

# Method to Assess Treatment Choices for Home Dialysis (MATCH-D)

## Background

The non-profit Medical Education Institute, Inc. developed the MATCH as part of the Home Dialysis Central website ([www.homedialysis.org](http://www.homedialysis.org)) to help nephrologists and dialysis staff identify and assess candidates for home dialysis therapies (PD and HHD).

Home treatments are underused in the U.S., (nearly 93% of patients use in-center HD.) Most patients are not told about home options. Yet, the choice of modality affects every aspect of day-to-day life, from what a patient can eat to how many drugs will be needed to whether they will be able to care for young children or keep a job with a health plan. Patients need and deserve to learn about *all* of their options.

We urge you to refer all patients for transplant evaluation, and encourage patients to do PD or HHD: home is best and safest. Only *after* all home options are exhausted should patients be referred to in-center HD.

## How to Use the MATCH

The MATCH tool was designed to sensitize clinicians to a variety of key issues with regard to home dialysis appropriateness. **Column 1** creates triage criteria for patients who *should* be home, barring contraindications. **Column 2** alerts clinicians to consider patients who might otherwise be dismissed out of hand as home dialysis candidates. **Column 3** suggests relative contraindications that can be overcome; **Column 4** is a list of absolute contraindications for a particular home treatment.

**We do not recommend using a point system with the MATCH.** Instead:

1. Go through each column and note factors that could suggest a good candidate—or concerns that might preclude PD or HHD.
2. Discuss your findings with the patient and his/her family.

**PLEASE NOTE: Patients who have relative or absolute contraindications for self home dialysis (PD or HHD) may still be good candidates for home treatments if a helper is present and willing to assist.**

## MATCH Tool Reviewers

We'd like to thank these home dialysis thought leaders from around the world, who provided expert input:

- ❖ John Agar, MD
- ❖ Chris Blagg, MD
- ❖ Debbie Brouwer, RN, CNN
- ❖ Shelly Curtis, RN
- ❖ Barb Ellerston, RN
- ❖ Lori Fedje, RD LD
- ❖ Pete DeComo, MS
- ❖ Jose' Dias-Buxo MD
- ❖ Joan Frenchko, RN, CNN
- ❖ Sue Hansen, RN, CNN, CHT
- ❖ Todd Ing, MD
- ❖ Carl Kjellstrand, MD, PhD
- ❖ Allen Nissenson, MD
- ❖ Karen Ohlhauser, RN
- ❖ Judy Olson, RN, CNN
- ❖ Beth Piraino, MD
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- ❖ Jim Sweeney, MBA
- ❖ Paula Tejchman, \_\_\_\_\_
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- ❖ Amy Williams, MD

## Method to Assess Treatment Choices for Home Dialysis (MATCH-D)

### Criteria for Suitability for *Self* Peritoneal Dialysis: CAPD or CCPD

Consider these patients for PD	Re-examine prejudices & options	Relative contraindications	Absolute contraindications
<i>Any patient with no listed contraindications</i>	Pet(s) in home – restrict room for PD connections	Poor hygiene – assess effect of hygiene education	Homeless; no supply storage at clinic
New to dialysis (incident) or rejected transplant	Unkempt – provide hygiene education	Family not supportive – educate family, use mentor	Unable to maintain personal hygiene
Employed full- or part-time	Minority, unemployed, low income – not barriers to PD	Limited space for supplies – visit home, 2x/mo delivery	Home is health hazard; will not correct
Student – grade school through grad school	No HS diploma – assess learning needs	Unable to write – consider assist device (tape recorder)	No/unreliable electricity for CCPD, unable to do CAPD
Caregiver for child, elder, or person with disability	Depressed, angry, disruptive – increased control with PD may help	Simple abdominal surgeries (e.g. hernia, C-section) – can do PD	Multiple or complex abdominal surgeries and negative surgeon eval. †‡
Lives far from clinic; has unreliable transportation	Illiterate – use pictures, demonstrations	Anuric with BSA >2 sqm – PD may not be adequate †‡	Hernia recurrence <i>after</i> mesh repair
Needs/wants to travel for work or enjoyment	Blind – may be able to do alone with an assist device	Neuropathy in both hands – consider assist device*	Brain damage, dementia, or poor short-term memory*
No possible HD access sites	No use of one hand – consider assist device	Native kidneys too large (PKD) – consider HHD †‡	Uncontrolled psychosis or anxiety
No partner for HHD; program requires one	Hearing impaired – use light/vibration for alarms	Rx drugs impair function – consider med change*	No use of either hand*
Cannot limit fluids or follow in-center HD diet	Can't walk or stand – assess impact on PD steps, lifting*	Weightlifter & hernia risk – consider HHD †‡	Reduced awareness, ability to report body symptoms
BP not controlled with meds	Swimmer – use ostomy dressing	Seizures – assess control	Uncontrolled seizure disorder
Wants more control; unhappy in-center	Frail – assess lifting ability*		

\*May be able to do with a helper

†Consider nocturnal HHD

‡Consider daily HHD

## Method to Assess Treatment Choices for Home Dialysis (MATCH-D)

### Criteria for Suitability for *Self* Home Hemodialysis: Conventional, Daily, Nocturnal

Consider these patients for Home HD (HHD)	Re-examine prejudices & options	Relative contraindications	Absolute contraindications
Any patient with no listed contraindications	Pet(s) in home – restrict room for access connections	Rents – check with landlord if home changes are needed	Homeless
Employed full- or part-time or student (any level)	Unkempt – provide hygiene education	Poor hygiene – assess effect of hygiene education	Unable to maintain personal hygiene
Drives a car – skill set is very similar to learning HHD	Minority, unemployed, low income – not barriers to HHD	Family not supportive – educate family, use mentor	Home is health hazard, will not correct
Caregiver for child, elder, or person with disability	No HS diploma – assess learning needs	Limited space for supplies – visit home, 2x/mo delivery	Unreliable electricity; no or poor water if RO needed
Lives far from clinic; has unreliable transportation	Depressed/angry/disruptive – increased control with HHD may help	No water, poor water quality (machine dependent)	Brain damage, dementia, or poor short-term memory*
Wants more control; unhappy in-center	Illiterate – use pictures, demonstrations to teach	Unable to write – consider assist device (tape recorder)	Uncontrolled psychosis or anxiety*
Needs/wants to travel for work or enjoyment	Can't walk or stand – assess impact on HHD steps	Cannot self-cannulate*	No use of either hand*
Rejected transplant	No use of one hand – consider assist device	Neuropathy in both hands – consider assist device*	Blind or severely visually impaired – consider PD*
Is pregnant or wants to be†	Hearing impaired – use light/vibration for alarms	Has living donor, transplant expected soon – consider PD	Reduced awareness, ability to report bodily symptoms
Has LVH, neuropathy, amyloidosis, or BP uncontrolled with meds	Trach patient – assess self-care ability*	Rx drugs impair function – consider med change*	No possible HD access sites
Obese/large; conventional HD or PD not adequate †‡	Frail – assess lifting ability*	Drug or alcohol abuse – consider HHD after rehab	Uncontrolled seizure disorder
Cannot limit fluids or follow in-center HD diet		No helper & clinic requires – reconsider policy, remote monitoring, <i>LifeLine</i> device	
Has good vascular access		Seizures – assess control	

\* May be able to do with a helper    † Consider nocturnal HHD    ‡ Consider daily HHD