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Interdisciplinary CKD Clinic Outcomes

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This longitudinal, retrospective study compared the outcomes of 209 incident dialysis patients who initiated dialysis with or without the support of the interdisciplinary CKD clinic. The interdisciplinary CKD clinic concepts included: utilization of evidence based KDIGO guidelines to direct CKD care, stage-based education, risk factor modification and relationship building. The subjects were categorized into three groups: the intervention group received care through the interdisciplinary CKD clinic (n=137), the Traditional group (n=34) received care from the nephrologist alone, and the Emergent group (n=38) started dialysis within 30 days of their initial nephrology evaluation.

Statistical comparisons were done between all three groups and paired groups. The pairing of the Interventional group with the Traditional group is the focus of this abstract. There were no baseline differences between groups in gender (p=0.98), presence of diabetes (p=0.56), hypertension (p=0.31), or cardiac disease (p=0.17). The mean age (65.7 vs 64.8) at dialysis initiation was not significant (p=0.43). There was no significant difference in the mean eGFR at initial nephrology evaluation (27.2 vs 25.2; p=0.58).

We compared interventional to the Traditional group: there were fewer catheters used at initiation (45% vs 97%; p<0.0001), fewer admissions for HD initiation (55% vs 91%; p=0.0001), lower per capita costs (median 16781 vs 32906; p=0.006), and fewer hospital days (median; 3 vs 7; p=0.0006).

The interval from initial nephrology evaluation to HD initiation was not normally distributed. We compared the Interventional to the Traditional group interval (median 1282 vs 277; IQR 589-2315 vs 115-530; p<0.001;) and the difference was statistically significant.

Summary: Providing CKD patients support from an interdisciplinary team prior to HD initiation may lead to improved outcomes for those patients who initiate hemodialysis.

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