[CBE ID 5320] Percentage of Chronic Hyperphosphatemia in Dialysis Patients

[Percentage of adult dialysis patients with a rolling average phosphorus value greater than or equal to 6.5 mg/dL and pediatric dialysis patients with a rolling average phosphorus value greater than or equal to 7.0 mg/dL]

Inputs	Activities	Outputs	Outcomes	Impacts
• Clinical guidelines (e.g., KDIGO MBD, CMS Conditions for Coverage) • Dialysis center staff (nephrologists, nurses, dieticians, social workers) • EHR systems and data analytics tools • Quality improvement team • Patient engagement resources (e.g., education materials, peer mentors)	• Regular measurement of serum phosphorus to identify patients with chronically elevated levels • Dietary Counseling: educate patients on nutritional strategies to lower phosphorus. • Use of phosphate binding medications and monitoring for adherence, side effects, pill burden. • Optimize dialysis adequate to improve phosphorus clearance. • Conduct monthly case reviews for patients with chronically elevated phosphorus.	• Number of patients receiving dietary counseling • Number of patients with elevated phosphorus who are prescribed phosphate binders • Adherence data with pharmacy refills • Quality dashboards showing hyperphosphatemia prevalence trends • Monthly case review summaries • Documentation of patient decisions/preferences	Short-Term: • Increased awareness among patients of phosphorus control. • Improved adherence with phosphate binders and nutrition plan. • Enhanced coordination among multidisciplinary team Long-Term: • Reduction in percentage of patients with chronic hyperphosphatemia • Enhanced patient satisfaction and engagement in care planning	• Decreased rates of cardiovascular events • Improvement in hospitalizations, bone fracture, and death • Reduced healthcare costs. • Improved patient quality of life

Feedback Mechanisms
• Monthly performance reports to quality improvement team. • Root cause analysis for persistent elevated phosphorus (patient choice, forgetting to take binders, unable to adhere to nutritional advice, etc.) • Benchmarking against other facilities using dialysis organization data or through Dialysis Facility Reports (state, regional, national comparisons)
Assumptions
• With appropriate education, patients are willing and able to follow a low phosphorus diet • Patients have access to phosphate binding medications.
External Factors

- Food environment and access to low-phosphate options (i.e., food desert)
- Health literacy of patients and socioeconomic status to read food labels and afford health alternatives to processed foods.
- Insurance coverage and cost of phosphate binders
- Changes in clinical guidelines (e.g., KDIGO) or CMS Policy (Quality Incentive Program)