Easing the Burden of Therapy to Prevent Dropout in Home Dialysis

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Overview

• Psychosocial risk factors for loss of home modality
• Importance of screening patient and care partner prior to starting home dialysis
• Role of care team in supporting patient/care partner adjustment and sustainability of home dialysis
• Resources for patients & professionals
Challenges to Retaining Home Modality

• Burden of therapy accounts for over 30% of all controllable losses of HHD modality

• 40% of PD drop-out occurs within the first 3 months and 25% occurs between months 3 and 12
  • Catheter-related complications are the largest contributor to PD discontinuation in the first 90 days
  • Between 3 and 12 months, infectious complications and psychosocial reasons account for the greatest percentage of transfer to in-center HD
Psychosocial Risk Factors

• Social Determinants of Health
  • Employment status
  • Financial stability
  • Health literacy
  • Social support

• Age
  • Frailty
  • Dementia
  • Sensory impairment
    Visual/auditory/dexterity

• Life changes
  • Change in employment
  • Loss of care partner
    Death
    Divorce

• Mental Health
  • Depression
  • Substance use
Screening the Patient and Care Partner

Criteria for Suitability for Self Home Hemodialysis: Conventional, Daily, Nocturnal

Method to Assess Treatment Choices for Home Dialysis (MATCH-D)

HomedialysisCentral.org
Clarifying Expectations

• PATH-D
  • Identify responsibilities of patient & care partner

• MSW can help to facilitate communication

“Studies have shown that when patients do more for themselves they feel better, and their care partner may feel less stressed.
As a patient, you may feel more in control of your treatments and your kidney disease when you do more for yourself.”
Strategies for IDT Support

**TRAINING**

- Review MATCH-D
- Facilitate completion of PATH-D
- Engage patient & care partner in care planning
- Consider **Health Literacy**

**ONGOING**

- Screen for depression
- Review KDQOL results as a team
- Modify prescription as needed
- Renegotiate PATH-D
- Provide respite
- Connect peer support
Interventions to Improve Health Literacy

Evaluate users' understanding before, during, and after the introduction of information and services

Acknowledge cultural differences and practice respect

Limit the number of messages, use plain language, and focus on action

Supplement instructions with pictures

Improve the usability of information on the Internet

Make written communication look easy to read

Speak clearly and listen carefully

Ask open-ended questions

Use a medically trained interpreter

Check for understanding

• The “teach-back” method

Participate in plain language and cultural competency training

**Health literacy**: personal characteristics and social resources needed for people to access, understand and use information to make decisions about their health

https://health.gov/communication/literacy/quickguide/healthinfo.htm
Fostering supportive community

• How can we support Home patients and care partners?
  • Mentor/Buddy program
  • Support group
  • Respite care
  • Team visits

What support does your program offer?
Depression and ESRD

• Estimated 25-30% of patients with ESRD with depression
• QIP requirement
• Impact on self-management
  • Fatigue, sedentary lifestyle
  • Memory & concentration
  • Fluid & dietary adherence
  • Missed treatments
  • Medication adherence

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5720531/
How the MSW Can Help

• Provide supportive counseling to patient and care partner
• Assess & teach coping skills
  • Effective communication strategy
  • Cognitive Behavioral interventions
  • Mindfulness and Visualization techniques
  • Grief management

Instill Hope
Suggestions for IDT

**MD**
- Adjust prescription to accommodate lifestyle
- Address depressive symptoms
- Encourage patient's autonomy
- Consider access planning for alternative modalities

**RN**
- Facilitate completion of PATH-D
- Re-negotiate as patient’s condition changes
- Modify training style based on patient’s health literacy/learning style
- Offer respite care

**MSW**
- Screen for depression
- Review KDQOL results as a team
- Provide supportive counseling
- Encourage meaningful activity

**RD**
- Encourage patient’s autonomy
- Sensitive to cultural/personal preferences to diet
- Encourage physical activity

**Patient & Care Partner**
Resources

- Home Dialysis Central.org
  - MATCH-D tool
  - PATH-D Care Partner Agreement
  - Online support forum
  - Social media groups
- NxStage.com
- Kidney.org
Patient Scenario

Jim has been on CCPD for almost 3 months. He and his wife are both highly-educated retirees in their 70’s. Although he is capable of performing dialysis independently, his wife insists on being with him when he initiates treatment each evening and no longer attends her book club or choir practice. At his recent clinic visit James mentions he feels like he and his wife are more like patient and nurse rather than a couple.

• What are some possible risk factors that could impact Jim’s ability to stay on PD?
• What can the care team do to help Jim and his wife?
Patient Scenario

Deborah, age 55, is a retired teacher who is new to HHD. Deborah’s husband, her care partner, has been offered a promotion at work that would require him to travel 1-2 times per month. Deborah doesn’t want to hold her husband back from this opportunity, but is afraid she will no longer be able to dialyze at home without his help.

• What are some possible interventions that could help Deborah remain on HHD?
Next Steps for You and Your Teams

• What will you put in place to better prepare patients for success proactively?
• How will you and your teams support patients and care partners differently?
• What does success look like to you and your patients?
• What one new thing will you try this year?
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References

• [https://homedialysos.org](https://homedialysos.org)
• [https://www.nxstage.com/hcp/training-resources/](https://www.nxstage.com/hcp/training-resources/)
• [https://health.gov/communication/literacy/quickguide/healthinfo.htm](https://health.gov/communication/literacy/quickguide/healthinfo.htm)