Coaching to Support Kidney Care Choices
Home Dialysis as a Treatment Option

April, 2019

Expand skills. Share Knowledge. Empower Patients.
What will be covered in this Module?

Part 1: Home Dialysis Facts
Part 2: Home Dialysis Treatment Options
Part 3: Benefits and Considerations
Part 4: Home Dialysis Resource Toolkit
Part 5: Tips and Suggestions
Learning Objectives

At the completion of this activity the learner will be able to:

- List the ESRD Network roles and responsibilities
- Understand the “Patient Health Coach” role in the promotion and education of home dialysis
- Discuss two methods to perform home hemodialysis
- Describe the two forms of peritoneal dialysis
- Identify three benefits of home dialysis
- Identify who may be a potential candidate for home dialysis
- Utilize the training materials identified in this program to talk with patients about home dialysis options
- Share with other staff members information on home dialysis options and how to use the resource toolkit
Network Role and Responsibilities

ESRD Networks are critical to achieving CMS goals for healthcare transformation and improving the patients experience of care by:

- Being leaders, motivators, and organizers
- Producing partnerships and collaboration within the ESRD community
- Promoting outreach and education
- Collecting, analyzing and monitoring data to measure achievement
- Collecting and sharing best practices
- Providing emergency preparedness services for the ESRD community
- Support patients and facilities in resolving grievances

CMS 5 Year Home Dialysis Goal:
- By 2023, increase the number of ESRD patients dialyzing at home to 16% from the 2016 national average of 12% (CMS statement of work 2018)
Helping the Patient Make Important Choices

Renal patients need unbiased, factual information to make decisions that can affect their quality of life and experience of care.

Patients must be open and ready to process information

What is your role as a Patient Coach?
- Engage patients in discussion to determine knowledge of Home Modalities
- Provide educational resources and tools
- Arrange an interaction with a current home patient to share their perspective
- Refer patients to a member of the healthcare team
- Be available when questions arise - BE POSITIVE!
Why is the “Patient Health Coach” so Important?

YOU are in a unique position to be:

- Viewed as an expert
- A trusted partner in the patient’s care
- Have open discussions during the patient’s treatment
- Encourage patients to be engaged and active in their care decisions
- A resource provider
  - Printed educational materials
  - Referral to a Home Program RN, Nephrologist, or Healthcare Team Member
  - Provide Internet Access to Home dialysis decision making tools, if available
Part 1: Home Dialysis Facts
What are the two primary modalities of Home Dialysis?

**Home Hemodialysis**
- Home Hemodialysis
- Nocturnal Home Hemodialysis

**Peritoneal Dialysis**
- CAPD – Continuous Ambulatory Peritoneal Dialysis
- CCPD – Continuous Cycling Peritoneal Dialysis
Current Dialysis Treatments by Modality in the United States

88% In-center Dialysis

10% Peritoneal Dialysis

2% Home Hemodialysis

Home Modality Facts

• The current national average of patients dialyzing at home is only 12% as of the 2016 Chronic Kidney Disease (CKD) statistics according to Centers for Medicare & Medicaid Services (CMS).

• Ninety three percent of nephrologist and 89% of nurses surveyed said they would choose home dialysis over in-center dialysis [1]

• Survival rates were greater in patients who chose their own treatment type versus patients who’s physician chose for them, regardless of modality [2]

• Many physicians believe that between 25-35% of patients would do better if they were on a home dialysis therapy [3]

Home Modality Facts

- It is a requirement for participation in Medicare that ESRD beneficiaries receive documented modality education at least once per year.

- When surveyed 32% of patients responded they were not informed or educated on all treatment options.

- A study by Robert, Doss, and Moran (2006) followed 576 patients who received modality education prior to initiation of treatment over 21 months, 42% of these patients chose home therapy.
Part 2: Types of Home Treatment Options
What is Home Hemodialysis?

Home Hemodialysis is similar to in-center hemodialysis but it is performed by the patient with or without a care partner in the patient’s home.

- 4-6 times per week / 2.5-4.0 hours each treatment
- Shorter, more frequent treatments
- Improved clearance
- Individualized scheduling - choose treatment days and times
What is Nocturnal Hemodialysis?

Nocturnal Home Hemodialysis is a slower, longer hemodialysis treatment that is performed by the patient or care partner in the patient’s home while they sleep.

- 6-9 hours, 4-5 times per week, while the patient sleeps
- Individualize scheduling – choosing start and finish times, provides the most daytime freedom
What kind of dialysis machine is used for Home and Nocturnal Hemodialysis?

The dialysis machine is the same for both options:

- Compact in size
- Uses a single use dialyzer to clean the patient’s blood of waste products (diffusion) and remove excess fluid from body (ultrafiltration).
- This equipment allows for the purification of tap water that generates dialysate.
- Requires suitable storage
- All materials are disposable
- Nocturnal Home Hemodialysis required additional equipment
  - Fluid detection sensor
  - Heparin pump
What you need to know about Home and Nocturnal Hemodialysis

- Requires an adequate Vascular Access, the patient or care partner is trained to perform cannulation
- Patients can draw their own labs
- Usually requires one clinic visit per month
- Eat and drink more normally with few (or no) limits on fluid, potassium, sodium, and phosphorus
- May not require a care partner
**What is Peritoneal Dialysis?**

*Peritoneal Dialysis* uses the inner lining or membrane of your abdomen (peritoneum) to act as a filter to clean the blood. This membrane works to remove fluids by osmosis and wastes by diffusion. During treatments, a cleansing fluid called dialysate is cycled into the patient’s peritoneum through a small, flexible tube called a PD catheter.

- **CAPD** – Continuous Ambulatory Peritoneal Dialysis
- **CCPD** – Continuous Cycling Peritoneal Dialysis
Continuous Ambulatory Peritoneal Dialysis - CAPD

CAPD is peritoneal dialysis that can be done manually throughout the day. Dialysate solution passes through the PD catheter and into the peritoneum, where it stays for several hours with the catheter clamped. The peritoneum acts as an artificial kidney while gravity moves the fluid through the catheter in and out of the abdomen.

- No machine is required
- Manual exchanges are performed 4-6 times per day
- Exchanges are completed every 3-6 hours
- Exchanges take 30-40 minutes
**Continuous Cycling Peritoneal Dialysis - CCPD**

*CCPD* is peritoneal dialysis that uses a machine called a “cycler” to fill and empty the peritoneal cavity of dialysate solution while the patient sleeps. Multiple bags of dialysate are readied and attached to the cycler to allow for multiple exchanges to be completed throughout the night.

- A machine is required
- Exchanges are performed 3-4 times by the “Cycler” machine
- Performed nightly while the patient sleeps for 8-10 hours of treatment
- An additional manual exchange during the day may be required based on an individual’s clearance
What you need to know about Peritoneal Dialysis

- Exchanges require manual dexterity
- Aseptic or clean technique should be used to prevent infection
- PD catheter is required, no needles
- No care partner is required
- Suitable storage is needed
- Associated with greater preservation of residual renal function (RRF)
Part 3: Benefits and Considerations of Home Dialysis Treatment Options
Healthcare Benefits of Home Dialysis Treatment Options

Improved Clinical Outcomes

• Ability to achieve higher Kt/V
• Symptom reduction of co-morbid states, sleep apnea, restless legs, improved cardiac output
• Slow, continuous fluid removal is gentler on the heart
• Improved blood pressure control

Improved Mortality Rates

• Increased frequency of dialysis lowers mortality rates
• Less stress on the heart
• Improved mortality

Lower Healthcare Costs

• Fewer infections
• Decreased hospitalizations
Patient Benefits of Home Dialysis Treatment Options

Better Quality of Life

- Increased patient control of treatment times
- Flexibility to work and continue school
- Ability to travel
- Shorter post-dialysis recovery time
- Increased energy levels
- Fewer diet and fluid restrictions
- Fewer dialysis complications - nausea, cramping
- Possibly take fewer medications
Considerations for Home Dialysis Treatment Options

- Attend training to be able to perform treatments at home
- Ability to perform aseptic technique to avoid infections
- Time is needed for set-up and clean-up
- Being responsible for doing all treatments
- Suitable storage is needed for supplies
- The patient must inventory and order supplies
Positive Outcomes of Home Dialysis

• Greater freedom with access to 24/7 staff support
• More flexibility around patients schedule
• Longer or more frequent dialysis is closer to natural kidney function since healthy kidneys work continuously.
  – Normal functioning kidneys work 168 hours a week vs. In-Center treatments of 12 hours a week on average
  – Frequent dialysis can help patients feel better
  – Fewer side effects - nausea and cramping

• No need to leave home for treatment
  – Saves time and transportation costs
  – Alleviates weather-related travel worries
Who is a Potential Candidate?

- Patients who are **MOTIVATED** and willing to learn
- Patients who are dedicated and want to take control of their treatment, continue to work or continue schooling or want to maintain a flexible and active lifestyle.
- Physical and cognitive ability to manage tasks of treatments (or have a support person who can assist)
- Patients who have difficulty adjusting to in-center schedule
- Patients who want more flexibility with their diet and fluid intake
- Patients who experience excessive recovery time after conventional ICHD
# Modality Decision Matrix

## HOME MODALITY DECISION TOOL

<table>
<thead>
<tr>
<th>Modality Choice</th>
<th>Access Type Required</th>
<th>Technology Required</th>
<th>Training Requirements</th>
<th>Clinic Visits per Month</th>
<th>Daily Time Requirement</th>
<th>Partner</th>
<th>Supplies</th>
<th>Travel</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Peritoneal Dialysis</strong></td>
<td></td>
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</tr>
<tr>
<td>CAPD</td>
<td>Peritoneal Catheter NO NEEDLES</td>
<td>No Machine Required</td>
<td>1-2 weeks, Daily 4-6 hours per session</td>
<td>(1-2) Bloodwork and Nephrology visit</td>
<td>3-4 times per day, 4-6 hour dwell time, 7 days per week</td>
<td>None Required</td>
<td>Indoor storage, closet-sized space</td>
<td>Supplies shipped to destination(s)</td>
</tr>
<tr>
<td>CCPD</td>
<td>Peritoneal Catheter NO NEEDLES</td>
<td>Cycler Required</td>
<td>1-2 weeks of CAPD Training, plus additional 2-3 days Cycler Training</td>
<td>(1-2) Bloodwork and Nephrology visit</td>
<td>3-5 Cycles, 8-10 hour period while you sleep, 7 days per week</td>
<td>None Required</td>
<td>Indoor storage, closet-sized space</td>
<td>Machine must be carried, Supplies shipped to destination(s)</td>
</tr>
<tr>
<td><strong>Home Hemodialysis</strong></td>
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<tr>
<td>HHD</td>
<td>CVC AV Fistula AV Graft</td>
<td>Machine Required</td>
<td>5-6 weeks, 4-6 hours per session</td>
<td>1 Nephrology visit per month</td>
<td>2 ½-3 hours each treatment, 4-6 days per week</td>
<td>May not be required</td>
<td>Indoor storage, closet-sized space</td>
<td>Machine must be carried, Supplies shipped to destination(s)</td>
</tr>
<tr>
<td>Nocturnal HHD</td>
<td>CVC AV Fistula AV Graft</td>
<td>Machine Required</td>
<td>5-6 weeks, 4-6 hours per session</td>
<td>1 Nephrology visit per month</td>
<td>6-8 hours each treatment while you sleep, 4-6 nights per week</td>
<td>May not be required</td>
<td>Indoor storage, closet-sized space</td>
<td>Machine must be carried, Supplies shipped to destination(s)</td>
</tr>
</tbody>
</table>
Part 4: Home Dialysis Resource Toolkit
What materials are in the Home Dialysis Resource Toolkit?

“Know The Facts About Home Dialysis Choices” Booklet

“Consider Your Dialysis Choices: Choosing the right option for you!” Brochure

“Kidney Failure: What are my treatment Options?” Flyer
Assess the patient’s need for education

Ask open-ended questions

• What do you know about home dialysis options?

• What type of information have you received?

• What other information do you need?
Tool #1: Kidney Failure: What are my Treatment Choices?

Conversation starter

Basic modality information

- Hemodialysis
- Peritoneal dialysis
- Transplant

Considerations and Questions to assist your patient in collecting information to make informed modality choices
Tool #2: Consider Your Dialysis Choices: Choosing the right option for you!

- Educate patients on modality options providing the perspective of why it may work for them and what they should consider.

- Assist patients in the process of thinking about other dialysis options that may suit their needs and lifestyle.

- Helps with discussing any concerns or barriers with the patients’ health care team.
Using Tool #2 – Consider Your Dialysis Choices: Choosing the right option for you!

Patient: Expresses interest in other modality options that may address their needs and lifestyle.

You: Explain that this tool provides additional information regarding their dialysis modality options.

Patient: Mentions that it really hurts when he or she is stuck with the dialysis needles.

You: Guide the patient to the (PD) section of the brochure and let him or her know that (PD) requires No Needles for this type of treatment.

Patient: Is concerned that when there is bad weather, that he or she may not be able to get to the unit for their treatment.

You: Guide the patient to both sections of the brochure for (PD) and (HHD) that explain there is no travel to the clinic because treatments are done at home.
Tool #3: Know The Facts About Home Dialysis Choices

Comprehensive Home Modality Information (In-depth explanations to most frequently asked questions)

- Home Modalities
  - Hemodialysis
  - Peritoneal dialysis
- Benefits of home modalities
- Considerations of home modalities
- Making the right choice for you
- How do I get started
- Initiating Training
- Patient and care partner responsibilities

*Resource available in Spanish
Using Tool #3 – Know The Facts About Home Dialysis Choices

Patient: Has questions about getting started and training for home hemodialysis.
You: Refer your patient to the “How do I get started on home hemodialysis” section (page 9) of the tool and “What's involved in the training?” section (page 10).

Patient: Is concerned about being on their own after their training is completed.
You: Review with the patient the “What can I expect after training, when I'm on my own?” section (page 11) of the tool.

You will be taught by a trained member from your dialysis center's home dialysis unit. Some details of the training program will differ from center to center, even within the same unit.

For most home dialysis patients who go on to their trainees. The training period usually takes from two to three months.

You may also be taught by a nurse or an on-duty nurse.

You will be given a calendar of your care plan for your daily, weekly, and monthly requirements.

Frequent home dialysis units will also schedule you for in-center visits on a regular basis, depending on your medical condition. In some cases, your home equipment can be electronically linked to your dialysis center for remote monitoring.
Online Resources

Home Dialysis Central  https://homedialysis.org/
My Life My Dialysis Choice  https://mydialysischoice.org/
Part 5: Tips and Suggestions
Tips for Being Successful

Educate patients on Home Dialysis Treatment Options
• Share educational resources and tools with patients
• Encourage patients to be engaged and active in his or her care decisions
• Refer patients to a member of the healthcare team for more information and/or follow-up

Communicate with Facility leadership regularly about your discussions with patients
• Contact your Facility Leadership or the ESRD Network for additional support and resources

Share best practice models and lessons learned with team members
Tips for Success

- Know your role as a Patient Health Coach, and keep your conversations focused on topics related to your role.
- Avoid talking about confidential issues, and respect others’ rights to confidentiality.
- Keep private all information you know about a patient.
- Accept people for who they are, and do not try to change what they believe or choose.
- Keep an open mind to differences and avoid judgment of others.
- Always suggest that the patient talk with their healthcare team if they have medical questions.
Support the patient’s understanding of Home Dialysis Options

**Patient:** Doesn’t have enough information

- **You:** Share and review materials

**Patient:** Is asking for more clinical information

- **You:** Connect patient to other members of the healthcare team for questions.

**Patient:** Indicates that he or she needs more time to think it over.

- **You:** Provide materials and set time frame to revisit information and allow for questions. Refer the patient to other members of the healthcare team as needed
Following Up

Check in with the patient to see if he or she has questions or concerns about the information you reviewed.

- Discuss patients interest or concerns with their Nephrologist.
- Direct medical questions to the healthcare team.
- Consider having a current home dialysis patient visit patient to present their perspective.
- Touch base with patient at regular intervals to support interest, or provide additional resources as needed. Suggested follow-up every 15 – 30 – 45 – 60 days.
- Re-evaluate your approach on how to improve your follow-up system.
Final Thoughts…

• Remember everyone is different. What is right for one person is not always right for another.

• Choosing Home Hemodialysis and Peritoneal Dialysis is a personal choice and may not be an option for everyone.

• Patients will need to be evaluated by their renal health care team to determine if they are a suitable candidate for home dialysis.

The best choice is the one that is right for the patient!
Important Additional Resources

Below are some of the organizations that have additional resources that can help you and the patients learn more about home dialysis options.

• Your ESRD Network – https://network6.esrd.ipro.org/

• The ESRD National Coordinating Center – https://esrdncc.org/

• National Kidney Foundation – https://www.kidney.org/

• American Association of Kidney Patients – https://aakp.org/
Next Steps

• Complete the Home Dialysis Options Module Review Quiz.
• Share your success with your facility management.
• Take additional modules to improve your knowledge on other topics and grow your Patient Health Coach status.
  – Transplant as a Treatment Option, Vascular Access Planning, Incorporating Patients into QAPI, Patient Support Groups
  – Print educational resources from each module
  – Familiarize yourself with the resources

• Develop a plan to share your knowledge with patients.
  – Schedule a visit to a Home Program to learn more about home dialysis education and training
  – Utilize the toolkit resources
  – Talk to a successful home patient to learn more about their journey
Celebrate each success you have in talking with your patients, because with each interaction you are making a difference.

Thank you for your hard work and commitment to helping others!
You have completed the Home Dialysis as a Treatment Option Professional Module!