ASN Partners with Campaign to Cut Wasteful Health Care Spending and Improve Care

The American Society of Nephrology recently joined forces with other leading medical organizations in a campaign to identify and reduce wasteful health care spending while improving patient outcomes at the same time.

Called Choosing Wisely, the campaign is part of a multiday effort spearheaded by the American Board of Internal Medicine (ABIM) Foundation “to help physicians be better stewards of finite health care resources,” according to the foundation’s website, www.abimfoundation.org. Together with eight leading medical specialist organizations and Consumer Reports, ASN is part of the first wave of the ABIM Foundation’s campaign and was set to participate in a press conference unveiling the effort in Washington, DC, on April 4.

“ASN’s dedication to this important effort reflects the society's commitment to curing kidney disease and the leading role ASN and its members play in improving the kidney health of nearly 30 million Americans,” said ASN President Ronald J. Falk, MD, FASN.

Spiraling costs of care

The cost of health care in the United States has grown exponentially, burdening patients and providers alike. A recent report from the nonpartisan Congressional Budget Office estimated that up to 30 percent of health care charges are spent on procedures that are redundant, not necessary, or potentially harmful—jeopardizing patient safety and squandering resources. Failure to reduce this needless spending could lead to a dramatic increase in medical costs. The Centers for Medicare & Medicaid Services predicts that if no action is taken to reduce expenditures, health care spending will balloon to 19.3 percent of the U.S. gross domestic product, or $4.3 trillion, by 2019.

Choosing Wisely aims to start a conversation among patients, health care providers, and other stakeholders about using the most appropriate tests and treatments and avoiding care whose harm may outweigh the benefits. In addition to ASN, other medical societies announced as partners in the program’s first wave include the American Academy of Allergy, Asthma & Immunology, American Academy of Family Physicians, American College of Cardiology, American College of Physicians, American College of Radiology, American Society for Clinical Oncology, and the American Society of Nuclear Cardiology. Organizations joining Choosing Wisely as part of a second wave include the American Academy of Otolaryngology–Head and Neck Surgery, American Association of Hospice and Palliative Medicine, American College of Rheumatology, American Geriatrics Society, American Society for Clinical Pathology, American Society of Echocardiography, Society of Hospital Medicine, and the Society of Nuclear Medicine.

Consumer Reports, the nation’s leading, independent, nonprofit consumer organization, will help the effort by partnering with other consumer groups to distribute patient-friendly resources to spark discussion about the need—or lack thereof—for many tests and procedures frequently ordered in the United States.

The Choosing Wisely goals align closely with ASN’s mission. ASN regularly advocates for improved care for patients, better health for populations, and lower health care costs.

“The campaign reflects my personal commitment that ASN and its members work in partnership with patients and others to see that those managing their kidney health achieve the best possible quality of life now,” Falk said. “ASN’s focus on innovative approaches such as Choosing Wisely will lead the way to future cures.”

ASN’s “Five Things”

As part of the campaign, participating medical societies each came up with a list of five medical tests or procedures commonly used in their field that merit questioning and discussion (see sidebar).

In tackling issues such as avoiding nonsteroidal anti-inflammatory drugs (NSAIDs) in those with hypertension, heart failure, or chronic kidney disease (CKD), or not placing peripherally inserted central catheters (PICCs) in stage III–V CKD patients, ASN’s choices for tests or procedures worth questioning will provoke dialogue both inside and outside the world of kidney disease.

Amy Williams, MD, chair of the ASN Quality and Patient Safety (QPS) Task Force, predicted that “it’s going to shake up the medical community a bit and will make nephrologists as well as other physicians aware of specific kidney safety concerns.”

Compiled by leaders in the field of kidney disease who have a thorough understanding of the evidence-based medicine behind the list, ASN’s Five Things may help modify how other providers as well as nephrologists and team members treat patients with kidney disease. Incorporating changes into the work flow will require some adjustments, but “overall we are decreasing the number of unnecessary tests, decreasing harm to patients, and, if you look at it financially, we will be saving a lot of money. It’s a win-win,” Williams said.

ASN’s Five Things align the highest level of patient care with evidence-based medicine, and may not reflect prevailing practices and structures. Williams described the current system as disjointed, adding that “we’re reimbursed for the intensity of services that we provide the patient instead of being reimbursed for the outcome or the value of the care provided.”

To those outside the kidney community, some recommendations may at first appear controversial. The recommendation to not perform routine cancer screening for dialysis patients with limited life expectancies with no signs or symptoms of cancer may raise eyebrows. Yet existing guidelines for cancer screening were not designed for those with chronic illnesses like kidney disease. They were designed for the general population and need to be tailored to fit the needs of patients with kidney disease. Treatment of pain and anemia also must be calibrated to meet the unique needs of the kidney patient, while following accepted guidelines.

Early involvement of the nephrologist is crucial for improving outcomes in patients with kidney disease, especially those undergoing dialysis. Whether providing vascular access for future dialysis or deciding when to initiate the treatment, the nephrologist has to be part of these important conversations. The fourth recommendation—to avoid placing PICC lines in patients with stage III–V CKD without consulting nephrology—highlights the need for nephrologists to be involved with the kidney patient’s care early on. Using PICC lines can lead to complications of the peripheral vascularature, which serve as the patient’s “life-line” (arteriovenous fistula) once they’ve started dialysis. ASN’s Five Things list also emphasizes the critical partnership of patients, families, and the nephrology team in shared decision-making, such as whether to initiate dialysis and when to do so.

ASN’s methodology

ASN’s QPS Task Force—comprised of one member of each of the 10 ASN advisory groups, as well as ASN President Falk, ASN Public Policy Board President Thomas H. Hostetter, MD, and ASN Manager of Policy and Government Affairs Rachel Shafer—addressed the ABIM Foundation’s request for a Five Things list. Together with Shafer, members consulted with their respective advisory groups about the Choosing Wisely initiative and its goals, and were asked to submit tests and procedures that should be reconsidered or ceased altogether within their specific area of expertise in nephrology.

More than 100 ideas were submitted for review, which were narrowed to 20 potential items that the QPS Task Force believed were most influential. In an online survey the task force voted for what
ASN encourages members to continue the discussion about tests and procedures whose merits should be questioned and to share their opinions about the "Five Things" and ASN’s methodology by contacting communications@asn-online.org.

Raising awareness

Partnering with the Choosing Wisely initiative is just one part of the ASN QPS Task Force’s campaign to raise awareness about quality and patient safety issues in the kidney population and to develop and promote resources to help address them. They are consulting with ASN’s 10 advisory groups to identify specific patient safety issues relevant to all areas of nephrology practice. The Task Force is also examining their approaches to promote research in the field, including designing tools to help kidney care professionals address potential patient safety problems, and authoring position papers on key points. Another important step is educating patients and their families about their roles in promoting safety and quality, and including them as members of the nephrology team. Among other things, the Task Force is investigating the possibility of recommending that ASN participate in the Department of Health and Human Services Partnership for Patients to continue raising the profile of kidney patient safety.

The Choosing Wisely initiative and ASN’s Five Things aim to start the conversation between patients and physicians on making informed choices to deliver the most appropriate care. To learn more about the ABIM Foundation and its Choosing Wisely campaign visit www.ChoosingWisely.org.

ASN Quality and Patient Safety Task Force Outlines Top “Five Things” List for Choosing Wisely Campaign

Aim is to Foster Communication Between Doctors and Patients About Appropriate Tests and Procedures

The ABIM Foundation asked each partnering society to review its current practices and suggest five items that, based on the latest evidence on disease management and treatment, are overused or misused or could jeopardize patient safety and care. Each society submitted its list of Five Things Physicians and Patients Should Question.

ASN’s Five Things list includes tests or procedures regularly performed whose value should be weighed and discussed among patients and providers to determine whether they are appropriate for their individual care.

1. Don’t perform routine cancer screening for dialysis patients with limited life expectancy without signs or symptoms.

Due to high mortality among end stage renal disease (ESRD) patients, routine cancer screening—including mammography, colonoscopy, prostate-specific antigen (PSA), and Pap smears—in dialysis patients with limited life expectancy, such as those who are not transplant candidates, is not cost effective and does not improve survival. False-positive tests can cause harm: unnecessary procedures, overtreatment, misdiagnosis, and increased stress. An individualized approach to cancer screening incorporating patients’ cancer risk factors, expected survival, and transplant status is required.

- Sources: U.S. Renal Data System, American Society of Nephrology, American Society of Transplantation, Archives of Internal Medicine, Seminars in Dialysis

2. Don’t administer erythropoiesis-stimulating agents to chronic kidney disease patients with hemoglobin levels greater than or equal to 10 g/dL without symptoms of anemia.

Administering erythropoiesis-stimulating agents (ESAs) to chronic kidney disease (CKD) patients with the goal of normalizing hemoglobin levels has no demonstrated survival or cardiovascular disease benefit, and may be harmful in comparison to a treatment regimen that delays ESA administration or sets relatively conservative targets (9-11 g/dL). ESAs should be prescribed to maintain hemoglobin at the lowest level that both minimizes transfusions and best meets individual patient needs.


3. Avoid nonsteroidal anti-inflammatory drugs in individuals with hypertension or heart failure or chronic kidney disease of all causes, including diabetes.

The use of nonsteroidal anti-inflammatory drugs (NSAIDs), including cyclo-oxygenase type 2 (COX-2) inhibitors, for the pharmacological treatment of musculoskeletal pain can elevate blood pressure, make antihypertensive drugs less effective, cause fluid retention, and worsen kidney function in these individuals. Other agents such as acetaminophen, tramadol, or short-term use of narcotic analgesics may be safer than and as effective as NSAIDs.


4. Don’t place peripherally inserted central catheters in stage III-V chronic kidney disease patients without consulting nephrology.

Venous preservation is critical for stage III-V chronic kidney disease patients. Arteriovenous fistulas (AVF) are the best hemodialysis access with fewer complications and lower patient mortality, versus grafts or catheters. Excessive venous puncture damages veins, destroying potential AVF sites. Peripherally inserted central catheter (PICC) lines and subclavian vein puncture can cause venous thrombosis and central vein stenosis. Early nephrology consultation increases AVF use at hemodialysis initiation and may avoid unnecessary PICC lines or central/peripheral vein puncture.

- Sources: Fistula First Breakthrough Initiative-National Coalition Recommendation for the Minimal Use of PICC Lines; American Society of Diagnostic and Interventional Nephrology; Guidelines for Venous Access in Patients with Chronic Kidney Disease; Seminars in Dialysis, National Kidney Foundation Clinical Practice Guidelines for Vascular Access; The Renal Network, Inc. PICC Line Resource Toolkit; Clinical and Experimental Nephrology

5. Don’t initiate chronic dialysis without ensuring a shared decision-making process among patients, their families, and their physicians.

The decision to initiate chronic dialysis should be part of an individualized, shared decision-making process among patients, their families, and their physicians. This process includes eliciting individual patient goals and preferences and providing information on prognosis and expected benefits and harms of dialysis within the context of these goals and preferences. Limited observational data suggest that survival may not differ substantially for older adults with a high burden of comorbidity who initiate chronic dialysis versus those managed conservatively.

- Sources: Renal Physicians Association End-of-Life Care Guidelines, Pediat, Nephrology, Clinical Journal of the American Society of Nephrology, Journal of Pediatric, Nephrology Dialysis Transplantation, Archives of Internal Medicine, The New England Journal of Medicine, Palliative Medicine

ASN Quality and Patient Safety Task Force

Amy Williams (Chair)
Amy Dwyer (Interventional Nephrology Advisory Group)
Allison Eddy (Physiology and Cell Biology Advisory Group)
Ronald Falk (ASN Council Liaison)
Jeffery Fink (CKD Advisory Group)
Bertrand Jaber (AKI Advisory Group)
Stuart Linas (Hypertension Advisory Group)
Beckie Michael (Practicing Nephrologists Advisory Group)
Ann O’Hare (Geriatric Nephrology Advisory Group)
Heidi Schaefer (Transplant Advisory Group)
Rachel Shaffer (ASN Staff Liaison)
Howard Trachtman (Glorerxmmal Diseases Advisory Group)
Dan Weiner (Dialysis Advisory Group)