

# Press Release



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## **Study shows that the CMS Fistula First Target of 66% for Prevalent AV Fistulas is Feasible and NOT at the Expense of Increased use of Catheters**

**MIDLOTHIAN, VA (November 12, 2009)** – The Fistula First Breakthrough Initiative data supports the feasibility of the 66% target in US hemodialysis facilities and not at the expense of increased use of CVCs among hemodialysis patients, according to two abstracts presented at the American Society of Nephrology’s Renal Week.

Lawrence M. Spergel, MD, FACS,<sup>1</sup> Janet R. Lynch, PhD, CPHQ,<sup>2</sup> Jefferson Rowland, M.Sc., COTR,<sup>3</sup> and William M McClellan, MD, MPH<sup>4</sup> studied treatment centers with an average of greater than or equal to 10 patients, and vascular access data for the 27 months between January 2007 and March 2009. The data included a census of the vascular access used for each patient.

The first study “Is the CMS Fistula First Target of 66% for Prevalent Arteriovenous Fistula (AV Fistula) Feasible?” found that the percent of treatment centers achieving the CMS target of 66% for prevalent AV fistulas increased from 6.1% to 12.7%, nationally, with substantial variation across ESRD Networks.

The second study “Has Fistula First Caused an Increase in Catheter Prevalence?” found that there was a decline in the use of any catheter from 28.9% to 26.2% of prevalent patients. There was substantial variation in CVC use observed across treatment centers.

“These data are encouraging to the renal community,” says Jay Wish, MD, FFBI Clinical Consultant. “Since 2007 AV fistula rates have increased significantly in the US and to the surprise of many not at the expense of increased use of catheters.”

To view the abstracts in their entirety visit the FFBI website at [www.fistulafirst.org](http://www.fistulafirst.org) under What’s New.

## **About the Fistula First Breakthrough Initiative**

The Fistula First Breakthrough Coalition, consisting of the Centers for Medicare & Medicaid Services, ESRD Networks, and the entire renal community, works together to ensure that every suitable hemodialysis patient will receive the most optimal form of vascular access - which, in most cases, will be an arteriovenous fistula (AV fistula). The focus of the FFBI includes reducing catheter use and vascular access complications, both of which will make hemodialysis safer, more effective, and cheaper for all patients. Founded in 2003, the Coalition and the Initiative are managed nationally by the Mid-Atlantic Renal Coalition, which is headquartered in Midlothian, Virginia, and serves as the ESRD Network Organization for Washington, DC, Maryland, Virginia, and West Virginia. Learn more about Fistula First at [www.fistulafirst.org](http://www.fistulafirst.org).

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