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CKD partnerships: A team approach

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Estimated 6.2 million Americans with Creatinine >1.5 mg/dL, by 2030, >2 million in the US receiving dialysis and/or transplant. Patients referred late to nephrologist are more likely to start dialysis with a catheter, increasing risk of death by 50% in 1st year of dialysis. Early nephrologist referral=early AVF placement/Education/Preparation of ESRD= survival. We developed an AP-Led Formalized CKD Program in 2008 and launched into practice in 2010. We manage more than 10,000 CKD patients in our practice. Our program empowers APs to lead CKD clinics in their office, initiate early referral, slow the progression of CKD and impact the morbidity and mortality of ESRD patients along with increasing the frequency of CKD visits and extending our nephrologists in their overall workload. This presentation will include details on how to start and maintain a CKD Program in your office settings using APs to lead the program. This will include data collected over a 6 year period revealing the improvement in patient outcomes in a formalized CKD program including slowing CKD progression, reduced CVC start rates, improved AVF rates and patient retention data for those in the program and those not in the program through their CKD stages and into year 1 of dialysis. CKD payment reform is on the horizon and nephrology practices need to prepare now for population management, improved quality and meeting standard CKD outcomes.

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