

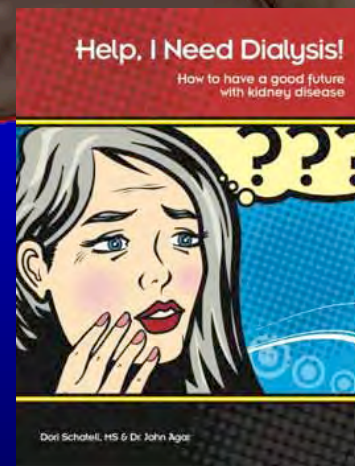
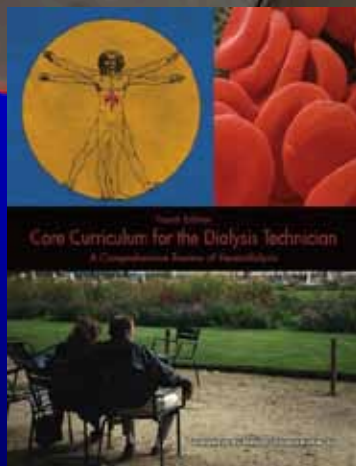
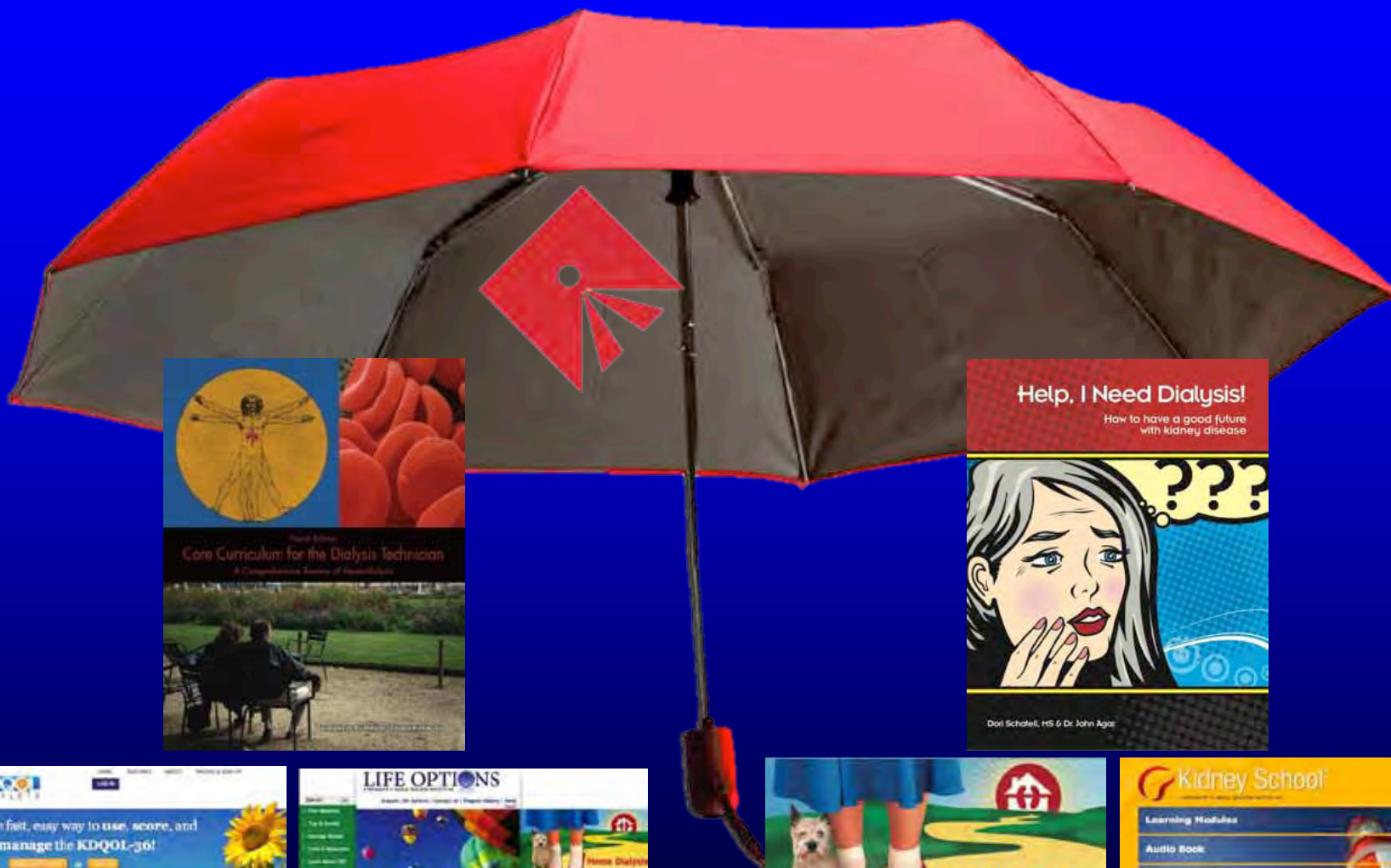
MEDICAL • EDUCATION
I N S T I T U T E *Inc.*

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.*

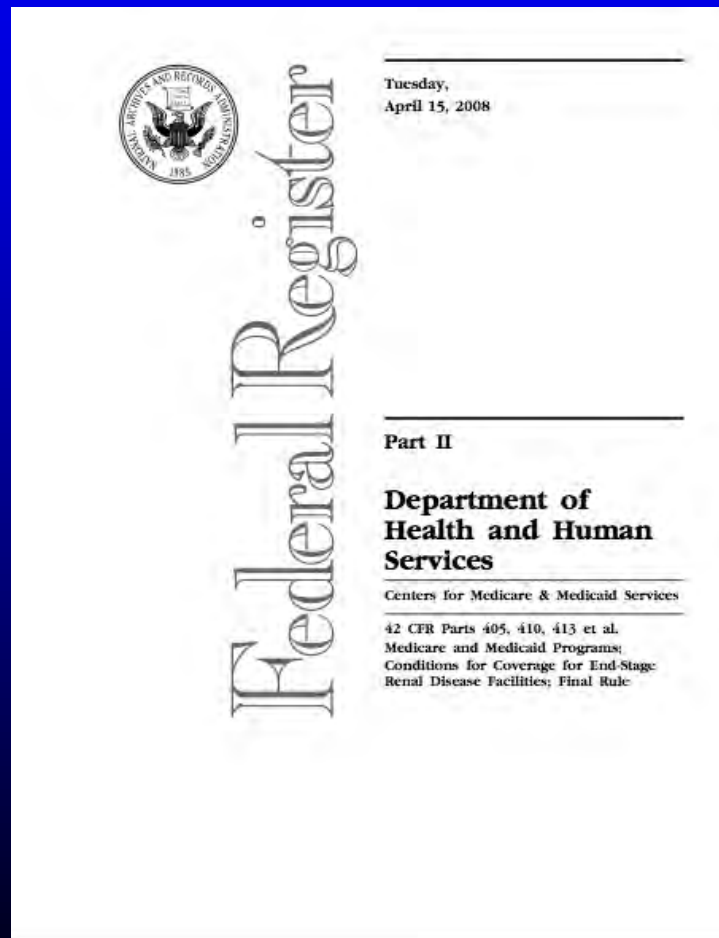


What Clinics are Required to Teach Patients

- ★ 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?

4 Conditions for Coverage, Subpart C, 494.70, 494.90



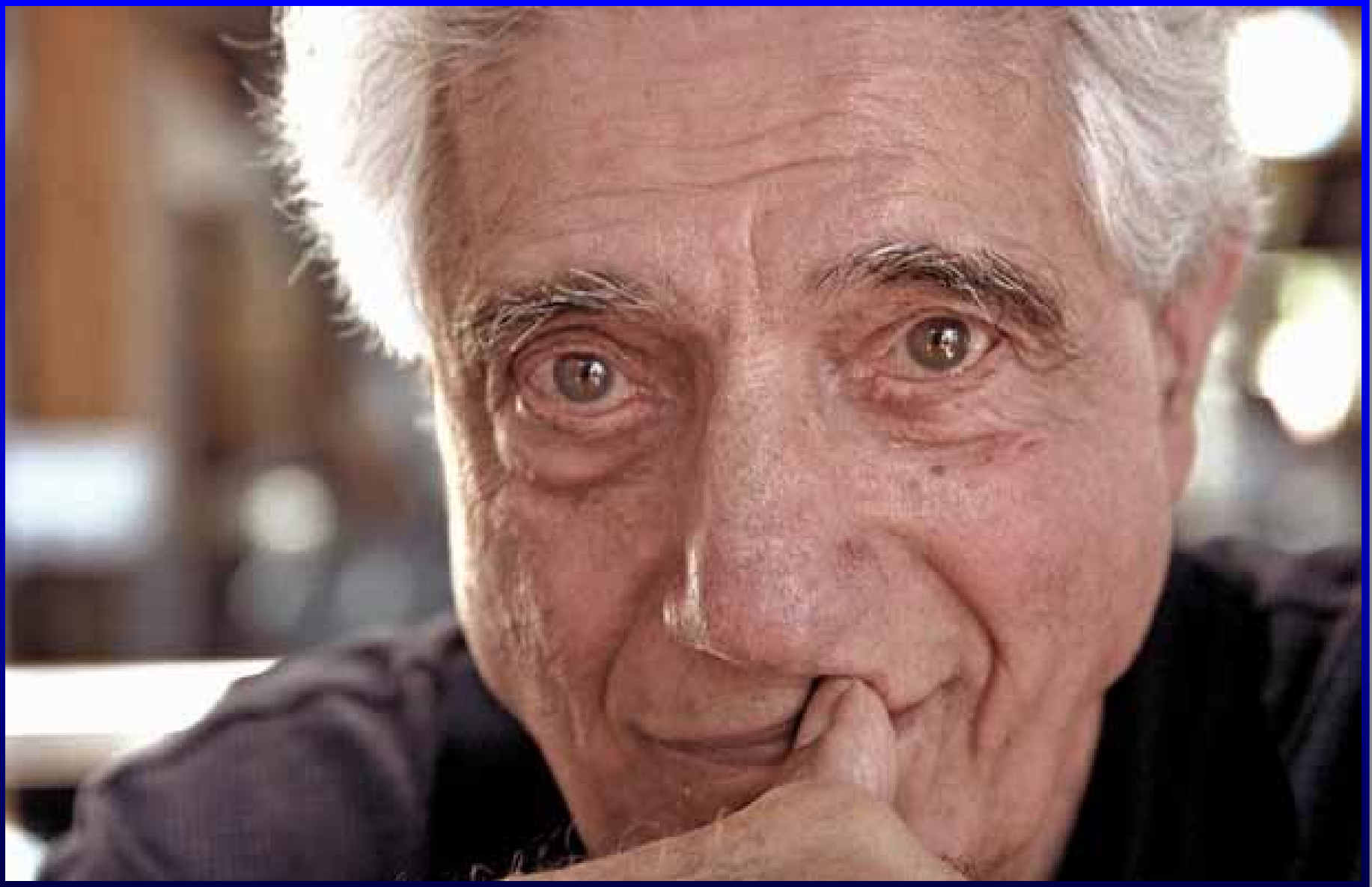
Why Else?



What We'll Cover

- 4 What new patients are going through
- 4 Outcomes of standard in-center hemodialysis
- 4 Home dialysis: What's in it for patients?
- 4 Home dialysis: What's in it for centers?
- 4 How can you help patients choose an option?

What New Patients are Going Through



CHAOS!



LIVES

How LONG will I live?

How WELL will I live?

??????????

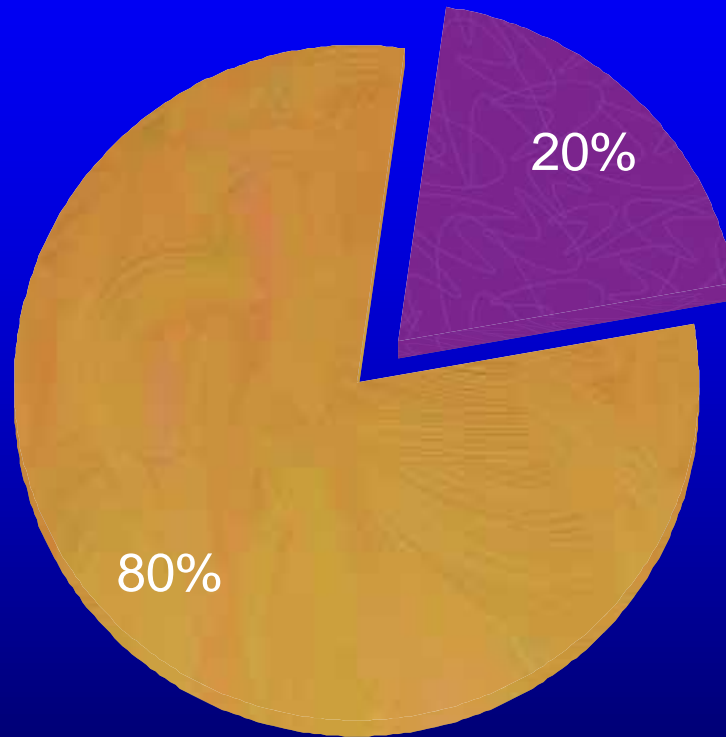




STRONG EMOTIONS ARE COMMON

TERROR, ANGER, DEPRESSION...

■ Depressed ■ Not Depressed



¹Lopes AA et al. *Kidney Int.* 2002 Jul;62(1):199-207-

About 1 in 5 dialysis patients is depressed

Impact of Depression in Dialysis

4 More hospitalization^{1,2}

4 More death:

- Significant predictor of the decision to stop dialysis³
- 2.95-fold greater risk of death over 5 years⁴

¹Lopes AA et al. *Kidney Int.* 2002 Jul;62(1):199-207

²Hedayati SS et al. *JAMA.* 2010 May 19;303(19):1946-53

³McDade-Montez EA et al.

Health Psychol. 2006 Mar;25(2):198-204

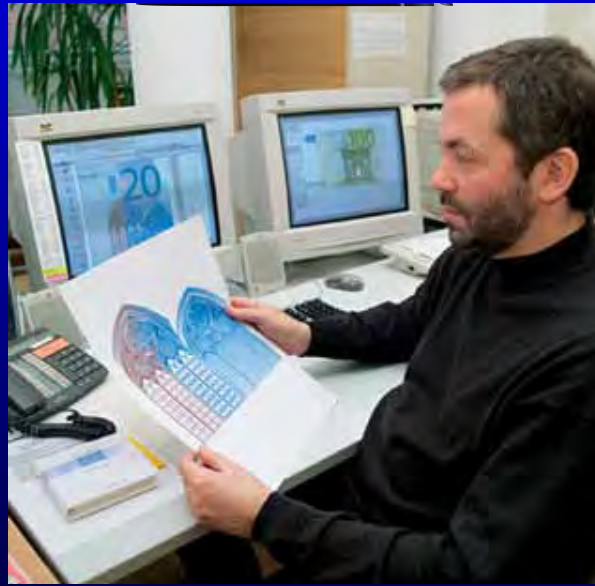
⁴Young BA et al. *Gen Hosp Psychiatry.*
2010 Mar-Apr;32(2):119-24



What dialysis would YOU choose?

- A. Standard in-center hemodialysis
- B. Nocturnal in-center hemodialysis
- C. Peritoneal dialysis – manual or with a cyclor
- D. Short daily home hemodialysis
- E. Standard (3x/week) home hemodialysis
- F. Nocturnal home hemodialysis

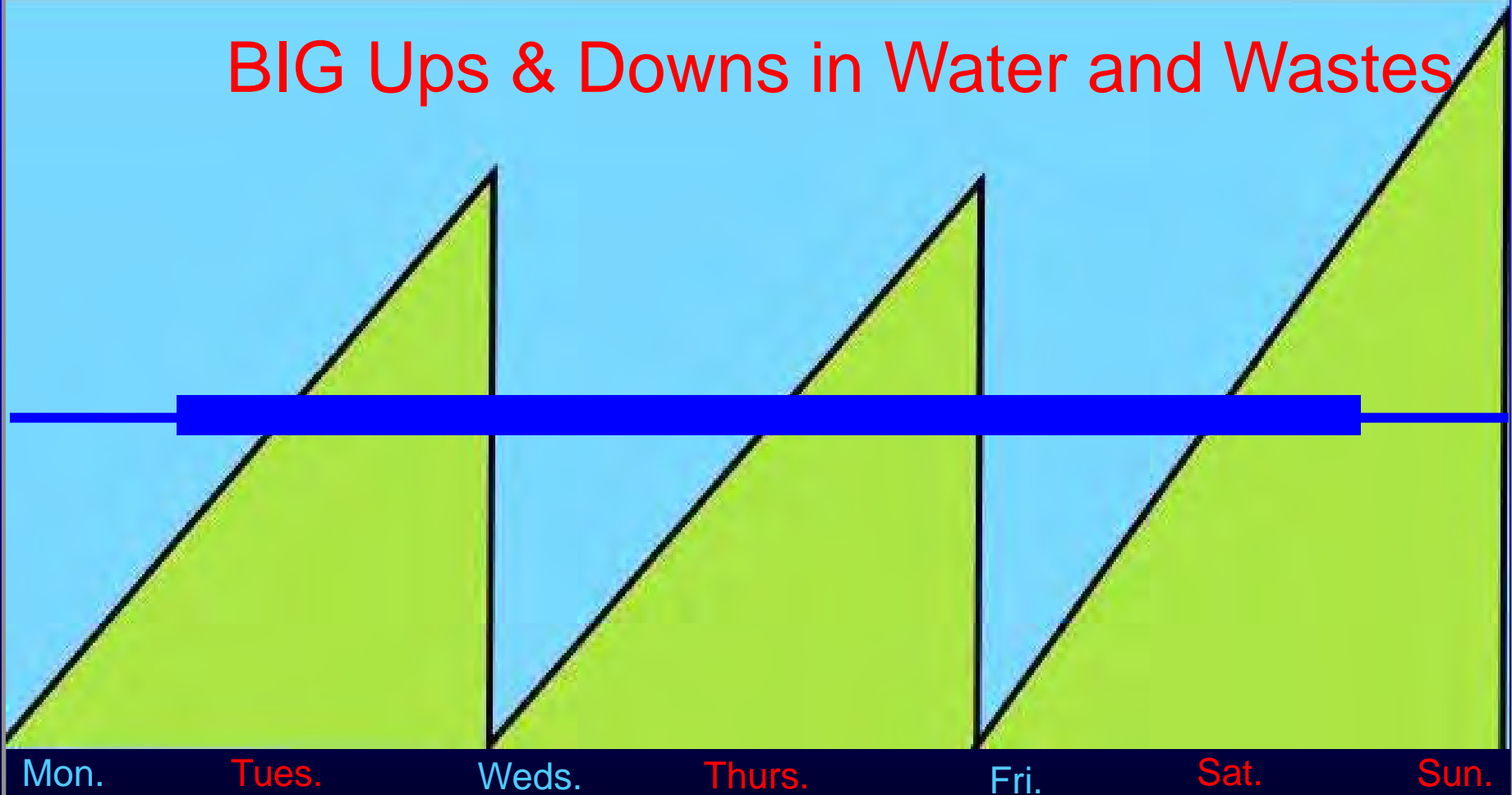
Impact of Standard In-center HD on Patients' Lives



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





- 4 Sodium (salt)
- 4 Potassium
- 4 Phosphorus
- 4 Fluid

Strict diet & fluid limits on standard in-center HD

PILL BURDEN ON IN-CENTER HD

- 4 Median of 19 pills/day—highest of ANY disease
- 4 25% on take more than 25 pills/day
- 4 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

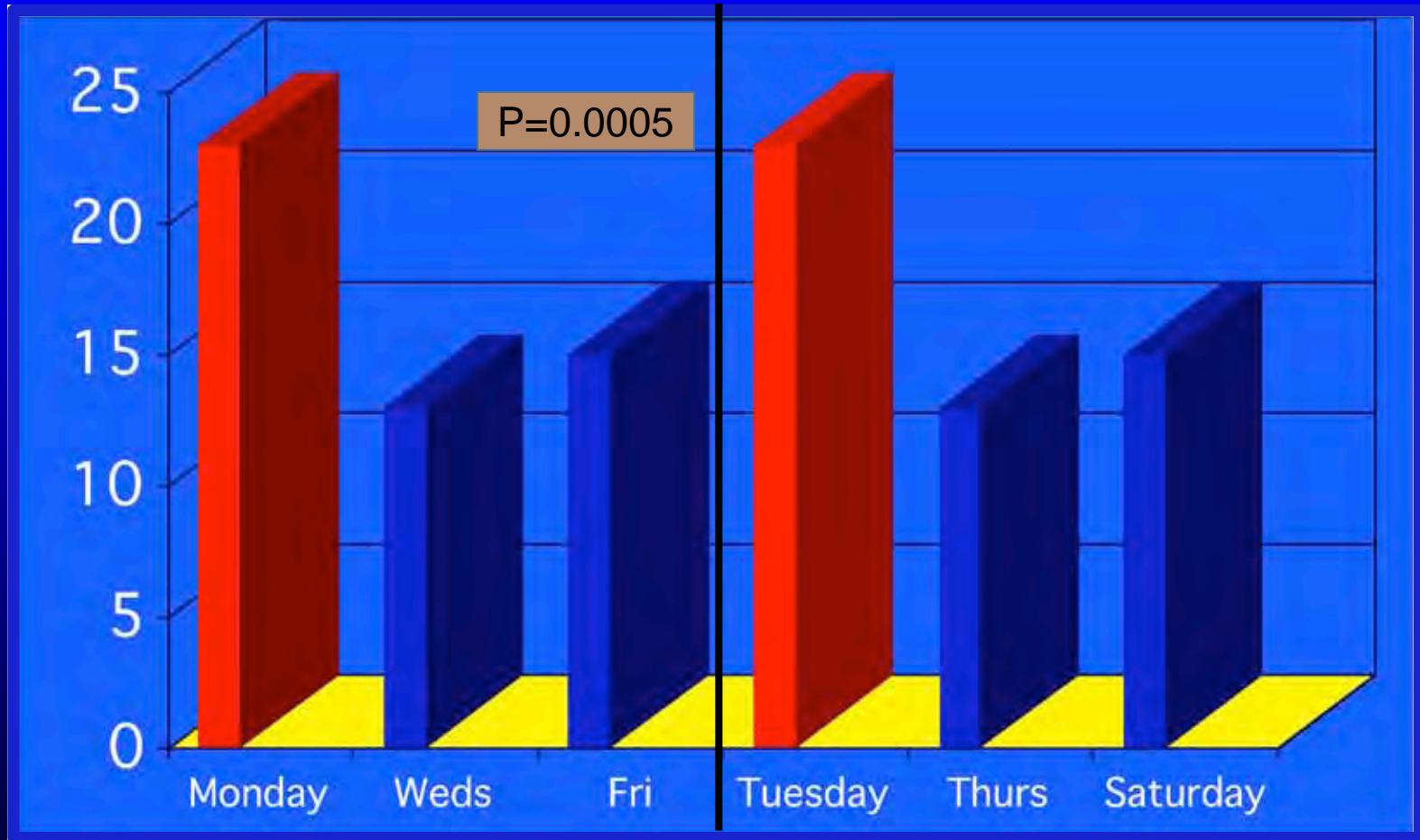
“Hi my name is X, I’ve been on dialysis for 3 years and I’m only 36 years old. I got it from high blood pressure.

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.”

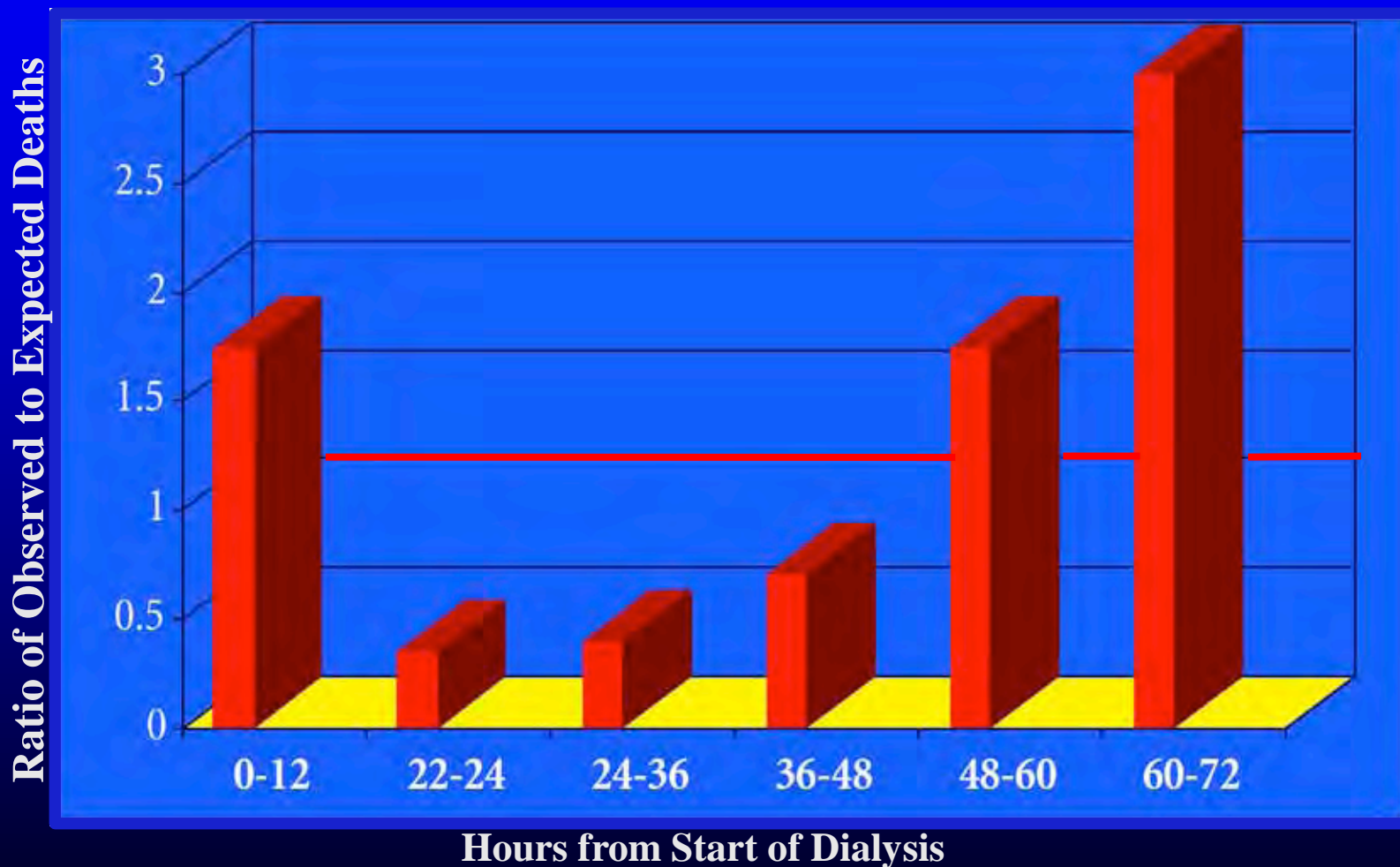
Quote from the dialysis_support email listserv, 2006

Standard In-center HD: the 2-day “Killer Gap” (by Day)

All-cause cardiac deaths



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



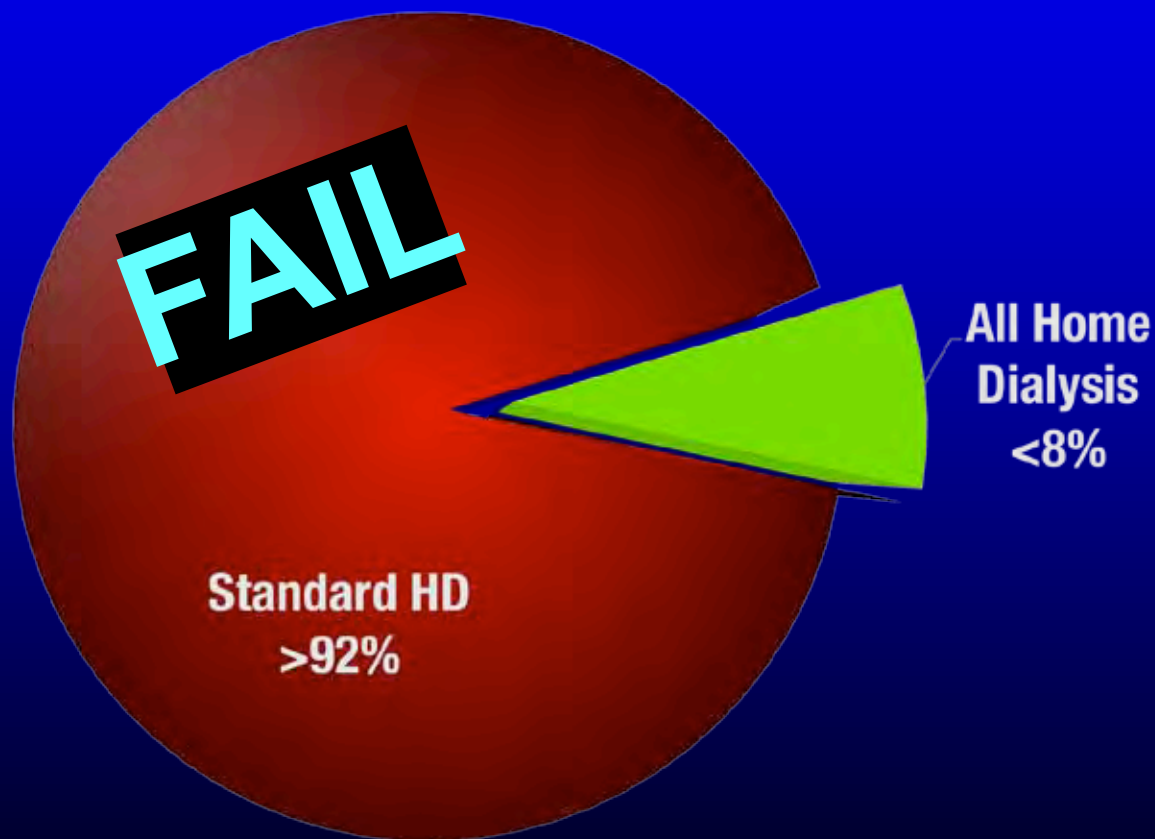
MOST Mortality is Higher After the 2-day Gap

Among a nationally representative sample of 32,065 patients:

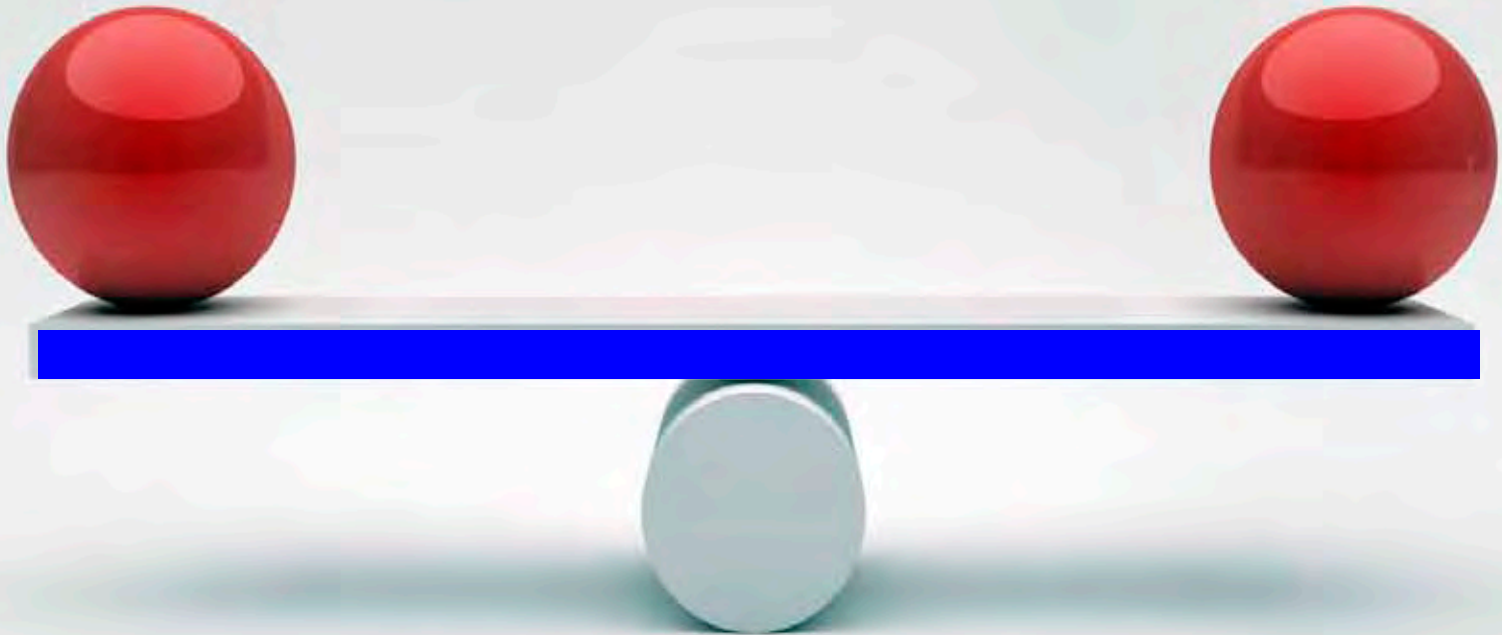
- 4 All cause mortality: <0.001
- 4 Cardiac arrest: .004
- 4 Myocardial infarction: <0.001
- 4 Infection: .007
- * Septicemia: .06
- * Other cause: .001

Why pick on standard HD?

US Dialysis "Distribution"



Benefits of Home Treatments for Patients



Treatments that keep balance can give patients fuller lives

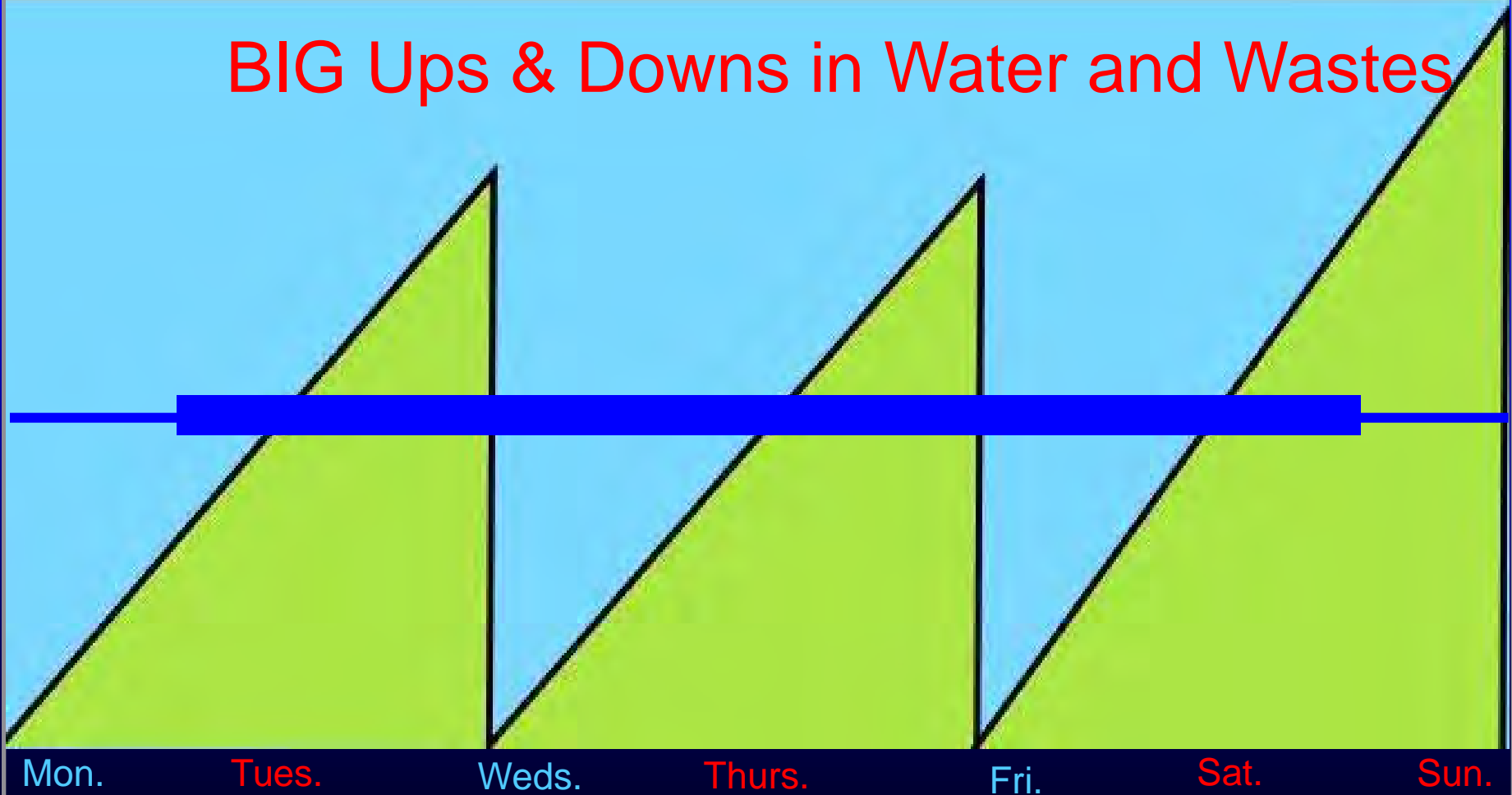
TYPES OF HOME DIALYSIS

- 4 CAPD, CCPD
- 4 Short daily home HD
- 4 Nocturnal home HD
- 4 Nocturnal In-center HD



What happens in the body with standard in-center hemodialysis

BIG Ups & Downs in Water and Wastes

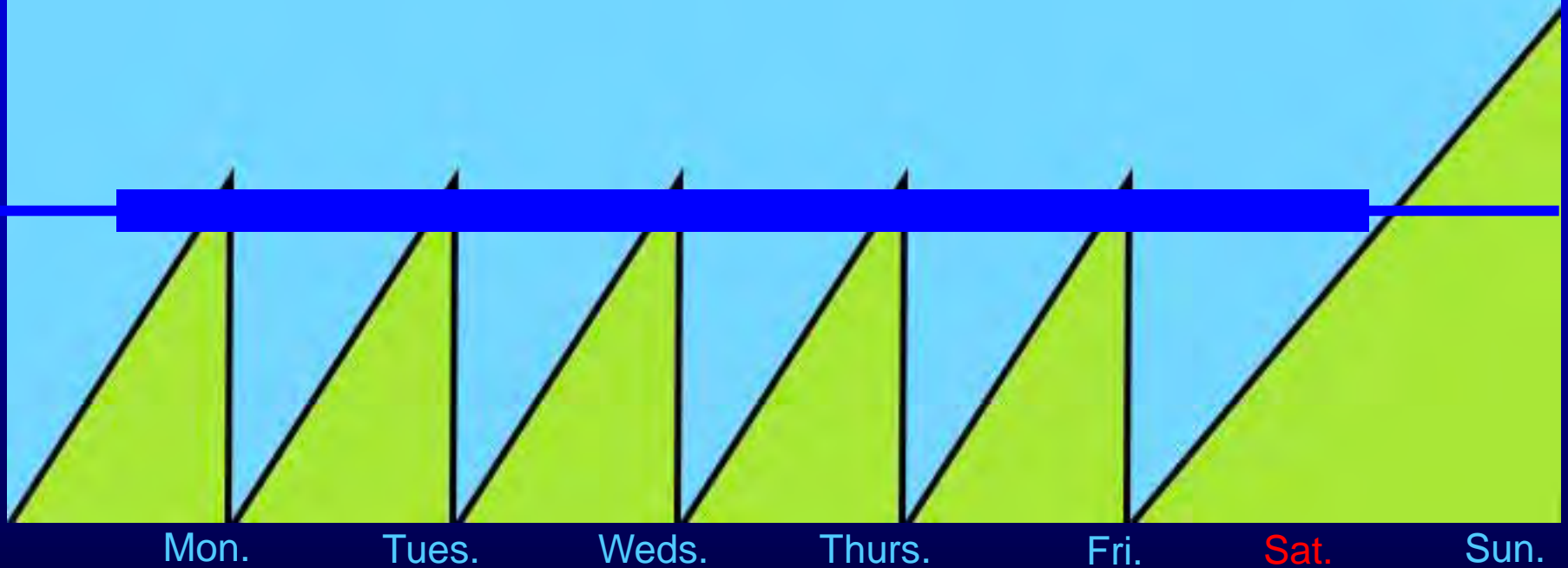


RECOVERY TIME AFTER STANDARD IN-CENTER HD



What happens in the body with short daily hemodialysis

Small Ups & Downs in Water and Wastes



RECOVERY TIME AFTER SHORT DAILY HD



What happens in the body with nocturnal hemodialysis

VERY Small Ups & Downs in Water and Wastes



Mon.

Tues.

Weds.

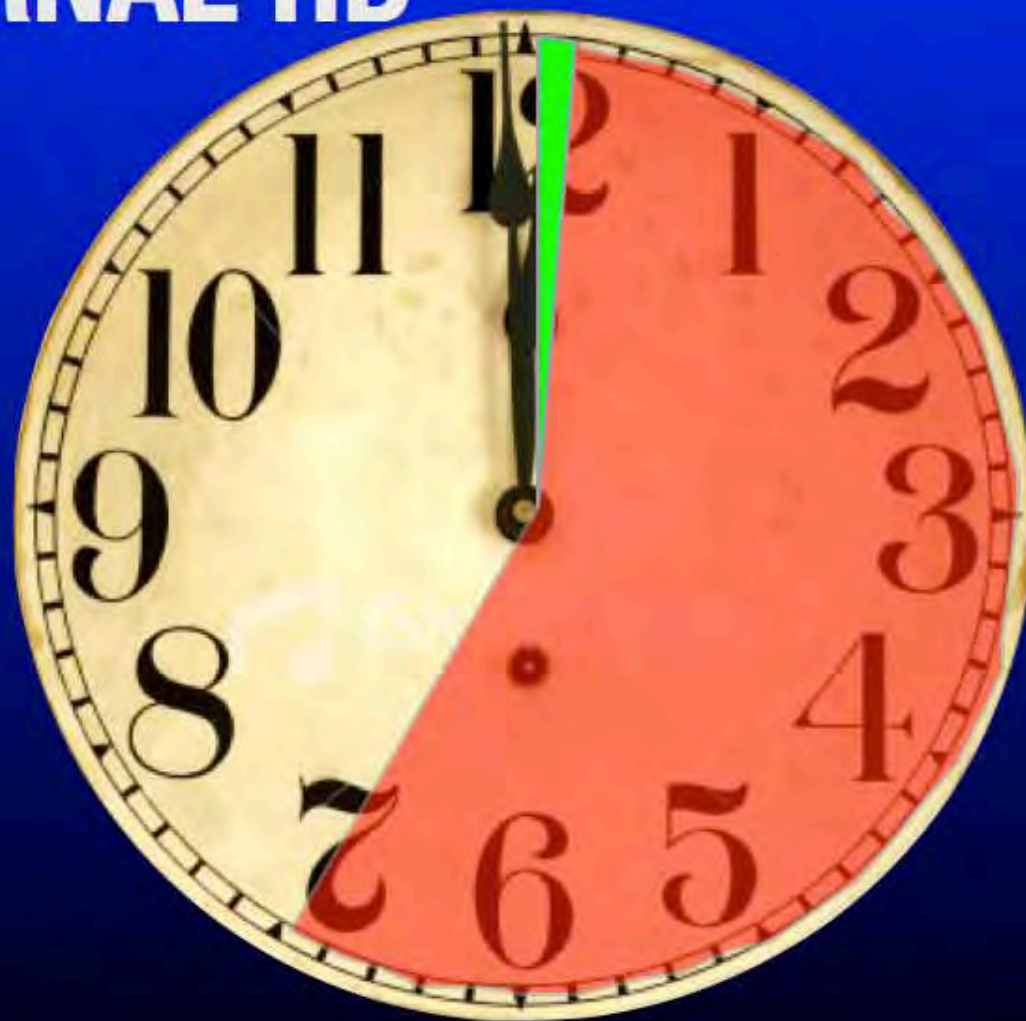
Thurs.

Fri.

Sat.

Sun.

RECOVERY TIME AFTER NOCTURNAL HD





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

4 Nocturnal HD:

Significantly lower phosphate levels¹

Fewer/no fluid limits²



³Lindsay RM et al. Am J Kidney Dis. 2003 Jul;42(1 Suppl):24-9

⁴Warady BA et al. Adv Chronic Kidney Dis. 2007 Jul;14(3):297-303

**HOME PATIENTS CAN HAVE MORE NORMAL DIETS
FEWER DIET AND FLUID LIMITS**



HOME DIALYSIS CAN IMPROVE SLEEP¹

¹Tang SC et al. *CJASN*. 2009 Feb;4(2):410-8. ²Beecroft JM et al. *Sleep Med*. 2009 Jan;10(1):47-54. ³Tang



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

¹Kutner NG et al. *CJASN*. 2010 Sept 30 [ePub ahead of print]



SEX LIVES

PATIENTS WHO GET MORE HED REPORT BETTER SEX LIVES (BABIES ARE MORE POSSIBLE, TOO)



MORE HD: SURVIVAL COMPARES TO TRANSPLANT¹⁻³

¹Kjellstrand C et al. *NDT*. 2008. Oct;23(10):3283-9. ²Pauly RP et al. *NDT*. 2009 Sept;24(9):2915-9. ³Johansen et al. *KI*. 2009 Nov;76(9):984-90

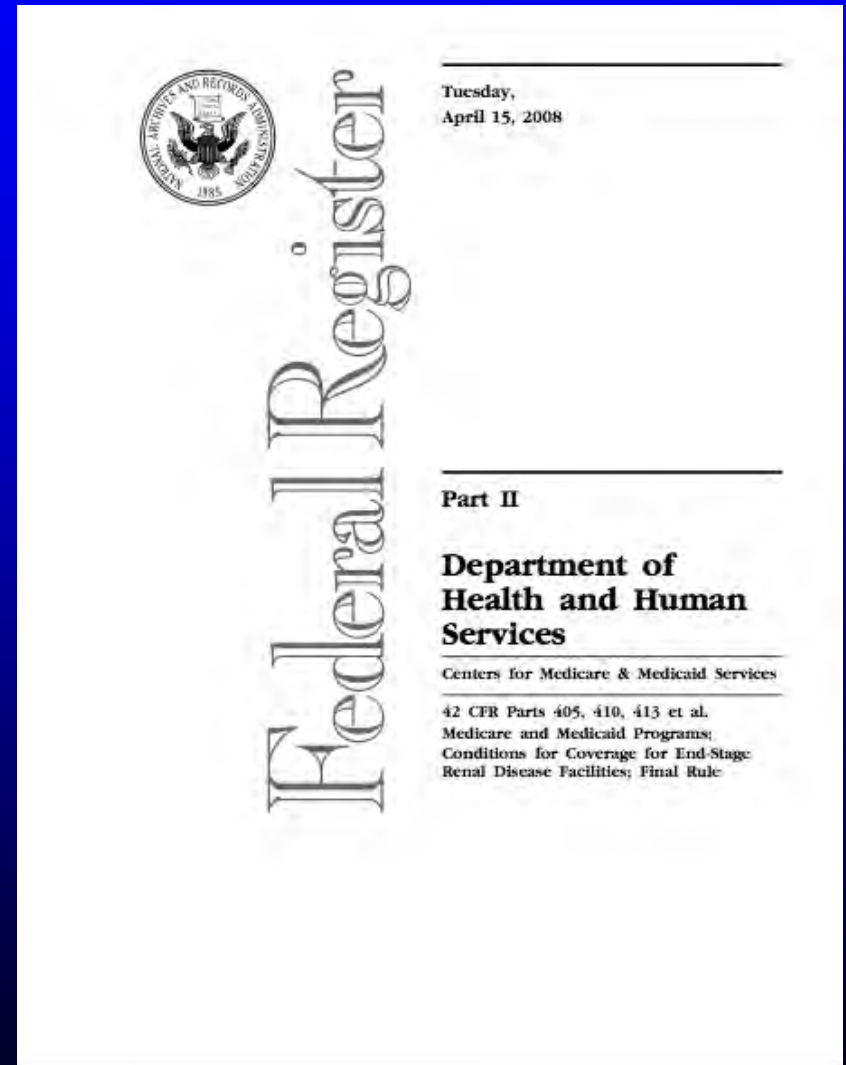


**MEDICARE STARTS ON DAY 1 FOR HOME PATIENTS
(vs. AFTER 3 MONTHS FOR IN-CENTER)**

Benefits of Home Treatments for Centers

Avoid Surveyor Deficiencies

4 Conditions for Coverage, Subpart C, 494.70, 494.90



IMPROVE CENTER REVENUE

- 4 Medicare starts on day 1 for home patients
- 4 Employer group health plans pay more than Medicare



BETTER STAFF MORALE

4 Happier patients

4 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



The new kidney's blood type must match yours



Which came first?

High blood pressure and your kidneys



Treatment	I can eat & drink more
Transplant	Green
PD	Yellow
HD at home – short daily	Green
HD at home – at night	Green
HD in-center – 3 days a week	Red
HD in-center – 3 nights a week	Green

Which treatments give me more food choices?



How to slow chronic kidney disease (CKD)

Disease

A How-To Manual: The Art of Teaching Buttonhole Self-Cannulation

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 phobia, and require special techniques and interventions to self-cannulate. All patients, once they become familiar with dialysis, worry about who will put their needles in (and potentially cause access damage that can lead to a hospital stay, surgery, or loss of their lifeline). Some avoid travel because they don't want an unknown staff person to cannulate them. All of these fears can reduce quality of life. Patients who cannulate themselves learn 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 feel both ends of the needle. They can better control the angle and direction of the needle. They can tell when the tip of the needle is in the vessel. Thus, patients are far less likely to infiltrate themselves than a dialysis staff member or a care partner. A fistula with a consistent cannulator, i.e., a self-cannulator, will work far longer¹ and have fewer problems than one with multiple cannulators.²⁻⁴ There is even some evidence that self-cannulation is more comfortable for the patient, i.e., less painful.⁵ Surprisingly, there are very few studies in the literature on cannulation technique.

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. Can your patients succeed with self-cannulation? The answer is a resounding **YES!** In this **FREE** manual, compiled by the non-profit Medical Education Institute (MEI) for its Home Dialysis Central website (www.homedialysis.org), we will be discussing:

- I) **Pre-cannulation Education** – to help patients overcome fear of needles
- II) **Tandem-Hand Cannulation** – guided help in learning to cannulate
- III) **Touch Cannulation** – a method of holding cannulation tubing, to afford better control
- IV) **Buttonhole Technique** – faster and less-painful⁶ than rope-ladder rotation, but with fewer aneurysms and infiltrations⁷



Stuart Mott
Phlebot, Access Nurse
Columbia, MD

"Because my ultimate aim was to do dialysis at home, I knew I would have to learn to needle myself. But, at first, I could not even watch the nurse needle me! I started by watching her insert needles out of the corner of my eye. Gradually, by an effort of will, I was able to watch the whole process without blinking. I watched her technique very carefully. After doing this for about 6 weeks, I felt ready to take the next step.

I visualized myself asking the nurse to allow me to have a turn myself. Finally I took a deep breath and asked to insert my own needle. It was easier than I thought and the nurse commended me on my excellent technique. These needles were the very fine ones used for local anesthesia. I simply repeated the process, when I felt brave enough, to cannulate with the large dialysis needles.⁸

— Home Dialysis patient.

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?

- A. Standard in-center hemodialysis
- B. Nocturnal in-center hemodialysis
- C. Peritoneal dialysis – manual or with a cyclor
- D. Short daily home hemodialysis
- E. Standard (3x/week) home hemodialysis
- 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:

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- C. Explaining how a treatment will affect their lifestyle
- D. All of the above
- E. None of the above

CONCLUSIONS:

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