

Turning Down the Churn of Peritoneal Dialysis (PD):



Maintaining Patients on Peritoneal Dialysis: LDO Perspective

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*Why haven't we seen an
improvement??*

What should we do going forward : 1,2,3,...





Key points from outcomes data



- **Lack of upfront patient modality/kidney education**
- **Variability of metric results by geography**
- **Variable adherence to BDPs**
- **Little change in modality loss over time**
- **Potential relationship between patient outcomes and program size**
- **Psychosocial reasons for loss underappreciated**
- **Significant impact of hospitalization rates on outcome**



PD patient losses by time on therapy**

Matching Action Steps to when losses occur

-  Training only
-  < 30 days
-  >=30 days <=90
-  >90 days <365
-  >=365 days <547
-  >=547 days <730
-  >=730

Determine Common Loss reasons



Corrective action plans



Tracking results 90, 180 days

Surgeon Reporting

Placement metric goals

- Bowel perforation < 1%
- Significant hemorrhage < 1%
- Exit-site infection within 2 wks of catheter insertion < 5%
- Peritonitis within 2 wks of catheter insertion < 5%
- Functional catheter problem requiring manipulation or replacement or leading to technique failure < 20%
- 80% catheter survival at 1 yr



Broad categories to cover

- Perioperative complications
- Early infections
- Dialysate fluid leak
- Catheter dysfunction

PTN Reporting Considerations 2020: More Impactful Data Tracking

- Shift to episodes/pt. yr. (*mos. between events*)
- PD Catheter removal rate post PTN/infection (22%)
- Culture Negative PTN rate (0.08 epi/pt. yr., 22%)
- Organism specific PTN reporting/Division
- % of patients PTN free
(*cumulative pt. mos. without an infection*)
- % of patients > 1 episode/yr.
- Time at-risk calculation (*> day 1 training*)
- PTN mortality rates



Volume Control for PD Patients

VOLUME
OVERLOAD

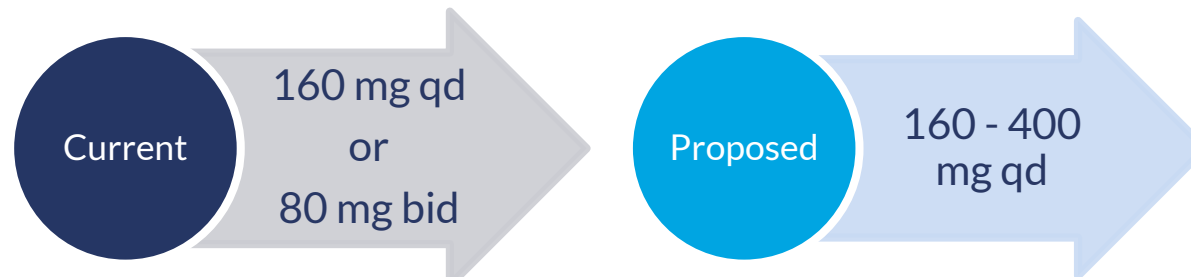
HYPERTENSION
& CHF

CARDIOVASCULA
R DISEASE

HOSP & LEADING
CAUSE OF DEATH

Suggestions for minimizing the use of high dextrose PD solution per physician order:

- Dietary interventions
 - Sodium allowance of 2,000 mg per day
 - Fluid allowance of 1,000 mL per day + urine output
- High-dose diuretics in patients with residual urine volume of at least 200 mL per day
 - Patients taking loop diuretics had fewer ED visits for emergency dialysis



Potential Early Red Flags

High-risk patients for hosp or off-therapy in next 30 days

FLUID GAINERS
FROM ICHD
CONVERSIONS

PRIOR
NON-ADHERENCE

NO RESIDUAL RENAL
FUNCTION

PRIOR INFECTION
HISTORY

COMPLICATED
CO-MORBIDITIES

URGENT
STARTS

HOSPITALIZATION
HISTORY
(IF CONVERSION)

PSYCHOSOCIAL /
DEPRESSION
HISTORY

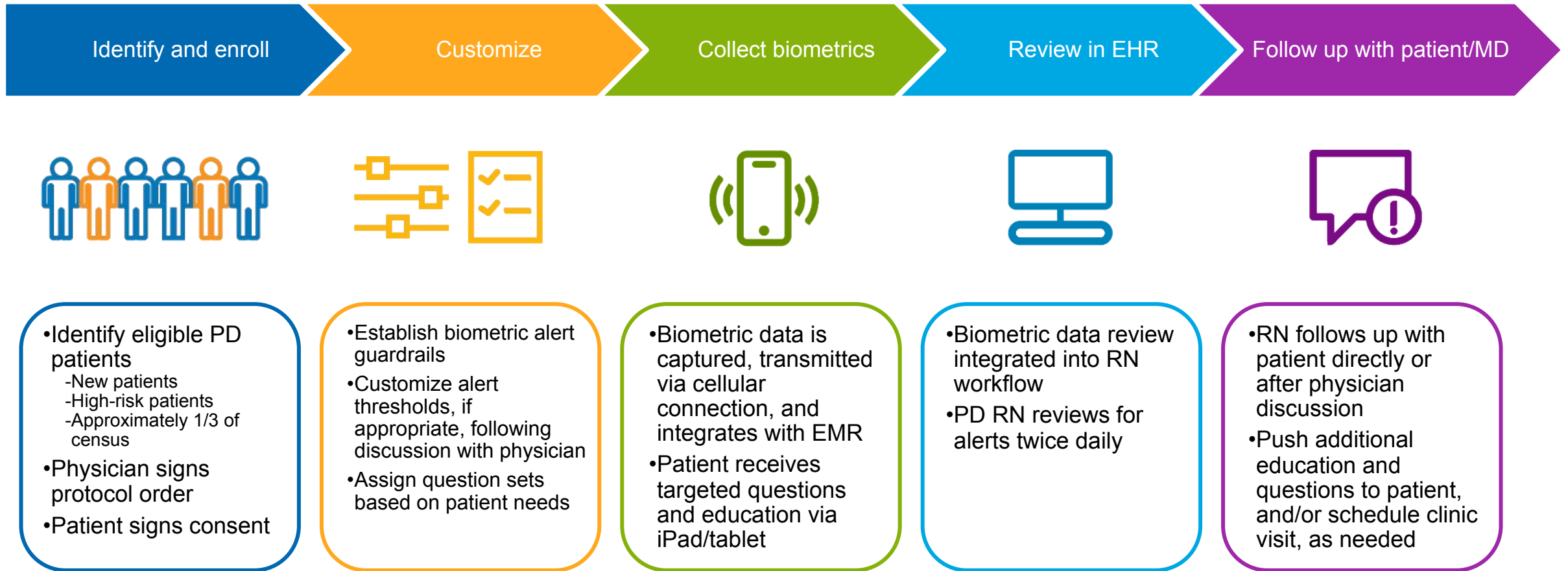
NO
FAMILY SUPPORT

LOW
ALBUMIN

POST TRANSPLANT
RETURN TO DIALYSIS

MRSA CARRIAGE

Home Remote Monitoring for PD Patients



Uptake of Home Remote Monitoring

Since roll-out in April 2017:

>15,000

patients across
46 states have
used HRM

~4700

patients currently
enrolled

>3 million data points transmitted



1.2 million
weight and blood
pressure readings



623,000
temperature
readings



240,000
question sets
completed

~2.1 million alerts generated **★**



★ Multiple alerts could be generated by the number of ways biometric data was captured or the number of answers flagged in the question sets /day (“multiplier effect”)



Summary :Action Steps that can potentially Impact Peritoneal Dialysis Program Outcomes



Drive Medical director engagement



Focus on your metrics and action steps to improve



Develop a multi touch ed program patients /ICHD team



Know how your programs measures up



Accurately track losses , ensure effective training, home visits, adherence to clinical processes/protocols



Leverage technology to educate, redesign workflow and manage /take care to pts in the home



Upskill Nephrologists and nurses