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To: Medical Directors, Nurse Manager, and Administrators
Network 11 Dialysis Facilities

From: Network 11 Medical Review Committee

Re: Anemia Management Guidelines

Background

In 2008, Network 11 revised its MRC Guidelines for anemia management to reflect clinical studies and changes in CMS guidelines as well as the FDA black box warning placed on prescribing information for Erythropoietin Stimulating Agents (ESAs). Those guidelines recommended that facilities target hemoglobin concentration between 11-12 gm/dL (as advised in the KDOQI revision of 2008), and that facilities strive for < 10% of patients with hemoglobin concentration less than 10 gm/dL and less than 10% of patients with hemoglobin concentration \geq 13 gm/dL. In early 2011, to maintain consistency with the Quality Incentive Program (for PY 2012) and the Measures Assessment Tool, the MRC changed its recommendations to target and maintain levels between 10-12 gm/dL. In addition, they recommended that no more than 8% of patients have hemoglobin concentration either < 10 gm/dL or \geq 13 gm/dL.

Recent Developments

In 2010, CMS implemented a new reimbursement system which bundled ESA costs into the per dialysis payment, meaning ESAs were no longer separately billable. Several additional changes were issued that have an impact on the way anemia is managed with ESAs.

1. In late 2010, CMS implemented a Quality Incentive Program (for PY 2012) which deducted a percentage from reimbursement for hemoglobin concentration below 10 gm/dL and above 12 gm/dL that do not meet the national average. This deduction is to take place in payment year 2012.
2. In June 2011, the FDA issued a further black box warning for ESA dosing which followed up on recent studies regarding the association of mortality and ESA use in CKD patients. The warning included the following points.
 - a. The previous label information recommending dosing ESAs to maintain hemoglobin concentration 10-12 gm/dL was removed.
 - b. Initiate ESA treatment when the hemoglobin concentration is less than 10 gm/dL.
 - c. If the hemoglobin concentration approaches or exceeds 11 gm/dL, reduce or discontinue the dose of ESA.
3. In July 2011, CMS published a proposed rule for revisions to the Quality Incentive Program (for PY 2013 and 2014). In it, CMS proposes to retire the quality measure for hemoglobin concentration

less than 10 gm/dL, and to maintain and place higher weight on hemoglobin concentration higher than 12 gm/dL measure.

Current MRC Recommendations

In response to these changes, the MRC recommends the following guidelines.

1. Dose ESAs to minimize the percent of patients with hemoglobin concentration > 12 gm/dL.
2. Maintain the lower tail at a level that minimizes the need for blood transfusions.

The Medical Review Committee will monitor hemoglobin concentration and evaluate facilities as to their percentile ranking in the Network. Those facilities appearing to be outliers will be contacted for further information and data. As more data becomes available, Network 11 will again review its recommendations and revise as indicated.

Thank you for your dedication to continually improving care for patients with kidney disease. If you have questions or comments, please contact Jan Deane at jdeane@nw11.esrd.net or (651) 644-9877.