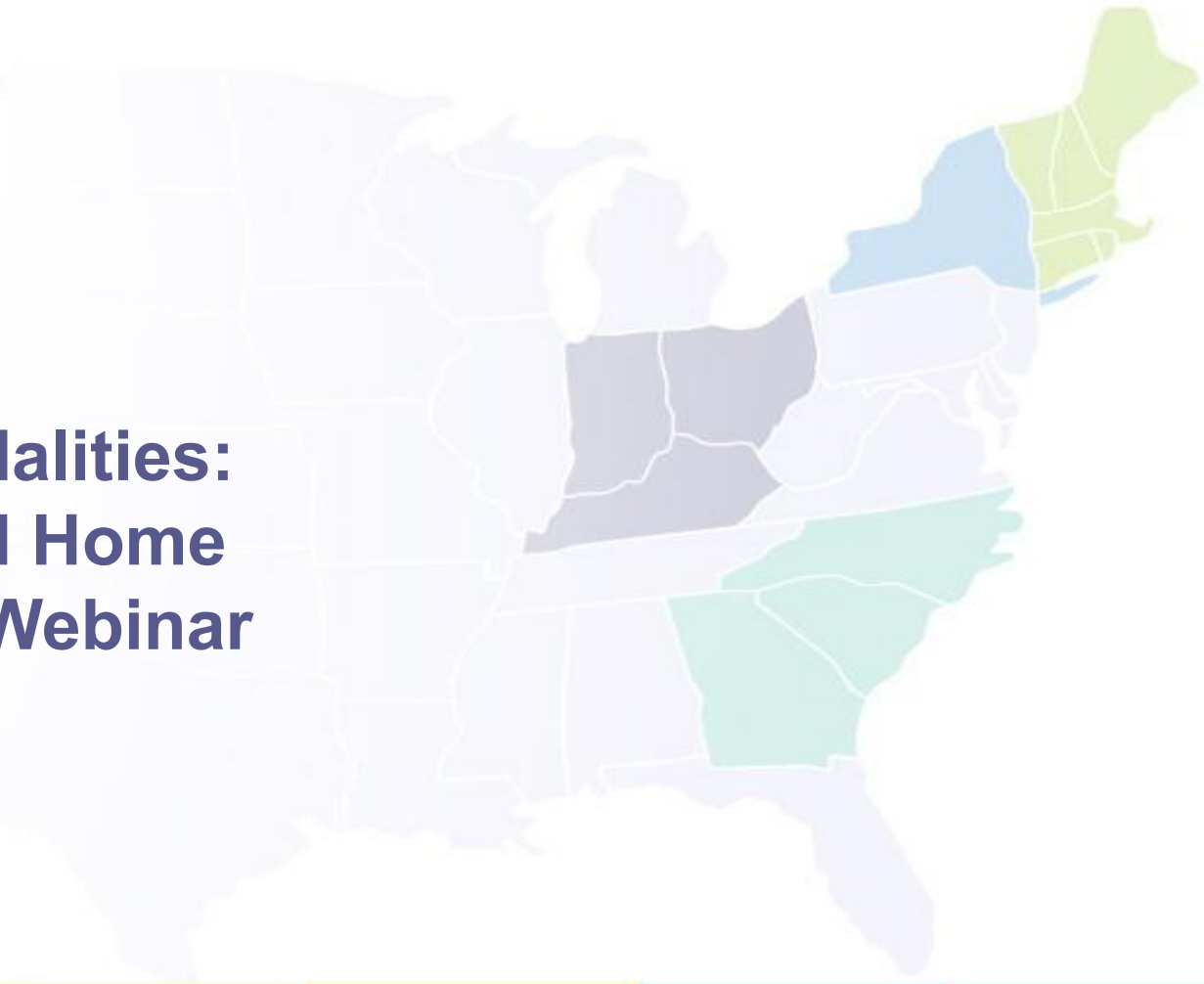




End-Stage Renal Disease  
Network Program

# Treatment Modalities: Transplant and Home Best Practice Webinar

September 13, 2022



# Today's Agenda



**Meeting  
Reminders**



**Transplant  
Interventions**



**Guest  
Speaker 1**



**Home  
Interventions**



**Guest  
Speaker 2**



**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 are available via IPRO Learn or the Network Program Website

# Objectives

At the completion of this call, the attendee will be able to:

- Understand the current treatment modality objectives and key results
- Identify at least one best practice in the area of transplant and home modality to implement at their facility
- Understand the depth of a pro-transplant culture at a facility and how it can affect success
- Identify barriers related to health inequity for patients in home modalities

# Waitlist and Transplant CMS Goals and Network Interventions



Caroline Sanner, MSN, RN-BC  
Quality Improvement Project Manager





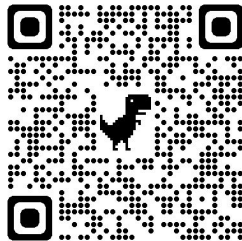
# Improve Education and Access to Empower Patient Choice of Transplant


QIA	5-year goal	Baseline	Performance Goal (May 2022- April 2023)
Increase Waitlist	20% increase in the number of patients added to kidney transplant wait list per Network Service Area	Calendar Year 2020	5% total increase from baseline
Increase Transplant	30% increase in the number of patients who receive a kidney transplant per Network Service Area	Calendar Year 2020	6% total increase from baseline

# Performance Benchmarking

- Do you receive this monthly report?
- If you don't, you'll need to update your facility contact information
- You can also put a help desk ticket in if needed

You can get to these sites by going through the IPRO ESRD Website or IPRO Learn!





## Transplant + Waitlisting Report

**CCN#**  **Facility Name**

CCN#	Email Address	Personnel Role

To update Facility Contacts: <https://c1abd801.caspio.com/dp/4ebb7000068d9ae2c0504631875a>

### Transplantation + Waitlisting Quality Improvement Activity

For the Increasing Transplantation and Waitlisting Quality Improvement Activity, the Network assigned a Goal for each facility based on the Baseline year's performance.

Transplant QIA Measures include the following:

- Waitlist (UNOS Data): Patients added to a transplant waitlist at one (or multiple) transplant centers in the U.S.
- Transplant (EQRS Admits into Transplant Center): Patient who receives a kidney transplant. Transplants should be documented in EQRS.

**CMS Transplant Waitlist Goals 2021 - 2025**

- Increase the number of patients that are waitlisted for transplant by 20%
- Increase the number of patients that receive a kidney transplant by 30%

CCN#	Facility Name	Baseline Pts added in 2020	(Facility Goal) May 1, 2022 - April 30, 2023	May 1, 2022 to Date	Pts Still Needed to reach Goal

UPIs of patients counted towards facility Goals are listed below/next page of this Report.

CCN	Transplant Measure	Measure Event Date	Patient UPI
CCN#	Transplant Received	mm/dd/yyyy	xxxxxxxxxx

End of Report

IPRO ESRD Network Program

For assistance with this Report please submit a ticket: <http://help.esrd.ipro.org/support/home>

To update your facility's contact information please do so here: <https://c1abd801.caspio.com/dp/4ebb7000068d9ae2c0504631875a>



# Improve Education and Access to Empower Patient Choice of Transplant Released Interventions to Facilities

## Stay Active on the Waitlist with Monthly Blood Samples:

### FAQ & Best Practices

To get organ offers, transplant centers need the patients' blood sample EVERY MONTH.

### What is the Monthly Blood Sample?

Once a patient is listed on the UNOS Kidney Transplant Waitlist, they are eligible for a deceased donor kidney offer. One way to remain eligible for a deceased donation is to send in a monthly blood sample (sometimes referred to as a "SERA sample" or "Transplant Blood"). The blood that is drawn is sent to EACH transplant center the patient is waitlisted at.

### What Happens to The Blood Sample at the Transplant Center Lab?

When a deceased donor kidney becomes available, the blood of the donor is compared (or cross-matched) to the patients' blood sample. If there is no blood sample on file for your patient within the last month, this comparison cannot take place. This results in the patient being overlooked for that available organ and delays their chances of getting transplanted. Also, if the sample is not available, the patient may be asked to travel to the hospital to have their SERA drawn to ensure that they are included in the crossmatch and/or have a sample available for the next 30 days.

### What is Cross-matching and How Many Patients are Compared Per Available Organ?

When an organ becomes available, a list is generated from UNOS for each eligible transplant center. From there, the transplant center generates a list of patients who are preliminary eligible for the offer. The blood comparison, or cross-matching, is then done to determine which patients are eligible for the donor kidney. The process takes up to 8 hours. From there, a decision is made on who will be called in for the transplant. It is unknown how many possible patients will be on an offer the cross-matching is complete. Due to the expected high volume of possible patients, it's of utmost importance to ensure your patient has an updated blood sample at the lab every month to avoid missing their chance at getting called for a kidney.

### How Many Blood Samples Will Need to Be Sent?

The number of blood samples depends on how many sites the patient is waitlisted at. If you are listed at multiple sites, each transplant center will need this blood sample every month. All of the required tubes can be collected at one time.

### Where Do I Find Information About Each Transplant Centers Blood Sample Instructions?

Once the patient is activated on the waitlist, the transplant center will provide the patient or dialysis center with blood tubes, pre-printed patient labels, and shipping mailers. Within 10 business days, the patient and dialysis center will receive a letter indicating the patient is active on the waitlist. This letter will include instructions for shipping the SERA sample. If you have not received this vital information,



## Transplant + Waitlisting Report

CCN# Facility Name

CCN#	Email Address	Personnel Role

To update Facility Contacts: <https://c1ab801.casepio.com/dp/4ebb7000068d9ae2c0504631875a>

### Transplantation + Waitlisting Quality Improvement Activity

For the Increasing Transplantation and Waitlisting Quality Improvement Activity, the Network assigned a Goal for each facility based on the Baseline year's performance.

Transplant QIA Measures include the following:

- Waitlist (UNOS Data): Patients added to a transplant waitlist at one (or multiple) transplant centers in the U.S.
- Transplant (EQRS Admits into Transplant Center): Patient who receives a kidney transplant. Transplants should be documented in EQRS.

CCN#	Facility Name	Baseline Measure	(Facility Goal) Pts added In 2020	May 1, 2022 - April 30, 2023	May 1, 2022 to Date	Pts Still Needed to reach Goal
		Waitlist	3	4	0	4 from Goal
		Transplant	1	2	2	Met

UPIs of patients counted towards facility Goals are listed below/next page of this Report.

CCN	Transplant Measure	Measure Event Date	Patient UPI
CCN#	Transplant Received	mm/dd/yyyy	xxxxxxxxxx

End of Report

PRO End Stage Renal Disease Program

For assistance with this report please submit a ticket: <http://help.esrd.org/pro/support/home>

To update your facility's contact information please do so here: <https://c1ab801.casepio.com/dp/4ebb7000068d9ae2c0504631875a>

## Tips for Positive Transplant Referral Outcomes: Frequently Asked Questions

This resource was made in collaboration with IPRO ESRD Network transplant facilities to be used as an educational tool for dialysis facility staff and social workers to help streamline the transplant referral process.

### 1. What should I do before I refer a patient?

Engage in open communication! Before you refer patients, open lines of communication with the transplant center. This will allow you to gather important center information, build meaningful relationships with the center, and learn about the transplant center's hard exclusions and modifiable exclusions.

### 2. How do I decide if I should re-refer a patient?

Have you referred a patient who was denied? Save time and energy by discussing issues with the transplant facility staff before re-referring. You can also use the re-referral algorithms and guides provided by the ESRD Network.

### 3. Should every patient have a referral status?

The best way to increase the number of patients who are both waitlisted and transplanted is to ensure that patients are aware of their options. Whether the patient is interested in being referred, not interested, currently in the evaluation process, or on the waitlist, they should have a recorded status at the facility level.

Tip: Regularly check referral statuses and revisit patients who have refused transplant. Can this patient verbalize why they chose NOT to be referred for transplant?

### 4. Does my patient have realistic expectations about the referral to waitlist process?

Prior to referral, ensure your patient has realistic expectations about transplant. Discuss possible wait times, extensive medical work-up, the need for drug therapy post-transplant, financial impacts, and the need for transportation and a support system. Include your transplant centers in these conversations. Ensure your patient understands the need to respond to transplant center communication to prevent their referral from being closed.

### 5. How does health literacy affect the referral process?

Your patient's health literacy can play a major role in their success through the referral to waitlist process. Unidentified health literacy issues can cause missed appointments, inability to relay health information, and overall compliance. It is imperative that you assess your patient's health literacy levels and equip them with the tools to be successful. Discuss these commonly asked questions with your patient prior to referral.

Coach your patient to have the answers to these questions readily available for the transplant center:

1. "What is the cause, name, and description of my kidney problem?"
2. "Do I have any other important illnesses?"
  - "How do these illnesses relate to my kidney disease?"
3. "What does the transplant evaluation and testing processes include?"
  - "How do they affect whether I am placed on the list?"
4. "What are the benefits and risks of a kidney transplant?"
5. "Do I have a choice between a living-donor transplant and a deceased donor transplant?"



End-Stage Renal Disease Network Program

IPRO, the End Stage Renal Disease Organization for the Network of New England, Network of New York, Network of the South Atlantic, and Network of the Ohio River Valley, presented this material under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. CMS Contract Number: 75F0CM23100023. CMS Task Order Number: 75F0CM2310003. Network 1: 75F0CM2310002. Network 2: 75F0CM2310003. Network 3: 75F0CM2310004. Network 4: 75F0CM2310005. Network 5: 75F0CM2310006. Network 6: 75F0CM2310007. Network 7: 75F0CM2310008. Network 8: 75F0CM2310009. Network 9: 75F0CM2310010. Network 10: 75F0CM2310011. Network 11: 75F0CM2310012. Network 12: 75F0CM2310013. Network 13: 75F0CM2310014. Network 14: 75F0CM2310015. Network 15: 75F0CM2310016. Network 16: 75F0CM2310017. Network 17: 75F0CM2310018. Network 18: 75F0CM2310019. Network 19: 75F0CM2310020. Network 20: 75F0CM2310021. Network 21: 75F0CM2310022. Network 22: 75F0CM2310023. Network 23: 75F0CM2310024. Network 24: 75F0CM2310025. Network 25: 75F0CM2310026. Network 26: 75F0CM2310027. Network 27: 75F0CM2310028. Network 28: 75F0CM2310029. Network 29: 75F0CM2310030. Network 30: 75F0CM2310031. Network 31: 75F0CM2310032. Network 32: 75F0CM2310033. Network 33: 75F0CM2310034. Network 34: 75F0CM2310035. Network 35: 75F0CM2310036. Network 36: 75F0CM2310037. Network 37: 75F0CM2310038. Network 38: 75F0CM2310039. Network 39: 75F0CM2310040. Network 40: 75F0CM2310041. Network 41: 75F0CM2310042. Network 42: 75F0CM2310043. Network 43: 75F0CM2310044. Network 44: 75F0CM2310045. Network 45: 75F0CM2310046. Network 46: 75F0CM2310047. Network 47: 75F0CM2310048. Network 48: 75F0CM2310049. Network 49: 75F0CM2310050. Network 50: 75F0CM2310051. Network 51: 75F0CM2310052. Network 52: 75F0CM2310053. Network 53: 75F0CM2310054. Network 54: 75F0CM2310055. Network 55: 75F0CM2310056. Network 56: 75F0CM2310057. Network 57: 75F0CM2310058. Network 58: 75F0CM2310059. Network 59: 75F0CM2310060. Network 60: 75F0CM2310061. Network 61: 75F0CM2310062. Network 62: 75F0CM2310063. Network 63: 75F0CM2310064. Network 64: 75F0CM2310065. Network 65: 75F0CM2310066. Network 66: 75F0CM2310067. Network 67: 75F0CM2310068. Network 68: 75F0CM2310069. Network 69: 75F0CM2310070. Network 70: 75F0CM2310071. Network 71: 75F0CM2310072. Network 72: 75F0CM2310073. Network 73: 75F0CM2310074. Network 74: 75F0CM2310075. Network 75: 75F0CM2310076. Network 76: 75F0CM2310077. Network 77: 75F0CM2310078. Network 78: 75F0CM2310079. Network 79: 75F0CM2310080. Network 80: 75F0CM2310081. Network 81: 75F0CM2310082. Network 82: 75F0CM2310083. Network 83: 75F0CM2310084. Network 84: 75F0CM2310085. Network 85: 75F0CM2310086. Network 86: 75F0CM2310087. Network 87: 75F0CM2310088. Network 88: 75F0CM2310089. Network 89: 75F0CM2310090. Network 90: 75F0CM2310091. Network 91: 75F0CM2310092. Network 92: 75F0CM2310093. Network 93: 75F0CM2310094. Network 94: 75F0CM2310095. Network 95: 75F0CM2310096. Network 96: 75F0CM2310097. Network 97: 75F0CM2310098. Network 98: 75F0CM2310099. Network 99: 75F0CM2310100. Network 100: 75F0CM2310101. Network 101: 75F0CM2310102. Network 102: 75F0CM2310103. Network 103: 75F0CM2310104. Network 104: 75F0CM2310105. Network 105: 75F0CM2310106. Network 106: 75F0CM2310107. Network 107: 75F0CM2310108. Network 108: 75F0CM2310109. Network 109: 75F0CM2310110. Network 110: 75F0CM2310111. Network 111: 75F0CM2310112. Network 112: 75F0CM2310113. Network 113: 75F0CM2310114. Network 114: 75F0CM2310115. Network 115: 75F0CM2310116. Network 116: 75F0CM2310117. Network 117: 75F0CM2310118. Network 118: 75F0CM2310119. Network 119: 75F0CM2310120. Network 120: 75F0CM2310121. Network 121: 75F0CM2310122. Network 122: 75F0CM2310123. Network 123: 75F0CM2310124. Network 124: 75F0CM2310125. Network 125: 75F0CM2310126. Network 126: 75F0CM2310127. Network 127: 75F0CM2310128. Network 128: 75F0CM2310129. Network 129: 75F0CM2310130. Network 130: 75F0CM2310131. Network 131: 75F0CM2310132. Network 132: 75F0CM2310133. Network 133: 75F0CM2310134. Network 134: 75F0CM2310135. Network 135: 75F0CM2310136. Network 136: 75F0CM2310137. Network 137: 75F0CM2310138. Network 138: 75F0CM2310139. Network 139: 75F0CM2310140. Network 140: 75F0CM2310141. Network 141: 75F0CM2310142. Network 142: 75F0CM2310143. Network 143: 75F0CM2310144. Network 144: 75F0CM2310145. Network 145: 75F0CM2310146. Network 146: 75F0CM2310147. Network 147: 75F0CM2310148. Network 148: 75F0CM2310149. Network 149: 75F0CM2310150. Network 150: 75F0CM2310151. Network 151: 75F0CM2310152. Network 152: 75F0CM2310153. Network 153: 75F0CM2310154. Network 154: 75F0CM2310155. Network 155: 75F0CM2310156. Network 156: 75F0CM2310157. Network 157: 75F0CM2310158. Network 158: 75F0CM2310159. Network 159: 75F0CM2310160. Network 160: 75F0CM2310161. Network 161: 75F0CM2310162. Network 162: 75F0CM2310163. Network 163: 75F0CM2310164. Network 164: 75F0CM2310165. Network 165: 75F0CM2310166. Network 166: 75F0CM2310167. Network 167: 75F0CM2310168. Network 168: 75F0CM2310169. Network 169: 75F0CM2310170. Network 170: 75F0CM2310171. Network 171: 75F0CM2310172. Network 172: 75F0CM2310173. Network 173: 75F0CM2310174. Network 174: 75F0CM2310175. Network 175: 75F0CM2310176. Network 176: 75F0CM2310177. Network 177: 75F0CM2310178. Network 178: 75F0CM2310179. Network 179: 75F0CM2310180. Network 180: 75F0CM2310181. Network 181: 75F0CM2310182. Network 182: 75F0CM2310183. Network 183: 75F0CM2310184. Network 184: 75F0CM2310185. Network 185: 75F0CM2310186. Network 186: 75F0CM2310187. Network 187: 75F0CM2310188. Network 188: 75F0CM2310189. Network 189: 75F0CM2310190. Network 190: 75F0CM2310191. Network 191: 75F0CM2310192. Network 192: 75F0CM2310193. Network 193: 75F0CM2310194. Network 194: 75F0CM2310195. Network 195: 75F0CM2310196. Network 196: 75F0CM2310197. Network 197: 75F0CM2310198. Network 198: 75F0CM2310199. Network 199: 75F0CM2310200. Network 200: 75F0CM2310201. Network 201: 75F0CM2310202. Network 202: 75F0CM2310203. Network 203: 75F0CM2310204. Network 204: 75F0CM2310205. Network 205: 75F0CM2310206. Network 206: 75F0CM2310207. Network 207: 75F0CM2310208. Network 208: 75F0CM2310209. Network 209: 75F0CM2310210. Network 210: 75F0CM2310211. Network 211: 75F0CM2310212. Network 212: 75F0CM2310213. Network 213: 75F0CM2310214. Network 214: 75F0CM2310215. Network 215: 75F0CM2310216. Network 216: 75F0CM2310217. Network 217: 75F0CM2310218. Network 218: 75F0CM2310219. Network 219: 75F0CM2310220. Network 220: 75F0CM2310221. Network 221: 75F0CM2310222. Network 222: 75F0CM2310223. Network 223: 75F0CM2310224. Network 224: 75F0CM2310225. Network 225: 75F0CM2310226. Network 226: 75F0CM2310227. Network 227: 75F0CM2310228. Network 228: 75F0CM2310229. Network 229: 75F0CM2310230. Network 230: 75F0CM2310231. Network 231: 75F0CM2310232. Network 232: 75F0CM2310233. Network 233: 75F0CM2310234. Network 234: 75F0CM2310235. Network 235: 75F0CM2310236. Network 236: 75F0CM2310237. Network 237: 75F0CM2310238. Network 238: 75F0CM2310239. Network 239: 75F0CM2310240. Network 240: 75F0CM2310241. Network 241: 75F0CM2310242. Network 242: 75F0CM2310243. Network 243: 75F0CM2310244. Network 244: 75F0CM2310245. Network 245: 75F0CM2310246. Network 246: 75F0CM2310247. Network 247: 75F0CM2310248. Network 248: 75F0CM2310249. Network 249: 75F0CM2310250. Network 250: 75F0CM2310251. Network 251: 75F0CM2310252. Network 252: 75F0CM2310253. Network 253: 75F0CM2310254. Network 254: 75F0CM2310255. Network 255: 75F0CM2310256. Network 256: 75F0CM2310257. Network 257: 75F0CM2310258. Network 258: 75F0CM2310259. Network 259: 75F0CM2310260. Network 260: 75F0CM2310261. Network 261: 75F0CM2310262. Network 262: 75F0CM2310263. Network 263: 75F0CM2310264. Network 264: 75F0CM2310265. Network 265: 75F0CM2310266. Network 266: 75F0CM2310267. Network 267: 75F0CM2310268. Network 268: 75F0CM2310269. Network 269: 75F0CM2310270. Network 270: 75F0CM2310271. Network 271: 75F0CM2310272. Network 272: 75F0CM2310273. Network 273: 75F0CM2310274. Network 274: 75F0CM2310275. Network 275: 75F0CM2310276. Network 276: 75F0CM2310277. Network 277: 75F0CM2310278. Network 278: 75F0CM2310279. Network 279: 75F0CM2310280. Network 280: 75F0CM2310281. Network 281: 75F0CM2310282. Network 282: 75F0CM2310283. Network 283: 75F0CM2310284. Network 284: 75F0CM2310285. Network 285: 75F0CM2310286. Network 286: 75F0CM2310287. Network 287: 75F0CM2310288. Network 288: 75F0CM2310289. Network 289: 75F0CM2310290. Network 290: 75F0CM2310291. Network 291: 75F0CM2310292. Network 292: 75F0CM2310293. Network 293: 75F0CM2310294. Network 294: 75F0CM2310295. Network 295: 75F0CM2310296. Network 296: 75F0CM2310297. Network 297: 75F0CM2310298. Network 298: 75F0CM2310299. Network 299: 75F0CM2310300. Network 300: 75F0CM2310301. Network 301: 75F0CM2310302. Network 302: 75F0CM2310303. Network 303: 75F0CM2310304. Network 304: 75F0CM2310305. Network 305: 75F0CM2310306. Network 306: 75F0CM2310307. Network 307: 75F0CM2310308. Network 308: 75F0CM2310309. Network 309: 75F0CM2310310. Network 310: 75F0CM2310311. Network 311: 75F0CM2310312. Network 312: 75F0CM2310313. Network 313: 75F0CM2310314. Network 314: 75F0CM2310315. Network 315: 75F0CM2310316. Network 316: 75F0CM2310317. Network 317: 75F0CM2310318. Network 318: 75F0CM2310319. Network 319: 75F0CM2310320. Network 320: 75F0CM2310321. Network 321: 75F0CM2310322. Network 322: 75F0CM2310323. Network 323: 75F0CM2310324. Network 324: 75F0CM2310325. Network 325: 75F0CM2310326. Network 326: 75F0CM2310327. Network 327: 75F0CM2310328. Network 328: 75F0CM2310329. Network 329: 75F0CM2310330. Network 330: 75F0CM2310331. Network 331: 75F0CM2310332. Network 332: 75F0CM2310333. Network 333: 75F0CM2310334. Network 334: 75F0CM2310335. Network 335: 75F0CM2310336. Network 336: 75F0CM2310337. Network 337: 75F0CM2310338. Network 338: 75F0CM2310339. Network 339: 75F0CM2310340. Network 340: 75F0CM2310341. Network 341: 75F0CM2310342. Network 342: 75F0CM2310343. Network 343: 75F0CM2310344. Network 344: 75F0CM2310345. Network 345: 75F0CM2310346. Network 346: 75F0CM2310347. Network 347: 75F0CM2310348. Network 348: 75F0CM2310349. Network 349: 75F0CM2310350. Network 350: 75F0CM2310351. Network 351: 75F0CM2310352. Network 352: 75F0CM2310353. Network 353: 75F0CM2310354. Network 354: 75F0CM2310355. Network 355: 75F0CM2310356. Network 356: 75F0CM2310357. Network 357: 75F0CM2310358. Network 358: 75F0CM2310359. Network 359: 75F0CM2310360. Network 360: 75F0CM2310361. Network 361: 75F0CM2310362. Network 362: 75F0CM2310363. Network 363: 75F0CM2310364. Network 364: 75F0CM2310365. Network 365: 75F0CM2310366. Network 366: 75F0CM2310367. Network 367: 75F0CM2310368. Network 368: 75F0CM2310369. Network 369: 75F0CM2310370. Network 370: 75F0CM2310371. Network 371: 75F0CM2310372. Network 372: 75F0CM2310373. Network 373: 75F0CM2310374. Network 374: 75F0CM2310375. Network 375: 75F0CM2310376. Network 376: 75F0CM2310377. Network 377: 75F0CM2310378. Network 378: 75F0CM2310379. Network 379: 75F0CM2310380. Network 380: 75F0CM2310381. Network 381: 75F0CM2310382. Network 382: 75F0CM2310383. Network 383: 75F0CM2310384. Network 384: 75F0CM2310385. Network 385: 75F0CM2310386. Network 386: 75F0CM2310387. Network 387: 75F0CM2310388. Network 388: 75F0CM2310389. Network 389: 75F0CM2310390. Network 390: 75F0CM2310391. Network 391: 75F0CM2310392. Network 392: 75F0CM2310393. Network 393: 75F0CM2310394. Network 394: 75F0CM2310395. Network 395: 75F0CM2310396. Network 396: 75F0CM2310397. Network 397: 75F0CM2310398. Network 398: 75F0CM2310399. Network 399: 75F0CM2310400. Network 400: 75F0CM2310401. Network 401: 75F0CM2310402. Network 402: 75F0CM2310403. Network 403: 75F0CM2310404. Network 404: 75F0CM2310405. Network 405: 75F0CM2310406. Network 406: 75F0CM2310407. Network 407: 75F0CM2310408. Network 408: 75F0CM2310409. Network 409: 75F0CM2310410. Network 410: 75F0CM2310411. Network 411: 75F0CM2310412. Network 412: 75F0CM2310413. Network 413: 75F0CM2310414. Network 414: 75F0CM2310415. Network 415: 75F0CM2310416. Network 416: 75F0CM2310417. Network





# Improve Education and Access to Empower Patient Choice of Transplant Released Interventions for Patients

## Living Donor Transplant: Your Best Option.



### How is a kidney from a living donor better than one from a deceased donor?

#### Kidney from a Deceased Donor

- Kidney may last 10–15 Years
- Kidney needs to be a match
- It can take years to get a transplant
- Being called for a transplant cannot be scheduled or planned
- The longer you wait for a transplant the more health issues may occur
- It is harder to get a future transplant

#### Kidney from a Living Donor

- Kidney lasts longer: 15–20 Years
- Donor does not need to be a match if using a paired exchange program
- Transplant can happen in a year or less
- Your transplant can be scheduled when it works best for all involved
- The sooner you are transplanted the sooner your health will improve, which will lengthen your life span
- After a living donation, it may be much easier to match you for another transplant in the future

### Facts About Living Donation that May Surprise You

- **You do not need to ask anyone for their kidney.** Most times the request for a kidney donation can be done indirectly by using social media or other methods to network within your community for folks to learn about your need. There are also programs where someone can act on your behalf and put the word out about your need for a transplant.
- **It will not cost the donor money to give you a kidney.** Your health insurance will cover all the donor's healthcare costs and there are also programs that cover additional costs such as lost work time, childcare expenses, and travel for the donor.

- **Your donor will not have more health risks after donating a kidney.** A person can live with one kidney their entire life without any problem. Also, donors are screened before the procedure to make sure there are no issues that could affect their kidney in the future if they donate.



- **Donor recovery time is less than most common hernia surgeries.** Approximately two weeks to normalcy—six until they can lift.
- **Your donor will not need to be a match to you.** There are programs which can help you find a match even if your donor is not a match. All you need is one donor candidate whose health will allow them to complete the workup.
- **You can go for a workup without having a living donor and then find a donor after you're listed!**
- **There is no stated age limit to donate.** It is more about the donor's health and ability to undergo the procedure.



End-Stage Renal Disease  
Network Program

continues on next page

## Because Your Voice Matters!



Your dialysis facility often invites patients like you to take part in what is called a Quality Assessment & Performance Improvement (QAPI) meeting. You can also ask to take part in a QAPI meeting. This meeting gives you the chance to talk to the dialysis facility leaders about your concerns and other patient issues. Many times, the ideas and decisions that come out of QAPI meetings affect how the dialysis facility is run.



To have a good QAPI meeting experience, use this document to help you before, during, and after the meeting. Write down notes on what you would like to talk about with the healthcare team. This will help you stay on track during the meeting. Remember, your ideas can help make patient care better.

### Before the QAPI Meeting

To prepare, think about questions, concerns, or feedback you and/or other patients may have. Ask the manager what topics will be discussed at the meeting. This might include:

- |                            |                                               |
|----------------------------|-----------------------------------------------|
| Facility improvement       | Home dialysis and kidney transplant education |
| Preventing infections      | Emergency preparedness education              |
| Fistula/Catheter education | Reducing patient hospitalizations             |

### During the Meeting

In most cases, you will only be in the meeting for the first 15 minutes. You will be asked to offer suggestions for improving patient engagement and care. The dialysis facility leaders may ask you for your opinion and/or to share your experiences. The questions are meant to help the staff make the dialysis experience better for patients. If you do not understand something, just ask! You may be asked questions like:

- What do you think we are doing well in the dialysis facility?
- What areas do you think we could improve in the dialysis facility?
- What do you think are the most common reasons patients miss or shorten treatments?
- What is the best way for staff to communicate with patients about their treatment?

For more information, visit [www.esrdncc.org/patients](http://www.esrdncc.org/patients).



**MY**  
DIALYSIS  
PLAN™

### YOUR CARE PLAN MEETING IS COMING UP!

During this meeting, you and your care team will work together to make decisions about your health, well-being, and dialysis care. This brochure explains what to expect and how to prepare.

Your dialysis care plan should be made just for you!





# Transplant Interventions and Education

## New CEU Course Offering



End-Stage Renal Disease  
Network Program


### How CMS Goals, Payment Models, and Quality Incentive Plans Align to Promote Home and Transplant

Caroline Sanner MSN, RN-BC  
Quality Improvement Project Manager

August 2022



1 Free CEU Credit  
RN, LPN, Dietitian, or Dialysis Technician

**End-Stage Renal Disease  
Network Program**

**HOW CMS GOALS, PAYMENT MODELS,  
AND QUALITY INCENTIVE PLANS ALIGN TO  
PROMOTE TRANSPLANT AND HOME MODALITIES**

**1. 2020 Advancing American Kidney Health (AAKH) Executive Order**

**Goal 1: Reduce the Risk of Kidney Failure**


**Goal 2: Improve Access to and Quality of Person-Centered Treatment Options**

The goal is to provide patients who have kidney failure with more options for treatment, from both today's technologies and future technologies such as artificial kidneys, and make it easier for patients to receive care at home or in other flexible ways. The aim is to have 80% of new ESRD patients who were admitted to a facility after January 1, 2021 receiving dialysis in the home or receiving a transplant by 2025.

**Goal 3: Increase Access to Kidney Transplants**

There is a need to deliver more organs for transplants, so we can help more Americans escape the burdens of dialysis altogether. The aim is to double the number of kidneys available for transplant by 2030.

<https://www.srr-online.org/policy/webdocs/ahqa.aspx?code=72a>




**2. CMS ESRD Network Annual Transplant and Home Quality Improvement Goals**

National Clinical Objectives and Key Results:

**Improve Education and Access to Empower Patient Choice of Home Modality and Transplant**

- Patients on transplant waitlist: 20% cumulative increase by 2026 in the Network Service Area
- Patients transplanted: 30% cumulative increase by 2026 in the Network Service Area
- Incident or new ESRD patients starting on a home modality: 60% increase by 2026 in the Network Service Area
- Prevalent or existing ESRD patients moving to home modality: 30% increase by 2026 in the Network Service Area


<https://dord.egs.gov/>



**3. ESRD Quality Incentive Program Measures (ESRD QIP)**

- Reduction in payment to renal dialysis facilities that do not meet performance standards or measures.
- Measures change annually and goals are calculated based on performance from 2 years ago.
- Percentage of Prevalent Patients Waitlisted (PPPW): Percentage of patients at each dialysis facility who were on the kidney or kidney-pancreas transplant waitlist averaged across patients on the last day of each month during the performance period. A higher rate is desired.
  - A prevalent patient includes a patient in the work-up phase pending full activation.
  - A patient deemed not eligible due to non-modifiable conditions as indicated by the transplant center is not counted in the percentages.


[ESRD QIP Educational Resources](#)



**4. ESRD Treatment Choices (ETC) Payment Model**

- Purpose: to encourage greater use of home dialysis and kidney transplant for Medicare beneficiaries
- Providers targeted by zip code to account for 30% of all providers in the nation.
  - List of Hospital Referral Regions found here: <https://www.cms.gov/medicare/coverage/etp/etp-report>
- Payment adjustments for those ESRD facilities and Managing Clinicians selected will apply to select Medicare claims between January 1, 2021 through June 30, 2027.
- First CMS Innovation Center model to directly address health equity.

<https://innovation.cms.gov/innovation-models/etp-treatment-choices-model>





# Transplant Interventions and Education

## High-Low Performance Sharing

				
<p>The Network has compiled regional best practices and has selected some great stand-out facilities to highlight! These practices are being shared to guide your facility in adopting new initiatives or improving any processes to increase waitlist and transplant. Please review and think about how they are similar or different than your organizations workflow, culture, and processes. Consider putting some of these into practice at your own facility!</p> 	<p>The Network has compiled regional best practices and has selected some great stand-out facilities to highlight! These practices are being shared to guide your facility in adopting new initiatives or improving any processes to increase waitlist and transplant. Please review and think about how they are similar or different than your organizations workflow, culture, and processes. Consider putting some of these into practice at your own facility!</p> 	<p>The Network has compiled regional best practices and has selected some great stand-out facilities to highlight! These practices are being shared to guide your facility in adopting new initiatives or improving any processes to increase waitlist and transplant. Please review and think about how they are similar or different than your organizations workflow, culture, and processes. Consider putting some of these into practice at your own facility!</p> 	<p>The Network has compiled regional best practices and has selected some great stand-out facilities to highlight! These practices are being shared to guide your facility in adopting new initiatives or improving any processes to increase waitlist and transplant. Please review and think about how they are similar or different than your organizations workflow, culture, and processes. Consider putting some of these into practice at your own facility!</p> 	<p>The Network has compiled regional best practices and has selected some great stand-out facilities to highlight! These practices are being shared to guide your facility in adopting new initiatives or improving any processes to increase waitlist and transplant. Please review and think about how they are similar or different than your organizations workflow, culture, and processes. Consider putting some of these into practice at your own facility!</p> 
<p><b>U.S Renal Care Branford Dialysis</b></p> <p><b>Lobby Days!</b></p> <ul style="list-style-type: none"> <li>U.S Renal Care Branford utilizes available resources to provide education and opportunities to all patients about transplant.</li> <li>Lobby days are planned with local transplant center coordinators, such as from Hartford Transplant!</li> <li>Lobby days are planned in sets of 2 to provide equal opportunity for patients who attend different shifts at the dialysis facility. The lobby days occur for MWF and TTS shifts.</li> <li>Tables with take-home materials are set up and the transplant center in attendance will facilitate referrals on the spot with the help of the dialysis</li> </ul>	<p><b>Pelham Parkway Dialysis Center</b></p> <p>Pelham Parkway is ensuring every patient explores transplant</p> <p>Waitlisted Patients January-July 2022: 3 Transplanted Patients January-July 2022: 2 <i>On Track To Meet Goal!</i></p> <p><b>Education and Communication</b></p> <ul style="list-style-type: none"> <li>This facility makes it a priority to educate about transplant on day 1, as needed, and every quarter following. Transplant education is incorporated into patients plan of care and life planning</li> <li>This facility is able to conduct annual</li> </ul>	<p><b>DaVita Owensboro Home Dialysis</b></p> <p>Waitlisted Patients January-July 2022: 2 Transplanted Patients January-July 2022: 3 <i>On Track To Meet Goal!</i></p> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>DaVita Owensboro makes it a point to start education as soon as possible to fully inform patients about their treatment options. Education is then followed-up at regular intervals and is patient specific or based on interest levels</li> </ul> <p><b>Refer, Once Ready</b></p> <ul style="list-style-type: none"> <li>Refer as soon as the patient is ready, not pre-emptively</li> </ul>	<p><b>U.S Renal Care Forsyth</b></p> <p>U.S Renal Care is motivated for their patients to receive the best outcomes!</p> <p>Waitlisted Patients January-July 2022: 1 Transplanted Patients January-July 2022: 2 <i>On Track To Meet Goal!</i></p> <p><b>Education and Communication</b></p> <ul style="list-style-type: none"> <li>This facility uses resources from many different places such as the NKF and IPRO, as they fall under an SDO which doesn't offer branded material.</li> <li>Their goal is to provide education about transplant without overwhelming the patient. In the first 30-days, the</li> </ul>	<p><b>DaVita Kennestone</b></p> <p>DaVita Kennestone has a passion for transplant!</p> <p>Waitlisted Patients January-July 2022: 5 Transplanted Patients January-July 2022: 6 <i>On Track To Meet Goal!</i></p> <p><b>Pro-Transplant Culture</b></p> <ul style="list-style-type: none"> <li>This center believes that it's the entire teams responsibility to promote transplant. The motivation is led by their medical director, Anna Schuler, who provides their own education to patients and requires updates on transplant every month! Leadership</li> </ul>

# Transplant Best Practice Speaker

Meghan Mantler M. Div, MSW, LCSW  
Regional Point Social Worker  
PDI-Worcester  
Network 1



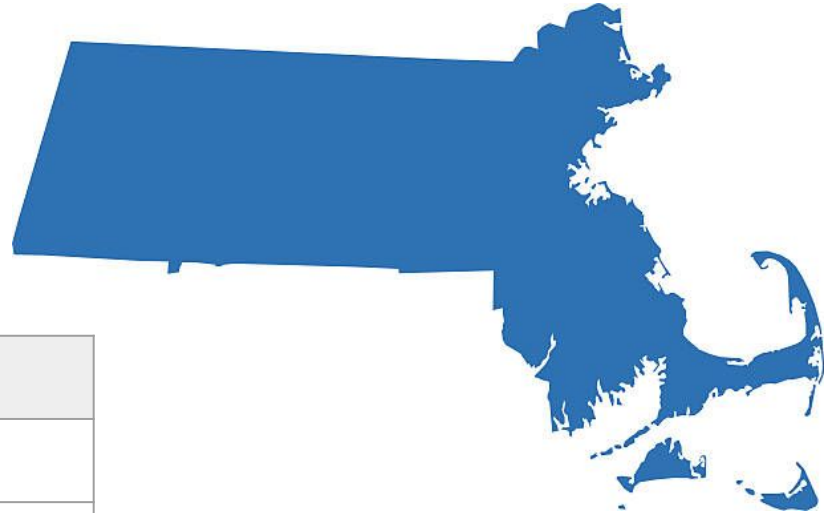
# Agenda

- Facility Demographics
- Secrets to Success
  - Educational Approaches
  - Overcoming Health Equity Barriers
  - Pro-Transplant Culture
  - Case Study

# Facility Demographics

## PDI-Worcester

- DaVita
- Worcester, Massachusetts
- 100+ patients



June 2021- July 2022	
Wait Listed	13 patients!
Transplanted	18 patients!

# Educational Resources

## Use What You Have!

- Tablets are used to play DaVita educational videos at a 4th grade reading level
  - Plain animation to appeal to different patients
  - All patients have an opportunity for videos but flip cards with the same information are available
  - One of the patients in the video is a former Worcester patient which helps intrinsic motivation
- Printed material is readily available for patients seeking specific information
  - Tipsheets on how to make a living donor profile

# Overcoming Health Equity Barriers

## Connect and Explore

- Encourage peer to peer support in organic networks
  - Pairing patients with similar ethnic backgrounds or even similar living or family situations
  - Peers advise peers on how to get family members engaged in care



# Overcoming Health Equity Barriers

## Transportation, Financial Help, and Increasing Care Utilizing Technology

**Tip:** Connect with your transplant center and utilize the resources offered!

- *For example:*

### Massachusetts General

- Has an Equity Clinic that practices telemedicine appointments for the patient's first visit. Pre-transplant education is also provided virtually.
- Special priority for engaging interdisciplinary team collaboration
- Explains all tests and procedures in details using ACO, family, MDs, and RDs
- Provides financial counselors who will work with patients of all financial status, to include undocumented patients

# Overcoming Health Equity Barriers Continued



- UMass provides monthly updates and conducts monthly phone calls to MSWs so they can better help patients make appointments and further understand barriers. Details also provided about the patient status and important upcoming dates

**If your patient has barriers, seek out centers that provide solutions!**

**Example:** A patient needs a stress test. Transplant center will tell us the patient has cancelled it 2x and they give us the nuclear medicine phone # to reschedule. The center will ask us to do health literacy education on what a stress test is and why it's needed. This encourages personalized care that is dependent on patients literacy levels as literacy dictates the level of support a patient needs. We inform the patients nephrologist about the situation and the MSWs sits with the pt to make appointment. The patient completes appointment and we tell transplant it has been completed. The engagement and patient support moves the process along.

# Pro-Transplant Culture

## Language and Mindset



Language	Mindset
“What Do You Want Your Life To Look Like?”	It was never “how do you fit your life into dialysis” but more so what treatment choice fits best in your life
“ What's the Plan”	Life planning is the core of all treatment decisions, never settle for dialysis

# Pro-Transplant Culture

## Community of Practice

- Encourage improvement outside the walls of your dialysis clinic
  - We are a high-performing facility who has a lot of great practices, success, and an organizational culture that could benefit other local dialysis centers
  - 1:1 coaching calls take place to identify reasons for outcomes and brainstorm solutions
  - Many staff members and even organizations suffer from burnout and accept the flaws of their population or geographical location
  - Provide support and guidance on changing their mindset and approach problems with a different lens to find solutions

# Best Practice

## Case Study

### **The Power of Engaged Staff**

- Transplant recipient at a young age, kidney failed as a young adult
- Content on dialysis
  - Underlying reasons for not wanting to pursue transplant
- Social worker engagement
- Happy ending

# Questions? Comments?





# Empowering Patients to Choose a Home Modality CMS Goals and Network Interventions

Michelle Prager MSW, LSW  
Quality Improvement Home Lead



# Improve Education and Access to Empower Patient Choice of a Home Modality



## Objectives

Project Period: June 1 2022- May 31, 2023

QIA		5 Year Goal	Baseline	Performance Goal 2022-2023
Incident Patients	60% increase Incident patients to home	Calendar Year 2020	10% increase	
Prevalent Patients	30% increase Prevalent patients to home	Calendar Year 2020	2% increase	
Utilizing Telemedicine	20% increase in rural patients using telemedicine to access a home modality	Calendar Year 2020	2% increase	

## Requirements

- Use the NCC Change Package as an intervention to improve home initiations
- Monitor the use of telehealth and support increased use to ease access for patients
- Engage patients in the work, and share best practices nationally





# Racial and Ethnic Disparities in Home Dialysis Use in the United States: Barriers and Solutions

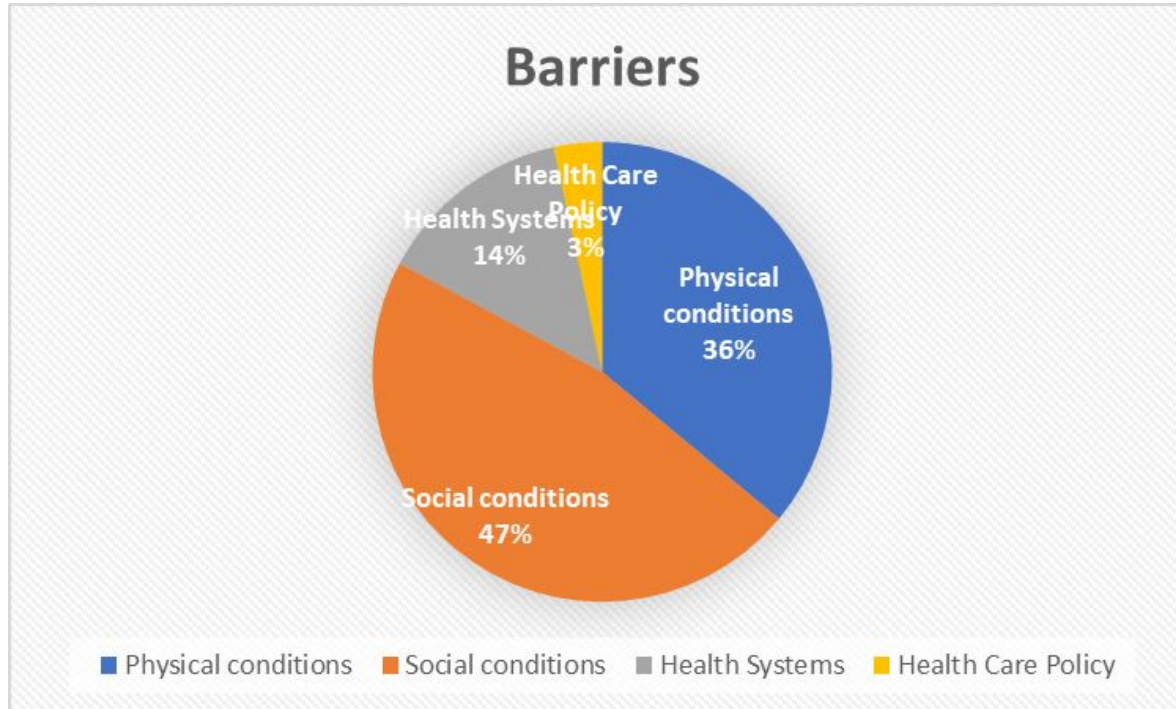
## Barriers to Home Modalities

- Physical Conditions
- Social Conditions
- Healthcare Systems
- Health Care Policy



Rizzolo MD, Katherine, Cervantes MD, Lilia, Shen MD, Jenny. (2022). *Racial and Ethnic Disparities in Home Dialysis Use in the United States: Barriers and Solutions*. Journal of the American Society of Nephrology.

# Findings from The Network





# Potential Solutions to Racial and Ethnic Disparities

- Physical Conditions
  - Community Housing HD
  - Fund Assisted PD
  - Home visit/Telehealth
- Social Conditions
  - Patient financial incentivisation
  - Health/telehealth visits
  - Fund assisted PD
  - Peer mentoring/navigation
  - Culture/language concordant education
- Healthcare Systems
  - Improve access to pre-dialysis nephrology care
  - Culture/language concordant care and education
  - Urgent start PD programs
  - Provider financial incentives
  - Improve trainee education in home dialysis
- Health Care Policy
  - Disparities-sensitive quality measures
  - Social risk factor adjustments
  - Social needs screening
  - Payment adjustments for social determinants
  - Leverage incentives to address social needs
  - Study policy effect on racial disparities

# What Can You Do To Make a Difference?



- Work with patients and families individually to understand barriers and create solutions
- Think outside the box to find creative solutions
- Investigate social support systems in the community
- Believe everyone deserves an equal opportunity to consider a home modality

# Home Modality Best Practice Speaker

Morgan Cornette BSN, RN  
Facility Administrator  
DaVita National Trail Dialysis



# Agenda



- Facility Demographics
- Secret Sauce to Success
  - Educational Techniques
  - Pro - Home Culture
  - Overcoming Health Equities/Barriers

# Demographics

## DaVita National Trail Dialysis

- Census
  - In-center 44
  - PD 6 with 4 in the pipeline
  - Low income, poverty level

# Educational Techniques



- MD is involved and begins education in the office
- Home RN has developed a rapport with in-center patients
- Home Champion (Patient Care Technician)



# Overcoming Health Equity Barriers

- Transportation
  - Doesn't cross county lines
- Homelessness
  - Some patients are temporarily living in hotels
- Non-compliance and missed treatments

# Pro - Home Culture



- Start education on Day 1 for the patient
- Establishing a rapport with the Home Team
- Medical Director is extremely involved
- All PCT's educated on PD and help educate patients

# Questions? Comments?



# Thank You!

## Please complete the post-webinar survey!



Better healthcare,  
realized.

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

<http://ipro.org>