Fistula First Breakthrough Initiative

- Initiated in 2003 by CMS, Goals Include:
  - to ensure all HD patients have the opportunity to be evaluated for a fistula first, and to receive an AVF where feasible and not medically contraindicated
  - Provide communication to the renal and Network community regarding FFBI
  - 66% prevalent AVF’s
  - Additional goal to reduce CVC use & abuse

FFBI Strategic Plan

- Nephrologist as leader
- Leveraging partnerships
- Modify hospital systems
- Patient self-management
- Promote fast-track protocols
- Practitioner training and credentialing
- Expand FFBI Change Concepts

FFBI is a Coalition of Stakeholders

- CMS: funds the project, sets the goals/deliverables for the NWs and facilities
- ESRD Networks
- Dialysis Providers
- Many others in the Renal Community, such as:
  - American Association of Kidney Patients
  - American Kidney Fund
  - Joint Commission on Accreditation of Healthcare Organizations
  - American Nephrology Nurses Association
  - National Kidney Foundation
  - Renal Physicians Association

Common Misconceptions

- “Fistula First” is intended to mean that everyone on hemodialysis should have an AVF at all costs
- Increasing AVFs will cause an increase in catheters

Fistula First Vision Statement

The FFBI is a coalition of vascular access experts and stakeholders who are committed to the development and implementation of sustainable system changes that support AVF placement in suitable hemodialysis patients, while reducing central venous catheter use.

Fistula First Mission Statement

The Fistula First mission is to improve survival and quality of life of hemodialysis patients by optimizing vascular access selection – which for most patients will be an AV fistula – to lower infection, hospitalization and mortality rates while preserving vital Medicare resources.
Not Everyone is suitable for an AVF
Patient selection is critical!

- **Clinical Condition**
  - Poor overall prognosis
  - Poor/exhausted vasculature
  - No suitable upper extremity superficial veins & questionable transposition veins

- **Alternatives**
  - AVG before CVC
  - PD before CVC
  - Initial forearm AVG as 1st stage, then AVF as 2nd stage later

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**Change Concept Tools: Examples**

- Vascular Access Management Toolkit for Medical Directors
- CKD Quick Reference Guide for the Primary Care Provider
- Sample Letter to Vascular Access Surgeon
- Creating AV Fistula in off Eligible Hemodialysis Patients
- “Sleeve Up” Protocol to Convert Forearm AV Graft to Upper-Arm AV Fistula
- Management of Patients with CVC Algorithm
- Cannulation of the AV Fistula Training Videos
- AVF Physical Examination Made Easy: Videos
- What Professionals Can do to Maximize AV Fistula as Primary Access
- Epicardial First
- CKD Assessment Algorithm - Emergency Room Visit
- Core Concepts of Patient Self-Management

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**FFBI Change Concepts**

1. Routine CQI review of vascular access
2. Timely referral to nephrologist
3. Early referral to surgeon for “AVF only”
4. Surgeon selection based on best outcomes
5. Full range of appropriate surgical approaches
6. Secondary AVFs in graft patients
7. AVF eval/placement in CVC patients where indicated
8. Cannulation training
9. Monitoring and Maintenance to ensure adequate functioning
10. Continuing education for caregivers and patients
11. Outcomes feedback to guide practice
12. Modify hospital systems to detect CKD & promote AVF evaluation/placement
13. Support patient self-management

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**FFBI Coalition Work Groups**

- Clinical Practice
- Community Education
- Data
- Health Policy
- Website

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**FFBI Clinical Practice Workgroup**

Promote positive clinical practice patterns through peer-to-peer contact, education and training.

**Current Projects**

- Evaluation of vascular access definitions, specifically CVC, for ambiguity and misinterpretation
- Vascular access surveillance and monitoring: outline tool for use by access team

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**FFBI Community Education Workgroup**

Provide educational tools for people with progressive CKD & ESRD and the clinicians who assist them to promote early identification, management and appropriate preparation prior to and after initiation of Renal Replacement Therapy.

**Current Projects**

- Whitepaper Trading Catheters Last in Fistula First accepted for publication in Seminars in Dialysis
- Facilitation of collaboration between FFBI and coalition members and stakeholders for a national vessel preservation initiative
- Plans to review incidence of Fatal Vascular Access Hemorrhage (FVAH) among ESRD population
Support a data driven approach to accomplishment of the FFBI goal through activities that promote the collection of accurate, valid, reliable and timely data that is analyzed in meaningful ways.

**Current Projects**
- 2009 surgeon claims data utilized to produce 6 abstracts: 5 posters at ASN Kidney Week 2011
- Begin evaluation of national 2010 surgeon data for comparative work
- Evaluation of incidence of recovery of renal function among patients receiving hemodialysis
- Possible collaboration with Community Ed.

**FFBI Health Policy Workgroup**
To champion for the creation and maintenance of an appropriate access for patients with CKD and ESRD.

**Current Project**
- Reviewing this group’s whitepaper “Aligning Payment with Quality” for progress made since its publication
- Evaluating predictors for and risks of CVC use by case-mix adjustment. Reviewing recently drafted SOW discussing 10% CVC goals.
- Discussing FFBI support of appropriate reimbursement for vessel mapping

**Fistula First Website**
www.fistulafirst.org
Ffbi team reviews & updates the website routinely and posts new information when available.
Sections of interest:
- Patient & Healthcare Professional Education
- CKD
- Vascular Access Data
- What’s New
- Quick Links

**Popular FFBI Tool**
The Atlas of Dialysis Vascular Access

**Website and Data Reporting**
Fistula First Data Reports
- Incident Network Data
- Incident US Data
- Prevalent Network Data
- Prevalent US Data
- Recent addition of state level reports

**Vascular access use at initiation**

- Catheter
- Catheter w/maturing graft
- Catheter w/maturing fistula
- AV graft
- AV fistula

Percent of patients

- Male
- Female

USRDS, 2010

**The vascular access team**

- Surgeon
- Nephrologist
- HD Staff
- Interventional Radiologist
- Vascular lab
- PCP

**Dedicated Vascular Access Manager**

- Perform RCA
- Lead Team in identifying patients with access “issues”
- Focus on “outliers”
- Communicate with nephrologists, NP’s, PA’s, surgeons and interventionalists
- Staff and patient education

**Nephrologist role in AVF planning**

**Early Referral**

at CKD phase 3-4 (those at risk of progressing to ESRD)

LETTER TO Primary Care Providers (PCP)
- Personal phone calls
- Medical Education to PCP
- Communication with surgeon

**Early referral: VEIN PRESERVATION**

FFBI statement: Vein Preservation and Hemodialysis Fistula Protection

Avoid PICC line (JVIR 11: 1309-1314; 2000)

FFBI statement: Recommendations for the Minimal Use of PICC Lines

Small bore tunneled IJ catheters (Radiology 1999; 213: 303-306)

- Alternative to PICC

Educate hospital staff, radiology & lab personnel

- Set up vein preservation protocols
- FFBI “Save-The-Vein” Initiative

**SURGEON EDUCATION-STRATEGIES**

Conversion of failed AVG into secondary AVFs

Surgical Educational Symposium
National Incident Vascular Access Rates

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http://kidneykoren.com/AIVACorrelates.html
Incident AV Fistula Rates by State 2011

Incident AV Fistula Rates by Network 2011

National Prevalent Vascular Access Rates

Prevalent AVF Rate by Network
December, 2011

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