ESRD Network 14

Supporting Quality Care

ALLIANT QUALITY

END STAGE RENAL DISEASE NETWORK 8 INC.

END STAGE RENAL DISEASE NETWORK OF TEXAS

KIDNEY COLLABORATIVE

END STAGE RENAL DISEASE NETWORK OF TEXAS

Addressing Health Disparities

Webinar Objectives

- Learn about the health disparities that affect the ESRD community in Texas
- Learn the risk factors for health disparities
- Share solutions, strategies, and best practices

END STAGE RENAL DISEASE NETWORK OF TEXAS

Addressing Health Disparities

Definitions facilities have associated with health disparities:

- Barriers that the patient is met with that prevent him/her from adequate/fair treatment.
- Differences among different populations that effect their overall health and ability to attain or maintain a certain level of health.
- My clinics are rural, our Health Disparities are truly due to their remote location which are very medically underserved.
- Lack of knowledge to access health care and the ability to advocate for one's self.

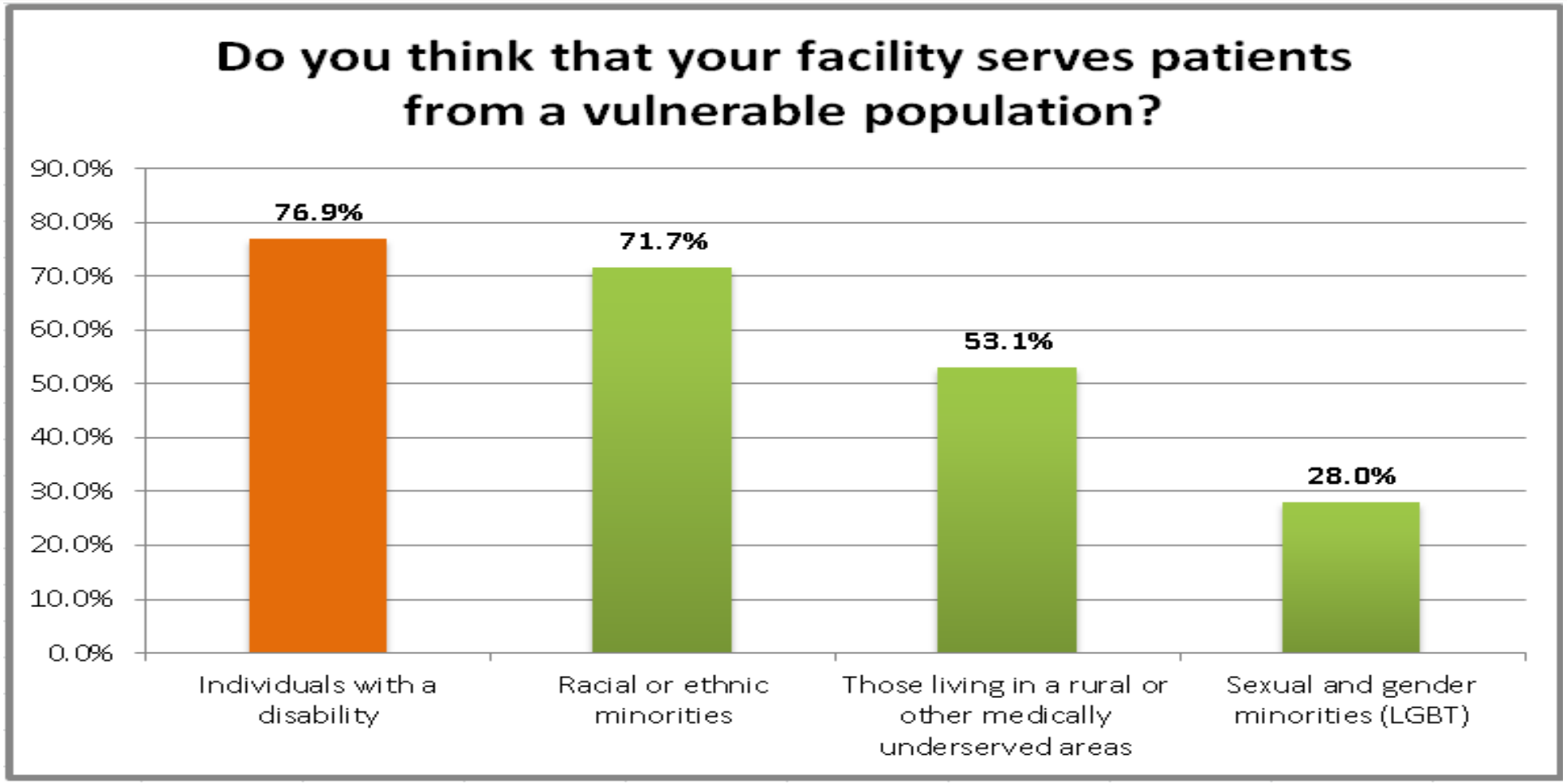
END STAGE RENAL DISEASE NETWORK OF TEXAS

What Participants Would Like to Learn

- How to encourage patients when to seek alternative care.
- How to get care for patients to decrease hospitalizations, increase possibility of transplant…
- How to narrow the gap; what can we do to support
- How to reduce disparities and what resources are available in the rural communities.
- Resources available to patients with very limited financial resources for preventative and routine care.

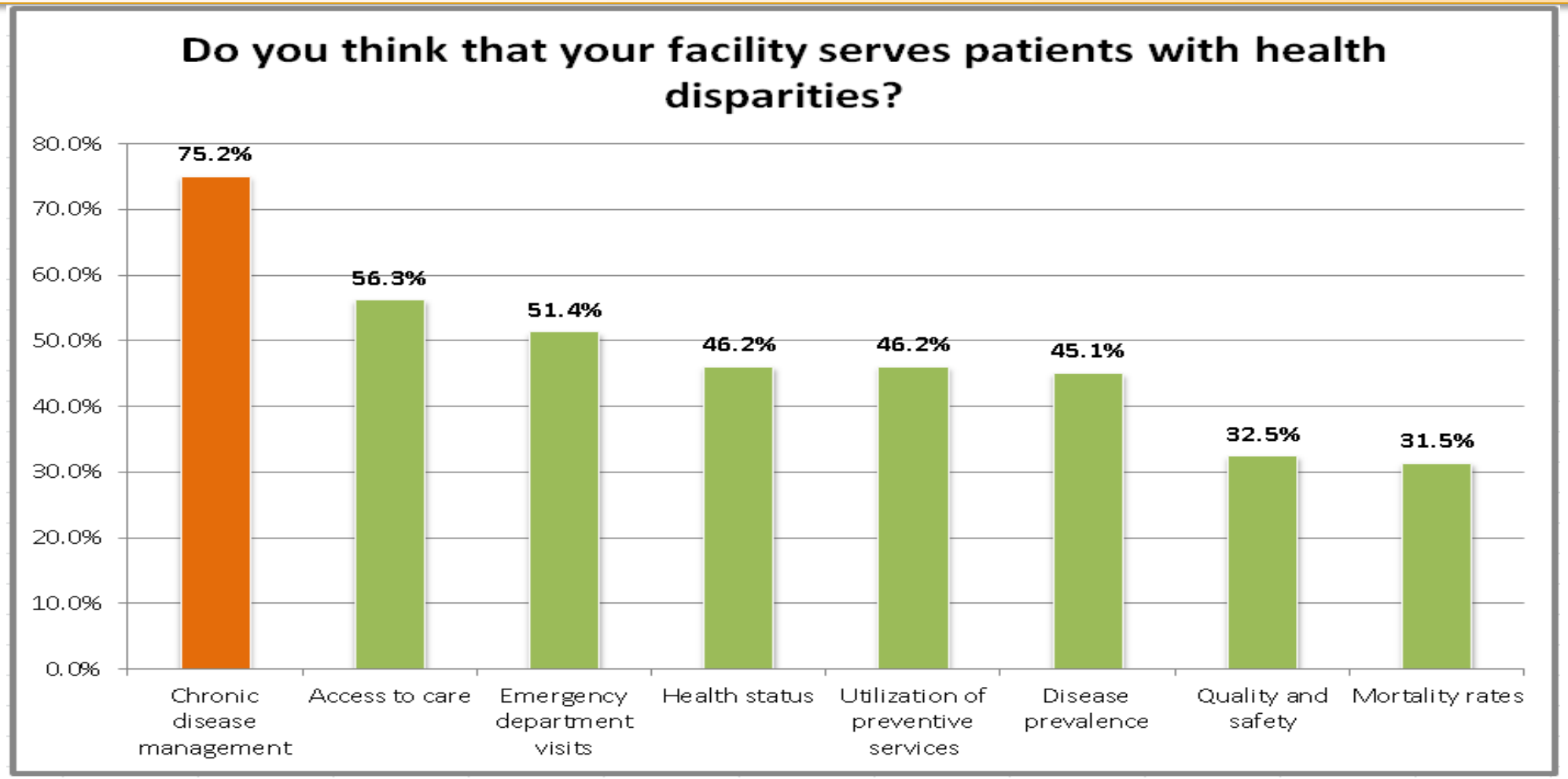
END STAGE RENAL DISEASE NETWORK OF TEXAS

BSI QIA Facilities – 220 out of 286



END STAGE RENAL DISEASE NETWORK OF TEXAS

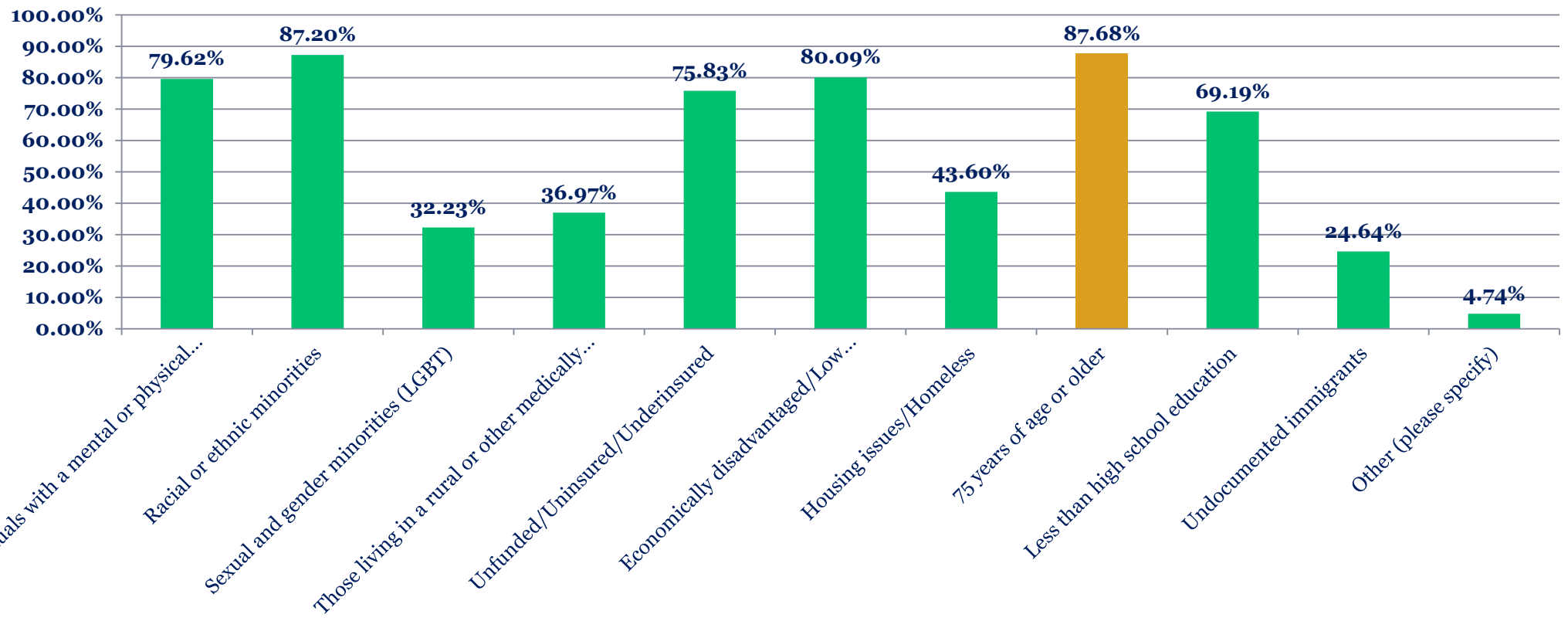
BSI QIA Facilities – 215 out of 286



END STAGE RENAL DISEASE NETWORK OF TEXAS

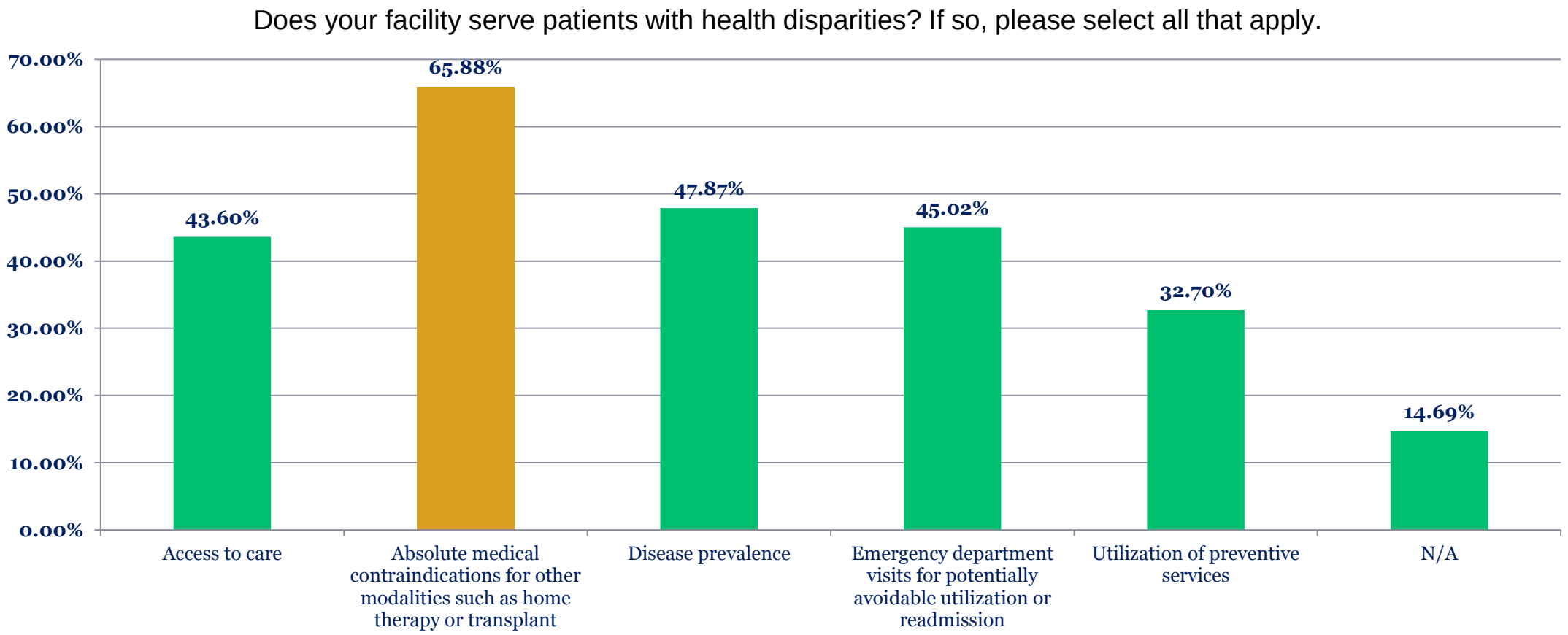
Transplant QIA Facilities – 185 out of 211

Does your facility serve patients from a vulnerable population? If so, please select all that apply.



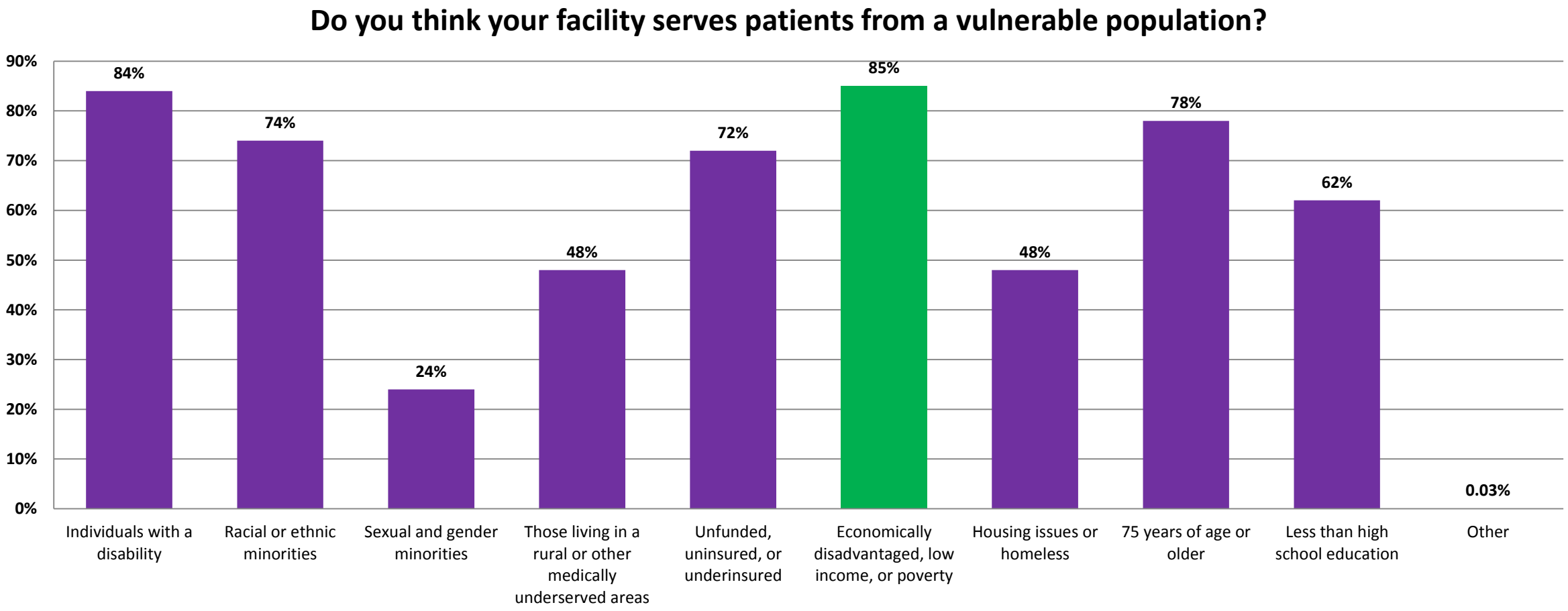
END STAGE RENAL DISEASE NETWORK OF TEXAS

Transplant QIA Facilities – 139 out of 211



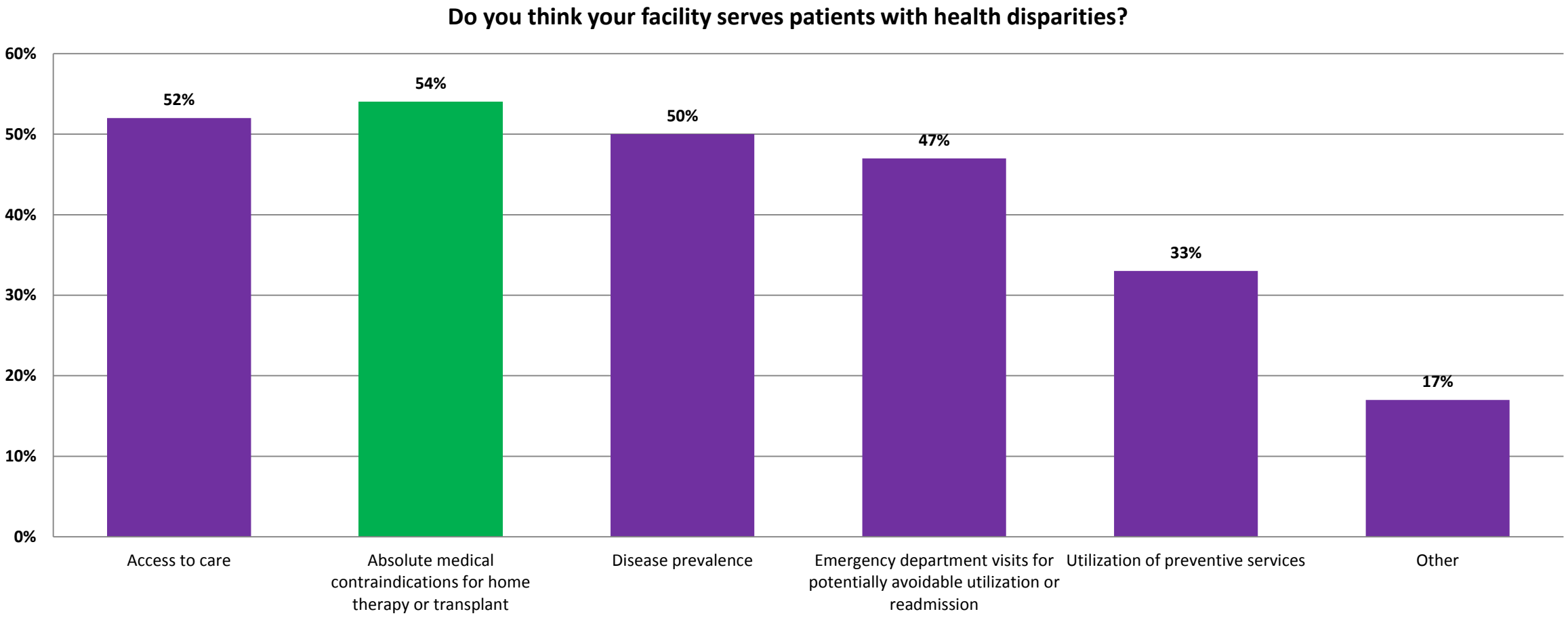
END STAGE RENAL DISEASE NETWORK OF TEXAS

Home QIA Facilities – 176 out of 206



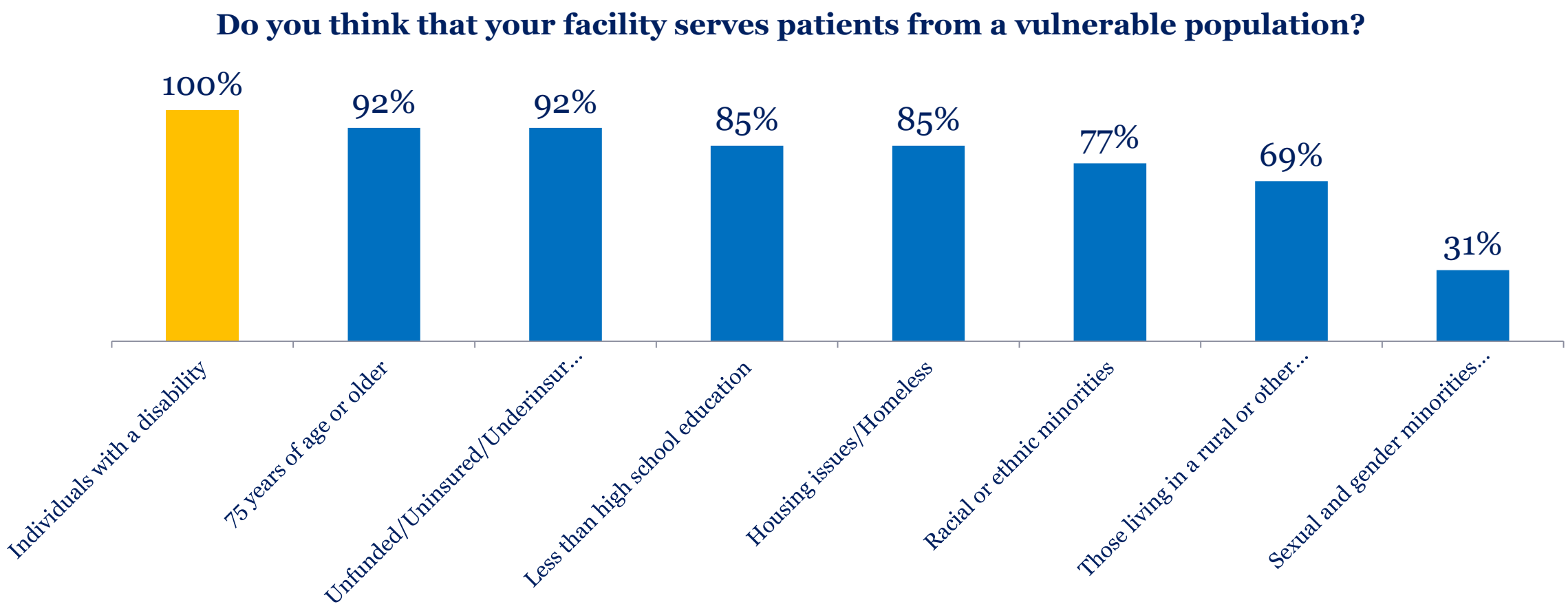
END STAGE RENAL DISEASE NETWORK OF TEXAS

Home QIA Facilities – 111 out of 206



END STAGE RENAL DISEASE NETWORK OF TEXAS

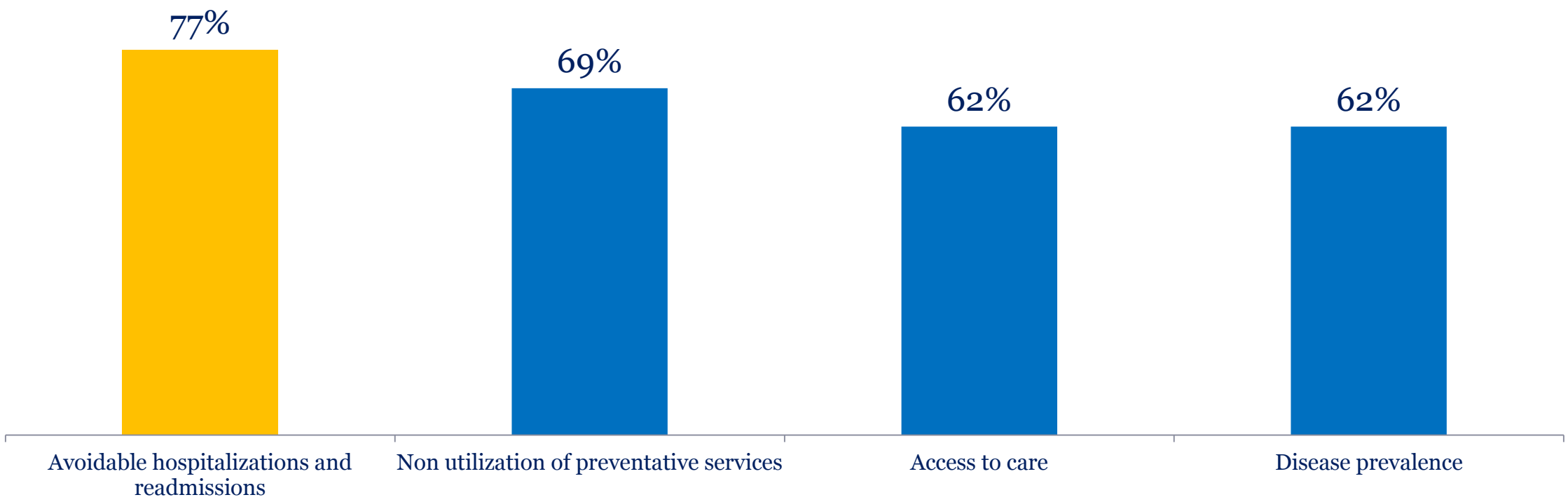
Hospitalization QIA Facilities



END STAGE RENAL DISEASE NETWORK OF TEXAS

Hospitalization QIA Facilities

Do you think that your facility serves patients with health disparities in regards to the following issues?



END STAGE RENAL DISEASE NETWORK OF TEXAS

Resources

Visit our website to access the recording, slides, and additional resources including:

- CMS Tool
- IHI Tool

END STAGE RENAL DISEASE NETWORK OF TEXAS

Guest Speaker: Gail Dewald, RN BS CNN

Healthcare Disparities in People with Disabilities and of Advanced Age

ALLIANT QUALITY

KIDNEY COLLABORATIVE

END STAGE RENAL DISEASE NETWORK OF TEXAS

Objectives

- The dialysis team will be able to list the challenges of aging and individuals with disabilities
- The dialysis team will be able to discuss transplantation and modality issues with patients in the >65 age group
- The dialysis team will be able to knowledgeably advocate for transplant and other modalities such as home dialysis in the elderly and disabled dialysis patient

END STAGE RENAL DISEASE
NETWORK OF TEXAS

"My mission in life is not merely to survive,
but to thrive; and to do so with some passion,
some compassion, some humor, and some style"

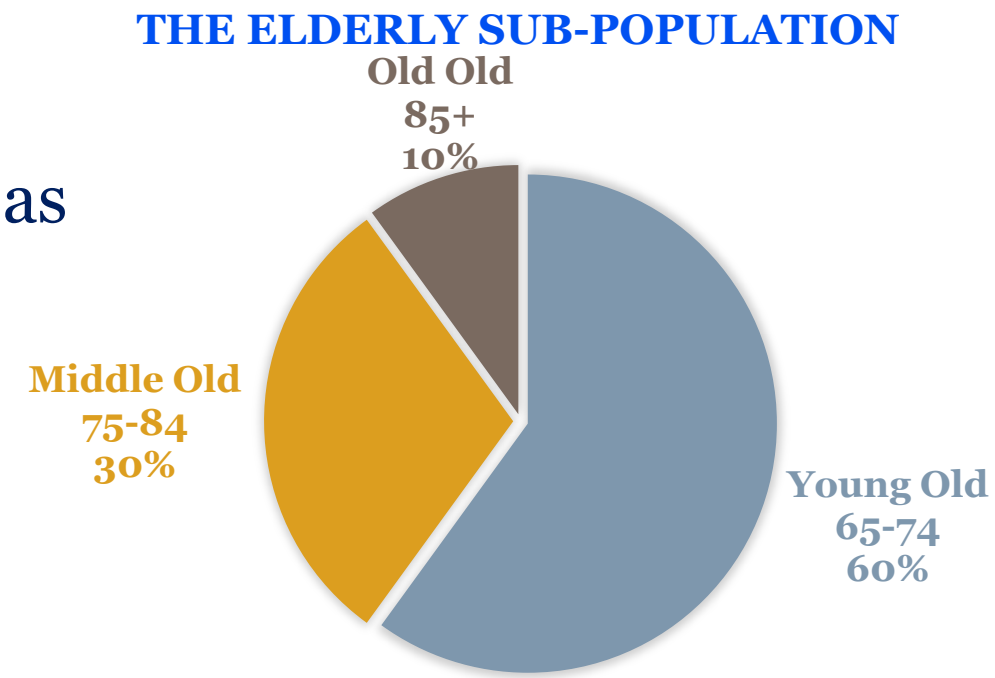
Maya Angelou

END STAGE RENAL DISEASE NETWORK OF TEXAS

Defining the Elderly and Aging

"The ageing process is a biological reality which has its own dynamic, largely beyond human control"

- The United Nations defines old age as 65+
- Most medical studies define age groups. The eldest group = >65
- Young old = 65-74
- Middle old = 75-84
- Oldest old = 85+



"Demographics of Aging". Transgenerational.org. Retrieved 2016-04-04. doi: http://transgenerational.org/aging/demographics.htm

END STAGE RENAL DISEASE NETWORK OF TEXAS

Defining the Disabled

"People with a physical, mental, cognitive, or developmental condition that impairs, interferes with, or limits a person's ability to engage in certain tasks or actions or participate in typical daily activities and interactions".

Taken from the Merriam-Webster Dictionary

END STAGE RENAL DISEASE NETWORK OF TEXAS

People of Advanced Age (>65)

END STAGE RENAL DISEASE NETWORK OF TEXAS

Top 10 Concerns of Seniors

- Healthcare Costs
- Disease
- Physical Aging
- Physical Assistance
- Financial Security
- Loneliness
- Financial Predators
- Abuse or Neglect
- Transportation
- Changing Social Climate

END STAGE RENAL DISEASE NETWORK OF TEXAS

The Frail Elderly on Dialysis

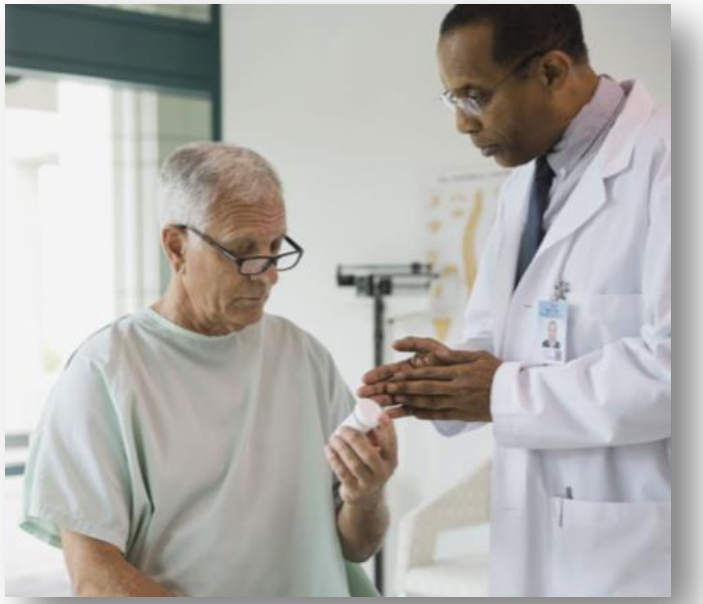
- Median age = 82
  - Frailty scale scores 1-7 (7 being the most frail)
  - Assessment of QOL by questionnaire
  - Comparing Hemodialysis, Assisted PD, and Conservative Management
- **Patients on assisted PD had better physical and mental-health scores**
- **Patients on assisted PD also had lower symptom scores**
- **Depression scores were lower for patients on hemodialysis than those on conservative management (no dialysis therapy)**

"These findings highlight the need for an individualized approach to the management of ESRD in older people."

Iyasere O, et al. Clin Kidney J. 2019; doi:10.1093/ckj/sfy059.

END STAGE RENAL DISEASE NETWORK OF TEXAS

Americans Fear Healthcare Costs



- 33% of retirees: Social Security is only income
- 45% of Americans are concerned of a major health event = bankruptcy
- Americans borrowed $88 billion last year to pay for healthcare
- 6.5 million adults did not seek treatment due to cost
- 41% report forgoing emergent care in the past 12 months
- **82% of people with chronic disease/disability were unable to pay for meds**

The U.S. Healthcare Cost Crisis, doi: https://news.gallup.com/poll/248123/westhealth-gallup-us-healthcare-cost-crisis-report.aspx

END STAGE RENAL DISEASE NETWORK OF TEXAS

High Cost of Health Care – Gallup Poll of Seniors

- 76% expect health care cost to increase
- 41% of Seniors report having forgone emergency care in the past year
- Cost reported as problem by Senior Americans
  - 26% deferred medical treatment
  - 19% deferred buying medicine
  - 12% borrowed money for care (4 million borrowed over $5000)
  - 23% Cut back on household necessities (groceries, clothing, OTC meds, utilities)
- 13% of people >65 were unable to pay for prescribed medicine in the last year
- This jumps to 20% in households with annual incomes under $60,000.

The US Healthcare Cost Crisis. https://news.gallup.com/poll/248081/westhealth-gallup-us-healthcare-cost-crisis.aspx

END STAGE RENAL DISEASE NETWORK OF TEXAS

Adverse Drug Reaction in the Elderly

- Seniors represent 1 in 6 Americans
- Clinical trials for medications and procedures exclude older adults
- Medication problems = one of the top five causes of *death*
- 33% of seniors who take 5 or more meds will have one bad drug reaction each year
- Those over 65 are 2.5 times more likely to visit an ER for an adverse drug reaction

"Medications are probably the single most important health care technology in preventing illness, disability, and death in the geriatric population."

Brahma, Wahlang, Marak, Sangama. "Adverse Drug Reaction in the Elderly"; Journal of Pharmacology & Parmacotherapeutics, Apr-Jun 2013. https://www.ascp.com/page/seniorcarefacts

END STAGE RENAL DISEASE NETWORK OF TEXAS

Health Disparities in the Disabled

END STAGE RENAL DISEASE NETWORK OF TEXAS

People with Disabilities

- 54+ million Americans (that is 1 in 6)
- Expected to grow substantially with time
- Disadvantaged by:
  - Lower educational levels
  - Lower income
  - Higher unemployment
- Self report: fair – poor health, tobacco use, low physical activity, obesity

Lezzoni, L. HEALTH AFFAIRS 30,NO. 10 (2011): 1947–1954 ©2011 Project HOPE— The People-to-People Health Foundation, Inc. “Eliminating Health And Health Care Disparities Among The Growing Population of People With Disabilities” . doi: 10.1377/hlthaff.2011.0613

END STAGE RENAL DISEASE NETWORK OF TEXAS

Healthy People 2010

- Misconception: The disabled don't :
  - Health promotion (healthy diet, exercise, socialization)
  - Disease prevention advice. (smoking, alcohol, etc.)
- Healthcare screening
  - Low rates of screening tests (mammograms, Pap tests, etc.)
  - Difficulty in access to health care
- Access to Care issues
  - Financial and insurance coverage problems
  - Access to dental care and prescriptions
  - Access to care via telephone
  - Getting access to specialist physicians

Physicians are less likely to address risky health behavior if a patient has a disability.

Lezzoni, L. HEALTH AFFAIRS 30,NO. 10 (2011): 1947–1954 ©2011 Project HOPE— The People-to-People Health Foundation, Inc. "Eliminating Health And Health Care Disparities Among The Growing Population of People With Disabilities" . doi: 10.1377/hlthaff.2011.0613

Factors That Increase Health Care Disparities

- Upstream
  - Poverty
  - Stress
  - Stigma
- Lack of Access
  - Insufficient resources to needed care
  - Equipment and space access
  - Transportation challenges
  - Limited training for healthcare providers for providing care

Addressing The Key Causes Of Health Disparities In The Disabled

- Policy-level changes that address poverty
- Ensuring access barriers are addressed through statute such as the Americans with Disabilities Act
- Improving data to enhance evidence-based decision-making
- Better training of healthcare providers
- Including people with disabilities in public health campaigns

Hollar, D editor. "Physical Disability and Health Disparities". Advances in Exercise and Health for People With Mobility Limitations pp 41-59. Springer 2018. Doi.org/10.1007/978-3-319-98452-0

END STAGE RENAL DISEASE NETWORK OF TEXAS

Agency for Healthcare Research & Quality

Two major health care public policy challenges:

- To improve the quality of health care
- To make sure that no communities or populations are left behind in our quality improvement efforts.

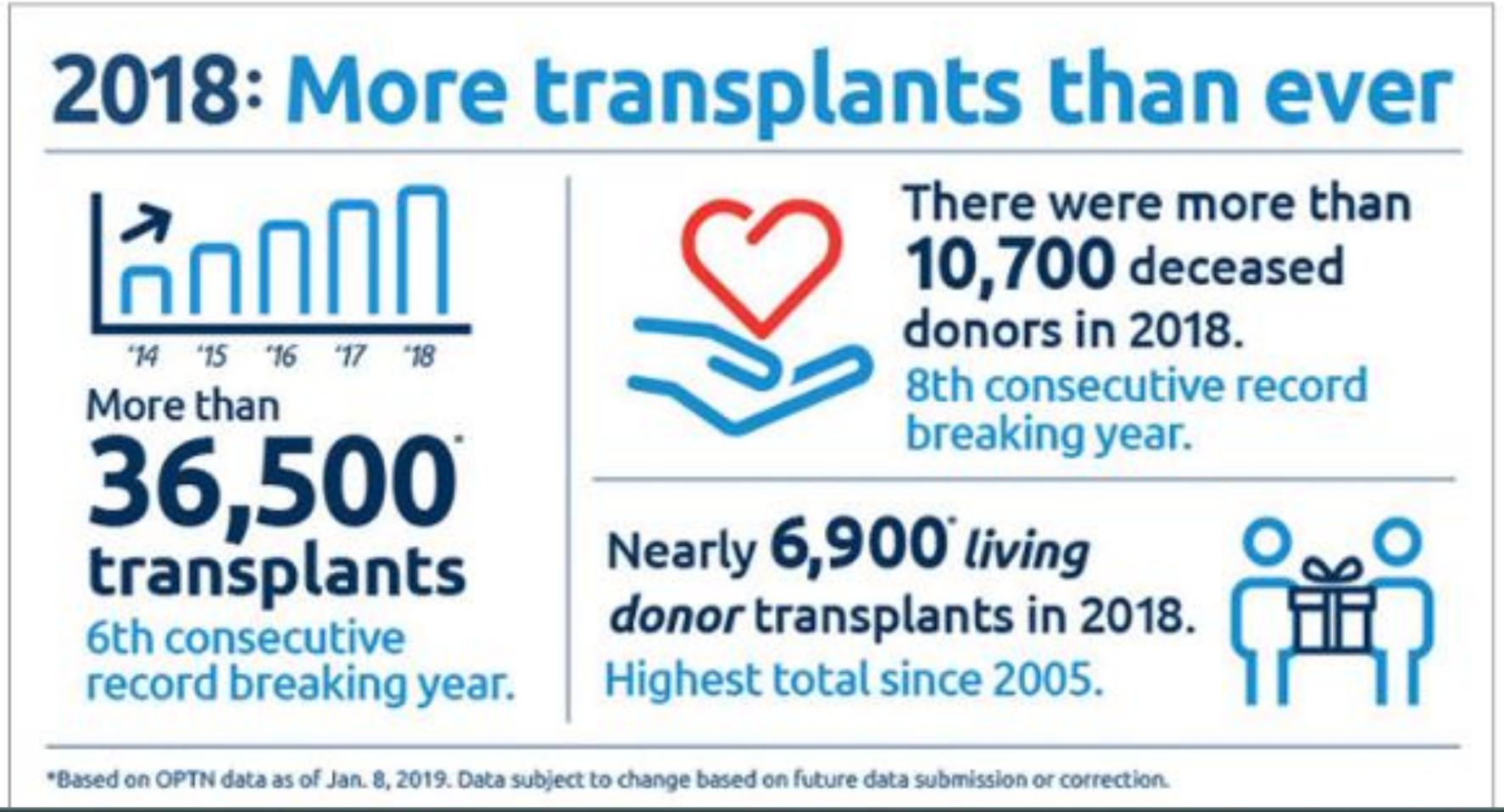
"Most measures of quality are improving, but the pace of change remains modest"

"AHRQs National Healthcare Quality and Disparities Reports: An Ever- Expanding Road Map for Improvement ".Health Services Research 42:3, Part I (June 2007). DOI: 10.1111/j.1475-6773.2007.00736.x

Modality of Transplantation

END STAGE RENAL DISEASE NETWORK OF TEXAS

National Transplant Trends



21,167 Were Kidney transplants 836 were Kidney/Pancreas transplants

END STAGE RENAL DISEASE NETWORK OF TEXAS

History of Kidney Transplant Disparities – 1980's

- By gender : 31% men vs. 21% women
- By race: 30% white vs. 20% non-white
- By age: age 11-35 received 85% vs. 3% over age 56

Bottom line: Women aged 46-60 had <50% chance of kidney transplant as compared to men the same age and race.

Taken from Kjelistrand,C. "Age, Sex, and Race Inequality in Renal Transplantation". Arch Intern Med. 1988;148(6): 1305-1309. doi: 10.1001/archinte.1988.00380060069016

END STAGE RENAL DISEASE NETWORK OF TEXAS

United Network for Organ Sharing

- Deceased donor organs are distributed by
  - Blood type
  - Antibody matching
  - Time with kidney failure
  - Priority given to children and past donors

UNOS℠ UNITED NETWORK FOR ORGAN SHARING

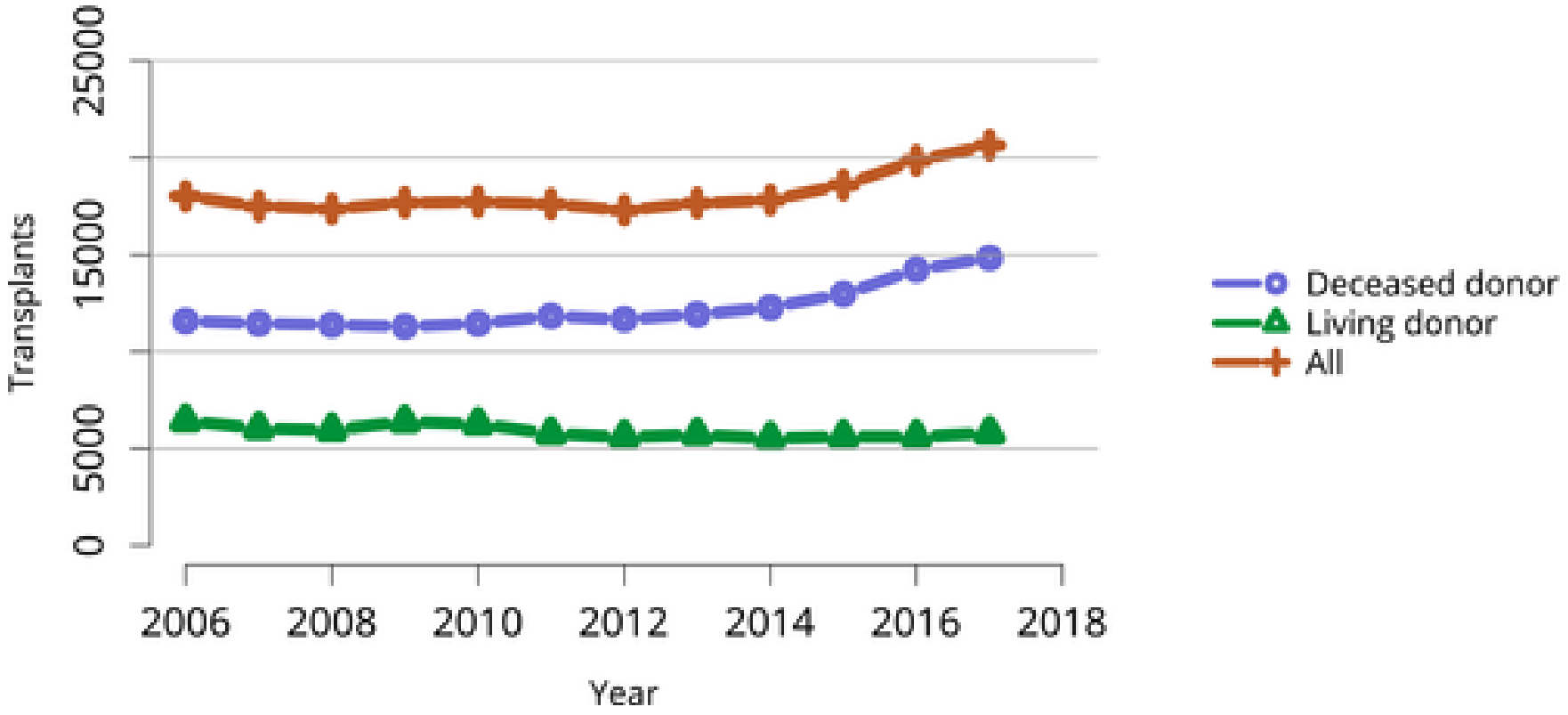
https://unos.org

- Changes made in 2014
  - Age group matching (called longevity matching)
  - Wait time starts when dialysis starts (or GFR <20)
  - Extra priority given to those “hard to match” patients

Taken from NKF website: www.kidney.org/atoz/content/transplant-waitlist

END STAGE RENAL DISEASE NETWORK OF TEXAS

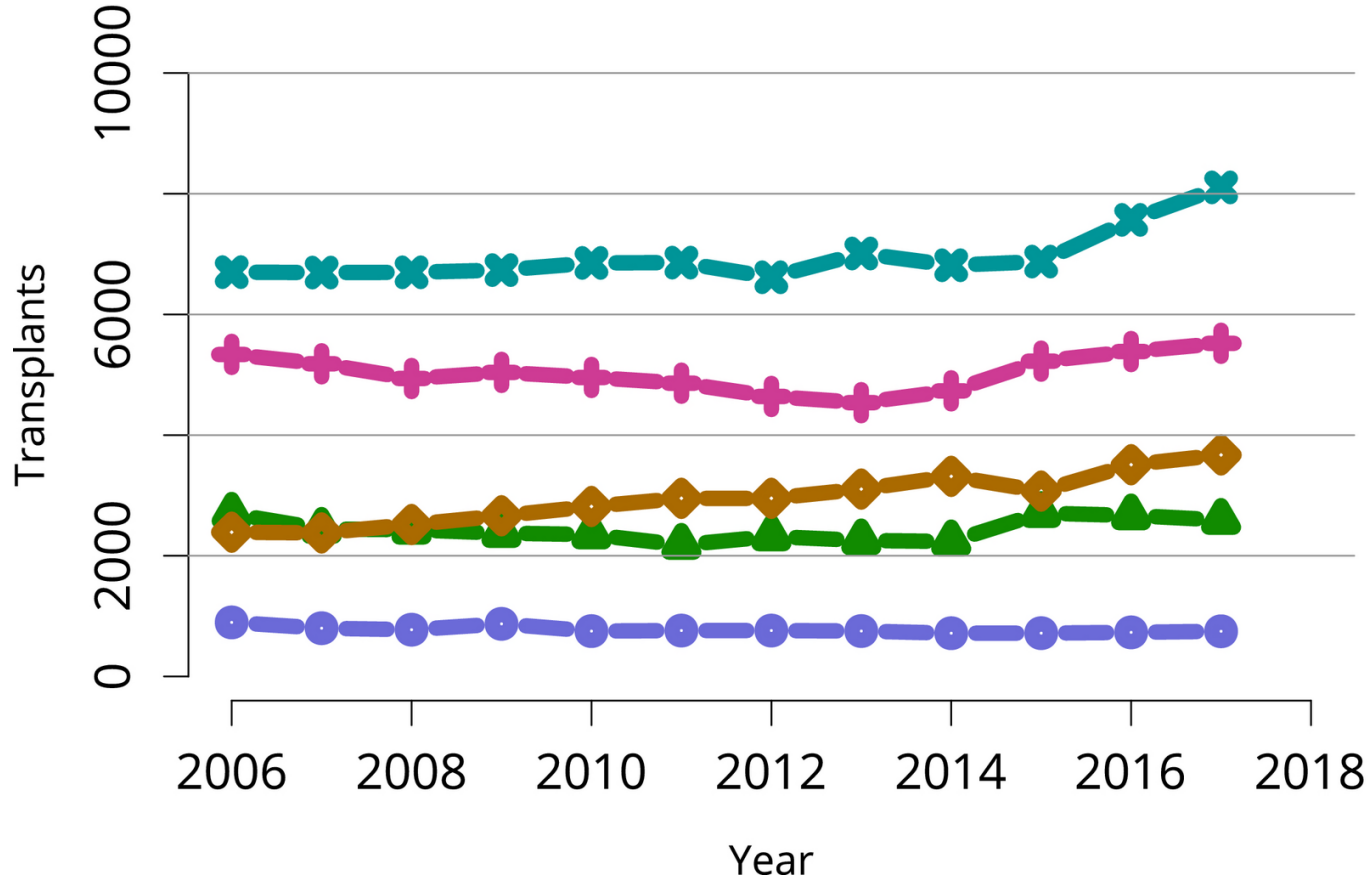
Total Kidney Transplants



American Journal of Transplantation, Volume: 19, Issue: S2, Pages: 19-123, First published: 27 February 2019, DOI: (10.1111/ajt.15274

END STAGE RENAL DISEASE NETWORK OF TEXAS

Total Kidney Transplants by Age

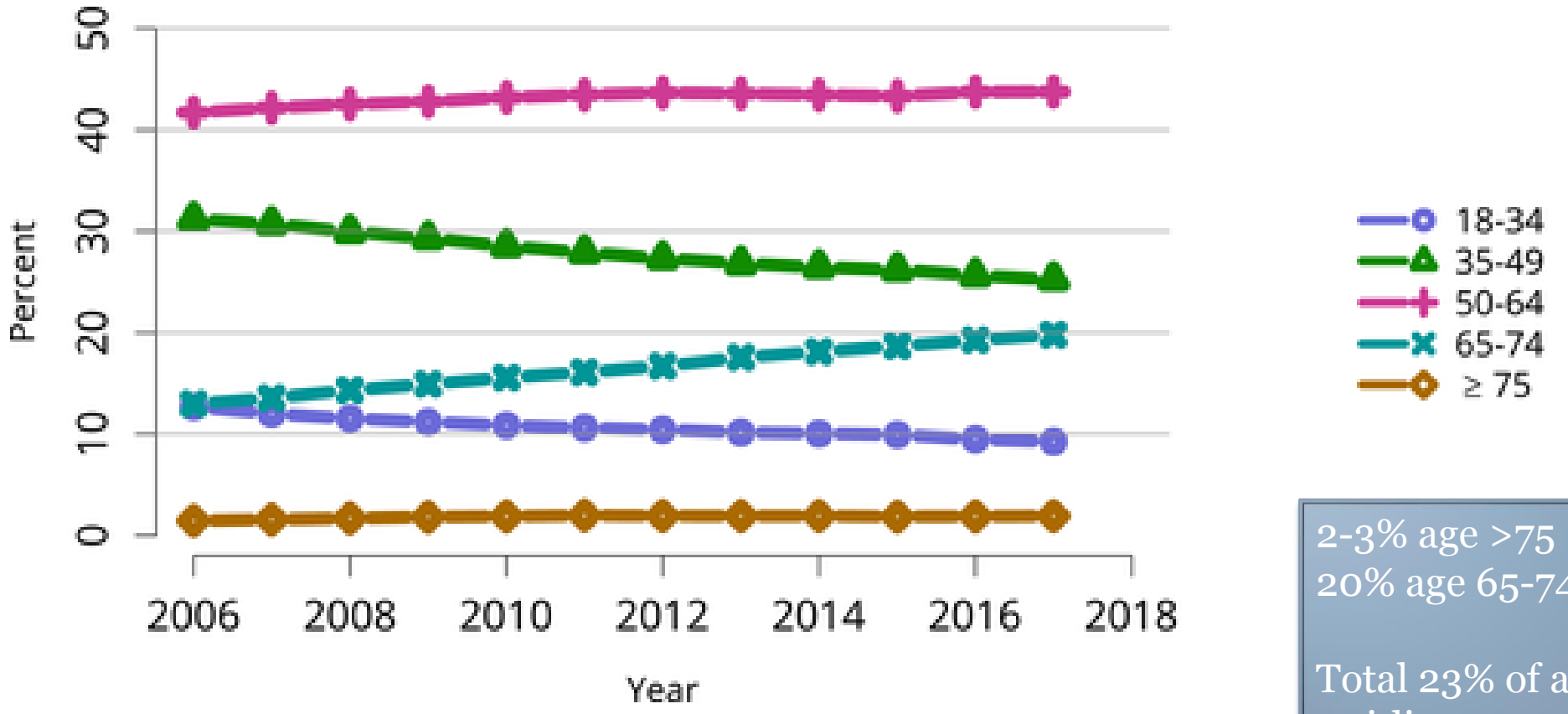


Almost 4000 Transplants were adults over 65.

American Journal of Transplantation, Volume: 19, Issue: S2, Pages: 19-123, First published: 27 February 2019, DOI: (10.1111/ajt.15274

END STAGE RENAL DISEASE NETWORK OF TEXAS

Kidney Transplant Waitlist by Age



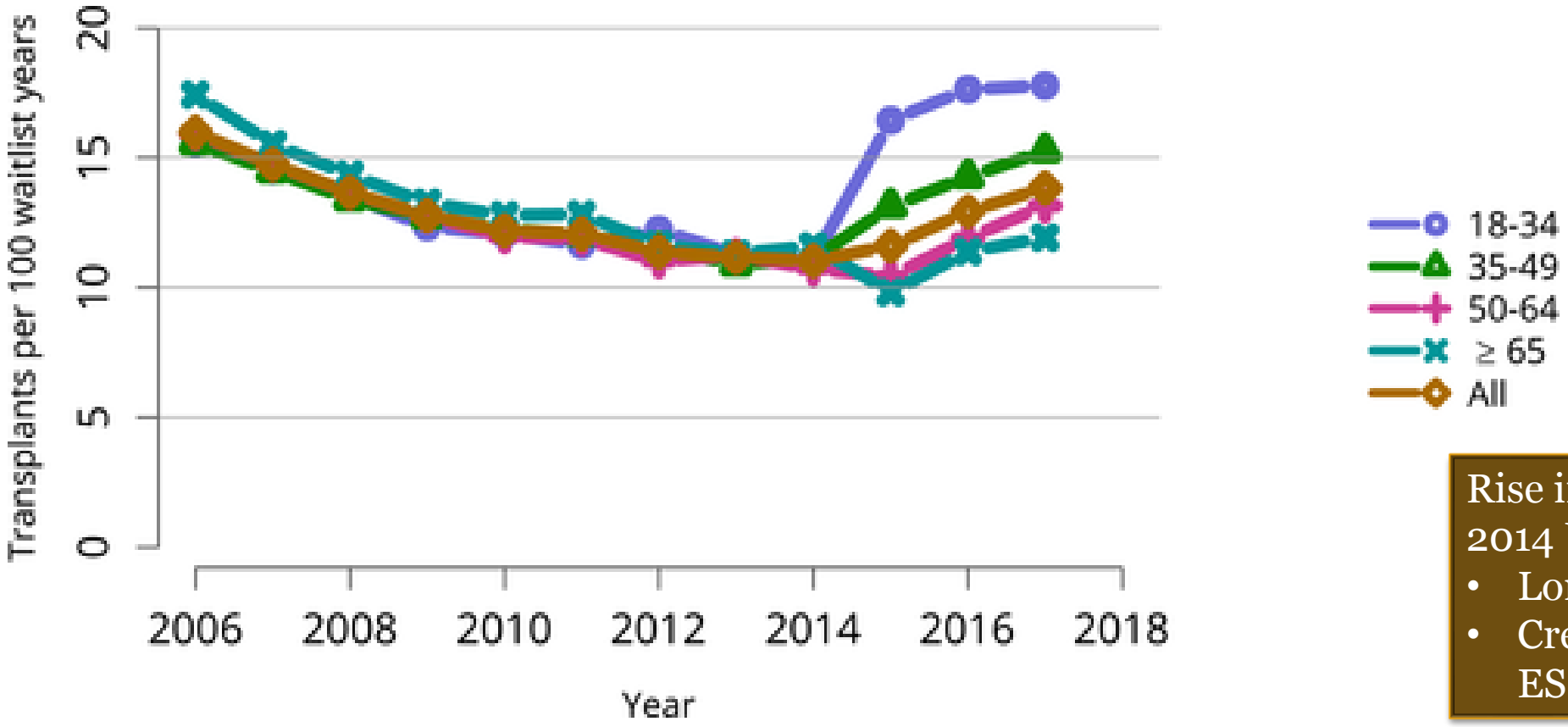
2-3% age >75
20% age 65-74

Total 23% of adults on the waitlist are considered "elderly"

American Journal of Transplantation, Volume: 19, Issue: S2, Pages: 19-123, First published: 27 February 2019, DOI: (10.1111/ajt.15274)

END STAGE RENAL DISEASE NETWORK OF TEXAS

Deceased Donor Rates by Age Group



Rise in all groups due to 2014 UNOS rules:

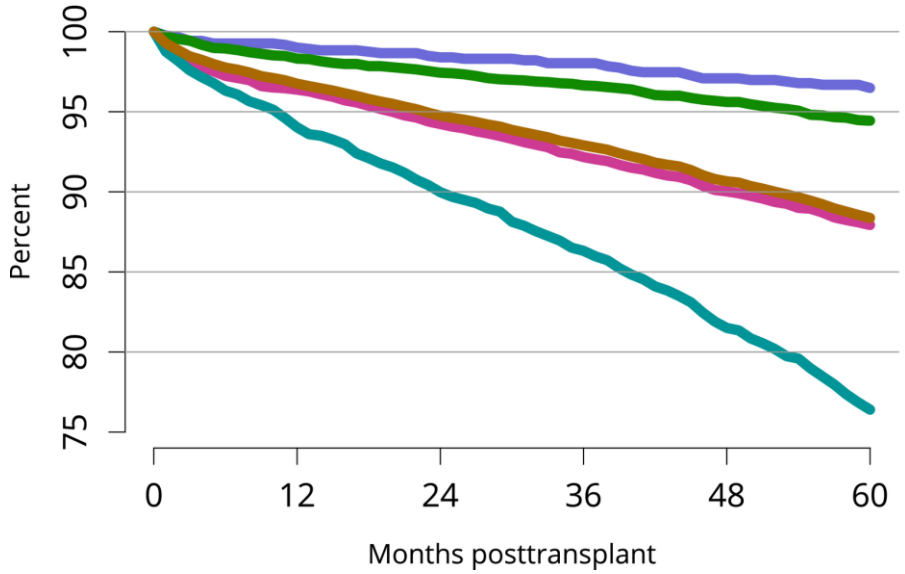
- Longevity matching
- Credit for time since ESRD

American Journal of Transplantation, Volume: 19, Issue: S2, Pages: 19-123, First published: 27 February 2019, DOI: (10.1111/ajt.15274)

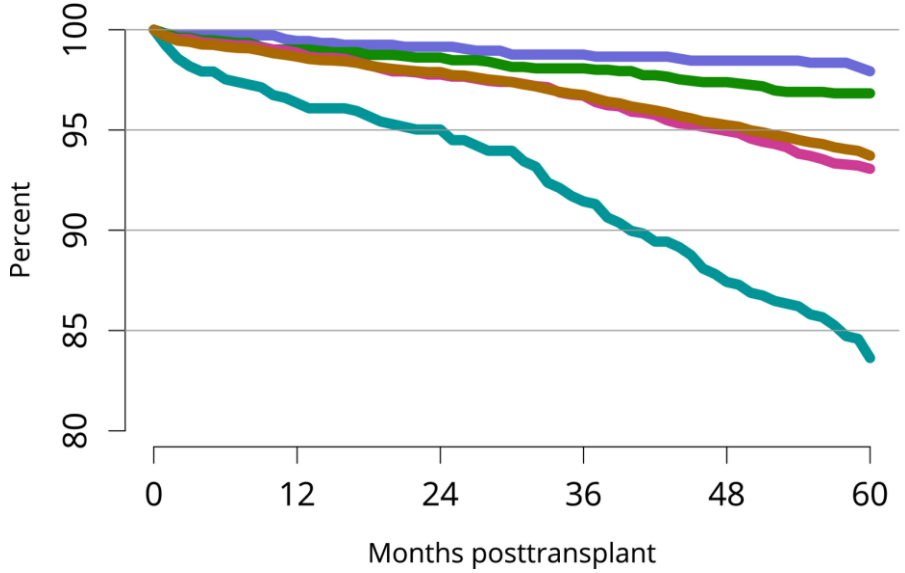
END STAGE RENAL DISEASE NETWORK OF TEXAS

Patient Survival over 5 years: Deceased donor vs. Living donor

Deceased donor



Living donor



American Journal of Transplantation, Volume: 19, Issue: S2, Pages: 19-123, First published: 27 February 2019, DOI: (10.1111/ajt.15274)

END STAGE RENAL DISEASE NETWORK OF TEXAS

Kidneys from Donors aged 70 and older

- N= 2,337 kidney donors ≥ 70 (living and deceased)
- Half life of deceased donor kidneys reached 6.5 years
- Half life of living donor kidneys reached 8 years
- Most influential risk factor: Type 2 Diabetes

"Kidney transplantation from selected donors aged 70 years or older can be successful and should be considered especially for older recipients."

Gruessner Rw. B154. Presented at: American Transplant Congress June 1-5, 2019; Boston
https://www.healio.com/nephrology/transplantation/news/print/nephrology-news-and-issues/%7B04a5b708-5701-48e0-976f-fbb44213edb3%7D/study-kidneys-from-donors-aged-70-years-or-older-are-viable-for-transplant

Current Perspectives of Older Kidney Transplant Recipients

- Continued growth of patients aged >65 due to:
  - Increase in life expectancy
  - Aging of ESRD patient
- Benefit to transplantation compared to dialysis
  - Longevity of life
  - Improved quality of life
- Age is limiting factor in Transplantation programs due to:
  - Multiple comorbidities of the elderly
  - Limited life expectancy
  - Shortage of kidneys
  - The recommendation is to refer any potential patient and let the transplant center make the eligibility determination.
- Ideal: living related donor
- Less Ideal: Extended criteria donor

END STAGE RENAL DISEASE NETWORK OF TEXAS

Perspectives of Older Kidney Transplant Recipients

They felt a transplant would:

- Restore vitality of youth
- Mean a prolonged recovery due to age
- Potentially create more illness
- Require the need to protect the new kidney
- Create the possibility of having to confront health deterioration
- Make them confront their value of existence

Pinter J, et al. "Perspectives of Older Kidney Transplant Recipients on Kidney Transplantation". Clinical Journal American Society of Nephrology. 2017 Mar7;12(3):443-445. doi: 10.2215/CJN.05890616

Perspectives of Older Kidney Transplant Recipients

Transplant can make them physically susceptible to:

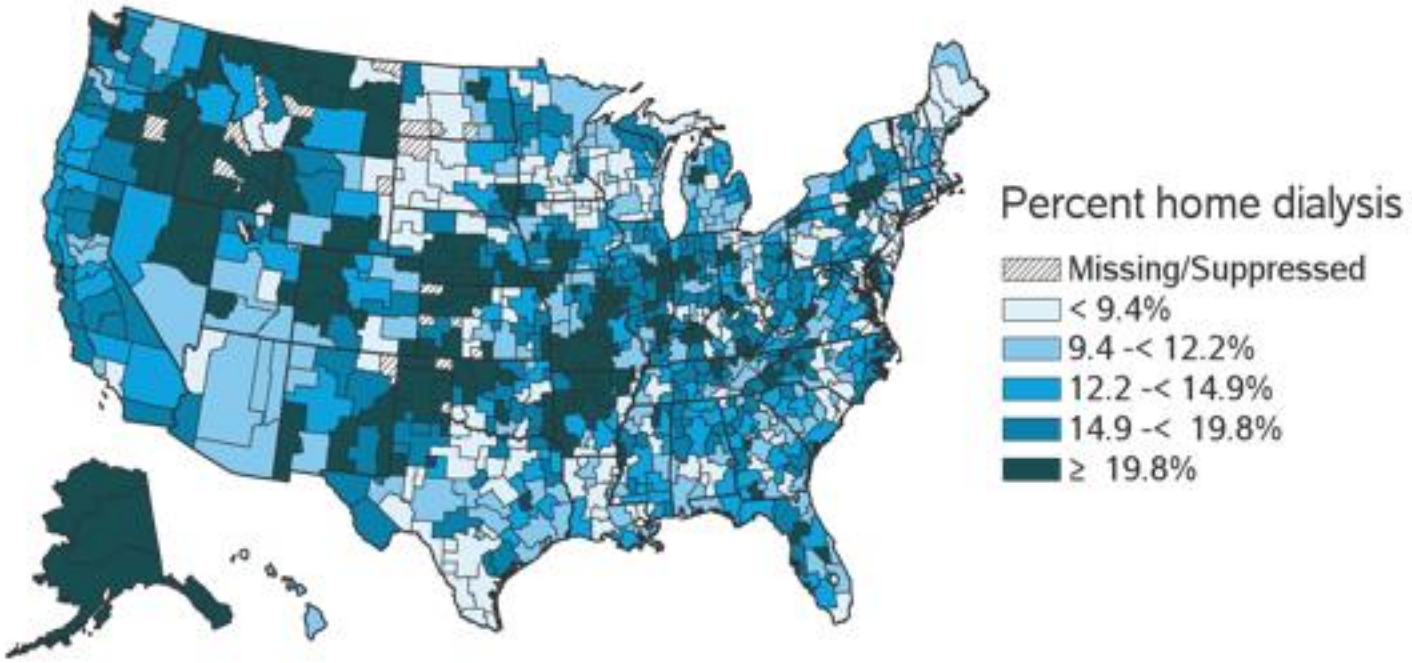
- Cognitive impairment
- Frailty
- Comorbidities
- Immunosuppression-related complications
- Chronic graft failure.

Conclusions:
Older recipients felt able to enjoy life,
strived to live at their potential and full capability
Were motivated to protect their graft

Pinter J, et al. "Perspectives of Older Kidney Transplant Recipients on Kidney Transplantation". Clinical Journal American Society of Nephrology. 2017 Mar7;12(3):443-445. doi: 10.2215/CJN.05890616

Modality of Home Therapy

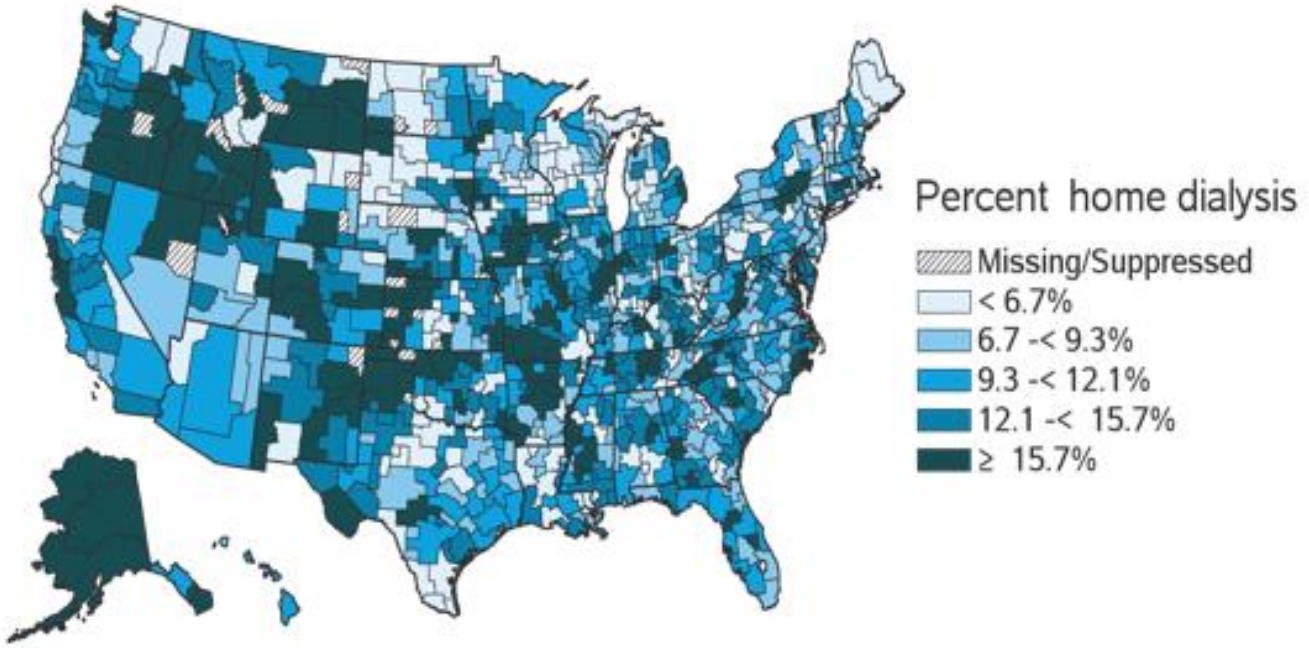
Map of the % of dialysis cases using home dialysis, 2012-2016



Data Source: Special analyses, USRDS ESRD Database. Values for cells with 10 or fewer patients are suppressed.

60,000 Home therapy
50,000 on PD
10,000 on HHD

Map of the % of new dialysis cases using home dialysis (peritoneal dialysis or home hemodialysis), 2012-2016



Data Source: Special analyses, USRDS ESRD Database. Values for cells with 10 or fewer patients are suppressed.
Abbreviation: ESRD, end-stage renal disease.

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

HomeDialysis.org/match-d

Suitability Criteria for *Self* Peritoneal Dialysis: CAPD or CCPD

Strongly Encourage PD

- ❍ Any patient who wants to do PD or has no barriers to it
- ❍ Employed full- or part-time
- ❍ Student – grade school to grad school
- ❍ Caregiver for child, elder, or person with disability
- ❍ New to dialysis or has had transplant rejection
- ❍ Lives far from clinic and/or has unreliable transportation
- ❍ Needs/wants to travel for work or enjoyment
- ❍ Has needle fear or no remaining HD access sites
- ❍ BP not controlled with drugs
- ❍ Can't or won't limit fluids or follow in-center HD diet
- ❍ No (required) partner for home HD
- ❍ Wants control; unhappy in-center

Encourage PD After Assessing and Eliminating Barriers

- ❍ Minority – not a barrier to PD
- ❍ Unemployed, low income, no High School diploma – not barriers to PD
- ❍ Simple abdominal surgeries (e.g. appendectomy, hernia repair, kidney transplant) – not barriers to PD
- ❍ Has pet(s)/houseplants (carry bacteria) – bar from room at least during PD connections
- ❍ Hernia risk or recurrence after mesh repair – use low daytime volume or dry days on cycler
- ❍ Blind, has no use of one hand, or neuropathy in both hands – train with assist device(s) as needed
- ❍ Frail or can't walk/stand – assess lifting, offer PT, offer CAPD, use 3L instead of larger bags for cycler*
- ❍ Illiterate – use pictures to train, return demonstrations to verify learning, tape recorders for patient reports
- ❍ Hearing impaired – use light/vibration for alarms
- ❍ Depressed, angry, or disruptive – increased personal control with PD may be helpful
- ❍ Unkempt – provide hygiene education; assess results
- ❍ Anuric with BSA >2 sqm – assess PD adequacy†‡
- ❍ Swimmer – ostomy dressings, chlorinated pool, ocean
- ❍ Limited supply space – visit home, 2x/mo. delivery
- ❍ Large polycystic kidneys or back pain – use low daytime volume or dry days on cycler†‡
- ❍ Obese – consider presternal PD catheter
- ❍ Has colostomy – consider presternal PD catheter
- ❍ Rx drugs impair function – consider drug change

May Not Be Able to Do PD (or will Require a Helper)

- ❍ Homeless and no supply storage available
- ❍ Can't maintain personal hygiene even after education
- ❍ Home is unclean/health hazard; patient/family won't correct
- ❍ No/unreliable electricity for CCPD; unable to do CAPD
- ❍ Multiple or complex abdominal surgeries; negative physician evaluation.†‡
- ❍ Brain damage, dementia, or poor short-term memory*
- ❍ Reduced awareness/ability to report body symptoms
- ❍ Malnutrition after PD trial leads to peritonitis†‡
- ❍ Uncontrolled anxiety/psychosis*

Checklist for Peritoneal Dialysis – CAPD or CCPD

From Home Dialysis Central Website: https://www.homedialysis.org/documents/pros/MATCH-D-v4.pdf

Suitability Criteria for *Self* Home Hemodialysis: Conventional, Daily, or Extended

Strongly Encourage Home HD

- ❍ Any patient who wants to do home HD or has no barriers to it
- ❍ Employed full- or part-time
- ❍ Drives a car – skill set is very similar to learning home HD
- ❍ Caregiver for a child, elder, or person with disability
- ❍ Lives far from clinic and/or has unreliable transportation
- ❍ Student: grade school to grad school
- ❍ Needs/wants to travel for work or enjoyment
- ❍ Wants a flexible schedule for any reason
- ❍ Has rejected a transplant
- ❍ Has neuropathy, amyloidosis, LVH, uncontrollable BP†‡
- ❍ Obese/large; conventional HD or PD are not adequate †‡
- ❍ Can't/won't follow in-center HD diet & fluid limits†‡
- ❍ Is pregnant or wants to be ††
- ❍ Frail/elderly with involved, caring helper who wants home HD*
- ❍ Wants control; unhappy in-center
- ❍ No longer able to do PD

Encourage Home HD After Assessing and Eliminating Barriers

- ❍ No employer insurance – not a barrier to nocturnal 3x/wk home HD, which Medicare & Medicaid cover
- ❍ Unkempt – provide hygiene education; assess results
- ❍ Has pet(s)/houseplants (carry bacteria) – bar from room at least while cannulating/connecting access
- ❍ Frail or can't walk/stand – assess lifting ability, offer PT*
- ❍ Illiterate – use pictures to train, return demonstrations to verify learning, tape recorders for patient reports
- ❍ Hearing impaired – use light/vibration for alarms
- ❍ Depressed, angry, or disruptive – increased control with home HD may help
- ❍ No helper & clinic requires one – reconsider policy, monitor remotely, use LifeLine device to call for help
- ❍ Rents – check with landlord if home changes needed
- ❍ Can't/won't self-cannulate – use patient mentor, practice arm, local anesthetic cream, desensitization*
- ❍ No running water, poor water quality, low water pressure – assess machine & water treatment options
- ❍ Limited space for supplies – visit home, 2x/mo. delivery, consider machine with fewer supply needs
- ❍ Drug or alcohol abuse – consider after rehab
- ❍ Bedridden and/or has tracheostomy/ventilator – assess self-care and helper ability*
- ❍ Rx drugs impair function – consider drug change

May Not Be Able to Do Home HD (or Helper Must Do More)

- ❍ Homeless; consider PD if storage is available
- ❍ Can't maintain personal hygiene
- ❍ Home is health hazard, will not correct
- ❍ Unreliable or no electricity
- ❍ Brain damage, dementia, or poor short-term memory*
- ❍ No use of either hand*
- ❍ Uncontrolled psychosis or anxiety*
- ❍ Blind or severely visually impaired – consider PD*
- ❍ Uncontrolled seizure disorder*
- ❍ No remaining HD access sites – consider PD
- ❍ Reduced awareness/ability to report bodily symptoms
- ❍ Has living donor, transplant is imminent – consider PD

Check all the boxes that apply.
Keep a copy of the MATCH-D in the patient's record.

* May be able to do with a helper
† Consider extended home HD
‡ Consider daily home HD

Checklist for Home Hemodialysis

From Home Dialysis Central Website: https://www.homedialysis.org/documents/pros/MATCH-D-v4.pdf

What can you do for your patients?

Have a discussion about transplantation and treatment options with every patient

- Help relieve fear
- Help dispel myths
- Be pro-active in encouraging transplantation and home modalities
- Prepare and support self management responsibilities
- Clarify expectations of risks and outcomes in home therapies and transplantation
- Provide resources to patients
- Get team involvement to support every patient in their goals
- Get patients and family members involved

END STAGE RENAL DISEASE NETWORK OF TEXAS

Team Involvement

- Assessment and Plan of Care – every patient is an individual with specials needs
- Involve patient and family with decision making and progress
- Involve Facility Patient Representatives and Patient Champions

  (i.e., kidney recipient, patient who switched to home modality and is doing well, patient with previous CVC and now has a permanent access, and patients who insert their own needles).
- Host Lobby days for Transplantation – The Transplant Center will send a speaker
- Host Lobby days for Home Therapy – Home Therapy nurse can speak to patients about the benefits and risks and provide information

END STAGE RENAL DISEASE NETWORK OF TEXAS

Summary

The elderly and disabled face many challenges that cause fear and worry

Kidney transplantation, Peritoneal Dialysis, and Home Hemodialysis in the elderly and disabled can be successful and beneficial to their quality of life

Healthcare providers must advocate for the elderly and disabled dialysis patient, treat them as individuals, and support them in their goals.

END STAGE RENAL DISEASE
NETWORK OF TEXAS