On the Road to Home
Dialysis Staff Leading the Journey to Home
Thursday May 29, 2014
Dialysis Staff Leading the Journey to Home

• Why are we embarking on this journey?

- There is a disparity between In-Center and Home Modalities.

- And beyond that there is a disparity related to race.
Dialysis Staff Leading the Journey to Home

• Network 9
  86.5% of patients on ICD
  11% of patients on Home
  13% at Home are White
  7% at Home are not White
  This is a 6 percentage point difference

• Network 10
  85.1% of patients on ICD
  9.8% of patients on Home
  12% at Home are White
  7% at Home are not White
  This is a 5 percentage point difference
Some Signposts Along the Road

• The idea of home dialysis is not new. It has been around since the 1960’s.

• More frequent hemodialysis and peritoneal dialysis are more like the functioning kidney that works 24/7.

• In Australia and New Zealand, home hemodialysis is the most common renal replacement therapy.
Some Signposts Along the Road

• It is estimated that 40–60% of patients with end-stage renal disease are medically capable of performing home hemodialysis.

• In the 1970s almost 40% of dialysis patients in the United States received treatments at home.

• Less than ten percent of U.S. dialysis patients receive treatment at home.
So Why the Disparity

• We have heard from patients that they never knew there were modality choices.

• A recent survey conducted by AAKP found that only 48% of in-center patients were provided information on peritoneal dialysis and even fewer, 34% of in-center patients were provided information on home hemodialysis.

• If modality is only discussed with a patient once, they may have been too sick or too devastated to absorb the information.
Another Barrier

• Patients must be educated and re-educated.

• Several studies tell us that if patients are made aware of home dialysis, a high proportion will choose that treatment option.

• One survey showed that in patients who received modality education before starting dialysis, 45% of them chose peritoneal dialysis.

• Discussing modality options on a routine basis may find a patient that has had a life change that would now prompt them to go home.
How often do you talk to patients about home modalities as an option for dialysis?

- Weekly
- Monthly
- Quarterly
- Annually
- Never
Other Barriers

• Nephrologists are not always well trained on the home treatment modalities.

• A survey of nephrologists following fellowship training, found that less than 20% of nephrologists for home hemodialysis, and just over 50% of nephrologists for peritoneal dialysis, felt “comfortable, well trained and competent” on the treatment modalities.

• And there are many “myths” and assumptions made concerning what patients are candidates for home dialysis.

• Age, education, sex, housing, water source, and comorbid conditions should be evaluated but are not exclusion criteria to home dialysis modalities.
How confident are you about informing patients about the various home modalities?
Scenario

• In Center Patient says “I am so tired of spending 3 days of every week coming into this place. Tell me what you know about doing dialysis at home?”

• Dialysis Technician answers “I don’t know a lot about it but I’ll tell our home nurse you want some information.”
Which patients should NOT be considered for a home modality? Choose all that apply.

- Patients who live close to an outpatient facility
- Patients from a low socio-economic class
- Patients without caregivers
- Patients who have a low literacy level
- Patients who are too old and/or dependent on others
- Patients who live in an apartment
- Patients who have transportation
Patients prefer the security and safety of in-center care
What are your concerns regarding home modalities? Choose that all apply

- Patient Safety
- I will lose my job as I will no longer be needed.
- Infection Control
More Signposts Along the Road

- In the last decade, infection-related complications are higher and appear to be increasing in in-center hemodialysis patients, whereas such complications are steadily declining in peritoneal dialysis patients.

- Comparing in-center hemodialysis to peritoneal dialysis as initial renal replacement modality, hemodialysis patients are at twice as higher risk of hospitalization from septicemia than peritoneal dialysis patients.

- Muscle cramps that are common in people using in-center hemodialysis may be less common in those who choose home hemodialysis because wastes and fluid are cleared more often.
Who influences patients' treatment choices? Choose all that apply

- Physicians
- Dieticians
- Nurses
- Family Members
- Technicians
- Other Patients
- Social Workers
Scenario

• In Center Patient says “The dietician told me my diet would be less restrictive if I was doing home hemodialysis 5 – 6 times a week. Is that true?”

• Dialysis nurse answers “That is true. That could be a good option for you. If you are interested let’s talk to your doctor and set up a meeting with the home program manager so you can find out more about it.”
So Why Do We Want the Patients to Have the Knowledge

• Normal kidneys work 24/7, not a few shifts a week, so in-center hemodialysis treatment replaces only 10% to 13% of the kidney’s function.

• Patients need to be given the options that are available so they can make a knowledgeable choice that fits their lifestyle.

• People who have switched from in-center to home hemodialysis or peritoneal dialysis say they have more energy, have less nausea, and they sleep better.

• Home dialysis has less restrictions and more flexibility.

• We find that home hemodialysis and peritoneal dialysis patients are transplanted at a higher rate than in-center hemodialysis patients.
In-Center VS. Home

% of Patients in Selected Facilities

- All other
- Recover Function
- Transplant in US
- Transfer
- Death

NW 9
NW 10
NW 12

The Renal Network
ESRD Networks 9 & 10
Meeting Sound Bites to Start the Trip

• This journey will share with you the idea of the Power of One and how this can shape your behavior as a care giver.

• This journey will show you the importance of communication, relationships, and partners.

• This journey will help you to feel comfortable having the discussion surrounding modality choice.

• This journey will help you empower the patients with knowledge.

• And this journey will provide insight from a patient that had to travel alone to find the best modality for him.
What dialysis option would you choose for yourself or loved one?

- In-center Dialysis
- Nocturnal Hemodialysis
- Peritoneal Dialysis
- Home Hemodialysis
- I would not go on any form of Dialysis
We hope you will open your mind and learn how to travel with the patients, educating them so they can make the best modality choice for them.

OR

Travel the path that leaves patients without their choice of the best QOL for them.
Scenario

• In Center Dialysis Patient “My cousin has a friend that does his dialysis at home using his belly. Could I do that?”

• Dialysis nurse answers “You don’t want to do that. You would have to have another surgery and your house would be full of supplies. You don’t want to leave us do you?”
Let the Rubber Hit the Road