



TREATMENT MODALITIES

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What is a “Modality”??

- (medicine) any method of therapy that involves therapeutic treatment
- Method - A process by which a task is completed; a way of doing something
- Therapy - Treatment of disease or disability
- **How** we provide “dialysis” to treat ESRD

DEFINITION IN “OUR WORLD”

- A MODALITY is – a CHOICE made between a patient and his/her physician that;
 - Optimizes the replacement of lost kidney function
 - Minimizes the disruption of the patient’s lifestyle
 - Maximizes the patient’s Quality of Life
 - Fits within the available financial means of the provider and the patient.

Functions of a Modality

- ROUTE OF ADMINISTRATION
- BY WHOM
- LOCATION
- DURATION
- FREQUENCY

ROUTE OF ADMINISTRATION

- VASCULAR SYSTEM
 - Fistula (First)
 - Graft
 - Catheter
- PERITONEAL CAVITY
 - Catheter

Performed By Whom?

- Licensed or Certified Professionals
 - RNs
 - LPNs
 - PCTs
- Trained Personal Caregiver(s)
 - Spouse/family member
- Self Administered

LOCATION

- In a Licensed/Certified Outpatient Facility
- In a Hospital (acute)
- At "HOME" (anywhere other than a facility)
 - Personal Residence
 - Nursing Home/Assisted Living
 - Vacation Home/Hotel
 - At "Work"

DURATION

- The Amount of Time Needed
 - AS MUCH AS POSSIBLE !
 - Patient Tolerance
- The Amount of Time Available
 - To Patient
 - Work Schedule
 - Other Health Related Activities
 - To Provider
 - Availability of Capacity
 - Availability of Staff

FREQUENCY

- "AS OFTEN AS POSSIBLE"
- "QUOTIDIAN" (Daily)
 - Sometimes refers to 5-6 days/wk
- Every Other Day
 - No 2 day "gap" between treatments
- Thrice Weekly
 - 2 day "gap" between treatments

BASIC MODALITIES

- In-Center Hemodialysis
- Home Peritoneal Dialysis
- Home Hemodialysis
- Transplant

In-Center Hemodialysis

- Mechanically Performed
- Typically through Fistula, Graft or Catheter
- Typically 3-5 Hours
- Typically 3-4 Days/Wk
- Typically Full Care
 - Partial Care
 - Self Care
- Typically 90%-95% of all Renal Patients

Home Peritoneal Dialysis

- Requires a Peritoneal Catheter
- CAPD
 - Manually Performed
 - 3-5 “Exchanges” per day (typically during daylight)
 - 7 Days/Wk
- CCPD (APD)
 - Mechanically performed
 - 3-5 “Exchanges” per day (typically at night)
 - 7 Days/Wk

HOME HEMODIALYSIS

- Mechanically Performed
 - Dialysis Machine and water treatment
- Performed by;
 - Licensed/Certified Professionals
 - Trained Personal Caregiver
 - Self
- Duration/Frequency
 - "Standard" - 3-5 hrs, 3-4 times/wk
 - "Short Daily" – 2-4 hours, 5-6 times/wk (daytime)
 - "Nocturnal" – 6-10 hours, 3-4 times per week (nighttime)

WHAT IS THE “RIGHT” MODALITY

- IT DEPENDS ON THE PATIENT
- Every Patient has a “Right” Modality at any given point in time.
- Not every Modality is “Right” for every patient.
- Finding the “Right” Modality for each patient is the “Right Thing To Do”

IN-CENTER HEMODIALYSIS

ADVANTAGES

- Licensed/Certified Caregivers
- Access to emergency equipment
- Camaraderie among patients
- Separation of "lives" (normal vs. therapy)

DISADVANTAGES

- Travel to and from therapy
- Dictated schedule
- No control over environment
- Staff "in training"

Peritoneal Dialysis

ADVANTAGES

- NO NEEDLE STICKS
- Infrequent travel to facility
- Flexible Scheduling of Rx
- Freedom to travel
- Fewer medications
- Control over environment
- Privacy
- Feeling of "Self Control"

DISADVANTAGES

- Catheter external to abdomen
- Storage space for PD Solution
- Risk of peritonitis
- Less effective than artificial kidney

Home Hemodialysis

ADVANTAGES

- Same advantages of home PD, PLUS.....
- Less restrictive diet (short daily and nocturnal)
- Fewer medications (short daily and nocturnal)

DISADVANTAGES

- No separation of "lives"
- Storage space for equip/supply
- Some water/elect. Modifications
- Some additional water/elect. Cost
- Still have "needle sticks"
- No professional staff present



The Future of Modalities

The Renal World is Changing



MODALITY SHIFT

- BETTER INFORMED PATIENTS
 - CKD Education (Options programs)
 - Advertising media, Internet
- BETTER INFORMED PHYSICIANS/STAFF
 - Trade magazines
 - ADC Meeting
- “BUNDLING”
 - Clinical/Financial Alignment

SHIFT PATTERNS

- The “shift” will be slow.
- The “shift” will come from “Intake”, not “In-Center”
- 50-60 % of patients will always be “In-Center”
- 40-50% could be “at home”
- The “shift” is accelerated by improved Mortality

BUNDLING IMPACT ON MODALITIES

- New Medicare payment system (THE BUNDLE) has aligned the historically proven CLINICAL benefits of Self Care Therapy with the FINANCIAL incentives of Self Care Therapy

UNDER BUNDLING -

- Financial incentive of completing self care training during the first 90 days of therapy
- Financial incentive of separately billable “training rate” after the first 120 days of therapy.
- Financial incentive of lower medication/lab cost of Self Care modalities.

AND...

- Additional savings/growth from lower mortality rate
- Additional savings/growth from lower hospitalization rate
- Increased in-center capacity
- IMPROVED QUALITY OF LIFE FOR PATIENTS

WHAT DOES ALL OF THIS MEAN TO YOU?

“OPPORTUNITY”

- New positions in Home Training Programs for PCTs
- Staff Assisted Home Hemo using PCTs at home
- New positions in In-Center Self Care Programs for PCTs
- Need for more Bio-Med Techs for home equipment
- New Bio-Med “Structures” (Management positions)

SUMMARY THOUGHTS

- A **MODALITY** is “Any way of treating a disease”
- There are literally hundreds of Modalities
- There is one “Right” modality for each patient
- New “shift” in historical Modality patterns.
- New OPPORTUNITIES for Renal Technicians

- EMBRACE THE “SHIFT”

“SEIZE THE OPPORTUNITY”