Improving the Status Quo: Incorporating Dialysis into Life (and not *vice versa*)

Rebecca J. Schmidt, DO, FACP, FASN
Professor of Medicine
West Virginia University School of Medicine
May 2019

50th ANNIVERSARY
AAKP A Legacy of Patient Engagement & Advocacy
School of Medicine & Health Sciences
THE GEORGE WASHINGTON UNIVERSITY

Disclosures

- Work for West Virginia University School of Medicine
  - Former Section Chief (17 years)
  - Currently Assistant Dean for Outreach and Community Engagement
- Attending physician for in-center and home dialysis patients
- Dialysis unit medical director
- Past President, Renal Physicians Association
- Member:
  - Medical Advisory Board, American Association of Kidney Patients
  - Board of Directors, ESRD Network 5/Quality Insights
- Clinical focus:
  - Outreach, access to care
  - Life transitions
- *Wife of transplant patient*

Challenges of Incorporating Dialysis into Life

Work schedules

Treatment schedules

AVF and AVG

Day-to-day medical care

Other medical appointments

Dialysis modality choice

Other medical problems

Intercurrent illness

Treatment times

Home and family needs

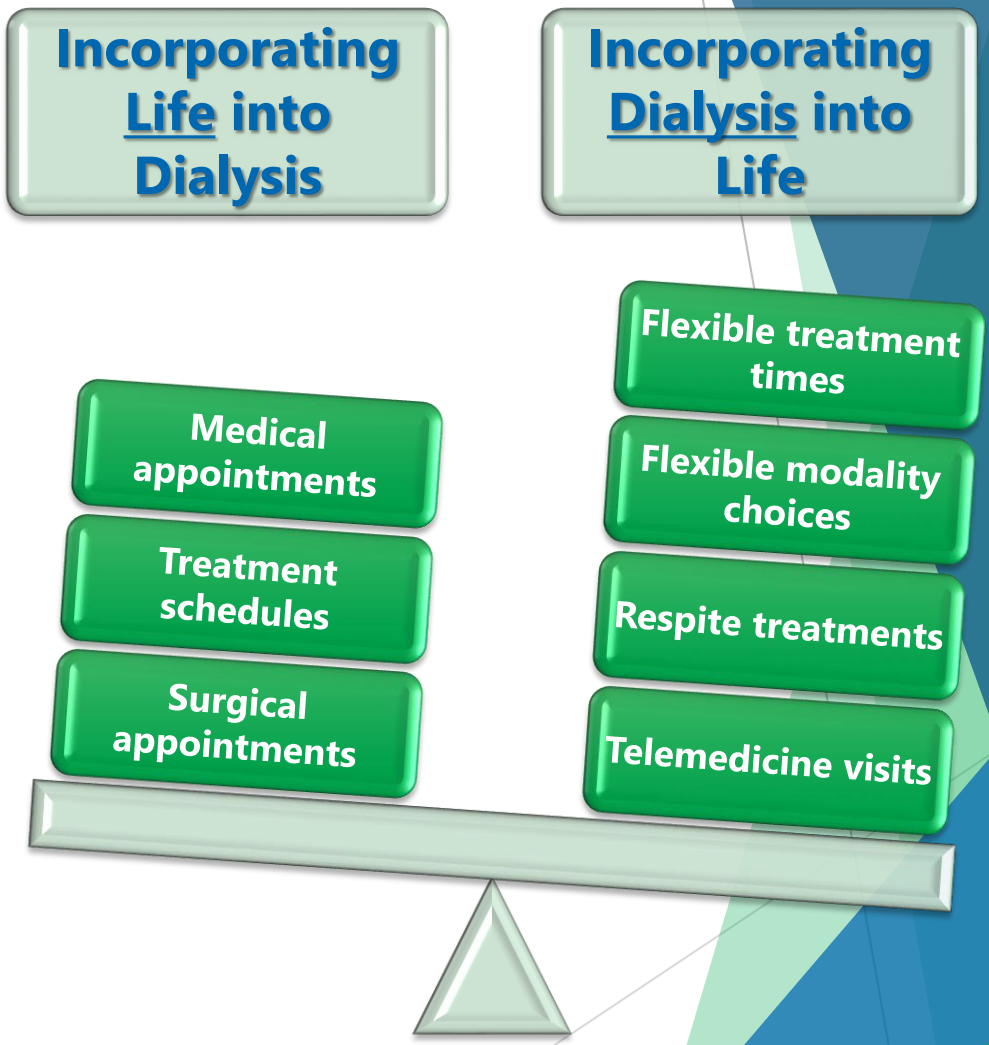
Tests for transplant workup

50th ANNIVERSARY

AAKP A Legacy of Patient Engagement & Advocacy

School of Medicine & Health Sciences
THE GEORGE WASHINGTON UNIVERSITY

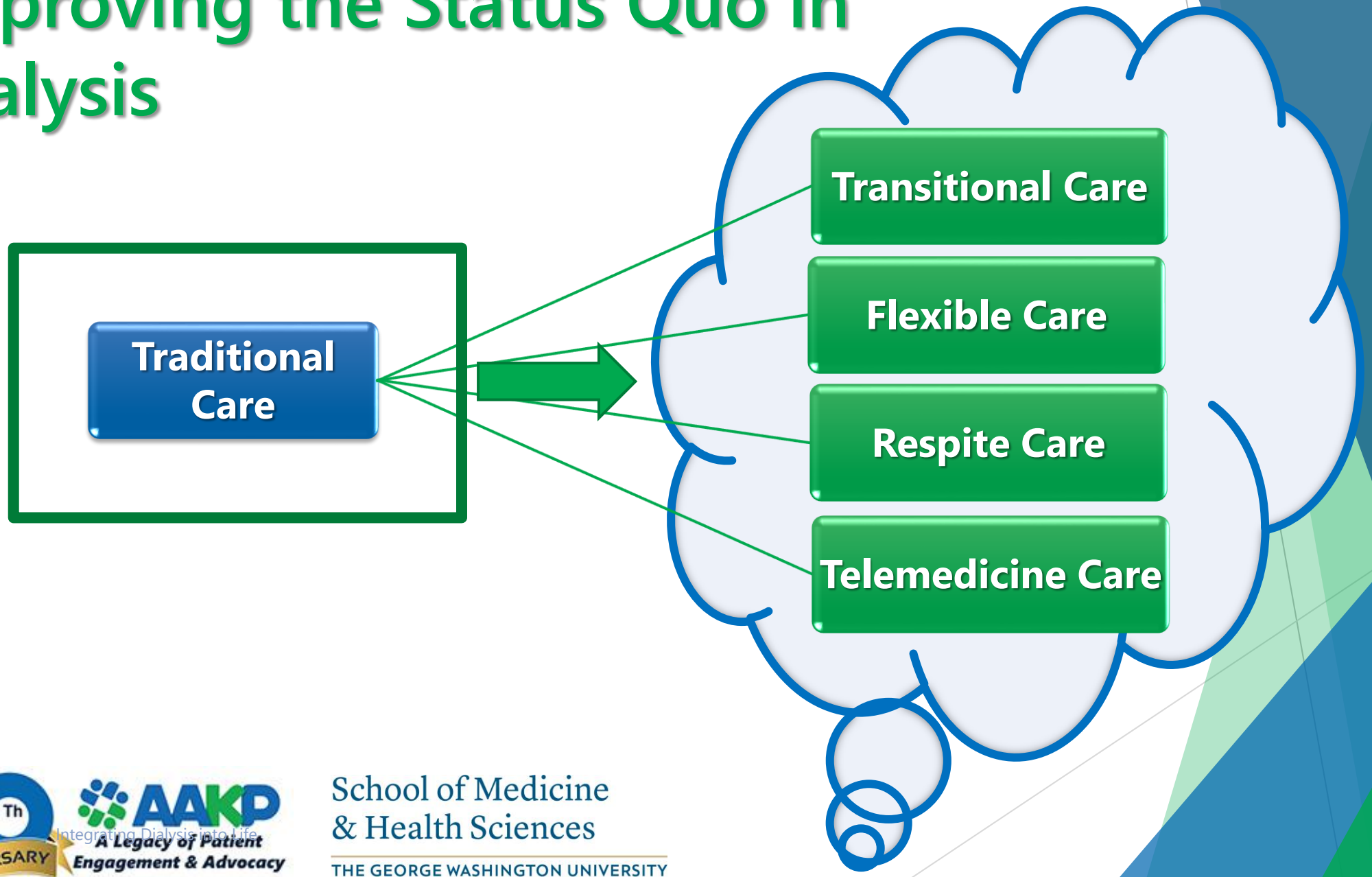
Creating a Culture that Incorporates Dialysis into Life and Not Vice Versa



50th ANNIVERSARY
AAKP A Legacy of Patient Engagement & Advocacy

School of Medicine & Health Sciences
THE GEORGE WASHINGTON UNIVERSITY

Improving the Status Quo in Dialysis

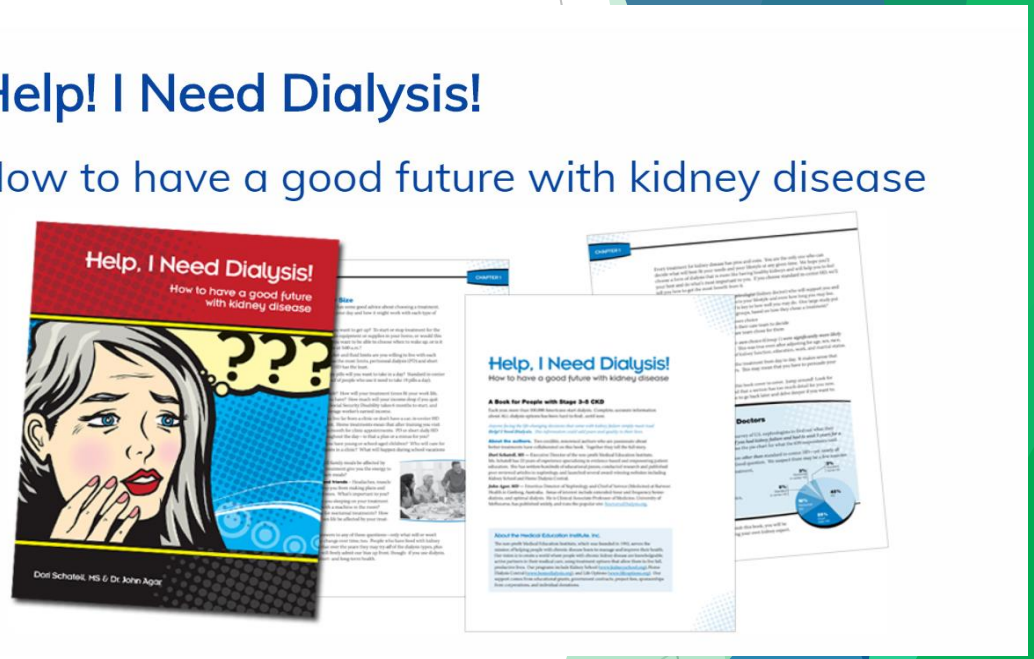


Transitional Care - Goals

- Provide an exceptional patient experience
- Build relationships and trust
- Optimize informed decision making by assuring comprehensive education about options
- Actively assist with scheduling of vascular or peritoneal access
- Institute individualized training for those choosing home dialysis

Transitional Care for Patients Starting Dialysis Abruptly

- Serves as a gentle bridge to in-center hemodialysis
- Formalized 2-week program individualized (as needed)
- Patient is dialyzed on home hemodialysis machine in-center
- One-on-one care provided
- Other patients are simultaneously exposed to home modality



50th ANNIVERSARY

AAKP A Legacy of Patient Engagement & Advocacy

Integrating Dialysis into Life

School of Medicine & Health Sciences
THE GEORGE WASHINGTON UNIVERSITY

Transitional Care "Curriculum"

Week 1:

- Basics of dialysis
- Diet and fluid balance
- Vascular access
- Importance of adherence to treatments

Week 2:

- Basics of home dialysis (peritoneal and hemodialysis)
- Patient-to-patient interaction
- Presentation of equipment for all modalities
- Discussion of modality options best for patient

Additional time added as dictated by patient interests, needs

50th ANNIVERSARY AAKP A Legacy of Patient Engagement & Advocacy

School of Medicine & Health Sciences
THE GEORGE WASHINGTON UNIVERSITY

WVU Transitional Care Program

- Started in 2017 by Dr. Bethany Pellegrino and Melissa Glover, RN
- Graduated 13 patients, 7 of whom now dialyze at home and 1 who has been transplanted (!)
- Success Factors:
  - Patients:
    - Motivation and interest
    - Capacity for intensity of learning on top of medical problems and physical limitations
    - Interest, availability of the family
  - Staff:
    - One on one attention key
    - Culture of flexibility

50th ANNIVERSARY AAKP A Legacy of Patient Engagement & Advocacy

School of Medicine & Health Sciences
THE GEORGE WASHINGTON UNIVERSITY

Barriers to Traditional Care offer Opportunities for Flexible Care

Scheduling conflicts	• Night-time training • Time directed training
Lack of transportation	• Training in home • Minimize clinic visits
Care partner conflicts	• Electronic communication with patient portal • Proactive solo training
Modality choice or burnout	• Temporary modality switch • Permanent modality switch
Employment conflicts	• Nocturnal dialysis • Dialysis schedule arranged around work

Flexible Care

Ms. A's new husband interested in traveling, prompting Ms. A to move from to PD after 5 years on ICHD

Mr. B started out on ICHD then moved to PD and when his wife tired out, he moved back to ICHD

Traditional Care

Flexible Care

- **Flexible training schedules**
- **Night-time training**
- **Nocturnal dialysis (in-center and home)**
- **Solo training**
- **Respite care**

Ms. C's living situation would no longer accommodate PD supplies so she switched to HHD

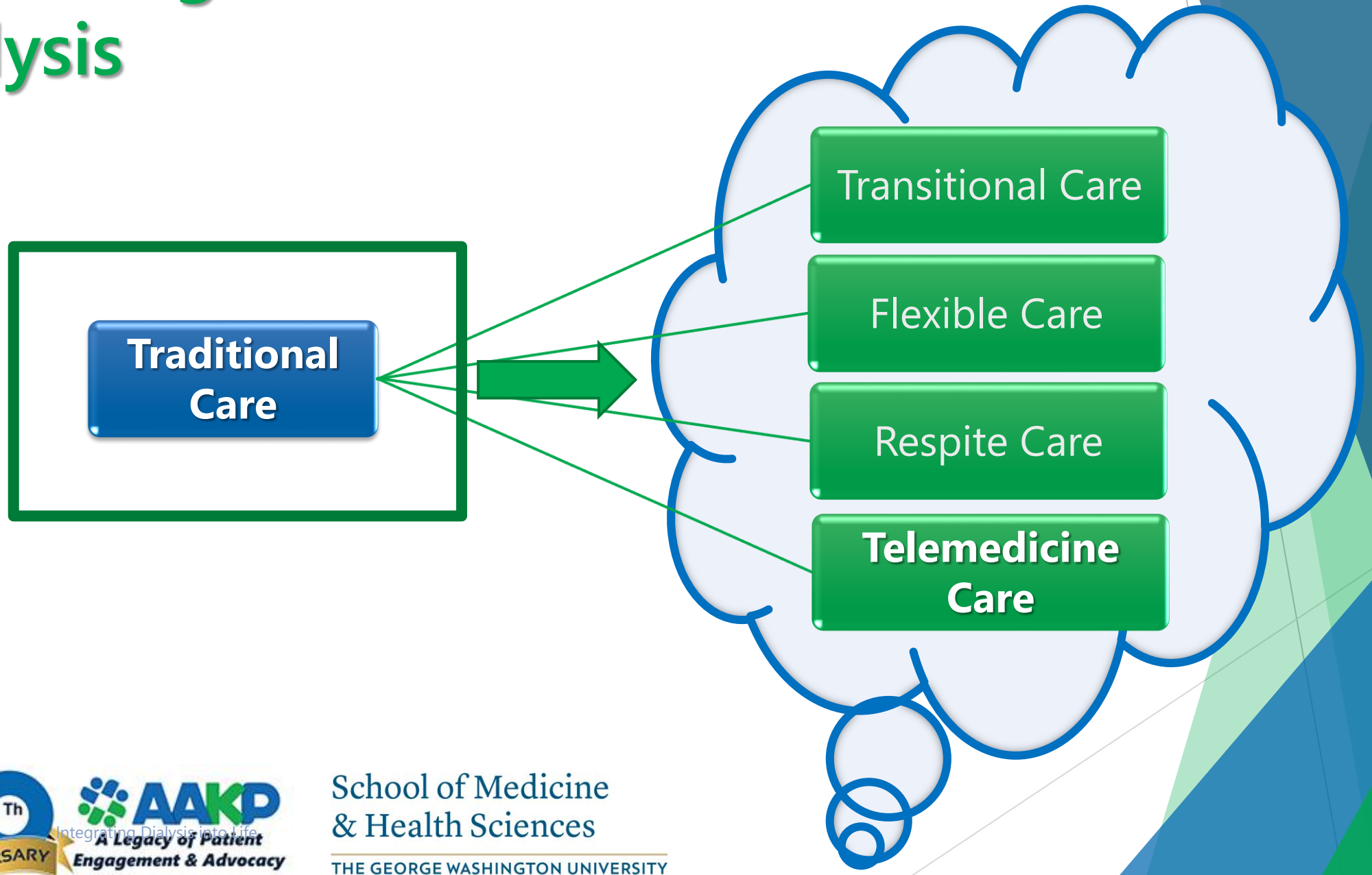
Mr. D's caregiver was no longer able to do HHD so Mr. D switched to ICHD temporarily, later deciding to return to HHD as solo

Respite Care

Temporary modality change to in-center hemodialysis

- **Goals:**
  - **Short-term: Provide 'break' to patient and/or caregiver**
  - **Long-term: Ease caregiver burnout and optimize retention**
- **Methods:**
  - **Introduce respite care during training as an expectation for the future**
  - **Teach care partner how to recognize need for respite**
  - **Promote idea that requesting respite is expected**
  - **Encourage consideration of solo dialysis among patients and families**

Improving the Status Quo in Dialysis



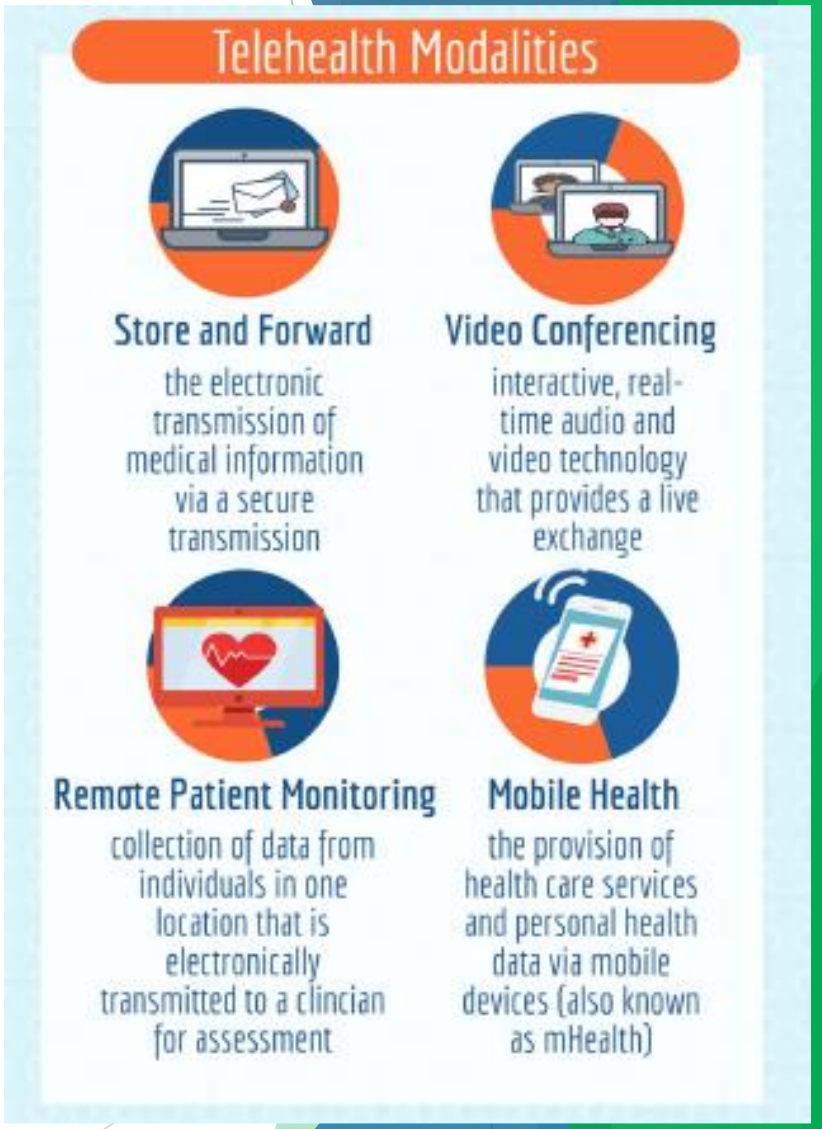
Telehealth and Telemedicine

Telehealth:

- Includes all health services provided using technology
- Collection of methods for enhancing public health or health education by telecommunications technologies
- Examples:
  - Public health app that alerts the public of a disease or outbreak
  - Video-conferencing platform for medical education

Telemedicine:

- Refers specifically to clinical services
- Involves a clinician providing a medical service
- Examples:
  - Mobile app that lets physicians treat patients remotely via video-chat
  - Software solution that lets primary care providers send photos to dermatologist



50th ANNIVERSARY AAKP A Legacy of Patient Engagement & Advocacy

School of Medicine & Health Sciences
THE GEORGE WASHINGTON UNIVERSITY

https:\\evisit.com

Advantages of Telemedicine

- Care is convenient, often more accessible
- Saves on travel for patients
- More frequent interactions with physicians
- Potential for enhancing coordination of care
- More interactive than telephone

Difficulties of Telemedicine

- Rules and regulations (eg distant and originating sites) though these are improving
- Requires technical training and equipment
- Resources and staffing required on both ends
- Concerns over care continuity
- Reduced in-person interaction with physicians
- Physical examination of patient limited to self-exam

Telemedicine Programs for Kidney Patients

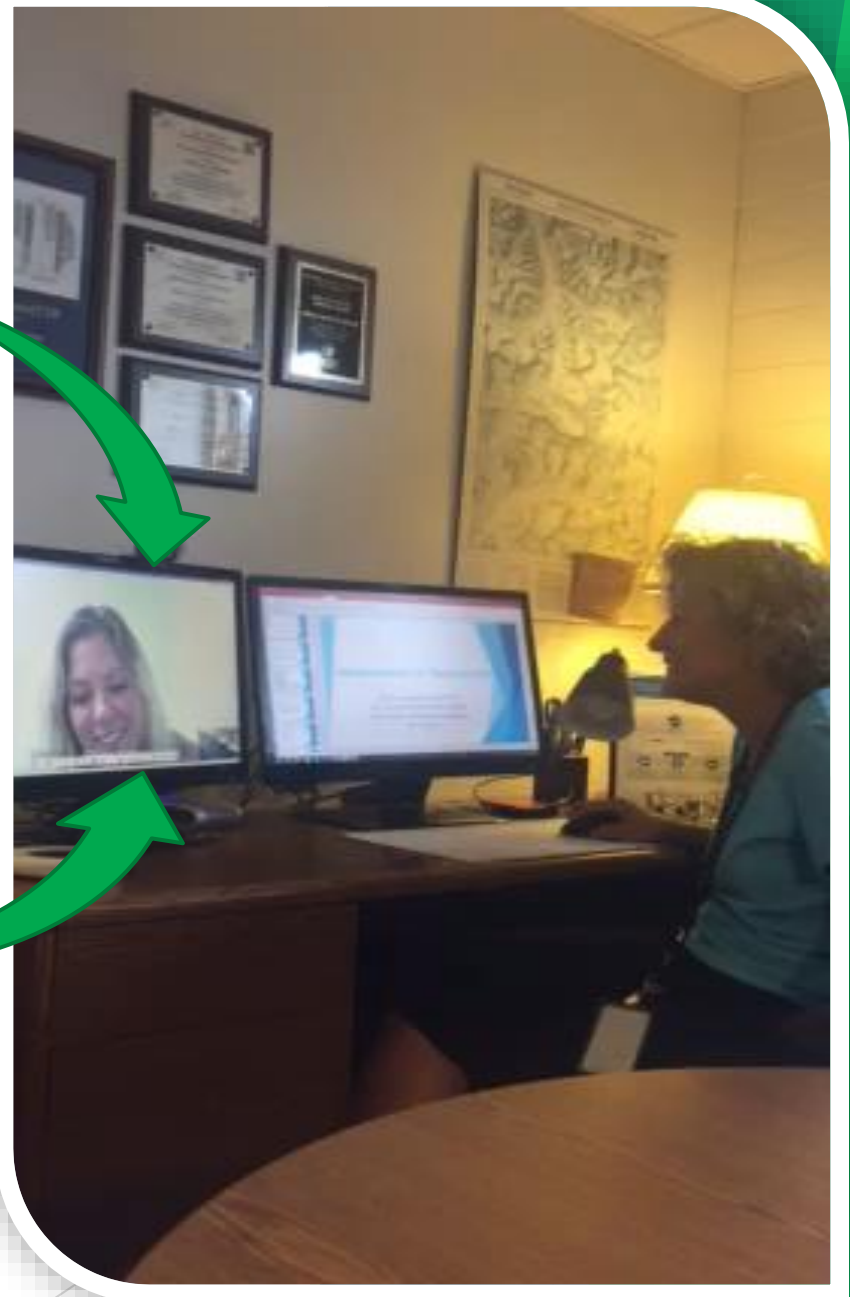
- Chronic kidney disease care provided by NIH Bethesda nephrologist to patients at Zuni Comprehensive Health Clinic in New Mexico
- Home dialysis care provided by University of Alabama nephrologist to rural Alabama patients
- Inpatient dialysis care consultation achieved through telemedicine for rural community hospitals across the US
- Chronic kidney disease care provided by WVU nephrologists to multiple sites in rural West Virginia
- Pilot program for telemedicine use for home patient dialysis visits by nephrologist in rural Georgia

Questions and Considerations

- Is it possible for outpatient dialysis patients to do their clinic visits by telemedicine?
- What services are needed and which can be appropriately provided by telemedicine (eg discussion, lab review)?
- Where are there resources and staff that could be engaged (eg at regional sites of care)?
- What equipment and technology could be made available for telemedicine clinics at any given site?
- What is meaningful to patients (eg not driving to long distances)?

50Th ANNIVERSARY AAKP A Legacy of Patient Engagement & Advocacy

School of Medicine & Health Sciences
THE GEORGE WASHINGTON UNIVERSITY



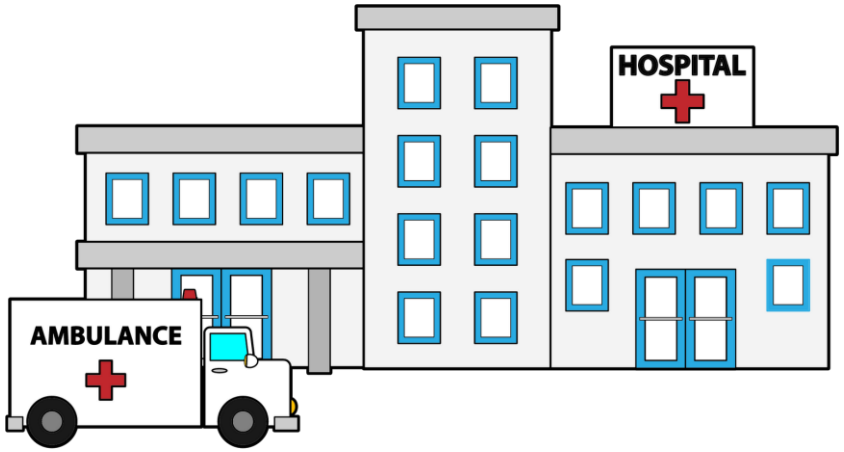
Integrating Dialysis into Life

50th ANNIVERSARY

AAKP
A Legacy of Patient Engagement & Advocacy

School of Medicine & Health Sciences
THE GEORGE WASHINGTON UNIVERSITY

Telemedicine for Kidney Patients



Inpatient use growing particularly in rural hospitals

50th ANNIVERSARY

AAKP A Legacy of Patient Engagement & Advocacy

School of Medicine & Health Sciences
THE GEORGE WASHINGTON UNIVERSITY

Telemedicine Scenarios

Outpatient opportunities expanding for both CKD/transplant patients and those on home dialysis

Dialysis Unit

Dialysis team and Nephrologist

OR

Patient and Dialysis Team

Patient Home

Patient and Family

Physician Office

Nephrologist

Telemedicine Scenarios

Home dialysis patients who live distant to the dialysis unit or physician's office

Dialysis Unit _ _ _ _ _ _ _ Patient Home

Dialysis team and Physician

Patient and Family

Telemedicine Scenarios

Dialysis Unit

Patient and Dialysis Team

Home dialysis patient lives close to the dialysis unit.

Nephrologist lives distant to the dialysis unit.

Physician Office

Nephrologist

50th ANNIVERSARY

AAKP A Legacy of Patient Engagement & Advocacy

School of Medicine & Health Sciences
THE GEORGE WASHINGTON UNIVERSITY

Telemedicine Scenarios

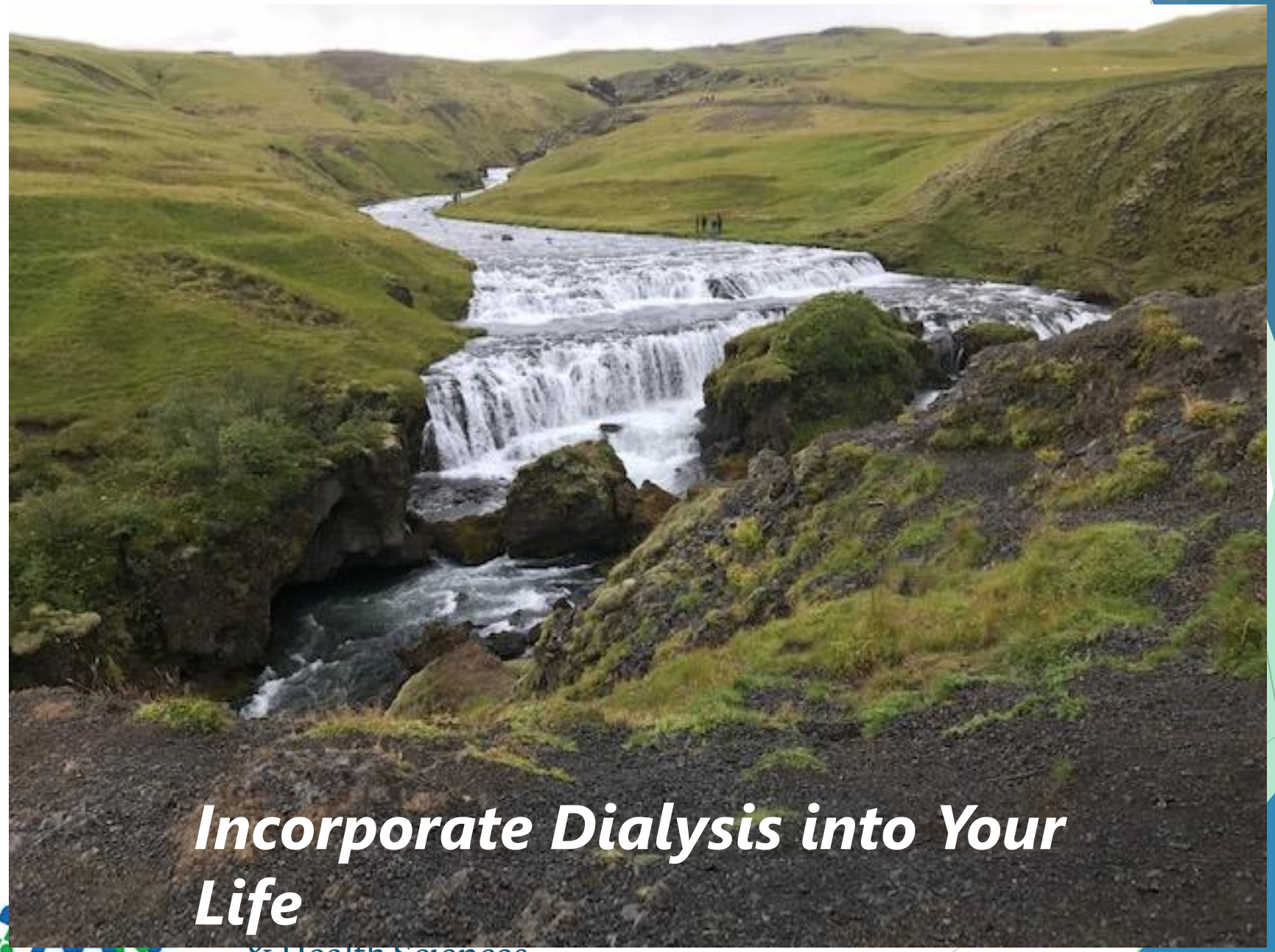
Both patient and physician live distant to the dialysis unit and to each other.

Patient Home

Patient and Family

Physician Office

Nephrologist



Incorporate Dialysis into Your Life

50th ANNIVERSARY

A Legacy of Patient Engagement & Advocacy

& Health Sciences

THE GEORGE WASHINGTON UNIVERSITY