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Impact of Conducting Clinical Research on Facility Performance & Quality

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One in seven adults suffers from chronic kidney disease (CKD), 6% progress to end-stage renal disease (ESRD) and require renal replacement therapy (e.g., dialysis) to sustain life, and almost one million people per year die from ESRD. In the United States, ESRD is the only chronic condition universally covered by Medicare. Despite that, the prevalence of CKD is twice as high as diabetes and fewer randomized clinical trials (RCTs) are performed compared to other chronic disease states. RCTs are important in advancing nephrology, yet stakeholder barriers exist in a world of expanding quality- and value-based health care models. Uncertainty regarding the impact of clinical trials on quality scores and related medical reimbursements contributes to these hurdles and research discrepancies.

We analyzed the profiles of clinical quality scores in dialysis facilities performing RCTs at a large dialysis organization from 2016 to 2018. Of 252 facilities that conducted research and 2,201 facilities that did not, no remarkable differences in quality scores were found for: albumin (≥ 4 g/dL), mineral bone disorder (calcium ≤ 10.0 mg/dL, phosphate 3.0-5.5mg/dL, and intact parathyroid hormone 150-600pg/dL), hemoglobin (10-11g/dL), diabetic foot checks, missed treatments, and catheter use, among others.

These findings are of importance to providers considering involvement in RCTs that advance care paradigms and the state of nephrology. Future analysis of research participants' achievement of clinical quality scores will build upon these insights.

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