



End-Stage Renal Disease
Network Program

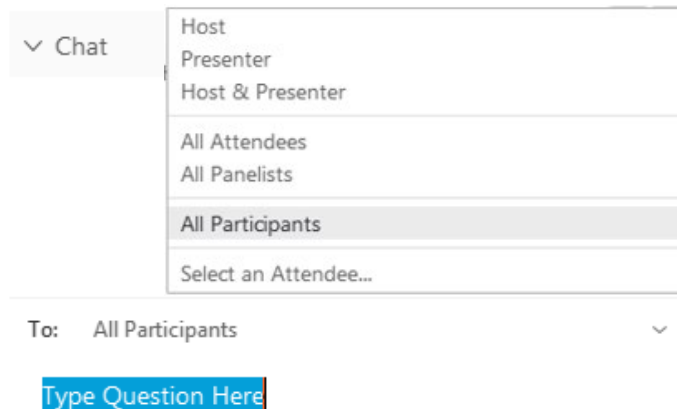
Introducing “Healthy at Home” Campaign

August 25, 2020

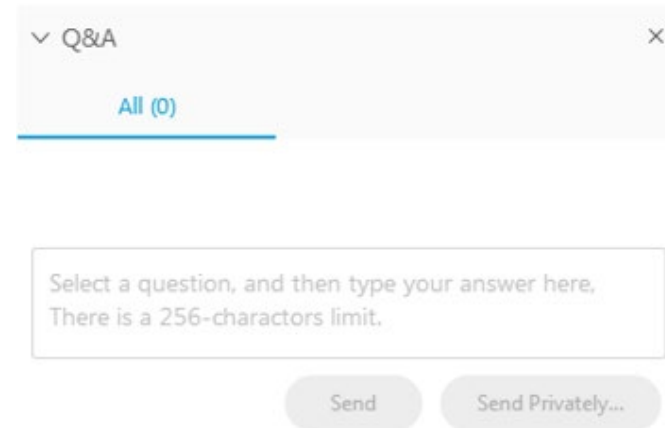
Housekeeping Reminders:

- All lines are muted to reduce background noise
- We will have a roundtable discussion and Q&A session at the end of the presentation
- Chat and Q&A sections are being monitored

To ask a question, use the Chat feature in the bottom right corner of your screen.



To ask a question, use the Q&A feature in the bottom right corner of your screen.



Agenda



- Healthy at Home Resources
- Telehealth Resources
- Improving Home Dialysis & Telehealth
- Telehealth in Practice
- Home Dialysis – Patient Perspective
- Discussion and Q&A

Interventions of the “Healthy at Home” Campaign

- Promote home modalities as the preferred **dialysis** option
- Provide patient/ caregiver and professional staff education and resources
- Facilitate conversations with CKD patients related to home modalities
- Educate ICHD patients on the benefits of home
- Improve patient selection processes

“Let’s Start Healthy at Home” Resource Package

Materials Include:

- Flyers to provide a general overview of Home Dialysis Options

Do your patients know about home treatment options?

HOME DIALYSIS...

Peritoneal Dialysis (PD)
PD Benefits in Brief
Needle-free. A catheter is used for treatments.
Portable. Patients aren't confined to one place for treatment.
Flexible. Patients can choose treatment times that fit their needs and lifestyle.
Freedom. Patients can eat and drink more of what they enjoy.
Kidney Function. PD may extend patients' remaining kidney function longer than would standard hemodialysis.

Home Hemodialysis (HHD)
HHD Benefits in Brief
More Energy. More dialysis – patients feeling better.
More Control. Allows patients to eat, drink, and have visitors during treatments.
Better Access. Lasts longest when patients place their own needles.
Better Survival. Patients may live just as long as if they received a deceased donor kidney transplant.

What types of support would the dialysis facility provide?

- One-on-one training is provided to patients until they feel comfortable and confident dialyzing at home.
- Home nurse support is provided 24/7.
- Lab work and evaluations performed through monthly visits at the home facility.
- Home nurse assistance with organizing the home to accommodate dialysis treatment supplies.

continued on next page

End-Stage Renal Disease Network of the South Atlantic
<http://network6.esrd.ipro.org>

v2 7/27/2020

Do your patients know about treatment options?

HOME DIALYSIS... continued

is be

with s and dles

avel-friendly ble to follow it with less

lood pressure ble to reduce

heart and may is recovery time mentally and

continue school self-care n concerns to sis clinic of receiving a

How can you share home dialysis information with your patients?

- Share the Network's Peritoneal and Home Hemodialysis brochures with dialysis patients upon discharge. Materials can be found here: <https://network6.esrd.ipro.org/home/provider/etg/ia/home/therapies>
- Refer patients to their attending physician for more information or for answers to their questions.
- Share the **Kidney Choices** app, a tool to help patients and their healthcare teams select the treatment option that is right for them. Track diagnostic tests, clinician appointments and medications.

End-Stage Renal Disease Network of the South Atlantic
<http://network6.esrd.ipro.org>

v2 4/7/2020

Do you know your home treatment options?

HOME DIALYSIS...

Peritoneal Dialysis (PD)
PD Benefits in Brief
Needle-free. A catheter is used for treatments.
Portable. Take it with you.
Flexible. Choose treatment times that fit your needs and lifestyle.
Freedom. Eat and drink more of what you like.
Kidney Function. PD may help you keep your remaining kidney function longer than standard hemodialysis.

What type of support would be provided by the dialysis facility?

- A home nurse will provide one-on-one training until you are comfortable to dialyze at home.
- Your clinic will be available to you 24/7, either in the facility or by phone.
- You will make visits to the home facility for lab tests and evaluations.
- The home nurse will assist in organizing your home with supplies needed for dialysis treatments.

End-Stage Renal Disease Network of the South Atlantic
<http://network6.esrd.ipro.org>

v2 4/7/2020

Do you know your treatment options?

HOME DIALYSIS... continued

er home dialysis?

/in your dialysis and daily

ormal diet with less restrictions to manage your own care le to reduce medications tion hassles to and

Information.

o learn more about a home dialysis option that will best suit your needs and lifestyle, p. Find the best options for you and talk with your healthcare team. helpful links to get started:

Central: <https://homedialysis.org/home-dialysis-basics>

<https://lifeoptions.org/living-with-kidney-failure/options-for-dialysis>

s United: <https://www.homedialyzersunited.org>

y Foundation: <https://www.kidney.org/treatment-support>

alysis Choice: <https://mydialysischoice.org>

End-Stage Renal Disease Network of the South Atlantic
<http://network6.esrd.ipro.org>

v2 4/7/2020

IPRO End-Stage Renal Disease Network of the South Atlantic
909 Aviation Parkway, Suite 300, Morrisville, NC 27560
Patient Toll Free: 800-524-7139 • Main: 919-463-4500 Fax: 919-388-9637
Email: esrdnetwork6@ipro.us • Web: <http://network6.esrd.ipro.org>

Developed by IPRO ESRD Network of the South Atlantic while under contract with Centers for Medicare & Medicaid Services. Contract HHSM-500-2016-00006C

To file a grievance, please contact us:
IPRO End-Stage Renal Disease Network of the South Atlantic
909 Aviation Parkway, Suite 300, Morrisville, NC 27560
Patient Toll Free: 800-524-7139 • Main: 919-463-4500
Fax: 919-388-9637 • Email: esrdnetwork6@ipro.us • Web: <http://network6.esrd.ipro.org>

Developed by IPRO ESRD Network of the South Atlantic while under contract with Centers for Medicare & Medicaid Services. Contract HHSM-500-2016-00006C

“Let’s Start Healthy at Home” Resources (cont’d)

Home Hemodialysis Trifold

Tips for considering a Home Modality

- Research your many options.
- Think about your long-term goals.
- Involve your care partner in the planning process.
- Consider where you can place home dialysis equipment and supplies in your living space.
- Ask to speak with a patient who is dialyzing at home.
- Discuss any questions you may have with your healthcare team.
- Form a partnership with your care team.

Comments from people on HHD...

"I was one of the first in Hawaii to get trained for Home HD, and have been a big fan ever since! I really like how portable my machine is."

"I don't feel like a 'sick person' anymore. I'm proud to tell people that I do my own treatments at home!"



Available on the App Store and on Google Play...

Kidney Choices

A tool to help you and your healthcare team select the treatment option that is right for you.

Track diagnostic tests, clinician appointments and medications.

For more information or to file a grievance, please contact us:

IPRO End-Stage Renal Disease Network of the South Atlantic
909 Aviation Parkway, Suite 300
Morrisville, NC 27560
Patient Toll-Free: 800-524-7139
Fax: 919-388-9637
Email: esrdnetwork6@ipro.us
Website: network6.esrd.ipro.org

Developed by IPRO ESRD Network of the South Atlantic while under contract with Centers for Medicare & Medicaid Services. Contract #H0M-S00-2016-0000C.



v4. 10/2020

Do you know all of your treatment options?

Transplant...
In-center Dialysis...
Peritoneal Dialysis...

Home Hemodialysis (HHD)



IPRO End-Stage Renal Disease Network of the South Atlantic
Toll-free: 800-524-7139
network6.esrd.ipro.org

Important things to consider...

- You can travel with your supplies.
- You will not need to visit a clinic three times per week. Most people require only a monthly visit.
- You will have more flexibility in setting your treatment and schedule.
- With daily HHD, you may have fewer dietary and fluid restrictions.
- You will need a vascular access to perform the procedure.
- You will not have to worry about transportation concerns during inclement weather.

More information about Home Hemodialysis Options

- Home Dialysis Central
<http://home.dialysis.org>
- National Kidney Foundation
www.kidney.org/atoz/atozTopic_Dialysis
- National Kidney Center
www.nationalkidneycenter.org/treatment-options
- IPRO ESRD Network Program
<http://esrd.ipro.org>

Finding a Home Hemodialysis Training Center

- Dialysis Facility Compare
www.medicare.gov/dialysisfacilitycompare



Home Hemodialysis (HHD)

HHD removes blood from the body and cleans it in a dialysis machine that is smaller than the one used in a center. For hemodialysis, you will need a vascular (blood vessel) access. This is a location on your body where the blood is removed and returned.

Before you start HHD, you or your care partner will have to complete the training and be able to perform each step of the treatment correctly. Most people can complete training in three to six weeks.

What are the different types of HHD?

There are three types of HHD: Standard HHD, Daily HHD, and Nocturnal (night time) HHD. These methods filter waste and excess fluids from your blood. All three methods are done at home.

Standard HHD is performed three times a week—or every other day—at home. You can choose your treatment days and time as long as you don't go without treatment for more than two days. Standard home HD takes about five to six hours per treatment, including setup and cleanup. It's best for you to get at least four hours of dialysis per treatment; more is better.

Daily HHD is performed five to six days a week. Daily home HD takes a few hours each treatment day. Since the machine is in your home, you can do treatments early in the morning, late at night, or any time that works best for you and your partner. Your treatments do not have to be the same time every day.

Nocturnal HHD is performed during the night while you sleep. Nocturnal HHD is very slow and gentle and easy on your heart.

Most people who do nocturnal HHD will dialyze every other day, or as often as four–six times per week. Research indicates that people who do longer HD treatments at home may live about three times as long as those who live on standard HD in a clinic.

How do I get started on HHD?

The most important thing to consider in determining whether you are suited for HHD is how much you want to do it. As long as you and a partner can pass the training and learn to place your needles, you can succeed.

A nurse will teach you how to safely perform dialysis treatments, run the machine, and order supplies. He or she will come to your house, help you get a room set up, and will be there for your first home treatment to ensure that you feel confident. Afterwards a nurse will be on call 24 hours a day, seven days a week to help you and answer your questions.

Peritoneal Dialysis Trifold

Considering PD?

Here are some concerns you might have about PD that would be worth discussing with your healthcare team:

"I'm not sure there's a place to do PD exchanges at my workplace."

"I'm worried I might do something wrong and get an infection."

"I don't want to always have a belly full of fluid."

"I wonder if it would be hard to sleep with a cycler going at night."

Comments from people on PD...

"On PD, I could travel much easier. I love road trips and I would keep a tote with supplies (caps, sanitizer, a hook for over a door, etc.) ready to go. Throw in some fluid and off you go!"

"I think PD is one of the best options for dialysis. I felt much better on PD than Hemo. I love the freedom of living each day without having to go to the clinic three days a week."



Available on the App Store and on Google Play...

Kidney Choices

A tool to help you and your healthcare team select the treatment option that is right for you.

Track diagnostic tests, clinician appointments and medications.

For more information or to file a grievance, please contact us:

End-Stage Renal Disease Network of the South Atlantic
909 Aviation Parkway, Suite 300
Morrisville, NC 27560
Patient Toll-Free: (800) 524-7139
Fax: (919) 388-9637
Email: esrdnetwork6@ipro.us
Web: network6.esrd.ipro.org

Developed by IPRO ESRD Network of the South Atlantic while under contract with Centers for Medicare & Medicaid Services. Contract #H0M-S00-2016-0000C.



v4. 10/2020

Do you know all of your treatment options?

Transplant...
In-center Dialysis...
Home Dialysis...

Peritoneal Dialysis (PD) The Needle-Free Option



End-Stage Renal Disease Network of the South Atlantic
800-524-7139
network6.esrd.ipro.org

The Needle-Free Option

PD is form of dialysis that you can do on your own and you can control. You do it throughout the day while you go about your normal activities or during the night when you sleep, with the help of a simple machine. It does not require you to use needles. Before you start PD, you will have to complete the training and be able to perform each step of the treatment correctly. Most people can complete training in two to three weeks.

What are the different types of PD?

There are two types of PD: continuous ambulatory peritoneal dialysis (CAPD) and automated peritoneal dialysis (APD). Both methods filter waste and excess fluids from your blood and both methods are done at home.

For CAPD you perform what is called an "exchange" four to six times throughout the day. During an exchange, a liquid called "dialysate" is put into your abdomen through a catheter. The dialysate pulls wastes, chemicals and extra fluid from your blood through the peritoneum. The peritoneum works like a filter as the wastes are pulled through it. For more details about this process, ask to speak with a designated member of your kidney care team.

APD differs from CAPD in that a machine (cycler) delivers and then drains the dialysing fluid to and from your belly. The treatment is usually done at night while you sleep but may require additional daytime CAPD exchanges. APD is also referred to as continuous cycling peritoneal dialysis or CCPD.

Before you can do either type of PD you will need to have a catheter surgically placed in your belly. Most people who have the procedure and go home on the same day.

How do I get started on PD?

The most important thing to consider in determining whether you are suited for PD is how much you want to do it.

If think PD might be right for you, consider talking with your healthcare team to learn more. If you do decide to start PD, the next step will be to set up your training and to arrange for a peritoneal catheter to be placed.



For more information about the Needle-Free Option, please visit...

- Home Dialysis Central: <http://home.dialysis.org>
- National Kidney Foundation: www.kidney.org/atoz/atozTopic_Dialysis
- National Kidney Center: www.nationalkidneycenter.org/treatment-options
- IPRO ESRD Network Program: <http://esrd.ipro.org>

To find a peritoneal dialysis training center, please visit...

- Dialysis Facility Compare: www.medicare.gov/dialysisfacilitycompare

IPRO Interactive Mobile Applications

Provider Application

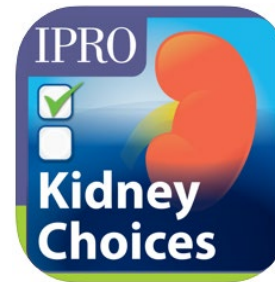
- An aide to assist clinicians in diagnosing Chronic Kidney Disease (CKD)
 - Allows the clinician to upload laboratory tests (or suggests testing) to identify new cases of CKD
 - Assists in identifying risk factors for CKD and CKD staging

Patient/ Caregiver Application

- An aide to assist patients and caregivers to learn if they are at risk for CKD
 - Provides a review of blood work and previous diagnoses (High Blood Pressure and Diabetes) to assess the risk of CKD - Medicare recipients only
 - Provides education on different modality choices



CKD - Screening 12+
Island Peer Review Organization, Inc
Free



Kidney Choices 12+
Island Peer Review Organization, Inc
Free

* Available for free in the App Store for Iphone and Ipad and Google Play for Android devices

Telehealth Toolkit for Patients

Focus

- Using Telehealth, technology and set up
- General Guidelines including the benefits of telehealth
- Checklist to compile documents and organize the visit
- Launch planned September 2020

The Benefits of Telehealth

A safe and effective way to access healthcare during the coronavirus pandemic.

COVID-19
What is telehealth?
Telehealth, telemedicine, or other related terms refer to how healthcare providers and clinicians can provide care for patients remotely when the provider and patient are not able to meet with each other in person. Modern technology allows doctors to care for patients by using video-conferencing tools.



Why is it important to consider telehealth as a way to help stop the spread of COVID-19?

The rapid spread of coronavirus disease (COVID-19) has created an urgency to expand the use of technology to help people who have chronic illnesses and need routine care get access to their healthcare providers. Telehealth can keep you connected to your ESRD care team and other important healthcare providers, while limiting your physical exposure to other patients and clinical staff. It gives you access to your healthcare team from the safety and comfort of your home, reduces transportation challenges, and limits your risk of exposure to COVID-19.

Who can provide you with healthcare services through telemedicine?

A range of providers that includes doctors, nurse practitioners, registered dietitians, licensed clinical social workers and mental health providers are able to offer telehealth as long as it's appropriate for you!

Am I eligible to receive care through telemedicine?

Medicare and Medicaid beneficiaries are able to receive a number of approved services via telehealth through new CMS Waivers in place for the duration of the COVID-19 pandemic. Many other private insurance programs also have telehealth approved services. To verify if your health insurance covers services through telehealth, call the number on the back of your insurance card or talk with your healthcare team.

What are some of the services I may receive?
Below is a list of services that your health insurance may cover. For information about specific services, please consult with your insurance company.
In-Center Hemodialysis
• You may receive a virtual visit from your kidney doctor or other healthcare providers while you are receiving your dialysis treatment at your facility. You may also be asked to participate in a virtual



What equipment will I need?
If you are receiving in-center hemodialysis, you may not require equipment of your own to connect virtually with your dialysis care providers. Your facility might help you connect. However, if you dialyze at home or you are trying to schedule an appointment with other non-dialysis providers, you may require some items from the list below to receive telehealth:

- Internet connection
- Computer, tablet, laptop, or phone with teleconference capabilities

Will I need to install applications?

- You may need to install applications on your device that will allow video or teleconference functions.
- Some free applications that are being used during the COVID-19 pandemic include:

- Skype <https://www.skype.com/en/>
- Google Meetings <https://meet.google.com/>
- WhatsApp <https://www.whatsapp.com/>
- Facetime <https://apple.com/ios/app/facetime>
- Amazon <https://amazon.com/>

1. Fact Sheet

To file a grievance, please contact us:
IPRO End-Stage Renal Disease Network of the Ohio River Valley
3201 Enterprise Parkway, Suite 210, Beachwood, OH 44122
Patient Toll Free: (844) 819-3010 • Main: (216) 593-0001 • Fax: (216) 593-0101
E-mail: enrnetwork@ipro.us • Web: network.ipro.us

2. Checklist

Home Dialysis Patient Telehealth Visit Checklist

Important Topics to Cover During Your Monthly Clinic Visit Through Telehealth

Did you know that for two out of every three months, you can schedule a telemedicine visit with your dialysis team?
The visit includes the doctor, nurse, social worker and dietitian to provide you with a complete monthly visit without leaving your home. If you have an issue or concern that you would like to discuss in private with a member of the team, request and schedule a private session.
Once you have been on home therapy for three months you can decide to use telemedicine if your clinic offers this service.
If you are unsure about how to have a visit with your doctor through telehealth, ask your facility manager or social worker for educational resources and assistance with setting up your telehealth visit.
Telehealth and Home Dialysis

Be Prepared! Prior to the visit, collect this information to share with the home dialysis team

- Take and record current vital signs including your weight
 - Are there changes in your vital signs from your normal baseline now or during your treatment? List any changes to discuss. Weight _____ Blood Pressure _____ Pulse _____ Temperature _____
- Identify any changes concerning your wellbeing and write them down, examples include sleep issues, changes in bowel habits, mental health concerns/ability to cope, or change in appetite, etc.
- Review your flow sheets and make a list of questions about your treatment that you want to discuss. Have your month's flow sheets with you during the visit as a reference.
- Your doctor may want to review the following items with you:
 - Number of treatments completed/week
 - Dialysis prescription
 - IPRO only fill (I) drain volumes, % deaerated, dwell times, and number of exchanges
 - Your vital signs before and after treatments
 - Symptoms during therapy
 - Alarms and your response to them
 - Dry weight assessment
 - Lab results
 - Do you need any support handling
 - Machine problems
 - Supply issues
 - Your home set up
 - Dietary concerns
 - Insurance, transportation, financial, or social support issues
- Be prepared to show your dialysis team your access or catheter site using the camera on your device, such as a smartphone, tablet, or laptop (this may require a care partner to help with the camera.)
 - If you cannot do this, you could use a cell phone to take pictures and forward them to the team for review.

3. Reference Guide

Stay Healthy, Stay Home Telehealth Toolkit Patient Reference Guide

What is Telehealth?
Telehealth, telemedicine, or other related terms refer to how healthcare providers and clinicians can provide care for patients remotely when the provider and patient are not able to meet with each other in person. Modern technology allows doctors to care for patients by using video-conferencing tools.

Who can provide healthcare services through telemedicine?
A range of providers that includes doctors, nurse practitioners, registered dietitians, licensed clinical social workers and mental health providers are able to offer telehealth as long as it's appropriate for you!

Am I eligible to receive care through telemedicine?
Medicare and Medicaid beneficiaries are able to receive a number of approved services via telehealth through new CMS Waivers in place for the duration of the COVID-19 pandemic. Many other private insurance programs also have telehealth approved services. To verify if your health insurance covers services through telehealth, call the number on the back of your insurance card or talk with your healthcare team.

What equipment will I need if you are receiving in-center telehealth?
• Internet connection
• Computer, tablet, laptop

What is the "Stay Home" Telehealth Toolkit?
A toolkit of educational and home patients with team and other important who may be sick.

What's included in the toolkit?
The following checklist, understanding the use of therapy treatment option

5 Things to Know About Telemedicine

Getting the Most out of your Telemedicine Visit

Telemedicine Visit at a Glance:

- This worksheet can help you prepare for a telemedicine visit, so you can get the most out of your appointment.
- You can also write down any recommendations from your doctor or other healthcare professional.

4. Recorded Presentation - TBD

How to Use the Resource Toolkits



- Print and Share the Materials in the Resource Toolkits.
- Ask open-ended questions:
 - Do you know your home treatment options?
 - Do you know about telehealth and it's benefits?
- Allow the patient to become an engaged member of the decision-making process.



Today's Speakers



Dr. Michael Kraus



Michelle Carver, RN



Dr. Brent Miller



Better healthcare,
realized.

Improving Home Dialysis and Telehealth

Michael A. Kraus, MD, FACP

Associate CMO, Fresenius Kidney Care

Clinical Professor Emeritus-Indiana University

RISKS

The reported benefits of peritoneal dialysis and home hemodialysis may not be experienced by all patients.

Peritoneal dialysis does involve some risks that may be related to the patient, center, or equipment. These include, but are not limited to, infectious complications. Examples of infectious complications include peritonitis, and exit-site and tunnel infections. Non-infectious complications include catheter complication such as migration and obstruction, peritoneal leaks, constipation, hemoperitoneum, hydrothorax, increased intraperitoneal volume, respiratory, and gastric issues.

Although intensive hemodialysis may address important clinical problems, increasing treatment may introduce risks pertaining to six domains: vascular access complications, infection, mortality, loss of residual renal function, solute balance, and patient and care partner burden.

Certain risks associated with hemodialysis treatment are increased when performing nocturnal therapy due to the length of treatment time and because therapy is performed while the patient and care partner are sleeping.

Certain risks associated with hemodialysis are increased when performing solo dialysis because the patient is dialyzing without a partner.

It is important for healthcare providers to monitor patient prescriptions and achievement of adequacy and fluid management goals.

Each patient's care plan should be formulated by the physician, based on the individual facts and circumstances of the patient.

- ▶ Talk to patients
- ▶ Access to care
- ▶ Telehealth

IMPROVING HOME DIALYSIS

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, set against a blue gradient background.

Building our Way to Patient Centered Care



Respect for patient's preferences

Coordination and integration of care

Information and education

Physical comfort

Emotional support

Involvement of family and friends

Continuity and transition

Access to care

Pickler's Eight Principles of Patient Centered Care¹

EMPOWERING THE PATIENT

NRC PICKER (2008) EIGHT DIMENSIONS OF PATIENT-CENTRED CARE. NRC PICKER, BOSTON,

MA

WHAT'S IMPORTANT TO PATIENTS?

QUALITY MORE IMPORTANT THAN MORTALITY TO PATIENTS¹

Patients/Caregiver View

- 1) Ability to travel
- 2) Dialysis-free time
- 3) Dialysis adequacy
- 4) Dealing with wash out after dialysis

Fear Deters Change

Fear is a powerful motivator, both positive and negative

Fear of Loss

- ▣ Loss of control
- ▣ Relationships
- ▣ Quality of life

Fear of Safety

- ▣ Infections
- ▣ Hospitalizations
- ▣ Death

What's Important to Patients?

- **Assurance of Safety**
 - Barriers: fear, anxiety, lack of education, lack of professionals
 - Needles
 - “I can’t do this!”
- **Quality of Life**
 - Barriers
 - Dialysis symptoms including post dialysis fatigue, hypotension, headaches, dizziness, cognitive decline, nausea, vomiting
 - Associates dialysis as the cause
 - “I feel terrible every time dialyze and you want to do this 5 or 6 times a week?”
- **Lifestyle Limitations**
 - Dialysis is my life – loss of other goals
 - Dietary restrictions
 - Travel restrictions
 - Loss of control
 - “I want to keep dialysis out of my family life.”

Education and Communication Are Key

- **Listen to patients and family**
 - Understand their needs
 - Bring in others: nurses, social workers, dieticians, PEERS
- Educate at their level
- Understand how they learn
- Teach when they want to and can learn

BUILDING BLOCKS FOR SUCCESS IN HOME DIALYSIS



- Control Volume (CV Complications)

- Reduce Infections

- Manage the transitions

- Deliver optimal dialysis to drive adherence and culture

Potential Benefits of More Frequent Home Therapies: PD & HHD



Improved 5-yr Survival ^{1,2}



Improved Quality of Life ³



Increased Control ^{4,5}



Schedule Flexibility



Reduce Potential
Exposure & Self-Isolate ⁶



Home dialysis may be a
safe alternative for
many



Ability to Work
or Attend School ^{7,8}



Ability to Travel

1. U.S. Renal Data System. USRDS 2015 Annual Data Report: Table 6.3.

2. U.S. Renal Data System. USRDS 2015 Annual Data Report: Table 6.3, and matched NxStage patient data on file.

3. Bonenkamp AA et al. Health-Related Quality of Life in Home Dialysis Patients Compared to In-Center Hemodialysis Patients: A Systematic Review and Meta-analysis. *Kidney Med*. Published online 2/2020.

4. Heidenheim PA, Muirhead N, Mout R, Lindsay RM. Patient quality of life on quotidian hemodialysis. *Am J Kidney Dis*. 2003;42(5)(51):536-541.

5. Manera KE, Johnson DW, Craig JC, et al. Patient and caregiver priorities for outcomes in peritoneal dialysis multinational nonanal group technique study. *Clin J Am Soc Nephrol*. 2019;14:74-83.

6. <https://www.renalandurologynews.com/home/news/nephrology/hemodialysis/covid-19-crisis-could-speed-adoption-of-home-dialysis/>

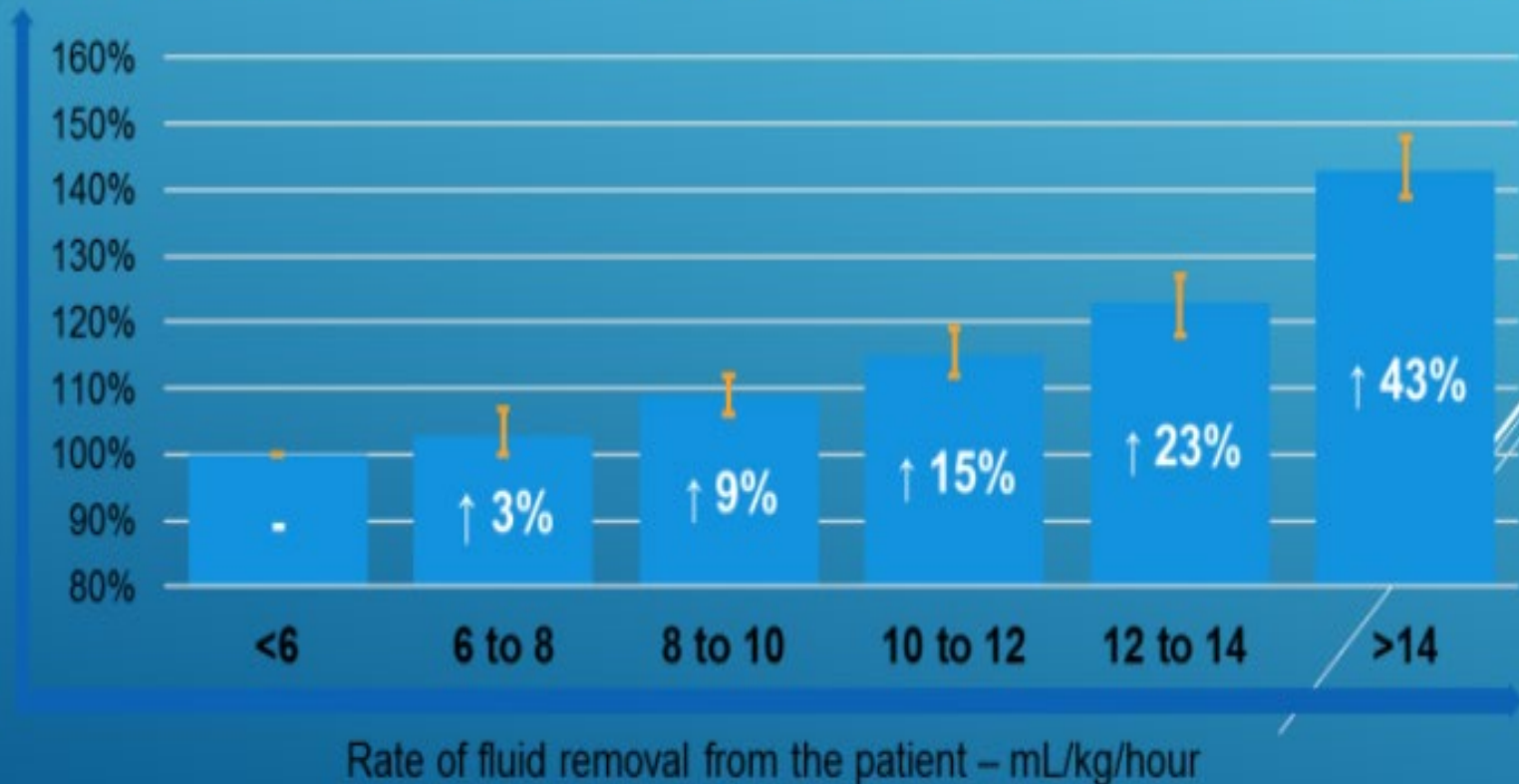
7. Punsell TS, Auguste P, Crews DC, et al. Comparison of Life Participation Activities Among Adults Treated by Hemodialysis, Peritoneal Dialysis, and Kidney Transplantation: A Systematic Review. *Am J Kidney Dis*. 2013; 62(5):953-973.

8. Walker RC, Howard K, Morton RL. Home hemodialysis: a comprehensive review of patient-centered and economic considerations. *Clinicoecon Outcomes Res*. 2017;9:149-161.

HIGHER UFR ASSOCIATED WITH INCREASED RISK OF DEATH

Assimon, M.M. et al. Ultrafiltration Rate and Mortality in Maintenance Hemodialysis Patients. *Am J Kidney Dis.* 2016;68(6):911-922.

118,394 hemodialysis patients dialyzing in a large dialysis organization, 2008-2012



REVIEW OF FHN CARDIOVASCULAR BENEFITS

Frequent hemodialysis is associated with the following 12-month improvements:



¹Chertow GMG, et al. *N Engl J Med*. 2010;363(24):2287-2300. ²Rocco M V, et al. *Kidney Int*. 2011;80(10):1080-1091. ³Kotanko P, et al. *Hemodial Int*. 2015;19(3):386-401.

ASSURANCE OF SAFETY

- Excellent care
- No one goes home until they are safe
- Everyone is afraid of cannulation
 - You will be the world's expert on your access
- Always connected and never alone
 - Nurses, physicians, technical support
 - Telehealth

TELEHEALTH: BENEFITS FOR PATIENTS

- ✓ Encourages social distancing
- ✓ Facilitates Work /Childcare
- ✓ Limits transportation
 - Bad weather, gas costs, time
 - Particularly for rural areas
 - Limited mobility
- ✓ Can involve families and assessment of home
- ✓ Same advantages as home dialysis



TELEHEALTH: BENEFITS FOR PROVIDERS



- ✓ Limits driving to multiple clinics
- ✓ Can see the home environment
- ✓ Enables spending more quality time with patient while social distancing

CHANGING THE REGULATORY ENVIRONMENT



Key Waivers requested and granted:

- Decrease in enforcement of HIPAA requirements for platforms as long as good faith to protect patients & their information
- Home – Waiver to remove requirements for face to face Home clinic visits
- In-center – Waiver to remove originating site requirements. Waiver for requirement for monthly face to face visit in-center for MCP
- E&M – Waiver for relief from originating site and allowance of patient home as originating site
- State Licensing Requirements – Waiver of Medicare provider enrollment requirements to facilitate telehealth across state lines

CHANGING THE REGULATORY ENVIRONMENT



Key Waivers partially addressed:

- Clarification that vascular access is considered urgent
- Requested waiver for audio only visits for E&M and dialysis (home) for audio only visits for E&M and MCP
 - Response:
 - Changed fee schedule modifiers for telephone visits from N(non-covered) to A (active) for physicians and providers for patient-initiated timed audio-only telephone visits
 - Increased reimbursement to parallel telephone visits with E&M codes
 - No response for MCP

CHANGING THE REGULATORY ENVIRONMENT



• ~~Waivers for telehealth enacted only during time of the emergency order~~

• What will the future look like:

- **No one knows but hopeful to see telehealth continue with new regulations and guardrails to ensure patient safety & quality of care.**
- HIPAA compliance and cybersecurity issues are very important.
- Ensure improved care team communication and collaboration for better care coordination.
- DO NOT decrease the importance of physician patient interactions and patient monitoring.
- Careful not to just continue current state – Goal should be to improve care and communication



Better healthcare,
realized.

Telehealth: Nursing Perspective

Michelle Carver, RN

VP Clinical Services Home Therapy Initiatives

BEFORE FIRST VISIT

Physician determines patient's suitability for a telehealth visit

- Conversation with the patient/care partner introducing telehealth
 - Benefits
 - What to expect
- Provide patient/care partners with instructions
- Perform a “test” meeting

BEST PRACTICE

Wh

SCHEDULING

Stagger visits:

- ✓ Allows patient and nurse interaction before physician joins to complete:
 - ✓ Nursing assessment
 - ✓ Treatment sheet review
 - ✓ Med Review
 - ✓ Supply needs
- ▶ (Can be done as a separate call if needed)



SCHEDULING

Stagger visits:

- ✓ Allows patient and nurse interaction before physician joins to complete:
 - ✓ Nursing assessment
 - ✓ Treatment sheet review
 - ✓ Med Review
 - ✓ Supply needs
- ▶ (Can be done as a separate call if needed)





Better healthcare,
realized.

Physician Perspective on Telehealth in Dialysis

Brent Miller, MD

3 Eras of Telehealth in Dialysis

- **Pre-patient cares act 2019**
- **Pre-Covid**
- **Post-Covid**

The practice of seeing home dialysis patients is a relatively recent phenomenon

Payment for managing dialysis

Payment for managing dialysis patients changed in 2004 to include per visit payment for HD patients and monthly payment for home dialysis patients (68 FR 63216 published November 7, 2003 CMS)

2004 “Although we did not initially specify a frequency of required visits for home dialysis MCP services, we stated that we “expect physicians to provide clinically appropriate care to manage the home dialysis patient” (68 FR 63219)”

2011“Given that we pay for a physician (or practitioner) to evaluate the ESRD patient over the course of an entire month under the MCP, we believe that it is clinically appropriate for the physician (or practitioner) to have at least one in-person, face-to-face encounter with the patient per month. Therefore, we are proposing to require the MCP physician (or practitioner) to furnish at least one in-person patient visit per month for home dialysis MCP services (as described by CPT codes 90963 through 90966). This requirement would be effective for home dialysis MCP services beginning January 1, 2011. We believe this requirement reflects appropriate, high quality medical care for ESRD patients being dialyzed at home and generally would be consistent with the current standards of medical practice.”

http://www.federalregister.gov/OFRUp...0-15900_PI.pdf

Annual Dialysis Conference Presentations



Telehealth in Home Dialysis in Remote Areas

Eric Wallace, MD

Medical Director of Telehealth UAB

Medicare Originating Sites 2017

- Physician or Practitioners Office
- Hospitals
- Critical Care Access Hospitals
- Community Mental Health Centers
- Skilled Nursing Facilities
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital Based or Critical Access Hospitals (CAH)
Based Renal Dialysis Centers (including satellites)
- **NOT FREE STANDING DIALYSIS UNITS**

CHRONIC Act 2017

- Allows telehealth for home dialysis with certain rules
- Starts January 2019
- At the end of 2019, our dialysis center had 7% of home patients using telehealth

COVID 2020

- CMS changes rules (temporarily?) about telehealth
 - Particularly related to technology
- By April 2020, our home dialysis center goes from 7% to >90% patients on telehealth

So now we have a technology,
regulatory and reimbursement
infrastructure that is functional...

NOW
WHAT?

Telehealth Next Steps...

- Re-envision the monthly clinic visit
- Use telehealth differently than the monthly clinic visit
- Improve patient access to technology



Better healthcare,
realized.



Vanessa Evans

Patient Perspective on Home Dialysis

Questions?



Feedback & Suggestions

Please complete our short Webinar Evaluation to share your thoughts and comments.

We welcome and value your input!



Thank You!

For more information:

Website: <https://esrd.ipro.org/>



Better healthcare,
realized.

Corporate Headquarters
1979 Marcus Avenue
Lake Success, NY 11042-1072

<http://ipro.org>