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**Nephrology Nurse Survey: Trends in Anemia Management Practices**

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**Purpose:** Since the advent and routine use of erythropoiesis-stimulating agents (ESAs) in patients with kidney disease, nephrology nurses have been the key clinicians responsible for managing their utilization. Over the past 20 years anemia management has evolved based in part on changes in guidelines and reimbursement policies. In 2011, anemia protocols and practices are once again being affected by many factors including: 1) research findings and ESA label changes to hemoglobin (Hb) targets; 2) changes in reimbursement that included ESAs as part of a bundled payment; and 3) Quality Incentive Program (QIP) measures based on selected Hb parameters.

**Methods:** A survey of nephrology nursing key opinion leaders (NN-KOL) was conducted in December 2009 (n = 17) and again in July 2011 (n = 10) and administered as an online questionnaire. The purpose of the survey was to describe anemia management practices in the in-center hemodialysis setting and to identify challenges to maintaining Hb outcomes.

**Results:** While 90% of respondents in the 2009 survey agreed on the appropriate Hb target, there was much less consistency among the respondents in the 2011 survey. Additionally, the 2011 survey participants reported less frequent measurement of Hb and a lower threshold for holding ESA.

	Target Hb			Avoid Transfusion	Un-decided	Hb Measurement Frequency	Hb Threshold For hold
	11-12	10-12	9-11				
<b>2010 Pre Bundle</b>	19%	73%	N/A	N/A	N/A	Q Week 25% Q 2 Weeks 44% Q Month 31%	14 – 9% 13 – 45% 12 – 36% 11 – 0% Other 9%
<b>2011 Post Bundle + FDA</b>	N/A	36%	36%	9%	18%	Q Week 9% Q 2 Weeks 54% Q Month 27%	13 – 0% 12 – 45% 11 – 18% Other 36%

Top strategies for anemia management however were unchanged.

- Consistency in adherence by clinicians to ESA and iron protocols
- Assessment of individual patient response to therapy

**Implications:** Nephrology nurses are challenged to identify and implement effective protocols. Education of clinicians to consistently follow protocols, while assessing individual patient response appears critical to maintaining hemoglobin levels.

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