

# Kidney society describes ways to eliminate wasteful tests and procedures

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Earlier this year, the American Society of Nephrology (ASN), the world's leading kidney organization, joined other groups in a campaign to help health care professionals and patients avoid wasteful and sometimes harmful medical interventions. A new article in the *Clinical Journal of the American Society of Nephrology (CJASN)* outlines the ASN's top five recommendations for the campaign and the rationale behind them. Following these recommendations would lower costs and lead to better care for patients with kidney disease.

Unnecessary or redundant tests and procedures account for nearly one third of the medical care delivered in the United States. As part of the Choosing Wisely® campaign, nine leading national medical specialty societies each created lists of five common, but not always necessary, tests or procedures in their fields that patients and physicians should question and discuss, taking into consideration patients' preferences, needs, and overall health goals as well as the potential benefits and harms of different options.

In their *CJASN* article, Amy Williams, MD (Mayo Clinic) and her colleagues reveal how ASN identified its five recommendations and describe the background evidence supporting them. Each of the ASN's 10 Advisory Groups submitted recommendations, and the ASN Quality and Patient Safety Task Force, chaired by Dr. Williams, selected five based on relevance and importance to individuals with kidney disease. The ASN public policy board and council unanimously approved the final list, which includes the following: 1. Do not perform routine cancer

screening for [dialysis patients](#) with limited [life expectancies](#) without signs or symptoms; 2. Do not administer erythropoiesis stimulating agents—drugs that are commonly used to treat anemia—to [chronic kidney disease](#) (CKD) patients with [hemoglobin levels](#)  $\geq 10$  g/dL without symptoms of anemia; 3. Avoid nonsteroidal anti-inflammatory drugs in individuals with hypertension, heart failure, or CKD; 4. Do not place peripherally inserted central catheters—which allows access to the blood for prolonged treatments such as long chemotherapy regimens and extended antibiotic therapy—in stage 3-5 CKD patients without consulting a kidney specialist; 5. Do not initiate long-term dialysis without ensuring a shared decision-making process between patients, their families, and their physicians.

"The goals of the Choosing Wisely campaign are aligned with the ASN's goals: to deliver safe evidence-based individualized care to all patients with kidney disease. By improving the value of the care we deliver to people with kidney disease, we will improve outcomes and decrease unnecessary healthcare costs and potentially decrease harm," said Williams.

**More information:** The article, entitled "Critical and Honest Conversations: The Evidence Behind the "Choosing Wisely Campaign" Recommendations by the American Society of Nephrology," will appear online on September 13, 2012, [doi: 10.2215/CJN.04970512](https://doi.org/10.2215/CJN.04970512)

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