

End-Stage Renal Disease Network Program

Depression and Patient and Family Engagement Best Practice Webinar

September 29th, 2022



Today's Agenda

- Review meeting reminders
- Depression interventions and best practices
- Depression Guest Speaker Stefanie Lambert, MSW, LCSW
- Patient and family engagement interventions and best practices
- Patient and Family Engagement Guest Speaker Kim Pratt
- Questions and feedback
- Closing remarks



Meeting Reminders

- Please mute your line when not speaking to avoid background noise
- Be present and engaged
- Participants are encouraged to utilize chat to ask questions and make comments using "all participants"
- All meeting materials will be available via IPRO Learn or the Network Program Website

Depression CMS Goals and Network Interventions

Andrea Bates, MSW, LSW Project Manager



Increase Remission of Diagnosis of Depression

Goal	Baseline	Performance Goal (2022-2023)
Increase the % of patients accurately screened as having depression	EQRS/CROWNWeb	15% increase in the Network Service Area
Increase the % of of patients with depression receiving treatment	EQRS/CROWNWeb	10% increase in the Network Service Area
Ensure accurate reporting of depression screening and mental health referrals	EQRS/CROWNWeb	80% of all facilities report results of monthly screenings in the NSA



The Stigma Effect



Resources Addressing Stigma



One of the top reasons dialysis patients do not seek help for depression or other mental health issues is due to the fear of stigma and shame. It is not unusual to feel scared seeking treatment, however, many fear they will lose their livelihood, their employment, and even their support system.

Dialysis patients are already marginalized and can face stigma and prejudice, even if it is subtle or less obvious. Whether or not the signs of stigma are visible, healthcare providers need to have a better understanding of why stigmas exist, and how to prevent fear of patients feeling stigmatized thus limiting their ability to share their concerns.

Learn the Facts

An article published by the American Psychiatric Association theorizes stioma comes from a lack of understanding or fear. There is a misrepresentation present in the media, particularly when it comes to depression and other forms of mental health issues. Researchers have identified the three different types of stigma. The chart below illustrates each one and gives an example of how it relates to dialysis patients.

- · Public stigma involves the negative or discriminatory attitudes that others have about mental health issues
- · Self-stigma refers to the negative attitudes including internalized shame that people with mental health issues have about their own condition.

 Institutional stigma - systematic stigma involves policy, including those of government and private organizations. This includes intentionally or unintentionally limiting opportunities for people with mental health issues. Examples include lower funding for mental health issues research or fewer mental health services relative to other health care.

Stigma Comparison Chart

	Public	Self	Institutional
Stereotypes and Prejudices	Patients with mental health issues are perceived as dangerous, radical, incompetent and unpredictable	"Staff do not want to provide care to me. They often tell me I am diffi- cult and they threaten to terminate my treatment. I must be crazy"	A dialysis patient is often "trans- ferred" or "discharged" due to undiagnosed or untreated mental health issues leading to disruptive behaviors
Discrimina- tion	Staff do not feel "safe" providing care to these patients, other patients will not sit near them or request to be transferred	These feeling can lead to thoughts "Sometimes I feel as though I should just stop dialysis altogether since I am a burden on the staff"	Patients are denied admission from alternate dialysis facilities and refused from entire nephrology practices
Effect	Staff segregates patient from the general population	Feelings of retaliation may arise; non-adherence with treatment increases; may lead to discontinuation or threatening behavior	Patient receives intermittent dialy- sis treatment through the hospital emergency department; which does not effectively treat their condition, lacks continuity and leads to in- creased illness and death

STOP the STIGMA Surrounding Depression



- 0 What is the first step our facility should take when it comes to reducing stigma around talking about depression and other mental health issues?
- A Create a facility culture where patients can talk openly about mental health, by posting materials, educational resources about mental health issues, and working with staff to understand the importance of mental health issues for themselves and their patients. Here are some resources that open the dialogue
- Sample Letter For Starting a Conversation About Mental Health Struggles
- Physical Symptoms and Feelings Tracker
- · Preparing to Share
- Your Mind and Your Body: Talking to Your Doctor About Mental Health
- **Q** I work at the dialysis facility with a diverse patient population. I know stigma can affect patients of various ethnicities and races differently. What can our facility do to increase staff awareness?
- A Get educated on stigma within various minority groups. Share the facts and resources with staff members. Check out some great resources from Mental Health America available here. Create a bulletin board or education station specifically for staff to see.
- Our facility social worker tries to talk to patients who have screened positive for depression but they never want to talk or get "offended" when we ask.
- A Be conscious of language conversations staff have in the care area may make patients feel like they will be judged. Remind the staff that words matter. There are



IPRO End-Stage Renal Disease Network Program Patient Toll-Free: (800) 238-3773 • Fax: (516) 326-8929

simple ways to switch up the conversation and create a non-judgmental atmosphere like refraining from using phrases such as "It could be worse" or "Just brush it off" when a patient seems upset. Everyone should be mindful and practice empathy. Visit here for more tips.

- Q Our patients often see their depression as secondary or not as important as coming to dialysis treatments.
- A Encourage equality between physical and mental health. - Mental health treatment is just as important as dialysis treatment when it comes to quality of life.
- Q Many patients feel they are going through their diagnosis alone or no other patient is going through the same struggles. How can we work with these patients to feel less alone?

A Show compassion and Normalize feeling depressed as an emotion many dialysis patients experience. This is especially true in a newly diagnosised kidney. This will help patients feel more at ease to talking about their feelings and to seek treatment. Statements like: " Many people go to therapy just like many people go to dialysis."

- 0 What are some other ideas to help patients discuss their mental health?
- A Avoid discussions of this nature on the treatment floor. Offer a private setting for patients to converse. Suggest meeting to talk before or after treatment. You can also, offer to speak to the patient on the phone is another great way to connect.





SHATTER the STIGMA: Flipping the Facility Culture (FAQ)







Best Practices Reported by Facilities

- Offer brief therapeutic solutions for patients with less severe mental health needs to monitor; external referrals to those with more severe needs
- Using a combination of assessment tools addressing additional mental health concerns to apply a better and inclusive approach
- Practicing empathy builds trust with patients; normalizing their feelings and motivational interviewing
- Sharing the resources with PCPs and nephrology practices for continuity of care and collaboration
- Using the resources on a "trial" basis with small group of patients; gather feedback and evaluate if resource should be used with entire population

Depression/Behavioral Health Best Practices Guest Speaker

Stefanie C. Lambert, MSW, LSW Manager of Social Work Services Fresenius Kidney Care ~ Eastern North Carolina



Cultivating the Facility Culture

We set the standard:

- Check our biases through self-reflection & commitment to change
- Zero-tolerance policy for behavior that reflects lack of compassion
- Engage clinic leadership to enforce these standards

We educate staff on what mental illness looks like:

- Anger outbursts
- No energy
- Missing treatment
- Sad demeanor
- Poor concentration, motivation, even forgetfulness; e.g. binders, fluid intake

Cultivating the Facility Culture



We educate staff on appropriate, professional responses:

- Open Discussions about mental illness
- Empathy
- Compassion
- Normalizing language around mental illness
- Checking Judgments
- Look beneath the surface
- Reminder that words matter; "they're crazy," "junky" instead use *People with Mental Illness* or *Person with Substance Use Disorder*
- Use of appropriate self-disclosure



Completing a Wellness Assessment

Consists of:

- PHQ-2 ٠
- PHQ-9 if PHQ-2 score is 3 or greater •
- Anxiety questions
 - GAD-7 if answered "yes" to anxiety question ٠
 - Stress questions ٠
 - **Open-ended** questions ٠

PATIEN	IT HEALT	IQUES HQ-9)	STIO	INAI	RE-9	
Over the last 2 weeks. It by any of the following (Use ">" to indicate your	row often have you be		Not at all	Several	More than half the days	260
1. Little interest or pleasu	re in doing things		٥	1	2	
2. Feeling down, depress	ed, or hopeless		٥	1	2	
3. Trouble failing or staying	ng asleep, or sleeping t	oo much	0	1	2	
4. Feeling tired or having	little energy		0	1	2	1
5. Poor appetite or overe	ating		٥	1	2	1
 Feeling bad about you have let yourself or yo 	rself — or that you are ar family down	a failure or	0	1	2	1
7. Trouble concentrating newspaper or watching	on things, such as rea: g television	ing the	0	1	2	1
 Moving or speaking so noticed? Or the oppor that you have been mo 	ite - being so fidgety	or restiess	0	1	2	3
9. Thoughts that you wou yourself in some way	Id be better off dead or	of hurting	0	1	2	3
		For ornice coor	ws <u>0</u> +	-	+	
If you checked off <u>any</u> s work, take care of thing	problems, how <u>difficu</u>	t have these p	roblems m	ade it for	you to do y	your
Not difficult	Somewhat		Very		Extreme difficul	ty t

ver the last two weeks, how often have you en bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
 Feeling afraid, as if something awful might happen 	0	1	2	3
w checked any problems, how difficult have they gs at home, or get along with other people?	made it f	or you to do	Total score your work, te	
difficult at all Somewhat difficult	Very d	fficult	Extremely of	sifficult
0 0	0	1		

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								ranger	

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Wellness Visioning Assessment

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*Are you bothered by any areas of stress, like financial, health, or relationship?

○ Yes ○ No ○ Patient declined

Describe

✓ Wellness Visioning
If you didn't need dialysis, and your life could be exactly the way you would want, what would it look like?
What do you miss most about your life before starting dialysis?
V Wellness Assessment Outcomes
Wellness barriers based on Assessment
Depression
Anxiety
Stress
None



Connection Between Wellness and Acuity

High Acuity

• Weekly MSW Visits

Elevated/Moderate-High Acuity

• Bi-Monthly MSW Visits

Moderate Acuity

• Monthly MSW Visits

Low Acuity

• Monthly MSW Visits

Using the "Self-Care" Approach



Mental health is promoted as being just as important as physical health

When approaching patients about seeking mental health services, the facility uses a self-care approach

Allowing the patient to talk about activities outside of dialysis which bring them joy and improve their overall quality of life

Resources and Interventions



Coping with depression and anxiety

Depression and anxiety are much more common than you might think. When you're living with kidney disease, it's not unusual to feel down or unlike your usual self. The signs of depression and anxiety can be hard to recognize, especially since they can be similar to symptoms of other illnesses—left unrecognized and untreated, these symptoms can interfere with your daily life.

SYMPTOMS OF DEPRESSION	SYMPTOMS OF ANXIETY
Eating too much or not enough	Stomach cramps
Having problems sleeping	Constant worrying
Having difficulty enjoying daily activities	Panicked feelings
/ Feeling like a burden	/ Tiredness
Avoiding social situations	/ Headache
Experiencing thoughts of suicide or self-harm	/ Nausea

If you experience any of the symptoms above for more than 2 weeks at a time, it's a good idea to talk to your care team. They can offer you support to help you get back to feeling your best.

The Connection between THOUGHTS and BEHAVIORS and MOOD

you? about it? happened? outcome?

Don't Forget Who You Are! Don't Let Kidney Disease Take That Away



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More than "Sad"

- "Nothing will ever get better and there is nothing I can do to improve my situation"
- "I don't care anymore about my hobbies, social activities or intimacy with my partner"
- "I have not been sleeping good at all"

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- "All I do is sleep"
- "I feel agitated, restless or even angry"
- "I feel my temper has been short lately"
- "I have trouble focusing, making decisions and remembering"

Increasing the Number of Facilities that Successfully Develop and Support a Peer-Mentoring Program

Danielle Andrews, MPH, MSW Project Manager

Increase the Number of Facilities that Successfully Develop and Support a Peer-Mentoring Program



Peer Mentoring CMS Goal by 2026: Increase the number of facilities successfully developing and supporting a peer mentoring program by 25%

• Annual increase goals until 25% total increase is reached in 2026

Network	Baseline	Goal (10% Increase from Baseline)
Network 1	26 (12.62%)	46 (22.89%)
Network 2	60 (17.14%)	96 (27.35%)
Network 6	106 (13.14%)	185 (23.15%)
Network 9	57 (8.62%)	122 (18.74%)

Peer Mentoring What Is Peer Mentoring?



- Peer mentoring is a relationship that benefits all parties (mentor and mentee). Peer mentoring usually occurs to help an individual that is less experienced achieve a goal, reach a higher level of understanding, or develop effective coping skills under the guidance of a more experienced individual
- Peer mentoring looks to build a supportive and safe relationship between two people through the sharing of knowledge and experiences, while demonstrating differences, to help each person grow
- Peer mentoring can help in the development of problem solving skills, promote goal attainment, improve treatment compliance and increase a patient's overall quality of life
- Peer mentoring can be done within a one-to-one or a group setting

How Does Peer Mentoring Work?



What is a Peer Mentor in ESRD?

• An ESRD Peer Mentor is a **trained** individual from any background or ethnicity that shares their experiences with kidney disease to help their peers feel less alone in facing the challenges of End-Stage Renal Disease (ESRD). Peer mentors can help motivate a peer to stay active in their care.

Who Can be a Peer Mentee?

• A peer mentee can a person who Is looking to make a connection with a peer who is thriving despite kidney disease and wants more knowledge from someone who is thriving with ESRD.

During a peer mentoring session (conversation), there should be a mutual exchange between the mentor and mentee even though the mentee may has less experience with ESRD. The sharing of experiences and different perspectives should help build a strong bond and promote and environment of co-learning.

The Role of a Peer Mentor



- Improve communication among patients, caregivers, providers and other individuals within the ESRD community
- Provide support to patients/mentees through information sharing, listening to concerns and sharing experiences.
- Acts as a "role model" through the demonstration of positive behavior during difficult and complex situations
- Offer mentees encouragement as they encounter new situations and challenges within their treatment
- Help relieve anxiety and promote positive behavioral change
- Provide support and increase confidence of new patients especially those that have "crashed into dialysis"

Who Should be an ESRD Peer Mentor?



- ESRD peer mentors range from all different backgrounds, races and ethnicities. In some cases can speak multiple languages, but is proficient in English
- Peer Mentors should be individuals who generally have a positive attitude and outlook on being an active member of their healthcare and managing their ESRD treatment plan.
- They have been in an ESRD treatment modality (In-center, Peritoneal, Home-Hemo, and Transplant) for at least one year
- Have strong conversational skills and has the ability to connect and communicate with their ESRD peers
- These individuals should be successful in their own ESRD treatment goals and can provide insight to help others improve their ESRD treatment management skills

Benefits of Peer Mentoring



- Increased self-esteem and confidence among patients
- Enhanced communication and understanding between staff and patients.
- Improve patients' knowledge and empower patient's self-efficacy.
- Increase patients' socialization with one another and enhance their overall ESRD experience
- Improve facility and patients' outcomes.
- Improve home dialysis and transplant referrals and/or peak a patient's interest in other treatment options.
- Improve new patients' adjustment to the facility and the demands of treatment.

Recruitment Process



Patient Facility Representative (PFR) Alliance

- Peer Mentors are recruited through the IPRO ESRD Network PFR Alliance
- The PFR Alliance is a **patient advocacy group** that provides patients, transplant recipients, and care partners the opportunity to share thoughts and experiences on ESRD care as well as develop different strategies on how to get more ESRD patients to become active within their care.
- The PFR Alliance also seeks to promote positive relationships between patients, provider staff, ESRD stakeholders, and the Network.

Peer Mentoring Recruitment



Network Outreach to Facilities to Identify Patients with Leadership Ability

- Once patients are identified they would become apart of our IPRO ESRD Network Program PFR Alliance
 - Patients would complete the PFR Alliance Orientation. This includes:
 - Becoming activated within your own care team
 - Learning about different ESRD Treatment Options
 - Learning how to engage with other patients within your facility
 - Sharing Network education, resources, and presentations
 - Patient partake in skill development to include patient advocacy and conversational skills
 - Peer Mentoring Training





Once a Patient is Oriented To The PFR Alliance:

The Network inquires about:

- How much peer mentoring experience does each individual have?
- How long has each member been in an ESRD Treatment Modality?
- If they are certified peer mentors? How long has it been since they've become certified?
 - If certified, would a peer mentor refresher course be beneficial?
- Do they have a background in patient advocacy?
- How well do they collaborate with their facility staff?
- If they are compliant with their treatment?
- How much do they know and understand about ESRD?





Peer Mentoring - Staying Connected

- Monthly messaging to patient facilities representatives and peer mentors. Education includes:
 - What is Peer Mentoring?
 - Peer Mentoring Roles and Benefits
 - What is a peer mentor or mentee?
 - Who can be a peer mentor in the ESRD Peer Mentoring Program?
 - How to become a peer mentor?





Peer Mentoring - Staying Connected

- Monthly PFR Alliance Meetings:
 - Improving/Increase ESRD Education
 - Understanding the overarching issues within the ESRD Community
 - Highlighting the different ESRD topics each active patient is interested in and utilizing these topics within their mentor-mentee interactions
- Network-Patient assistance to help each patient navigate IPRO Learn, create a patient portal account (to access the peer mentoring training), and module completion





Peer Mentoring IPRO ESRD Network Best Practice

- The Network conducts live, instructor led two-part peer mentoring training sessions that focus on:
 - Talking Effectively with Another Patient
 - Mentoring to Support Choices
- The live peer mentoring session sought to mediate:
 - Moving patients from the recruitment phase to the training phase
 - Alleviate the technical difficulties associated with the patient portal of IPRO Learn
 - Creates the "mentor the mentor" experience (where long-term peer mentors share their experiences and effective strategies with newer Peer Mentors

A Peer Mentor's Perspective

Peer Mentoring - Patient Experience

Kim Pratt

- Kim Pratt is a long-term Patient Subject Matter Expert for IPRO ESRD Network and is a strong transplant advocate. She is also a long-term PFR and has participated in numerous Peer Mentoring Programs. Kim is currently working with the ESRD NCC Affinity Group and is also an active member of Network 1's Medical Review Board.
- 1. Do you see the value in a peer mentoring program?
- 2. Why did you choose to become a peer mentor?
- 3. How have you collaborated with your facility to mentor your fellow ESRD Peers?
- 4. Do you find peer mentoring to be an effective strategy for educating ESRD patients about different treatment modalities? especially transplantation?
- 5. How important of a role does education and advocacy play in improving an individual's quality of life?







Questions? Comments?



Thank You!



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