Expert Teams – Home Dialysis Case-Based Learning & Mentorship

Thursday, December 15, 2022

Facilitator: Julie Moss, ESRD National Coordinating Center

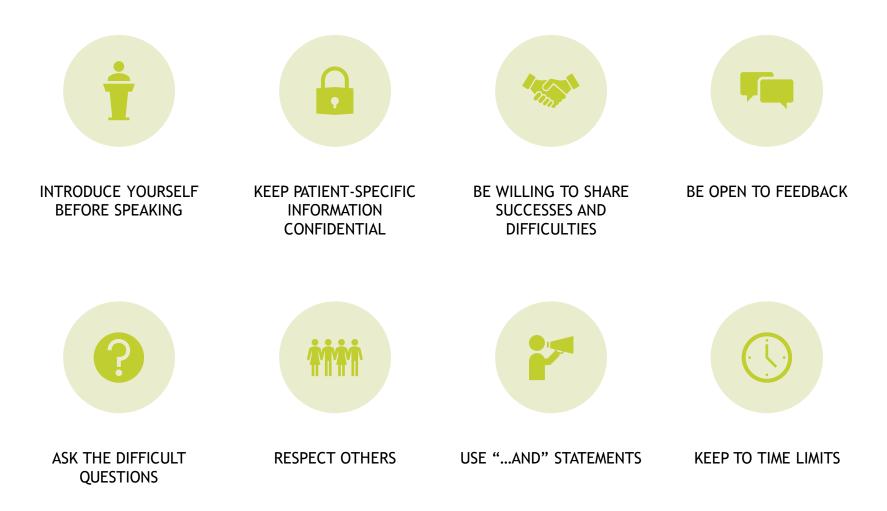


Meeting Logistics

- Call is being recorded
- Participants can unmute themselves
 - Please stay on mute unless you are speaking
 - Do not place the call on "hold"
- Everyone is encouraged to use the video and chat features
- Meeting materials will be posted to the ESRD NCC website.



Meeting Guidelines





Expert Teams – Case-Based Learning & Mentorship

Who Is On The Call?

Clinician and Practitioner Subject Matter Experts

Dialysis Facility and Transplant Professionals

ESRD Network Staff

Kidney Care Trade Association Members Centers for Medicare & Medicaid Services (CMS) Leadership



What are Expert Teams?



Participants from varying levels of organizational performance, each with lived experience and knowledge, come together to support continual learning and improvement



Help others learn faster by sharing what worked and what didn't work around a particular case, situation, or circumstance



Bring the best possible solutions to the table



Expert Team Call Objectives

Prepare for improvement using shared clinical cases



Test processes through the application of knowledge from the cases



Use inquiry-based learning to problem solve



Examine clinical reasoning, problem solving, and decision making through lived experience



Act as a consultancy for behavior change and improvement



What is Case Based Learning?

Describes an individual situation (case)

Identifies key issues around the problem, barrier, or missed opportunity

Analyzes the situation using relevant processes meant to mitigate the problem or situation

Recommends a course of action for the situation, including implementing PDSA cycles and process modifications



Home Dialysis

- Increase the number of incident ESRD patients starting dialysis using a home modality
- Increase the number of prevalent ESRD patients moving to a home modality
- Increase the number of rural ESRD patients using telemedicine to access a home modality



Questions to Run On ...

- Collaborate with other healthcare providers and stakeholders to increase the number of patients that start dialysis at home?
- Educate differently to increase patient transition to a home modality?
- Utilize telemedicine more effectively to provide patients with access to a home modality?

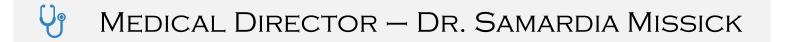




OPERATIONAL AND CLINICAL PRACTICES FOCUSED ON HOW WE SUPPORT THE EFFORTS TO INCREASE PATIENTS GOING TO HOME THERAPIES.

KIM MCMURRAY RN Clinical Manager Fresenius Medical Care – Johnson City – clinic 1391

OUR VERY INVOLVED INTERDISCIPLINARY STAFF MEMBERS



- KIDNEY CARE ADVOCATE MARIANNA HIGGINS
- CLINICAL MANAGER KIMBERLY MCMURRAY





NXSTAGE PATIENT REPRESENTATIVES

PATIENTS WHO HAVE EXPERIENCED OR ARE CURRENTLY EXPERIENCING WHAT IT IS LIKE TO BE IN THE HOME THERAPIES PROGRAM AND ARE WILLING TO SHARE THEIR EXPERIENCE(S) TO PERSPECTIVE

PATIENTS WHO WANT AN IN-DEPTH LOOK INTO WHAT HOME THERAPIES IS ALL ABOUT. BIO-MED TECHNICIANS AND HOME THERAPY RN HOME VISIT ASSESMENTS

- BOTH BIO-MED TECHNICIANS AND A HOME THERAPY RN WILL GO TO A PERSPECTIVE PATIENTS HOME PRIOR TO TRAINING BEGINNING TO DO AN ASSESSMENT OF THE HOME.
- THEY BOTH WILL LOOK THROUGHOUT THE HOME TO MAKE SURE ALL REQUIREMENTS ARE MET SO THAT THE PATIENT WILL BE ABLE TO DIALYZE AT HOME, SAFELY AND BY POLICY AND PROCEDURE.
- IF FOR WHATEVER REASON THERE ARE THINGS THAT NEED TO BE FIXED AND/OR ADJUSTED PRIOR TO TRAINING, THE BIO-MED AND/OR RN WILL ALERT THE PATIENT OF THIS.

IS THE PATIENT REALLY JUST NON-COMPLIANT?

THERE COULD BE SEVERAL REASONS WHY A PATIENT IS MISSING SEVERAL TREATMENT THROUGHOUT THE MONTH.

> OUR SOCIAL WORKER CAN SIT DOWN WITH THESE PATIENTS AND DIG DEEPER INTO THE ISSUE.

> > THE PATIENT COULD BE EXPERIENCING CHILDCARE ISSUES, MONETARY ISSUES, HOUSING ISSUES, AND/OR RIDE ISSUES.

ALONG WITH THOSE ISSUES SOME PATIENTS SUFFER FROM OTHER THINGS SUCH AS:

- SENSORY OVERLOAD : PATIENTS WITH MENTAL DISABILITIES, HEARING DISABILITIES, ETC.
- PHYSICAL CONSTRAINTS : PATIENTS WHOM HAVE PHYSICAL CONSTRAINTS MAY REQUIRE RIDES TO BE SET-UP TO/FROM THE PATIENTS' HOME, ISSUES WITH BEING PHYSICALLY COMFORTABLE WHILE AT THE CLINIC FOR 3+ HOURS, 3 DAYS A WEEK.
- THESE ISSUES CAN BE RESOLVED BY INTRODUCING HOME THERAPIES TO THOSE PATIENTS AND BRINGING SOME PEACE TO THEIR LIVES.
- THE HOME THERAPY ADVOCATES CAN SCHEDULE THESE PATIENTS TO VISIT THE HOME THERAPIES DEPARTMENT TO GET A BETTER LOOK AT THE PROGRAM AND EQUIPMENT.

PATIENT'S STARTING WITH CENTRAL VENOUS CATHETER'S

WITH MORE AND MORE PATIENT'S STARTING DIALYSIS WITH A CVC. THE PATIENT CAN BEGIN NXSTAGE TRAINING MUCH FASTER. PATIENT'S DO NOT HAVE TO WAIT FOR CONSULT WITH A VASCULAR SURGEON, HAVE AN ACCESS PLACED, AND LET IT MATURE ALL PRIOR TO STARTING. PATIENTS CAN HAVE ACCESS PLACED LATER DURING TRAINING OR AFTER AND COME BACK IN FOR SELF-CANNULATION TRAINING.

EXPERIENCE THE DIFFERENCE





IN-CENTER PATIENTS HAVE THE OPTION TO RUN ON A NXSTAGE CYCLER FOR A PERIOD IN A DESIGNATED AREA ON THE TREATMENT FLOOR TO EXPERIENCE THE DIFFERENCE THAT HOME DIALYSIS CAN DO FOR THEM! DOING SO, IT IGNITES THE CURIOSITY OF OTHER IN-CENTER PATIENTS, AND THEY CAN SEE FIRSTHAND HOW MUCH OF A DIFFERENCE IT MAKES FOR OTHER PATIENTS.

The Case for a Patient Mentor Program

Renee Wilcox, RN, BSN Regional Home Therapies Director US Renal Care - Sunbelt Region



Patient Mentor Program

- **Committee:** Home therapies Director, Kidney Care Options Educator, Home Therapies Nurse, Social Worker
- **Goal:** Increase home therapies growth
- Identified key issues: Lack of education, HT myths, cannulation, time, partner
- **Solutions:** Patients talking to patients- How? What does it look like? How do we support?
- Plan of Action: Patient Mentor Program 3 parts



Patient Mentor Program - Three Components

1. Virtual Education with HT Patient Mentors

a. CKD patients and existing dialysis patients after initial KCO education can call for real-life patient stories, to ask questions concerning home modalities

2. Patient Mentor – 1:1 Support

- Providing new patients with limited understanding about ESRD and dialysis increased emotional support and educational opportunities while they gain understanding of their treatment options
- b. Reduce missed and/or shortened treatments
- c. Increase retention of patients
- d. Create a supportive culture and greater sense of community within the organization
- e. Length of program 3 months

3. Virtual Patient Social House (support group)

- a. Open to patients Division wide monthly
- b. Lead by Patients Facilitated by MSW
- c. Special guest speak on subject of patients' choice
- d. Time for patient discussion



Virtual Education with HT Patient Mentors

- Implemented as the first step in Oct 2021
- Monthly virtual call the last Wed at 2pm & Thurs 10am
 - Attendee: CKD pts, ICHD pts, PD to HHD or HHD to PD
 - PD, HHD and Transplant patient Tell their story & answer question. KCO Educator lead the call.
- July 2022 Company took the call Enterprise-wide renaming "Virtual Patient Roundtable"





VIRTUAL PATIENT ROUNDTABLE

Everyone is invited to join us for this interactive opportunity to speak with people about their kidney journey. This may include people who have been on in-center dialysis, Peritoneal Dialysis (PD) at home, home hemodialysis (HHD), and/or transplant. Feel free to join the video using a computer, tablet/smart phone OR listen to the call by dialing in from any phone (landline included) from the comfort of your own home. This event will be live, and you will be able ask the expert – someone who has lived their life while on dialysis!

LAST WEDNESDAY OF THE MONTH @ 2:00pm CST and LAST THURSDAY OF THE MONTH @ 10:00AM CST

https://meetings.ringcentral.com/j/1448211002 OR

PHONE: (346) 980-4201

Meeting ID: 1448211002#

Do you have any questions about how people do dialysis at home?

What are the benefits of home treatments?

What are the challenges to doing treatments at home?

Could home treatments be a good fit for me/my family member(s)?

What questions should I ask my doctor about treatment options?



Patient Mentor – 1:1 Support

- 2nd part to rollout at first of Q2
- Decision to rollout in one market for 1-2 quarters depending on the # of new starts – Evaluate – make changes – rollout to other markets.
- Hit barriers:
 - Plenty of mentor volunteers
 - New patients declined the program to be mentees
 - New leadership- put program on hold
 - Revamping program
 - Revisiting program with upper leadership Dec 2022



Virtual Patient Social House (support group)

- The 3rd and last part to rollout in original plan 3rd or 4th quarter of 2022.
- Barrier: Buy-In from MSW's for their support.
- New POA: New Lead MSW for Division –setting up meeting to discuss to formalize plan for early 2023 rollout for my region as a test on a small scale.



Questions and Answer Discussion



Knowledge Into Action



Top Take-Aways



What is one thing you learned today that you could start doing immediately?



How will this action improve your current way of doing the practice/process?



Who is involved and how can they support the action to make it sustainable?



Recap & Next Steps

- Additional pathways for learning
 - Sharing Best Practices to a greater community through coalition meetings
 - Using Case Study examples to identify new ways of doing something and missed opportunities
- Next meeting March 23, 2023, at 2:00 p.m. ET

Visit the ESRD NCC website to find materials and share https://esrdncc.org/en/professionals/expert-teams/



Social Media

ESRD National Coordinating Center





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Thank You

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