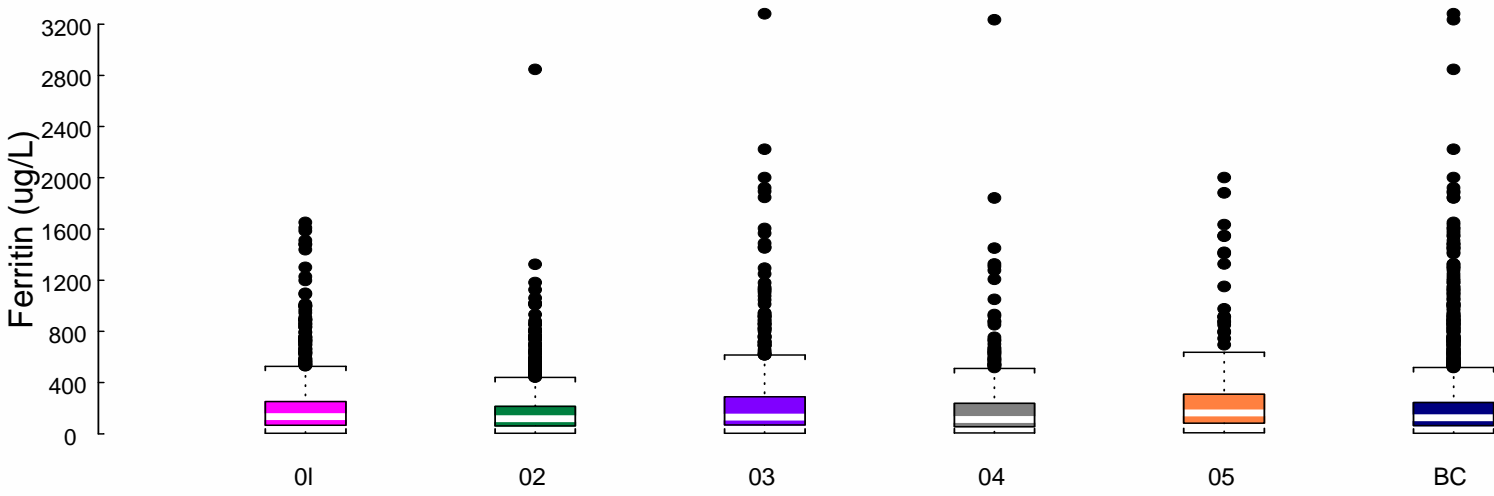
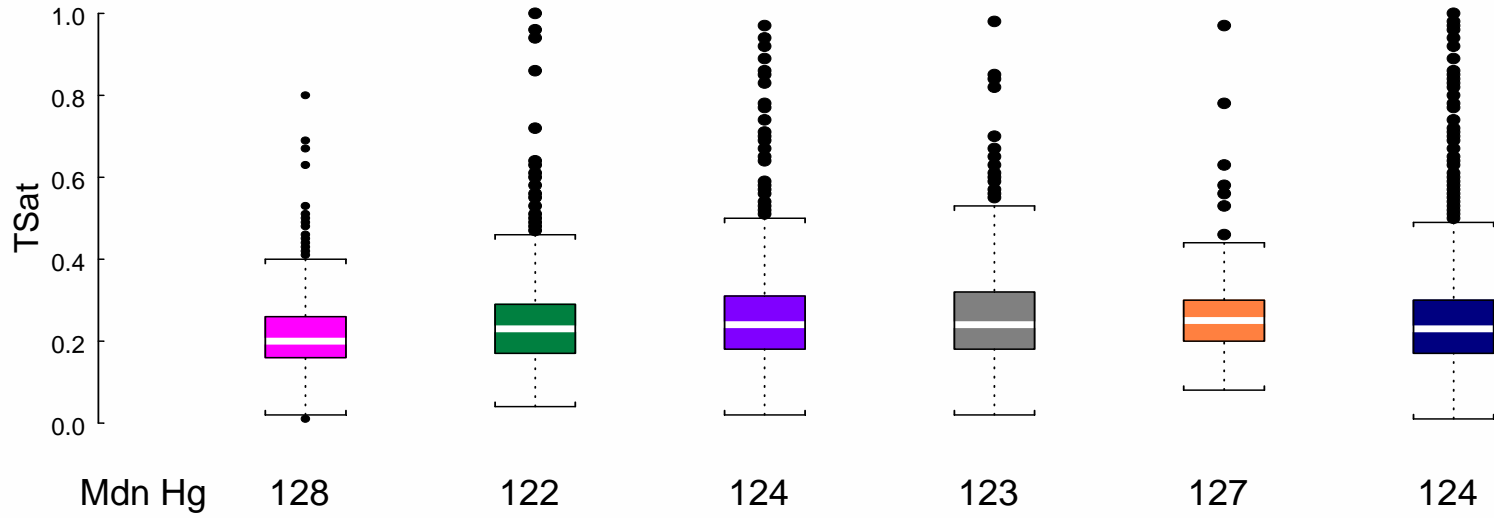
Lab values x Health Authority



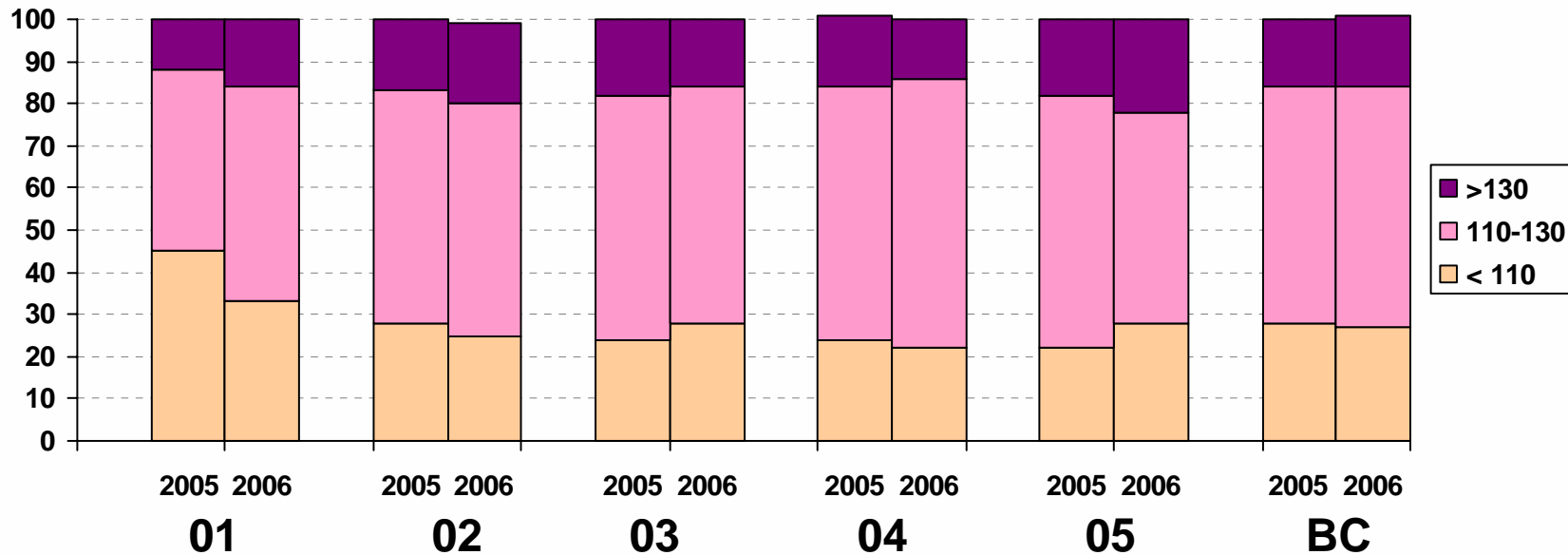
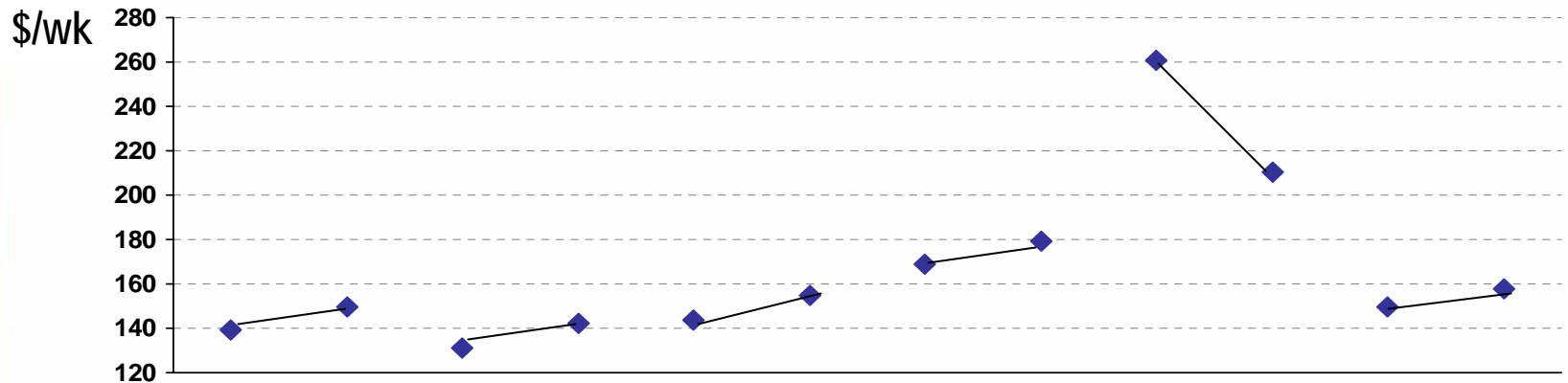
TSat and Ferritin for dialysis patients



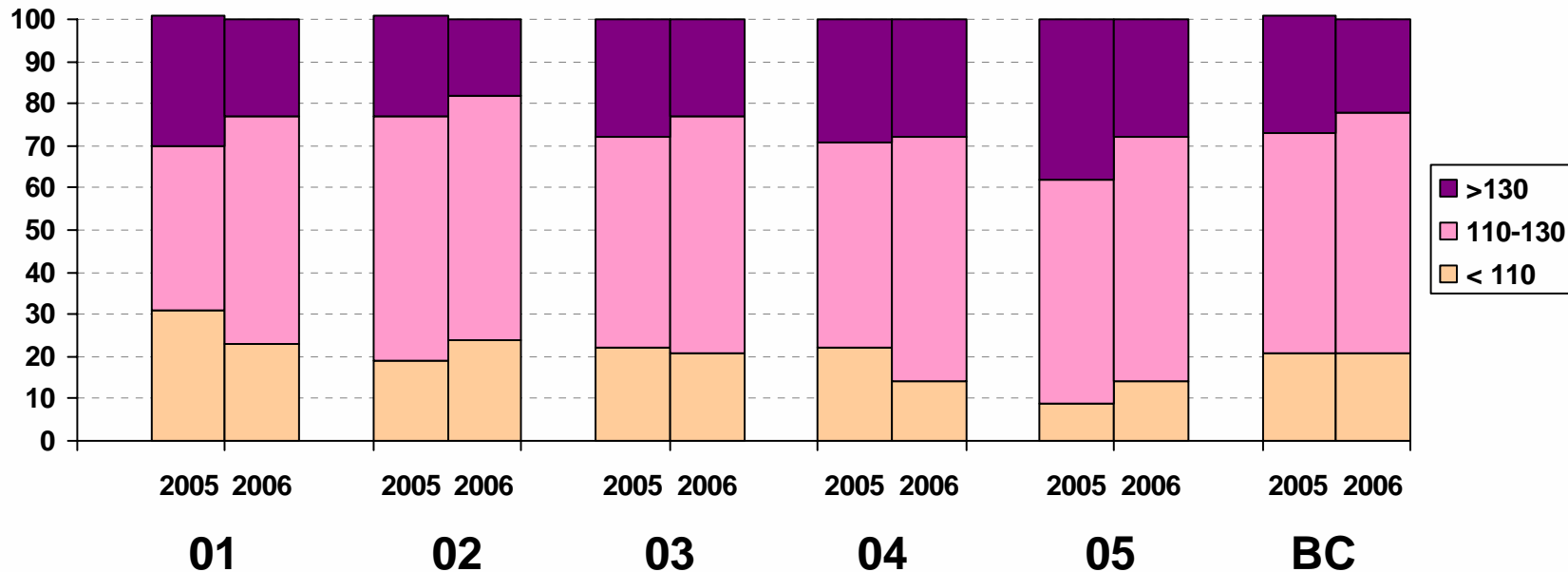
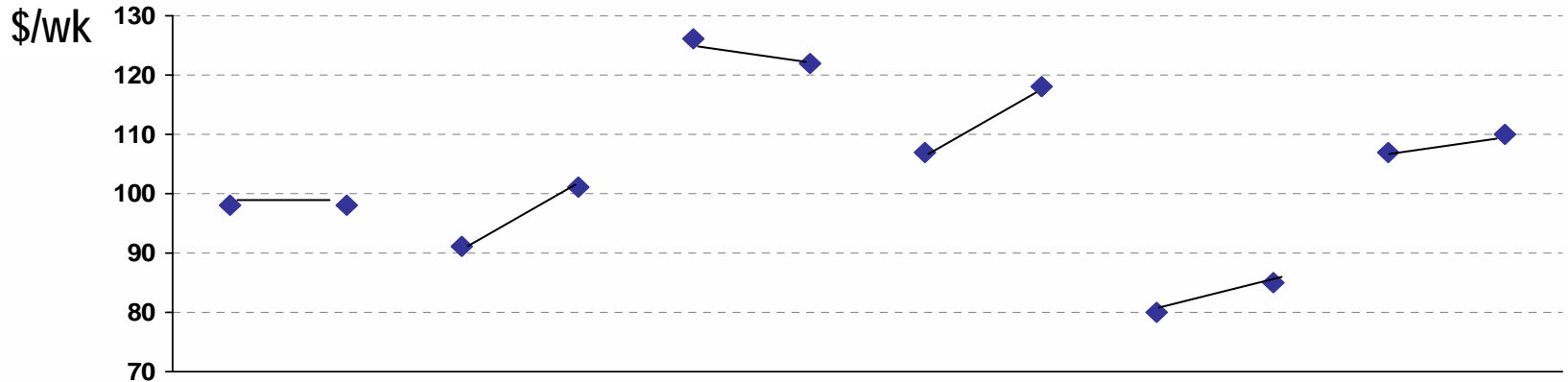
TSat and Ferritin for CKD patients



HD Patients more consistently within target Hgb; variation in costs persists



PD patients more consistently within target Hgb; noticeable variation in costs



Summary

- **Achievement of anemia goals**
- **Variation in practice and costs exist**
- **Collaborative efforts to provide effective care within budget constraints continue**

