## **Healthy People 2010 Operational Definition**

## 4-1. Reduce the rate of new cases of end-stage renal disease (ESRD).

National Data Source	U. S. Renal Data System (USRDS), NIH, NIDDK.
State Data Source	U. S. Renal Data System (USRDS), NIH, NIDDK.
Healthy People 2000 Objective	Adapted from 15.3 (Heart Disease and Stroke).
Changes since the 2000 Publication	Revised baseline (see Comments). Revised target (see Comments).
Measure	Rate per million (adjusted for age, gender, and race where applicable—see Comments).
Baseline (Year)	313 (1997)
Target	230
Target-Setting Method	Better than the best racial/ethnic subgroup.
	For a discussion of target-setting methods, see Part A, section 4.
Numerator	Number of ESRD Medical Evidence Report Medicare Entitlement forms (HCFA Medical Evidence Form 2728) submitted to Medicare for renal replacement therapy in calendar year.
Denominator	Number of persons
Population Targeted	U.S. resident population.
Questions Used To Obtain the National Baseline Data	Not applicable.
Expected Periodicity	Annual
Comments	Renal replacement therapy includes renal dialysis and kidney transplants. Qualification for renal replacement therapy is based on the submission of the HCFA Medical Evidence Form (HCFA-2728). More information on HCFA-2728 is available from USRDS. <sup>1</sup>
	The USRDS data, data collection procedures, calculation methods, and other technical information

are included in its Annual Data Report.<sup>1</sup>

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 was revised from 289 to 313 new cases per million. The target was proportionally adjusted from 217 to 230 new cases per million to reflect the revised baseline using the original targetsetting method.

Rates are adjusted for age, race, and gender. Age-, race-, and gender-specific rates are weighted sums of age-, race, and gender-specific rates. Because cumulative percentages are used for these objectives, the data is updated each year. Each year the data are adjusted to the standard population one year before the year of the most recent data point. Thus the standard population used to adjust the 1997 baseline was 1996 and the standard population used to adjust the 1998 baseline was 1997. Five year age groups are used for age adjustment (i.e., 0-4, 5-9, 10-14, etc.). More information on the analytic methods used to calculate these rates can be found in Appendix A of the 2010 ADR.<sup>1</sup>

This objective is a modification of Healthy People 2000 objective 15.3 which used incident count data on ESRD patients published in the Annual Data Report for the numerator. The U.S. resident population, published by the U.S. Census Bureau, was used as the denominator. The Healthy People 2000 measure was an unadjusted rate per 100,000 population. The Healthy People 2010 measures are adjusted for age, gender, and race where applicable, as described above.

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.*<sup>2</sup>

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

## -References

- 1. 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.
- 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.