Introduction to the Proceedings

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The Dallas Morbidity and Mortality in ESRD Conference was held in 1989 and has been heralded as a meeting that changed the direction of care of patients who undergo renal replacement therapy, principally dialysis. This conference has been one of the most widely quoted and resourced in ESRD care.

Harvard Medical School Department of Continuing Education and Beth Israel Deaconess Medical Center convened a follow-up conference to determine the medical and nonmedical determinants of outcomes in the ESRD population. Also, there was a need to assess what progress has been achieved in ESRD care during the past two decades and understand the roots for change. This publication is a summary of the proceedings of that conference, titled ESRD: State of the Art and Charting the Challenges for the Future. The overarching goals and objectives of this worldwide meeting, held in Boston, Massachusetts, from April 23 through 26, 2009, were as follows:

- It is an ongoing notion that the mortality rate for incident and prevalent dialysis patients in the United States is among the highest in the industrialized world and that this may reflect major differences in optimal patient care. To gain an understanding of this, there was an analysis of current national and international ESRD so as to assess our current demographics and compare international data with those of the United States.
- It is important to analyze more fully the major medical and nonmedical issues that affect patient outcome. Examples of the former are cardiovascular disease, infection, arteriovenous access, methods for prescribing and measuring dialysis dosage, inflammation, nutrition, volume control, types of contemporary dialysis therapies, and more. Examples of the latter are payers, regulations, guidelines, dialysis industry, nephrologists' practices, referral patterns, *etc.*
- At the conclusion of the conference, it was expected that the attendees would have a clear understanding of what is required of all stakeholders now to make large improvements in patient outcomes. Developing a pathway for future care delivery in a cost-effective manner was the expected result. More specific,
- Has there really been significant and noteworthy change in outcomes?
- If so, then what caused the changes? If not, then what were the deterrents?
- What has been learned about the care models that currently are most used?
- Have the scientific and best practices, even guidelines, been universally implemented?
- What are the shortfalls in care?
- Are there data that support changing the emphasis of care, changing the outcomes that we measure, and changing the model of dialysis delivery?
- What are the opportunities to overcome these in the future?

In summary and most important, what might the caregiver do today to provide an exponential change in outcomes? Even with enormous hurdles of payer constraints, provider ownership of facilities, and incomplete science, which new approaches must be used? Which clinical and basic research needs are met? Can this conference stand as an impetus for needed changes?

More than simply marking the passage of 20 yr, there was urgency by those involved in the planning. This was accelerated by the perception that there is a real need to create a change in the way care is delivered and that the time has arrived to do so.

This meeting was endorsed by the American Society of Nephrology, the International Society of Nephrology, the National Kidney Foundation, the Renal Physicians Association, the European Dialysis and Transplant Association, and the European Renal Association. The Steering Committee that developed the program included William M. Bennett, MD, Allan J. Collins, MD, Richard J. Cronin, MD, Francis L. Delmonico, MD, Raymond M. Hakim, MD, PhD, William L. Henrich, MD, Prof. Dr. Norbert Lameire, J. Michael Lazarus, MD, Edmund Lowrie, MD, Andrew S. Narva, MD, Allen R. Nissenson, MD, and Prof. Dr. med Eberhard Ritz, along with co-chairmen Thomas F. Parker, III, MD, and Theodore I. Steinman, MD. Alan R. Hull, MD, who co-chaired the Dallas conference with Dr. Parker, was honorary co-chairman.

After the agenda and full program was completed, financial support was sought. Those who supported the meeting are outlined in this publication, and their generosity is greatly appreciated. No company had input into the program content.

The intent of this meeting was to have the faculty speak with candor, without personal bias, to be provocative and forceful in outlining the advances achieved in ESRD and areas of insufficient progress, and to conclude with their vision of what we need to undertake in the next 2 to 10 yr to improve care. The articles in these proceedings represent a condensation of the presentations and recommendations for improving care of patients with kidney failure. Patients are the focus of this initiative, and they should be the ultimate beneficiaries.

As caregivers, we must admit that we have been using the same paradigm of care—perhaps for entirely too long. Albert Einstein said it best: "[Our] world is [what it is], not because of those who do bad things, but because of those who look on and do nothing."

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