



Welcome Back to the Gold Standard

Did you know.....

The FFBI is supported by many professionals from the renal and surgical communities through the efforts of five coalition workgroups?

1. Clinical Practice: Co-chairs – Rebecca Schmidt, MD & Clifford Sales, MD
2. Community Education: Co-chairs – Joseph Vassalotti, MD & Chester Fox, MD
3. Health Policy Workgroup: Co-chairs – Kline Bolton, MD & Sean Roddy, MD
4. Data Workgroup: Chair – Sumit Mohan, MD
5. Website Workgroup: Chair – Lynda Ball, RN

The Clinical Practice Workgroup recently produced a statement paper titled “*Epicardial First*” supporting the use of epicardial rather than transvenous leads for cardiac rhythm devices in patients with Chronic Kidney Disease. Please take a minute to read this and other similarly themed papers on the Fistula First Website www.fistulafirst.org.

The Community Education Workgroup produced the Medical Director’s Toolkit for Vascular Access Management, available on the Fistula First Website under Change Concept 1 <http://www.fistulafirst.org/HealthcareProfessionals/FFBIChangeConcepts/ChangeConcept1.aspx>. This workgroup is also working to facilitate the “Save-The-Vein” initiative in an effort to establish a single national message about preserving arm vessels for future dialysis access needs.

The Health Policy Workgroup has been very involved in Medicare reimbursement recommendations for vascular access procedures. Physician leaders recently sent a letter to CMS detailing their concern regarding proposed devaluation of relative value units (RVUs) for two complicated autogenous access procedures.

The Data Workgroup produced six abstracts using information analyzed from the 2007 & 2009 surgeon claims data obtained in spring 2011. The abstracts will be presented as posters at ASN Kidney Week in Philadelphia in November. The authors also plan to develop articles for publication based on these abstracts.

The Website Workgroup has reviewed the Change Concepts to ensure the information is current and user-friendly and have also made some changes to the Home Page. Plans for reviewing other areas of the website are under way. The Best Demonstrated Practice area currently has only two practice outcomes posted. The workgroup is asking for more positive stories to be communicated to the rest of the renal community. Please see this section on the website at:

<http://www.fistulafirst.org/HealthcareProfessionals/BestDemonstratedPractices.aspx>

If you would like to share your outcomes, please send them to mneumann@nw2.esrd.net.

Redesigned FFBI Exhibit Display

This new display was designed to be used at nationally-sponsored meetings to market the FFBI and its message. It will also be available for use by the Networks at regional meetings. The display consists of two 3ft x 6ft screens and a table cloth for a 6 ft table. Any Network interested in using the display can contact mneumann@nw2.esrd.net.

For professionals committed to optimal vascular access care for the renal patient

FFBI Vision:

The Fistula First Breakthrough Initiative (FFBI) is a coalition of vascular access experts and stakeholders who are committed to the development and implementation of sustainable system changes that support AV Fistula placement and use in suitable hemodialysis patients, while reducing CVC use.

FFBI Mission:

The FFBI mission is to improve the 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.

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A Message from the FFBI Surgical Consultant

The FFBI Change Concepts identify several broad responsibilities of surgeons, including evaluation of all patients for a potential AVF, effective use of ultrasound vessel mapping at each stage of fistula construction, mastery of more complex options for AVF construction and prompt identification and treatment/referral of non-maturing AVFs. These responsibilities lead to the expectation of the dialysis center/nephrologist that surgeons will deliver a working access in a reasonable period of time. Major components of the FFBI program were designed to spread the knowledge of advanced surgical techniques and the utility of ultrasound through the surgical community. This goal has been addressed through an ongoing series of surgical education courses and a wealth of detailed how-to presentations available through the FFBI website.

Although more AVFs are being constructed, not all mature enough to be useful for long-term dialysis. Prompt identification of the non-maturing AVF and appropriate revision/intervention are critical to salvaging all possible AVFs. Unfortunately, some AVFs will not respond to these steps and should be abandoned after a reasonable number of attempted revisions. This allows for rapid construction of a new (hopefully autogenous) access without undue delay. What is the role of the surgeon at this stage? Some surgeons are fully versed in all aspects of access management and have appropriate facilities for surgery, monitoring and intervention. Other expert access surgeons perform only AVF construction.

Ideally, all patients will follow up with their access surgeon until the access is ready for use. Many renal patients are reluctant to have any additional evaluations or interventions to bring the access along. This issue leads us to two important points that are critical to the success of any vascular access program.

1. Vascular access is a “team sport” requiring a full spectrum of “position players” with specialized skills. In some areas the team may be small with a few broadly capable individuals. In others, a larger roster of practitioners will be needed to cover all of the bases.
2. The commonly heard saying applies: “if everyone is responsible, then no one is responsible”. Coordination of care by a single individual (vascular access coordinator) either through the dialysis center, the nephrology practice or the access surgeon, is the key to setting common goals and timelines and keeping the patient on track for AVF maturation.

The expectation of the patient (and the payers) is that our systems will deliver this level of coordinated care. Access surgeons, nephrologists and center staffs must work together to craft a treatment suitable to their environment. Every solution will be a local solution that takes into account the professional resources of the community, the local practice patterns and the particular needs of the local renal population. As we succeed more and more with knowledge transfer in all aspects of care of the ESRD patient, the remaining challenges lie in the areas of systematic thinking and coordination of care..... **Mike Lilly, MD**

Save The Date.....

*2011 Fistula First Comprehensive Fistula Construction and Management Program for Surgeons:
How to Make Fistulas That Work*

This activity is designed to meet the educational needs of surgeons who perform vascular access procedures for hemodialysis.

Presented by Mid-Atlantic Renal Coalition and Southeastern Kidney Council with assistance from FFBI.

Friday, December 2, 2011

Atlanta, GA

Visit <http://www.esrdnet5.org/Education/Continuing-Education.aspx> for more information.