

Educate the public

Stress the importance of recognition, impact on health, and cost of AKI, and leverage public support and education to improve AKI care.

To meet these goals, multiple action steps are in place.

First, the AKI!Now steering committee has assembled a workgroup, culled from the roundtable and focus group participants, to review existing AKI educational resources and revise them for new audiences. An initial set of these resources will be released in conjunction with the first AKI!Now webinar, “AKI Recognition and Management in High-Risk Populations: The Webinar You Can’t Afford to Miss,” scheduled for April 21, 2020, at 12:00 p.m. EDT. This webinar, the first of a two-part series for the year 2020, will address the identification and management of AKI in high-risk populations, and review resources.

Second, the AKI!Now steering committee has authored a series of three articles, which will be published in *CJASN*, including the following:

- A white paper: “Recognition of Acute Kidney Injury in High-Risk Patient Populations” (accepted for publication, 2020)
- “Recovery After Critical Illness and Acute Kidney Injury” (soon to be submitted)
- “Patient Perspective on AKI and Recovery,” which gives a voice to the patient perspective (soon to be submitted)

Third, the AKI!Now steering committee is developing a compendium of all AKI-related content available on ASN’s primary communication channels, including *CJASN*, *JASN*, *Kidney News*, *Kidney News Online*, *Kidney*

360, *NephSAP*, and *Kidney Week* abstracts. This online searchable index will allow users to access and save relevant content. ASN members will have the capability to view and search full articles. This compendium is projected to be released in July 2020.

To achieve meaningful change in AKI recognition and recovery, partnership across the medical continuum is crucial. The AKI!Now steering committee invites you to be part of this change: participate in the upcoming webinar, use the new resources, use the compendium, and share your questions, ideas, and best practices with the AKI community. ■

Jorge Cerdá, MD, MS, FASN, is chair of the AKI!Now initiative. Bonnie L. Freshly, MEd, CMP, is project coordinator with Nephrologists Transforming Dialysis Safety.

Anna’s Story: When Home Hemodialysis Improves Peoples’ Lives and Saves Medicare Money

By David McFadden

Anna has been providing home hemodialysis for 6 years to her husband, who has chronic kidney disease stage 4.

Initially, when the couple were given options for the available forms of dialysis treatment—in-center dialysis, peritoneal dialysis, and home hemodialysis—Anna was extremely reluctant to do home dialysis because she had no medical background. They ultimately decided on home hemodialysis, however, because of her husband’s work schedule.

Over the past 6 years, Anna has been a champion for home hemodialysis. Changes to Medicare reimbursement for telemedicine visits have enabled her

husband to receive virtual nephrology visits at home, which keeps him from missing time from work. He can have up to eight virtual visits a year at home.

Anna’s mother recently started dialysis because of heart failure. In response, Anna immediately took on the challenge of providing home hemodialysis for her, as well as for her husband; all live together in the same home. Virtual visits enable her mother, who is 89, to avoid facing the harsh winters of Chicago to get to a dialysis center.

Anna has saved the Centers for Medicare & Medicaid Services a tremendous amount of money by providing home hemodialysis to her mother and her husband

compared with the cost of in-center dialysis. These savings to Medicare result from decreased hospitalization, decreased use of medications such as erythropoietin and blood pressure medication, and better fluid management, leading to fewer hospitalizations and readmissions.

She has also saved her family time and money and improved their quality of life by reducing travel time to and from the dialysis unit, wear and tear on their car, and strain on their health resulting from travel and inclement weather.

Anna’s story illustrates how Advancing American Kidney Health is having an impact on patients’ lives. ■

Using Telemedicine to Improve Lives

Medicare began paying for eight telemedicine visits a year instead of 12 face-to-face visits as of January 2019. This allows patients to avoid missing work and reduces exposure to inclement weather, as in Anna’s family’s case. In addition, telemedicine visits save the family and the nephrologist travel expense.

This year I plan to use population health management with my kidney failure patients, both at home and in center, to decrease hospitalizations. For example, I will send push notifications to my kidney failure patients through their cell phones each weekend to encourage them to avoid excess fluid and potassium-enriched foods. This alone will decrease admission rates. In addition, I plan to push notifications to my chronic kidney disease patients to help slow the progression of kidney disease. For example, I will send monthly push notifications through my patients’ cell phones to avoid salt and nonsteroidal anti-inflammatory drugs and to exercise regularly. These are just some of the many ways in which telemedicine can be used to combat kidney disease.

David McFadden, MD, is an independent nephrologist in Morris, Joliet, and New Lenox, Illinois. He is affiliated with Affiliated Dialysis, in which he has a joint venture in a home hemodialysis program and in an in-center dialysis facility. He is also affiliated with Myowndoctor, a telemedicine company.

