

Home Dialysis

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Meeting Reminders

- Please mute your phone when not speaking to avoid background noise
- Be present and engaged
- Be prepared for active participation and open discussion
- Please submit any questions or comments via the chat board throughout the webinar and select all panelist

Agenda Topics

- Background
- Disparities in Healthcare
- Home Modality Statistics and Benefits
- Project Plan
- Interventions
- Question and Answers
- Evaluation



Network Staff Quality Improvement Department



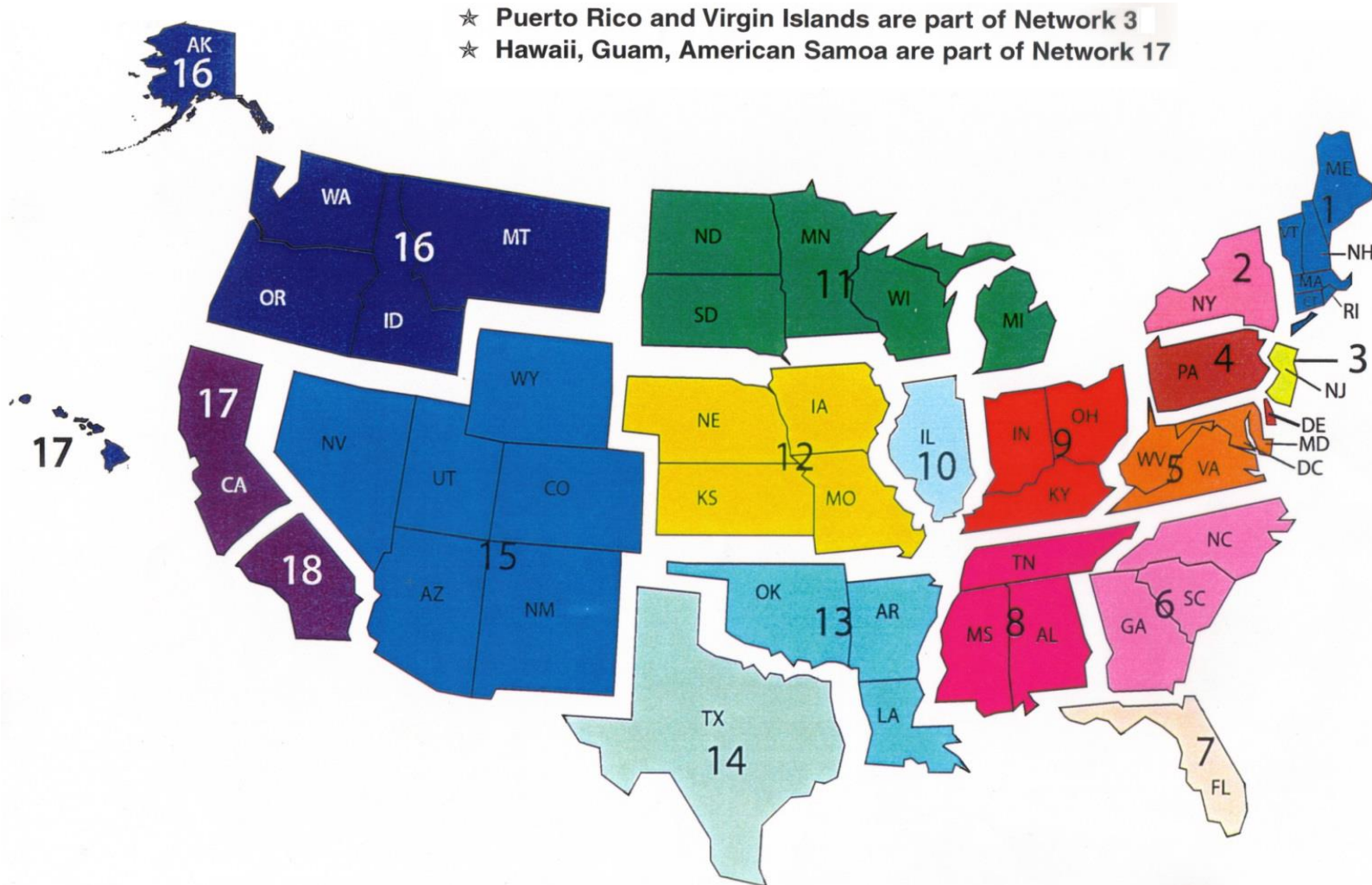
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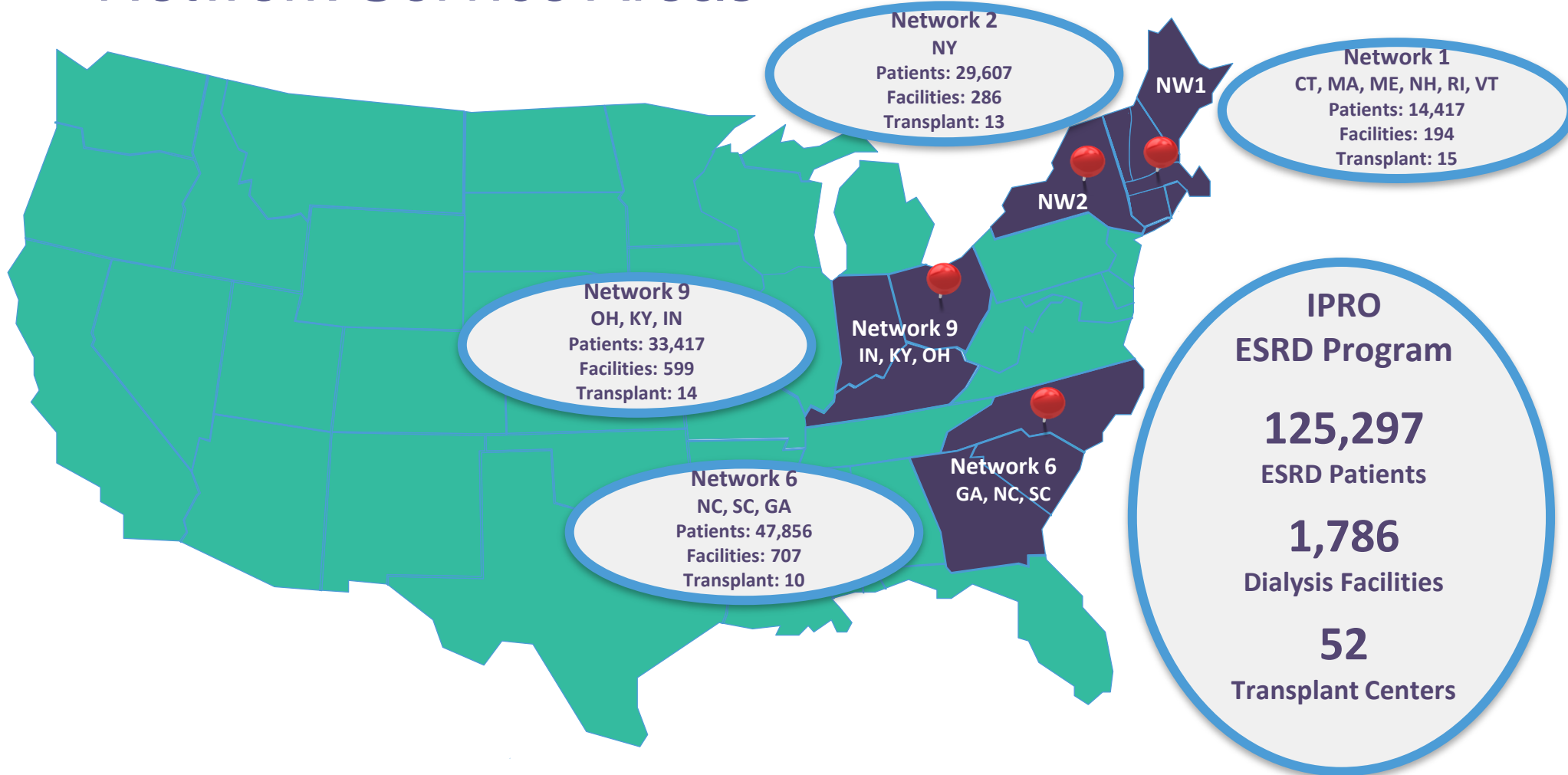
Background

ESRD Networks



IPRO ESRD Network Program

Network Service Areas



Network Demographics By State

State	ESRD Patient Census	# of Dialysis Facilities	# of Transplant Facilities
Connecticut	4,317	49	2
Maine	1,069	18	1
Massachusetts	6,795	84	9
New Hampshire	1,063	18	1
Rhode Island	1,189	16	1
Vermont	333	8	1
TOTAL	14,762	193	15

Data Source: CROWNWeb

Facility Affiliation By State

Ownership	ESRD Patient Census	# of Dialysis Facilities
American Renal Associates	1,639	23
DaVita	4,724	45
Fresenius Kidney Care	5,835	76
Diversified Specialty Institutes (DSI)	214	3
Dialysis Clinic Inc.	713	9
Independent	1,530	33
Veteran Affairs	107	4
TOTAL	14,762	193

Data Source: CROWNWeb

ESRD Statement of Work

December 2017 - November 2018

HHS Secretary's Priorities

1. Reform, Strengthen, and Modernize the Nation's Health Care System
2. Protect the Health of Americans Where They Live, Learn, Work, and Play
3. Strengthen the Economic and Social Well-Being of Americans Across the Lifespan
4. Foster Sound, Sustained Advances in the Sciences
5. Promote Effective and Efficient Management and Stewardship

ESRD Statement of Work

December 2017 - November 2018

CMS Goals

1. Empower patients and doctors to make decisions about their health care
2. Usher in a new era of state flexibility and local leadership
3. Support innovative approaches to improve quality, accessibility, and affordability
4. Improve the CMS customer experience

ESRD Statement of Work

December 2017 - November 2018

Collaborations

- National Coordinating Center (NCC)
- Kidney Community Emergency Response Program (KCER)
- State Survey Agencies
- CMS Components
- Quality Innovation Networks (QIN-QIOs)

Disparities in Healthcare

CMS Disparity List

Addressing Disparities in Healthcare

- Conduct assessment to identify disparity with the greatest point difference between disparate and non-disparate groups
 - Age (65 and older vs. 18-64)
 - Ethnicity (Hispanic vs. Non-Hispanic)
 - Facility Location (Rural vs. Urban)
 - Gender (Female vs. Male)
 - Race (Population other than White, including African American, Asian, Native American, Pacific Islander, etc. vs. White)

Home Modality Statistics and Benefits

Home Modality Statistics

National there is an underutilization of appropriate home dialysis

- Only 8% of all dialysis patients currently chose home modalities
- 500 medical directors surveyed: 88% stated they would select home modalities as their first choice for their personal option
- 90% of all incident patients choose ICHD
- 93% of all incident patients have no medical contraindications that would prevent a home modality choice
- Network 1 current Home dialysis training initiation rate = 7.1%

Home Modality Benefits

Improved Clinical Outcomes

- Ability to achieve better Kt/V
- Better phosphorus control
- Symptom reduction of co-morbid states

Higher Quality of Life

- Ability to work and go to school
- Ability to travel
- More time with loved ones
- Fewer diet and fluid restrictions
- Increased patient control of therapy

Decreased Mortality

- For both PD and HHD
- Five year survival rates with HHD approach those of transplant

Lower Healthcare Costs “no one takes better care of you than YOU”

- Fewer infections
- Decreased hospitalizations



Project Plan

Promote Appropriate Home Dialysis Increase Rates of Patients in Home

Facility selection:

- Potential for improvement based on current home referral rate
- Ready access to a home program for referral
- Facility census and number of patients who could be impacted by referral to home
- Facilities will be removed from this project when they have 40% trained or in training for home dialysis

****There are no patient exclusions for this project****

Promote Appropriate Home Dialysis Increase Rates of Patients in Home

Criteria

- Include at least 30% of facilities in Network service area (~60 facilities)

Project Period

- Baseline: October 2016 - June 2017
- Re-measurement: January – September 2018

Requirements

- Encourage facilities to incorporate the seven steps leading to home dialysis training into patient education, facility practice, and facility QAPI process
- NCC Home Dialysis LAN participation

Promote Appropriate Home Dialysis

Increase Rates of Patients in Home

Track and report to CMS the number of patients in each of 7 steps each month:

1. Patient interest in home dialysis
2. Educational session to determine the patient's preference of home modality
3. Patient suitability for home modality determined by a nephrologist with expertise in home dialysis therapy
4. Assessment for appropriate access placement
5. Placement of appropriate access
6. Patient accepted for home modality training
7. Patient begins home modality training










Promote Appropriate Home Dialysis Increase Rates of Patients in Home








Goals

- 10% increase in rate of patients that start home dialysis training

Data Source

- Facility self-report in CROWNWeb training data (numerator)
- CROWNWeb (denominator)

MY CHOICE, HOME HEMODIALYSIS (HD)		
Myths	vs.	Reality
 You won't have any experts at home to help you out.		You will learn to be an expert, and your facility provides 24-hour phone backup. Help will always be nearby.
 You could bleed to death very quickly.		Machine alarms alert you if just one drop of blood is out of place. You will have time to react and fix the problem. No one has ever bled to death on home hemodialysis.
 Home HD is a huge burden for a care partner.		It is best if YOU do as much of your treatment as you can. Some people perform home HD without a care partner.
 A home HD care partner needs to have a medical background.		No medical background is needed. The clinic will train you and your care partner, if you have one.
 You can't do Home HD with a dialysis catheter.		Some programs will let you do home HD with a catheter. However, due to the high chance of infection with a catheter, it is best to trade your catheter for an access in a blood vessel, if you can.
 Your house has to be perfectly clean at all times.		Unless you are a hoarder, your home is probably cleaner than the clinic. There are many people with lots of germs coming in and out daily at the clinic. Clinics have many germs.
 <small>Adapted from Northwest Renal Network (Network 16) and Heartland Kidney Network (Network 12). Developed by IPRO ESRD Network of New England while under contract with Centers for Medicare & Medicaid Services, Contract HHSM-500-2016-00019C.</small>		

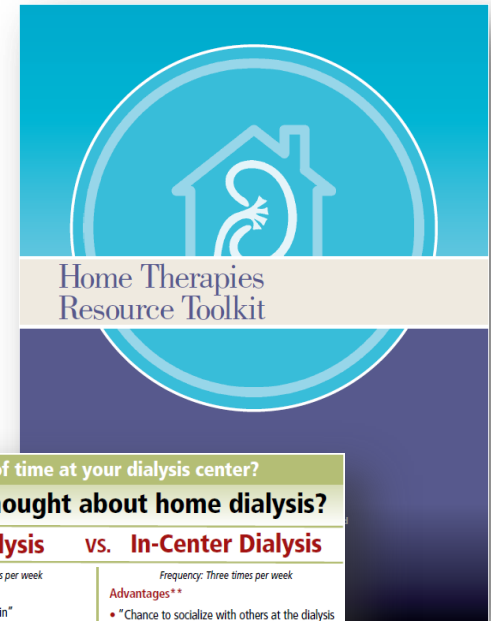
MY CHOICE, HOME PERITONEAL DIALYSIS (PD)		
Myths	vs.	Reality
 You'll get an infection!		Peritonitis (an infection of the abdomen) can be prevented. It rarely occurs in good peritoneal dialysis (PD) clinics (about once every seven years). An infection from an hemodialysis access is more common and more likely to be fatal.
 You'll have to get rid of your pets to do PD at home.		Lots of people do PD at home and still have pets. Clean well, and keep pets out of the room when you connect and disconnect.
 If you've had previous abdominal surgery, you can't do PD.		Routine abdominal surgeries (like hernia repairs, C-sections, and some transplants) do not prevent you from doing PD.
 If you have vision or hearing problems you can't do PD.		There are assist devices available to help with most tasks involved with doing PD.
 You need to have some kidney function in order to do PD.		Kidney function will always be checked, but PD can be done without any kidney function.
 If you are overweight, you can't do PD.		PD can still be done. The surgeon will evaluate the best placement of the catheter based on your shape and size.
 <small>Adapted from Northwest Renal Network (Network 16) and Heartland Kidney Network (Network 12). This material was prepared by IPRO End-Stage Renal Disease Network of New England, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. CMS Contract Number: HHSM-500-2013-00001C.</small>		

Interventions

Promote Appropriate Home Dialysis Increase Rates of Patients in Home

Interventions

- Incorporating the seven steps into patient education and facility practice
- Development and implementation of Home Dialysis Peer Mentorship Program
- Tracking patients at each stage of the 7 steps and monitoring that patients are being moved to the next step
- Utilization of the Home Therapies Toolkit
 - Will be available on our website and through a web-based platform (Basecamp) by end February



Spending a lot of time at your dialysis center?
Have you thought about home dialysis?

Home Dialysis	vs.	In-Center Dialysis
Frequency: Five to six times per week		Frequency: Three times per week
Advantages*		Advantages**
<ul style="list-style-type: none"> • "No worries about snow or rain" • "More freedom to travel" • "Can do CCPD while I am sleeping" • "Someone is on call 24/7" • "I'm in my own home watching my own TV" 		<ul style="list-style-type: none"> • "Chance to socialize with others at the dialysis facility" • "Knowing that the nurses and technicians take care of me" • "All I have to do is show up"
<small>**Quotes from people who perform home dialysis.</small>		
Home Dialysis Timeline (minutes)		In-Center Dialysis Timeline (minutes)
Set up treatment supplies 5		Travel to dialysis center 30-60
Set up machine 30		Wait for chair 15
Weigh-in/Chart vitals/Cannulate 5		Weigh-in and prepare for treatment 5
Treatment 150		Wait to be cannulated 5
Clotting (hemodialysis only) 15		Treatment 210
Weigh-in/Chart vitals 5		Needle removal 5
Remove used supplies 5		Clotting 15
Dispose of garbage 5		Weigh-in and pack up 5
		Travel home 30-60
Total Minutes per Treatment 220		Total Minutes per Treatment 350-440
Monthly Home Dialysis Duties • Order supplies • Visit clinic • Draw labs For more information, speak with your home dialysis team or contact the Network.		
To file a grievance, please contact: IPRO End-Stage Renal Disease Network of New England 1952 Whitney Avenue, 2nd Floor, Hamden, CT 06517 Patient Toll-free: (866) 286-3773 (Patients only) Phone: (203) 387-9332 • Fax: (203) 389-9902 E-mail: info@mw1.esrd.net • Web: networkofnewengland.org		

Promote Appropriate Home Dialysis: Patient Ambassador

Using Patient Ambassadors to achieve success

- CMS believes that the patient is the most valuable player on the healthcare team. Building interventions centered around the patient is the goal of every CMS project.
- Facilities to designate a minimum of one patient ambassador
- Healthcare that results in the best outcomes revolves around team work. Be part of the team!

Promote Appropriate Home Dialysis: NCC LAN Participation

Participation in the Learning Action Network

- Improve spread information communications in the nation
- Increase awareness of and the implementation of best practices to move through 7 steps to home modality initiation

Participants

- Participating facilities
- Free standing or stand alone home dialysis training centers
- Patients/ family members of care givers from each state
- QIN-QIOs
- State Surveying agencies
- Dialysis facility regional leadership



Questions?
Comments?



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