self-reported data by personnel at the hemodialysis facilities. An interdisciplinary collaboration between the working group, VHA Support Service Center (VSSC), and VA Inpatient Evaluation Center led to the development and design of a new web-based electronic interface available to facilitate reporting. When this process is complete, we will be able to capture and report data on a monthly basis and examine trends over time.

Analysis and reporting of hemodialysis clinical performance measures

The chief goal of analyzing and reporting hemodialysis performance measures is to have a "real-time" method of monitoring and improving quality of care to veterans. None of the measures has absolutely identified performance targets (i.e., prespecified goal targets). Rather, measure scores or percentiles will be evaluated on a numerical scale from 0 to 100. For some measure, a higher or increasing value (percentile) is desirable, whereas for others a lower value/percentile is desirable. Measures will be reported via a new national VA hemodialysis quality measure dashboard, which was constructed in collaboration with VSSC. This dashboard can be viewed by VA operations and clinical dialysis staff, and thereby further quality assurance and improvement at the facility level. The dashboard enables dialysis providers to navigate to patient-level details and generate a list of patients not meeting the desired target for given measures at their facility. For example, one of the measures collects and reports information on bloodstream infections in hemodialysis patients at each facility. If there was a noticeable increase in infections at any given facility, this would trigger further examination at the patient, facility, and national level.

Future directions

Improving quality of care for veterans receiving chronic hemodialysis is a top priority in VA. Establishing and reporting quality measures is one of many recent initiatives in VA that aims to further this goal. Recognizing the constant evolution in the dialysis evidence base, the VA working group continues to meet regularly to review and discuss revisions and additions to the current quality measures.

An additional future direction of this working group that has recently begun is to internally pilot less mature, yet innovative and novel, hemodialysis quality measures to further improve quality of care.

Michael J. Fischer, MD, MSPH, is affiliated with the Center for Innovation of Complex Chronic Healthcare, the Jesse Brown VA Medical Center and Hines VA Hospital, and the University of Illinois Hospital and Health Sciences System in Chicago, IL. Karen B. Sauter, MSN, RN, is affiliated with the Cincinnati VA Medical Center in Cincinnati, OH. Wissam M. Kourany, MD, is affiliated with the Durham VA Medical Center, and the Duke University Medical Center, in Durham, NC.

SCAN-ECHO Program Provides “Telenephrology” Care for Veterans

By Besse A. Young, Raimund Pichler, Richard Treger, and Robert Safirstein

Nephrology care in the United States is increasingly difficult to provide in rural and medically underserved areas. Because of the need for more invasive procedures, imaging, and monitoring, nephrology care tends to be clustered in larger academic and urban settings, forcing some patients to travel long distances for nephrology care. At a cost of roughly $50 billion, the Department of Veterans Affairs (VA) provides primary care for more than 8 million veterans, more than 41 percent of whom live in rural or medically underserved areas without access to specialty care, particularly nephrology care. Given the number of rural veterans and those in medically underserved areas, the VA implemented the Specialty Care Access Network—Extension for Community Health Outcomes (SCAN-ECHO) program, a provider-to-provider telehealth program sponsored by the Office of Specialty Care Transformation. The SCAN-ECHO program is designed to afford greater access of primary care providers to nephrology care using the existing VA telemedicine infrastructure and videoconferencing equipment.

Telemedicine, which is defined as the exchange of medical information using electronic means to improve patient health, utilizes many electronic applications to provide medical care. “Telenephrology” is defined as the use of these measures to evaluate and improve the care of patients with kidney disease in the United States. The SCAN-ECHO program aims to improve the care of veterans with the need for dialysis. None of the measures has absolutely identified performance targets (i.e., prespecified goal targets). Rather, measure scores or percentiles will be evaluated on a numerical scale from 0 to 100. For some measure, a higher or increasing value (percentile) is desirable, whereas for others a lower value/percentile is desirable. Measures will be reported via a new national VA hemodialysis quality measure dashboard, which was constructed in collaboration with VSSC. This dashboard can be viewed by VA operations and clinical dialysis staff, and thereby further quality assurance and improvement at the facility level. The dashboard enables dialysis providers to navigate to patient-level details and generate a list of patients not meeting the desired target for given measures at their facility. For example, one of the measures collects and reports information on bloodstream infections in hemodialysis patients at each facility. If there was a noticeable increase in infections at any given facility, this would trigger further examination at the patient, facility, and national level.

Future directions

Improving quality of care for veterans receiving chronic hemodialysis is a top priority in VA. Establishing and reporting quality measures is one of many recent initiatives in VA that aims to further this goal. Recognizing the constant evolution in the dialysis evidence base, the VA working group continues to meet regularly to review and discuss revisions and additions to the current quality measures.

An additional future direction of this working group that has recently begun is to internally pilot less mature, yet innovative and novel, hemodialysis quality measures to further improve quality of care.

Michael J. Fischer, MD, MSPH, is affiliated with the Center for Innovation of Complex Chronic Healthcare, the Jesse Brown VA Medical Center and Hines VA Hospital, and the University of Illinois Hospital and Health Sciences System in Chicago, IL. Karen B. Sauter, MSN, RN, is affiliated with the Cincinnati VA Medical Center in Cincinnati, OH. Wissam M. Kourany, MD, is affiliated with the Durham VA Medical Center, and the Duke University Medical Center, in Durham, NC.

SCAN-ECHO is an exciting new tool in the health information technology armamentarium that allows nephrologists to partner with primary care providers in order to facilitate improved nephrology care for rural and medically underserved veterans. SCAN-ECHO aims to improve the care of veterans with all stages of kidney disease, providing direct patient and provider education to combat the growing epidemic of kidney disease in the United States. The extensive VA EMR and videoconferencing infrastructure will allow VA to continue to be at the forefront of providing nephrology specialty care for all veterans.

Besse A. Young, MD, MPH, and Raimund Pichler, MD, are affiliated with the Division of Nephrology, Veterans Affairs Puget Sound Health Care System in Seattle, WA. Dr. Young is also affiliated with the Health Services Research and Development Center of Excellence, Seattle VA. Richard Treger, MD, is affiliated with the Division of Nephrology, Greater Los Angeles Veterans Affairs, Los Angeles, CA. Robert Safirstein, MD, is affiliated with the VA Connecticut Health Care System in West Haven.

February 2014  |  ASN Kidney News  | 9