Benefits of Home Treatments for Patients & Centers

Dori Schatell, MS
Executive Director, Medical Education Institute
4 MEI Mission: *Help people with chronic disease learn to manage and improve their health.*
What Clinics are Required to Teach Patients

- Patients have the right to be informed of all treatment modalities and settings, including but not limited to, transplantation, home modalities (home HD, IPD, CAPD, CCPD), and in-facility HD. The patient has the right to receive information for dialysis modalities not offered by the facility, including information about alternative options for working patients.

- The IDT must identify a plan for the patient’s home dialysis or explain why the patient is not a candidate for home dialysis.
Why?

Conditions for Coverage, Subpart C, 494.70, 494.90
Why Else?
What We’ll Cover

1. What new patients are going through
2. Outcomes of standard in-center hemodialysis
3. Home dialysis: What’s in it for patients?
4. Home dialysis: What’s in it for centers?
5. How can you help patients choose an option?
What New Patients are Going Through
CHAOS!
DIALYSIS IS A TSUNAMI IN PATIENTS' LIVES
How LONG will I live?
How WELL will I live?
?????????????
STRONG EMOTIONS ARE COMMON
TERROR, ANGER, DEPRESSION...
About 1 in 5 dialysis patients is depressed

Impact of Depression in Dialysis

More hospitalization$^1,^2$

More death:
- Significant predictor of the decision to stop dialysis$^3$
- 2.95-fold greater risk of death over 5 years$^4$

What dialysis would YOU choose?

A. Standard in-center hemodialysis
B. Nocturnal in-center hemodialysis
C. Peritoneal dialysis – manual or with a cycler
D. Short daily home hemodialysis
E. Standard (3x/week) home hemodialysis
F. Nocturnal home hemodialysis
Impact of Standard In-center HD on Patients’ Lives
DIALYSIS OPTION AFFECTS EVERY ASPECT OF LIFE

CHOICE OF A TREATMENT NEEDS TO REFLECT THIS
What happens in the body with standard in-center hemodialysis

BIG Ups & Downs in Water and Wastes
Strict diet & fluid limits on standard in-center HD

- Sodium (salt)
- Potassium
- Phosphorus
- Fluid
Median of 19 pills/day—highest of ANY disease

25% on take more than 25 pills/day

Context: Strict fluid limits, dry mouth
Sleep problems are rampant in standard HD
Sexual and fertility issues are very common
Effect of Job Loss on Patients

Hi my name is X, I’ve been on dialysis for 3 years and I’m only 36 years old. I got it from high blood pressure.

Well now I have no friends and I’m depressed and my life sucks. I’m a single person with no job and no life. Dialysis sucks and I should just die.

Quote from the dialysis_support email listserv, 2006
Standard In-center HD: the 2-day “Killer Gap” (by Day)

All-cause cardiac deaths

Monday | Weds | Fri | Tuesday | Thurs | Saturday

P=0.0005

Standard In-Center HD: the 2-day “Killer Gap” (by Hour)

MOST Mortality is Higher After the 2-day Gap

Among a nationally representative sample of 32,065 patients:

- All cause mortality: <0.001
- Cardiac arrest: .004
- Myocardial infarction: <0.001
- Infection: .007
- Septicemia: .06
- Other cause: .001

Foley RN et al. NEJM. 2011 365:1099-107
Why pick on standard HD?

US Dialysis “Distribution”

FAIL

Standard HD >92%

All Home Dialysis <8%
Benefits of Home Treatments for Patients
Treatments that keep balance can give patients fuller lives.
TYPES OF HOME DIALYSIS

- CAPD, CCPD
- Short daily home HD
- Nocturnal home HD
- Nocturnal In-center HD
What happens in the body with standard in-center hemodialysis

BIG Ups & Downs in Water and Wastes
RECOVERY TIME AFTER STANDARD IN-CENTER HD

Lindsay RM et al. *CJASN* 2006 Sep;1(5):952-9
What happens in the body with short daily hemodialysis

Small Ups & Downs in Water and Wastes
RECOVERY TIME AFTER SHORT DAILY HD

Lindsay RM et al. CJASN 2006 Sep;1(5):952-9
What happens in the body with nocturnal hemodialysis

VERY Small Ups & Downs in Water and Wastes
RECOVERY TIME AFTER NOCTURNAL HD

Lindsay RM et al. CJASN 2006 Sep;1(5):952-9
HOME TREATMENTS OFFER FREEDOM

FEWER MEDS. FLEXIBLE SCHEDULE. MORE CONTROL (AUTONOMY). FEWER SYMPTOMS.
HOME TREATMENTS MAKE TRAVEL EASIER

HOME TREATMENTS ARE FLEXIBLE—AND CAN COME ALONG FOR THE RIDE
Nocturnal HD:

1. Significantly lower phosphate levels
2. Fewer/no fluid limits


HOME PATIENTS CAN HAVE MORE NORMAL DIETS
FEWER DIET AND FLUID LIMITS
HOME DIALYSIS CAN IMPROVE SLEEP

HOME IS WORK-FRIENDLY (& WORK REDUCES DEPRESSION)¹

¹Kutner NG et al.  CJASN.  2010 Sept 30 [ePub ahead of print]
MORE HOME HD SEEMS TO IMPROVE SEX LIVES

PATIENTS WHO GET MORE HED REPORT BETTER SEX LIVES (BABIES ARE MORE POSSIBLE, TOO)
MORE HD: SURVIVAL COMPARES TO TRANSPLANT\textsuperscript{1-3}

MEdicare starts on day 1 for home patients

(vs. after 3 months for in-center)
Benefits of Home Treatments for Centers
Avoid Surveyor Deficiencies

4 Conditions for Coverage, Subpart C, 494.70, 494.90
4 Medicare starts on day 1 for home patients
4 Employer group health plans pay more than Medicare
BETTER STAFF MORALE

- Happier patients
- Less turnover
AS A PARENT, WOULD YOU RATHER HAVE...
OR...
How YOU can help
...everything you need to know about doing dialysis at home.

Types of home dialysis  News & events  Message boards
For professionals  Store  About us

If you need treatment for kidney failure, choosing *home dialysis* can put you back in the driver's seat of your health—and your life.

Types of home treatment  Find a home dialysis clinic  Why I chose home dialysis
How to Have a Good Future with Kidney Disease
A patient-centered CKD education series in 6 parts

Background
The non-profit Medical Education Institute, Inc., developed the How to Have a Good Future with Kidney Disease toolkit so any presenter can educate patients. Ideally, we want people with chronic kidney disease (CKD) to slow progression of their illness. If that is not possible, they need to choose a treatment option that will suit their preferred lifestyle—and make a safe transition to that option. To

Disease
www.lifeoptions.org/goodfuture
Background

 Dialysis needles are large and scary. Fear of needles and pain is a reality for most people on dialysis, especially in the beginning. Some have true phobias, and require topical anesthetics and neuropathies to self-cannulate. All patients, even those who become familiar with dialysis, worry about who will put their needles in (and potentially cause permanent damage), that can lead to a hospital stay, surgery, or loss of their life. Some avoid dialysis because they don’t want an infrequent staff person to cannulate them. All of these fears can reduce quality of life. Patients who cannulate themselves seem to overcome these fears— and this task is not as formidable as it may seem.

Patients who can see and use their hands well enough to self-cannulate are their own best cannulators. Why? Because patients are the only ones who can find both ends of the needle. They can better estimate the angle and insertion of the needle. They can tell when the tip of the needle is in the vessel. Thus, patients are far less likely to infuse intravenous fluids, arterial blood, or a care provider. Self-cannulation is a convenient technique, it is self-cannulation, and it works better [1] and has fewer problems than cannulation with multiple cannulations. [2] The main concern was that self-cannulation is more accurate than cannulation with multiple cannulations.  [3] However, there are very few studies in the literature on cannulation techniques.

The information in this manual is based on extensive clinical experience and observation. The techniques mentioned in this work have been published in peer-reviewed journals. Care your patients armed with self-cannulation? This answer is a resounding YES! In the FREE manual compiled by the non-profit Medical Education Institute (MEI) for the Home Dialysis Central website (www.homedialysis.org), we will be discussing:

1) Pre-Cannulation Education - to help patients overcome fear of needles
2) Tension Hand Cannulation - published help for learning to cannulate
3) Teach Cannulation - a method of teaching cannulation and training to perform
4) Butterfly Technique - easy and less painful but often unsuccessful and ineffective

WWW.HOMEDIALYSIS.ORG/BUTTONHOLE - FREE MANUAL ON HOW TO TEACH SELF-CANNULATION

IN-CENTER: TEACH SELF-CARE & SELF-CANNULATION
Help, I Need Dialysis!
How to have a good future with kidney disease

Dori Schatell, MS & Dr. John Agar

New Patient Dialysis Book
What dialysis would YOU choose?

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F. Nocturnal home hemodialysis
If I had a chronic disease, I would want to know ALL of my treatment options and where to get them.

A. True
B. False
If I had a chronic disease, I would want to know ALL of my treatment options and where to get them.

A. True
B. False

And so do your patients
I can help my patients understand their options by:

A. Telling them about options my clinic doesn’t have
B. Not scaring them away from treatments I wouldn’t want
C. Explaining how a treatment will affect their lifestyle
D. All of the above
E. None of the above
I can help my patients understand their options by:

A. Telling them about options my clinic doesn’t have
B. Not scaring them away from treatments I wouldn’t want
C. Explaining how a treatment will affect their lifestyle
D. All of the above
E. None of the above
CONCLUSIONS:

1. Clinics are required by CMS to teach patients about ALL options and where to get them.
2. Home treatments can offer patients a better lifestyle.
3. Patients benefit from more freedom and fewer symptoms, medications, and diet/fluid limits.
4. Clinics benefit from a better bottom line & less turnover.
5. Free resources can help you offer options to patients.