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
“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 partners in the planning process.
- Consider whether you can access home health 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...
- “This is the best thing I’ve done to maintain my health and quality of life.”
- “I didn’t like the idea of doing home dialysis, but now I love it. It’s so much easier and more convenient.”

Home Hemodialysis (HHD)
HHD removes fluid and waste from your blood at home. There are two main types of HHD: Standard HHD and Home Dialysis Network (HDN).

Standard HHD is performed three times a week—on Monday, Wednesday, and Friday. You’ll be able to do your treatments from home, and no one will come to your house to help you with them. You’ll need to have at least 6 hours of dialysis per treatment to make sure you’re getting the full benefits.

Daily HHD is performed five times a week. Daily HHD may be a better option for you if you can manage up to 8 hours of dialysis per treatment. You’ll need to be available during the day to do your treatments.

Home Hemodialysis Training Center
- Nephrology Network of the South: 617-993-1075
- Home Dialysis Network: 617-993-2058

Do you know all of your treatment options?
- Transplant
- In-center Dialysis
- Peritoneal Dialysis
- Home Hemodialysis (HHD)

Transplant
- A permanent solution to kidney failure.
- Can be done in one or two surgeries.
- Requires a healthy donor.

In-center Dialysis
- Done in a hospital or clinic.
- Requires frequent visits.
- Can be done on a daily or weekly basis.

Peritoneal Dialysis
- Done at home or in a clinic.
- Requires a dialysis machine.
- Can be done at any time of day.

Home Hemodialysis (HHD)
- Done at home.
- Requires a dialysis machine.
- Can be done at any time of day.

More information about Home Hemodialysis Options
- Nephrology Network of the South: 617-993-1075
- Home Dialysis Network: 617-993-2058
- NDNKIDNEY.org
- http://www.homehemodialysis.org

Important things to consider:
- You can control your schedule.
- You will need to adjust to a new routine in your life.
- Home dialysis can be challenging.

Home Hemodialysis Trifold

Peritoneal Dialysis Trifold

Peritoneal Dialysis (PD)
- Done at home or in a clinic.
- Requires a dialysis machine.
- Can be done at any time of day.

The Needle-Free Option
- PD is a form of dialysis that can be done at home, with no need for needles or catheters.
- You’ll be able to do your treatments at home, and no one will come to your house to help you.

Important things to consider:
- You can control your schedule.
- You will need to adjust to a new routine in your life.
- Home dialysis can be challenging.

For more information about the Needle-Free Option, please visit...
- Nephrology Network of the South: 617-993-1075
- Home Dialysis Network: 617-993-2058
- NDNKIDNEY.org
- http://www.homehemodialysis.org

Finding a Home Hemodialysis Training Center
- Nephrology Network of the South: 617-993-1075
- Home Dialysis Network: 617-993-2058
- NDNKIDNEY.org

Finding a Peritoneal Dialysis Training Center
- Nephrology Network of the South: 617-993-1075
- Home Dialysis Network: 617-993-2058
- NDNKIDNEY.org
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

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

Focus

• Benefits of Telehealth
• Patient Education and Engagement
• Considerations to Achieve Success
• Suggestion to make telehealth a permanent part of daily practice
• Released August 2020

2. Checklist

3. Reference Guide

4. Recorded Presentation
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

2. Checklist

Home Dialysis Patient Telehealth Visit Checklist

Did you know that for two 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 questions or concerns, you will be able to discuss them with a member of the team, revise and update a treatment plan.

Once you have been on home therapy for three months, you can discuss the benefits of telemedicine if your doctor offers this service.

If you are interested in having access to your doctor through telehealth, ask your facility manager or social worker to set up your visit. Telehealth is a safe and effective way to access healthcare during the coronavirus pandemic.

3. Reference Guide

What is Telehealth?

Telehealth, telemedicine, or other related terms refer to how healthcare providers and patients can communicate via videoconferencing technology.

How can I donate?

There are many ways to support telemedicine.

- Stay Healthy, Stay Home Telehealth Toolkit
- Patient Reference Guide

- Your guide to the most out of your telemedicine visit

Getting the Most out of your Telemedicine Visit

- Information on preparing for a telemedicine visit
- Tips for navigating telemedicine

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
Improving Home Dialysis and Telehealth

Michael A. Kraus, MD, FACP
Associate CMO, Fresenius Kidney Care
Clinical Professor Emeritus-Indiana University
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.
IMPROVING HOME DIALYSIS

- Talk to patients
- Access to care
- Telehealth
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

Picker’s Eight Principles of Patient Centered Care

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 PATIENTS

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
- Improved Quality of Life
- Increased Control
- Schedule Flexibility
- Reduce Potential Exposure & Self-Isolate
- Home dialysis may be a safe alternative for many
- Ability to Work or Attend School
- Ability to Travel

HIGHER UFR ASSOCIATED WITH INCREASED RISK OF DEATH


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

Rate of fluid removal from the patient – mL/kg/hour
REVIEW OF FHN CARDIOVASCULAR BENEFITS

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

- **12%** reduction in left ventricular mass\(^1,2\)
- **20%** fewer hypotensive episodes\(^1\)
- **7%** decrease in systolic blood pressure\(^3\)
- **36%** fewer antihypertensives consumed\(^3\)

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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
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
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
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.
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

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)
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
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
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/