

# ASN 35th Annual Meeting & Scientific Exposition Submission Program

**Filename:** 951055

**Presenting Author:** Michael G Palzer

**Department/Institution:** Nephrology Analytical Services, MMRF

**Address:** 914 South Eighth Street, Suite D-206

**City/State/Zip Code/Country:** Minneapolis, MN, 55404

**Phone:** 612-347-3903 **Fax:** 612-347-5878 **E-mail:** nas@nephrology.org

**Entities that provided funding for this abstract:**

Pharmaceutical Company Support; Private Foundation Support

**Keywords:**

end-stage renal disease; cardiovascular disease; Medicare claims

**Agree to Copyright Transfer:** Yes

**Abstract Category:** 106 Outcomes, Epidemiology, Clinical Trials, and Health Services Research

**Conflict of Interest:** Yes

**Title:** Peritoneal Dialysis Patients and Lipid Monitoring, 1998-2000

Michael G Palzer <sup>1\*</sup>, Jon J Snyder, MS <sup>1</sup>, David T Gilbertson, PhD <sup>1</sup> and Allan J Collins, MD, FACP <sup>1</sup>.

<sup>1</sup>Nephrology Analytical Services, MMRF, Mpls, MN.

**Abstract:**

End-stage renal disease (ESRD) patients on dialysis have a high incidence of cardiovascular complications and mortality. In fact, the cardiac mortality rates in the dialysis population are approximately 40 times that of the general population. Lipid disorders have been shown to be common in dialysis patients, yet little information is available on the extent of monitoring lipid levels in the PD population. We studied lipid monitoring among peritoneal dialysis (PD) patients age 18-75 for the years 1998 to 2000 to determine the percentage of patients actively being assessed by providers for cardiovascular risk factor intervention.

We studied 28,223 patients (9409 diabetics and 18,814 non-diabetics) who were on PD, survived the entire year and had Medicare as the primary payer for the entire calendar year. Among those eligible for a given year, claims were searched to see if a lipid test or measurement was billed to Medicare. A percentage was then calculated among eligible PD patients.

Over the time period of our study, we observed a small decrease in the percentage of patients whose lipids were monitored, both in diabetics and non-diabetics. In 1998, 55.9% of eligible diabetic PD patients (n=3443) had lipids monitored; this dropped slightly to 54.5% in 1999 (n=3122) and 53.0% in 2000 (n=2844). A similar pattern was observed for non-diabetics, with lower numbers across the board. Initially in 1998, 52.0% of eligible non-diabetic PD patients (n=6794) had lipids monitored. This percentage fell to 47.7% in 1999 (n=6233) and 47.3% in 2000 (n=5787).

Billing methods were changed in 1997 due to the discontinuation of multi-channel tests without coded indications for the tests. Results from 1997 and earlier were excluded from this analysis because of the inability to specifically identify lipid tests.

These data suggest that cardiovascular risk factor monitoring is not done in the majority of PD patients in the most current period. These practices may contribute to the poor outcomes of dialysis patients in particular and the PD patients in particular. Further studies are needed to determine if provider practices of risk factor monitoring are associated with improved patient outcomes.

**Disclosure:**

This study was funded in part by an unrestricted research grant from Baxter Healthcare Corporation.