CMS Fistula First

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Fistula First Goal:

Increase the prevalence of autogenous arteriovenous fistulas for hemodialysis vascular access to 67% in 5 years
Take Home Messages

- Fistula First is pure patient safety
- One of the single most important quality improvement challenges at CMS
- Expending the resources for a compressive solution
- Responsibility and reward will be shared
CMS and ESRD Care Model

- Patients
- Primary Care Physicians
- Nephrologists
- Vascular Access Surgeons
- Operating room staff
- Dialysis staff
- Payment and Reimbursement
Profile of an access surgeon:

- 136 VA cases in training
- Board certified in General Surgery
- One year as surgical house officer before entering group practice
- Large metropolitan region with growing dialysis population
- Referral base 3 nephrology groups and 4 primary care practices
Practice Profile:

- Active General Surgery and vascular access practice
- **26% autogenous AV fistula**
- Mean time to failure: 13 months
- Average age 67 yr.
- 60% diabetes mellitus
New Patients Profile:

- <1% office-based first consultation
- 99% first vascular access consultation on the day of first dialysis
- Average time documented CRF prior to first VA consult: 11 months
Prevalence of Vascular Access

Pisoni, RL  *Kidney Int* 61:305-316, 2002
Cost of AVF vs. Graft vs. Catheter

- **Year 1**
  - Fistula: $95,686
  - Graft: $106,392
  - Catheter: $122,315

- **Year 2**
  - Fistula: $69,917
  - Graft: $76,764
  - Catheter: $80,455

Legend:
- **Fistula**
- **Graft**
- **Catheter**
Adjusted Hazard Ratios for Death by Initial Access Type

Xue, JL, Dahl, D AJKD, Vol 42, No 5 (November), 2003
Fistula First: A New Paradigm for Quality and Safety
“No one would remember the Good Samaritan if he only had good intentions. He had money as well.”

-Margaret Thatcher