Improving Monitoring of Hgb Levels in Renal Patients

The Problem/Challenges

- It is difficult to monitor hemoglobin (Hgb) levels of renal patients selfadministering recombinant erythropoietin (EPO) at home.
- Lack of insurance coverage often interferes with home administration.
- > High cost of EPO for home administration, when paid by Medicare D, would often send them into the "donut hole" at high patient expense.
- Office administration, paid under Medicare B, is a solution but criteria for covering EPO requires documentation differing from hematology/oncology.

Aim/Goal

- Provide EPO to all CKD patients with anemia who qualify for EPO therapy either in clinic or at home at lowest patient expense.
- Maintain regulatory Hgb monitoring for all CKD patients receiving EPO.
- > Transfer all CKD patients who were receiving EPO in either the hematology/oncology or pheresis unit to a new CKD/Anemia Clinic.

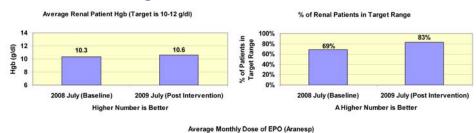
The Team

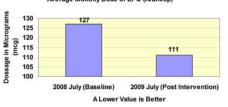
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The Interventions

- Work with the hematology/oncology and pheresis teams to notify patients of the upcoming change for a smooth transition.
- Establish a single list of CKD patients for central monitoring.
- Offer orientation and training for Medical Specialty staff for the function of the Anemia/CKD clinic, obtaining vital signs and timely phlebotomy to get Hgb levels prior to EPO dosing.
- Provide a template note for quick and accurate documentation.
- Work with Central Lab for blood test processing as compared with Point of Care testing.

The Results/Progress to Date





Lessons Learned

- Change is difficult for everyone, including our patients, but with proper communication and advance notification, change is easier.
- Time for processing lab tests has taken longer than initially anticipated, and we continue to work with the stat lab to decrease patient waiting time.
- Central monitoring improves Hgb levels and optimizes EPO utilization.

Next Steps/What Should Happen Next

- Continue ongoing efforts with the stat lab for quicker turnaround times.
- Review new insurance issues requiring prior authorization before the patient is able to receive EPO in the clinic.
- Make adjustments to protocol based on new lower Hgb goals and increase % of patients in the target range.

