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

<table>
<thead>
<tr>
<th>QIA</th>
<th>5-year goal</th>
<th>Baseline</th>
<th>Performance Goal (May 2022- April 2023)</th>
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<tbody>
<tr>
<td>Increase Waitlist</td>
<td>20% increase in the number of patients added to kidney transplant wait list per Network Service Area</td>
<td>Calendar Year 2020</td>
<td>5% total increase from baseline</td>
</tr>
<tr>
<td>Increase Transplant</td>
<td>30% increase in the number of patients who receive a kidney transplant per Network Service Area</td>
<td>Calendar Year 2020</td>
<td>6% total increase from baseline</td>
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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!
Improve Education and Access to Empower
Patient Choice of Transplant
Released Interventions to Facilities
Improve Education and Access to Empower Patient Choice of Transplant

Released Interventions for Patients
Transplant Interventions and Education

New CEU Course Offering

1 Free CEU Credit
RN, LPN, Dietitian, or Dialysis Technician
Transplant Interventions and Education
High-Low Performance Sharing
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

<table>
<thead>
<tr>
<th>June 2021- July 2022</th>
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<tbody>
<tr>
<td>Wait Listed</td>
<td>13 patients!</td>
</tr>
<tr>
<td>Transplanted</td>
<td>18 patients!</td>
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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

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

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

Findings from The Network

Barriers

- Physical conditions: 36%
- Social conditions: 47%
- Health Systems: 14%
- Health Care Policy: 3%

Legend:
- Physical conditions
- Social conditions
- Health Systems
- Health Care Policy
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
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!