


HOME HEMODIALYSIS SYMPOSIUM
ANNUAL DIALYSIS CONFERENCE 2018

HOW CAN WE FOSTER MORE
PHYSICIAN CHAMPIONS?



Joel D. Glickman, M.D.
Director, Home Dialysis Programs
Professor of Clinical Medicine
University of Pennsylvania School of Medicine
Joel.glickman@uphs.upenn.edu

What is a Physician Home Champion?

2

- Champion Definition: Someone who fights or speaks publicly in support of a person, belief, cause, etc.

What skills does a home champion need to have?

3

- Passion for home therapies
- Clinical expert in home dialysis therapies
- Highly capable educator
- Expertise managing a home dialysis program
- Optional but ideally should have research skills

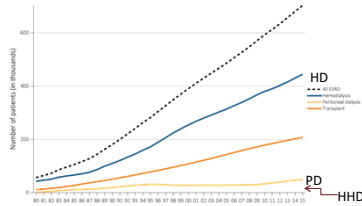
What roles should physician champion have?

- Advocate for patients on home therapies in many domains
 - Government, dialysis providers, medical device companies
- Promote use of home therapies to assure availability to all patients
- Improve quality of care for home therapies
- Promote advancements in home therapy technology
- Advance prominence of home therapies in research and clinical arenas

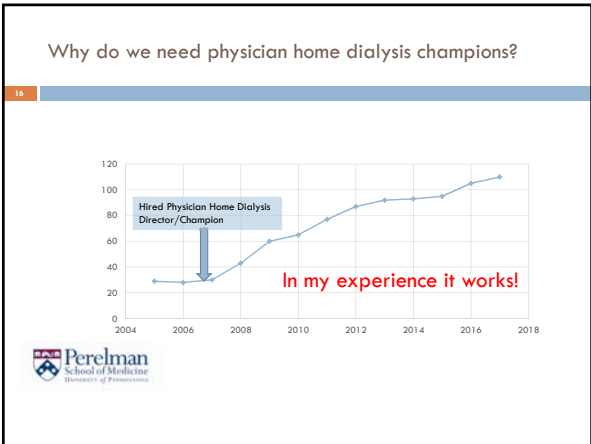
Promote Use of Home Therapies

Is current utilization of home therapies in U.S. appropriate or should it be better?

vol 2 Figure 1.8 Trends in the number of ESRD prevalent cases, by modality, in the U.S. population, 1980-2015



Data Source: Reference Table D.1. Abbreviations: ESRD, end-stage renal disease.

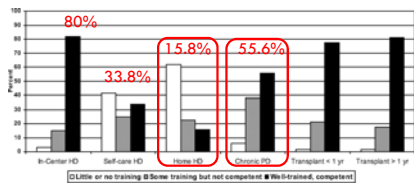


- ### How do we promote and develop physician champions?
- 17
- Physician education
 - Nephrology fellows
 - Practicing physicians
 - Create demand
 - It's always about the money

How prepared are our graduating fellows to become home advocates?

18

Provider barrier: Nephrology training
How many fellows feel they are well trained?



Berns, J. CJASN 5: 490-496, 2010.

Interest in Additional Instruction in Fellowship*

Rank	Topic	Percent
1	Home Hemodialysis	55.8%
2	Peritoneal Dialysis	46.0%
3	Kidney ultrasound interpretation	44.2%
4	Obstetric Nephrology	35.8%
11	Hemodialysis	21.2%

*Including 2nd year fellows and beyond, N = 226

Quigley L, Salsberg E, Mehfood N, Collins A. Report on the 2017 Survey of Nephrology Fellows. Washington, DC: American Society of Nephrology; 2017.

Dialysis Modalities Expect to Work With

Modality	Percent
In-center Hemodialysis	99.1%
Peritoneal Dialysis	72.1%
Home Hemodialysis	41.4%

2nd year fellows and beyond who had already accepted a job offer (N=111)

Quigley L, Salsberg E, Mehfood N, Collins A. Report on the 2017 Survey of Nephrology Fellows. Washington, DC: American Society of Nephrology; 2017.

22

Improve fellowship education

- **Make it mandatory!**
 - ABIM/ASN testing
 - Minimum home dialysis patient census
 - Didactic and clinical exposure

23

2009 ASN In-service Training examination

Content Area	Questions (%) Devoted to Content Area
General aspects of chronic kidney disease	13
Glomerular/vascular	12
Tubular/interstitial and cystic	6
Acute renal failure/intensive care unit nephrology	10
Kidney transplantation	10
Hypertension	10
Electrolyte physiology: sodium/water	9
Electrolyte physiology: acid-base/potassium	9
Mineral metabolism	8
Clinical pharmacology	9
Ethics	4
Total test	100

DIALYSIS?

Clin J Am Soc Nephrol 5: 1513–1517, 2010.

Improve fellowship experience: Some fellows will become home champions

- **Didactics**
 - Incorporate lectures into basic curriculum
 - Intense and comprehensive seminars
 - HDU and HDU-like programs
 - Repetition is good
- **Clinical experience**
 - Mandatory
 - Clinics
 - "On-call"
- Additional year of home dialysis training

Glickman JD, Seshasai RK. Home hemodialysis education during postdoctoral training: Challenges and innovations. *Semin Dial.* 2018;00:1–4.

Additional fellowship year in intense home dialysis training

25

- CKD education
- Home dialysis clinical experience
- Home dialysis educator skills
- Research skills
- Home dialysis medical director skills
- Home dialysis technology
- Access placement HD and PD
- Observe and learn about nursing activities
- Attend annual meetings

How do we develop champions in practicing physicians?

26

- Post training educational support
 - ▣ Subsidize CME courses (e.g. HDU)
 - ▣ Develop higher level advanced practice courses in home dialysis therapies
 - ▣ Develop intense, structured clinical experience (1-3 months) for physicians in practice
- Mentorship

How do we foster physician home dialysis champions?

It always about the money!

Effect of physician payment reform (2004) on utilization of home dialysis (3 years before and after)
 Erikson KF et al, Am J Manag Care 2016; 22(6) e215-e223.

28

In 2004, CMS reformed physician payment for in-center hemodialysis care from a capitated to a tiered fee-for-service model, augmenting physician payment for frequent in-center visits. This policy may have influenced home dialysis use by making in-center dialysis more lucrative for some physicians.

	Pre-reimbursement reform	Post-reimbursement reform	Difference
Medicare Advantage	4.5%	4.2%	-0.2%
Traditional Medicare	5.8%	4.9%	-0.9%
Areas with small facilities	5.8%	5.8%	-0.1%
Areas with large facilities	6.6%	5.6%	-1.0%

Home Dialysis in the Prospective Payment System Era
 Lin E, et al J Am Soc Nephrol 28, 2017

29

Congress mandated the creation of an ESRD Prospective Payment System (PPS) in the Medicare Improvement for Patients and Providers Act (MIPPA) in July 2008. It was implemented on July 1, 2011.

PPS increased profitability for dialysis facilities but not nephrologist (unless nephrologist owned a dialysis unit.)

Create Demand!

30

- Growth should fulfill the mission of improving patient quality of life and experience (but sometimes money plays a role)
- Growth of home programs requires
 - More patient choice
 - Less dropouts (program quality) } Home Champion can make this happen
 - Increase physician reimbursement for care of home dialysis patients
 - Financial incentives should create demand for Home Champions
- Fellowship programs
 - Make survival of program dependent on home experience parameters
 - Mandatory education, clinical exposure and home dialysis patient census
 - Fellowship program will need a physician champion

Finances

31

- Industry involvement
 - Fund research and quality improvement projects
 - Fund 3rd year fellowships in home dialysis therapies
 - Modest investment of about \$100,000 could generate significant downstream revenues
 - Fund educational programs (HDU, etc)

Finances

32

- Subsidize home dialysis faculty at University training programs
 - It takes time to develop and maintain a robust home dialysis and CKD management program
 - Endowed chairs for home therapy
 - Universities cannot afford to invest unless they see a return on investment.
 - Eventually increase in home patient population can partially fund a clinical position.
 - Wealthy patients who are willing to sponsor an endowed chair are not common
 - The profitability of home is gained by the dialysis provider
 - Investment of one million dollars can buy 20% faculty time to develop a home program. A modest increase (18) in Medicare covered PD patients would generate a 10% ROI per year. Commercial coverage would return even more.
 - Dialysis providers should contribute (unrestricted educational grants) to a foundation that will finance home dialysis champions of both University based and practicing nephrologists

Why do we need physician home dialysis champions?

33

Year	Value (Approximate)
2004	30
2005	30
2006	35
2007	55
2008	65
2009	75
2010	80
2011	85
2012	90
2013	95
2014	95
2015	95
2016	105
2017	110
2018	115

Perelman School of Medicine University of Pennsylvania

Questions?

34
