

Healthy People 2010 Operational Definition

4-4. Increase the proportion of new hemodialysis patients who use arteriovenous fistulas as the primary mode of vascular access.

National Data Source	Centers for Medicare and Medicaid Services (CMS) Clinical Performance Measures (CPM) project.
State Data Source	Centers for Medicare and Medicaid Services (CMS) Clinical Performance Measures (CPM) project.
Healthy People 2000 Objective	Not applicable.
Changes since the 2000 Publication	Revised baseline (see Comments). Revised target (see Comments).
Measure	Percent.
Baseline (Year)	26 (1998)
Target	45
Target-Setting Method	72 percent improvement. For a discussion of target-setting methods, see Part A, section 4.
Numerator	Number of persons aged 20 years and older who started hemodialysis in the past year who are reported to use arteriovenous (a-v) fistulas as the primary mode of vascular access.
Denominator	Number of persons in the study population aged 20 years and older who started hemodialysis in the past year.
Population Targeted	U.S. resident population.
Questions Used To Obtain the National Baseline Data	From the 1998 CMS Clinical Performance Measures project: ➤ <i>What type of access was used on the last hemodialysis session on or between (mm/dd/yyyy) and (mm/dd/yyyy) at the patient's primary incenter facility?</i> <i>AV fistula</i> <i>Synthetic graft</i> <i>Bovine graft</i>

Catheter
Port access
Other
Unknown

Expected Periodicity Annual.

Comments

Arteriovenous fistulas are considered to be the primary mode of vascular access if the response to the above question is “AV fistula”.

This measure is being tracked using data from USRDS special studies, which are conducted periodically. Additional information on USRDS Special Studies is published by USRDS.¹

The USRDS data, data collection procedures, calculation methods, and other technical information are included in its Annual Data Report.²

USRDS uses data collected by the Centers for Medicare and Medicaid Services. Since 1996, health care providers are required to provide patient information on all persons with ESRD, regardless of health insurance. Therefore, incident rates reflect the universe of ESRD cases in the United States. There is some lag in reporting new cases of ESRD. Therefore, each year’s Annual Data Report includes re-estimates of earlier year rates.

The original baseline of 29 percent was revised to 26 percent after the Healthy People 2010 Midcourse Review. The target was proportionally adjusted from 50 percent to 45 percent to reflect the revised baseline using the original target-setting method.

For some measures, data do not meet the criteria for statistical reliability, data quality, or confidentiality and have been suppressed. Information on suppression of data for the major Healthy People 2010 data systems has been published in a *Healthy People Statistical Note*.³

See Part C for a description of USRDS and Appendix A for focus area contact information.

References

1. United States Renal Data System. *Researchers Guide to the USRDS Database: 2009 ADR Edition*. Bethesda, MD: National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, 2009.
2. United States Renal Data System, *USRDS. 2010 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United State*. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2010.
3. Klein, R.J.; Proctor, S.E.; Boudreault, M.A.; Turczyn, K.M. Healthy People 2010 Criteria for Data Suppression. *Statistical Notes* No. 24. Hyattsville, MD: National Center for Health Statistics. 2002.