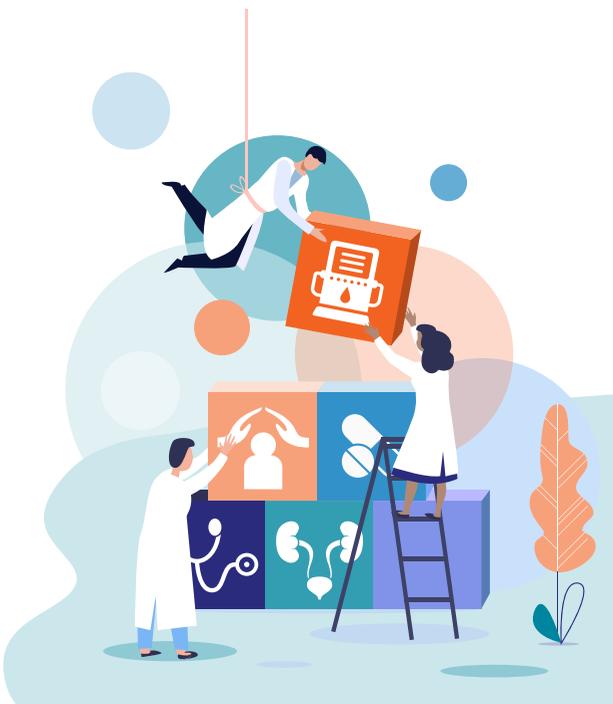


Kidney News

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Removing Barriers to Home Dialysis Takes a Team Approach

By Bridget M. Kuehn



Patient advocate Dawn Edwards has spent most of the last 30 years on home dialysis, including 10 years on peritoneal dialysis. She has also mentored hundreds of people with kidney disease. So, she is well aware of the burdens and barriers that can stand in the way of a patient starting and staying on home dialysis. The key, she says, is having a good team.

“It’s really important for clinical teams and interdisciplinary teams to...work together to provide patients the support and resources they need to be successful at home,” Edwards said.

Edwards was one of a panel of experts who participated in the Kidney Week 2021 Starting at Home and Staying at Home session. The panelists highlighted barriers to home dialysis and disparities in which types of patients are offered this option. They also highlighted a range of solutions to boost home dialysis initiation and continuation. Among them were improved home dialysis education for clinicians and patients, more clinical and peer support, and flexible home dialysis initiation and continuation options that can better fit patients’ clinical circumstances and lifestyles.

“If we all work together, we can make so many more

patients happier and healthier and allow them to experience the great benefits I have had being at home and being an empowered, educated patient,” Edwards said.

Getting started

A growing number of patients are on home dialysis, but they still represent a small fraction of patients with end stage kidney disease (ESKD). Currently, 12.5% of US patients requiring kidney replacement therapy are on home dialysis, according to 2020 data from the US Renal Data System (USRDS) (1). About 11% are on peritoneal dialysis, and 1.8% are on home hemodialysis, noted Lisa Koester-Wiedemann, ANP, CNN-NP, a renal nurse practitioner at Washington University School of Medicine in St. Louis, MO.

There are also disparities in which patients are offered the option of home dialysis, said Jenny Shen, an investigator at the Lundquist Institute at Harbor-University of California, Los Angeles Medical Center. Physicians may be reluctant to put patients who are older, have diabetes, or are obese on home dialysis, she said. But Shen argued that these

Continued on page 7 ➤

Positive Patient Experience, Good Outcomes Are Top Patient Priorities

By Karen Blum

Having a positive experience as a patient, achieving good outcomes, and being seen as humans are among the priorities that are most important to patients and should be the centerpiece of diabetes and chronic kidney disease care, according to a presentation at Kidney Week 2021.

Providers know what their priorities are when caring for patients, but it’s imperative that they line up with what patients want and feel, said Matt Cavender, MD, MPH, an interventional cardiologist and assistant professor of medicine at the University of North Carolina School of Medi-

cine in Chapel Hill.

A 2021 survey by the Beryl Institute revealed some of the qualities healthcare consumers seek (1). The first takeaway, Cavender said, is that the experience of patient care is extremely important.

“They consider it to be a priority for all providers to deliver care that results in an experience [that] is overall positive,” he said.

Second, the impact on personal health and well-being and, most importantly, a desire for good outcomes are the leading reasons consumers believe that a good patient experience

Continued on page 8 ➤

Kidney Watch 2022

With implementation of **race-free eGFR** underway, it's time to reinvision the **Kidney Donor Risk Index**.



The shifting **practice landscape** and **policies** to watch



Nephrologists taking ownership of **hypertension**, new therapeutics for **diabetic kidney disease** and **CKD progression**, and a potential biomarker for **minimal change disease**



Our fellow editors on "how we learn" and an expert on **COVID-19-associated AKI**

Positive Patient Experience

Continued from cover

rience is important.

Third, consumers want to be seen as humans. “They want to be listened to and communicated with in a way that they can understand,” Cavender said. “They want to be able to have a conversation with their provider, to be able to express the things

that are important to them as a patient, and they want the provider to listen. Additionally, they want the provider to be able to incorporate what the patient is telling them as important when [providers] come up with a treatment decision.”

Consumers see the patient experience as encompassing myriad important topics, such as safety, quality, outcome, service, engagement, cost, and actions of the entire care team. This starts from the person who checks the patient into the clinic and ends with the person who checks the patient

out—and includes every staff person encountered in between, Cavender said. The experience of patients who need care from multiple areas of a health system highlights the need for collaboration and coordination of care across the continuum, he said, particularly as patients go from inpatient to outpatient or from nephrologists to other physicians in cardiology or primary care: “Patients want to be able to see there’s coordination there.”

Diving into what constitutes quality in these scenarios, providers can turn to the Six

Providers know what their priorities are when caring for patients, but it’s imperative that they line up with what patients want and feel.

 Nova Biomedical’s Educational Webinar Series Presents:

Detection and Management of Acute Kidney Injury in the ICU

Acute kidney injury (AKI) is a common complication in critically ill patients and is associated with high morbidity and mortality. AKI is often multifactorial, asymptomatic and difficult to predict. This webinar provides a review of the etiologies of AKI and a systematic approach toward its diagnosis and management with emphasis on fluid volume assessment and the use of AKI biomarkers. A point-of-care (POC) biomarkers profile has provided an additional tool to detect patients at high risk of AKI and improve their outcomes. We will review protocols that integrate the use of POC biomarkers into a multidisciplinary clinical response to potentially reduce AKI development and severity, and the number of patients who need dialysis.



Primary Presenter

Rolando Claire-Del Granado, MD, FASN
Director, AKI/CRRT Program, Hospital Obrero, Cochabamba, Bolivia
Professor of Medicine, Universidad Mayor de San Simon, School of Medicine, Bolivia
Member at Large, International Society of Nephrology Executive Committee

Options for Identifying and Managing AKI in the Hospital

AKI is an ongoing and escalating problem among ICU patients. Other areas of the hospital can also have patients who are at risk for AKI. Whether in the ICU or other hospital wards, AKI represents a complex disorder that requires frequent monitoring and early detection to achieve optimal outcomes. There are many testing modalities available to aid the clinician in AKI clinical decision making and management. These involve following trends in blood creatinine, plasma volume status, and electrolytes including ionized magnesium. This portion of the webinar will focus on point-of-care testing options available to clinicians that care for these patients.



Presenter

Dennis Begos, MD, FACS, FACRS
Medical Director,
Medical and Scientific Affairs,
Nova Biomedical

Webinar Dates:

Thursday, February 17th, 2:00 PM ET

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Domains of Health Care Quality from the Agency for Healthcare Research and Quality (AHRQ) (2). These include healthcare provisions that are safe and avoid harm to patients and that are effective, based on sound scientific knowledge, and offered to patients who will benefit and not offered to those who will not benefit.

The quality domains also include care that is patient centered, respectful to the patient’s values, needs, and concerns. Care also must be provided in a timely and efficient manner, avoiding unnecessary delays or waste. Finally, care must be provided equitably to all patients regardless of gender, ethnicity, geographic location, socioeconomic status, or other personal characteristics.

The Patient-Centered Outcomes Research Institute (PCORI) also has tackled questions of importance to healthcare consumers, Cavender said. These questions include the following:

- Given my personal characteristics, conditions, and preferences, what should I expect will happen to me?
- What can I do to improve the outcomes that are most important to me?
- What are my options, and what are the potential benefits and harms of those options?
- How can clinicians and the care delivery systems they work in help me make the best decisions about my health and healthcare?

To summarize these points, Cavender said, patients want to know answers to the following questions: What are the outcomes? What sort of lifestyle changes can I make with this condition? What treatments are available? And how is care going to be delivered? ■

References

1. The Beryl Institute. Consumer Perspectives on Patient Experience 2021. 2021. <https://www.theberylinstitute.org/store/viewproduct.aspx?id=18017946#:~:text=Consumer%20Perspectives%20on%20Patient%20Experience%202021%20This%20report,data%20also%20provides%20a%20clear%20call%20to%20action>
2. Agency for Healthcare Research and Quality (AHRQ). Six Domains of Health Care Quality. November 2018. <https://www.ahrq.gov/talkingquality/measures/six-domains.html>