Expert Teams – Dialysis Care in Nursing Homes

Case-Based Learning & Mentorship

February 2, 2023

Facilitator: Julie Moss, ESRD National Coordinating Center

Meeting Logistics

- Call is being recorded
- Participants can unmute themselves
  - Please stay on mute unless you are speaking
  - Do not place the call on “hold”
- Everyone is encouraged to use the video and chat features
- Meeting materials will be posted to the ESRD NCC website.

Meeting Guidelines

INTRODUCE YOURSELF BEFORE SPEAKING

KEEP PATIENT-SPECIFIC INFORMATION CONFIDENTIAL

BE WILLING TO SHARE SUCCESSES AND DIFFICULTIES

BE OPEN TO FEEDBACK

ASK THE DIFFICULT QUESTIONS

RESPECT OTHERS

USE "…AND" STATEMENTS

KEEP TO TIME LIMITS

Who Is On The Call?

- Clinician and Practitioner Subject Matter Experts
- Dialysis Facility and Transplant Professionals
- ESRD Network Staff
- Kidney Care Trade Association Members
- Centers for Medicare & Medicaid Services (CMS) Leadership

What are Expert Teams?

Participants from varying levels of organizational performance, each with lived experience and knowledge, come together to support continual learning and improvement

Help others learn faster by sharing what worked and what didn't work around a particular case, situation, or circumstance

Bring the best possible solutions to the table

What is Case Based Learning?

Describes an individual situation (case)

Identifies key issues around the problem, barrier, or missed opportunity

Analyzes the situation using relevant processes meant to mitigate the problem or situation

Recommends a course of action for the situation, including implementing PDSA cycles and process modifications

Questions to Run On

How Might We …

- Improve the care and lives of dialysis patients that reside in nursing homes?
- Overcome barriers to dialysis care in the nursing home?
- Address other special needs for this vulnerable population?

Case Presentations

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Dialysis Patient – Anemia Management in Skilled Nursing Home setting

- Many of the patients are discharged from the hospital with a low hemoglobin (7 to 9 range)
- Have multiple comorbidities
- Have wounds and/or other type of infections upon admission

GOALS FOR THE DIALYSIS FACILITY:

- Improve the hemoglobin levels & patient outcomes
- Reduce readmission to hospital for transfusion
- Facility fiscal responsibility

Dialysis Patient – Anemia Management in Skilled Nursing Home setting

Reviewed and analyzed the ESA options available:

- Mircera has been our predominant ESA
- Introduction of Retacrit into our ESA options

Mircera	Retacrit
• Adm every two weeks • High cost if patient gets discharged within the 2 weeks	• Adm each dialysis treatment • Cost is stable per treatment

Dialysis Patient – Anemia Management in Skilled Nursing Home setting

Why did we decide to introduce and study Retacrit ?

1. Nursing home staff claimed that Mircera does not work and was the cause of greater transfusion rates.
2. Nursing home staff claimed that Epogen / Procrit / and Retacrit were more effective.
3. Retacrit offers greater control of the cost management for patients that are unstable, short term, or with recurring hospitalizations.

Dialysis Patient – Anemia Management in Skilled Nursing Home setting

Cost per treatment analysis base on our facility average dose (Not actual cost just example):

Mircera 100 mcg	1 tx $300	2 tx $150	3 tx $100	4 tx $75	5 tx $60	6 tx $50
Retacrit 4000 units	Each tx $46.66					

Dialysis Patient – Anemia Management in Skilled Nursing Home setting

What do health care insurances authorize?

- Aetna example:

As defined in Aetna commercial policies, health care services are not medically necessary when they are more costly than alternative services that are at least as likely to produce equivalent therapeutic or diagnostic results.

Therefore, Aetna considers Epogen, Procrit, and Mircera to be medically necessary only for members who have a contraindication, intolerance or ineffective response to the available equivalent alternatives Retacrit and Aranesp.

- Medicaid MMA's:

Difficulty getting prior authorizations for ESA's in general.

Case 1 – New NH Admission

- 53 y/o female with PMHx: TRACH, PEG tube, cerebral palsy, asthma, persistent bacteremia related to dialysis catheter, MRSA pneumonia.
- Requires bedside staff assisted hemodialysis treatment.
- Discharged from hospital with a low Hgb 7.9.
- Admission lab draw resulted in an Hgb of 6.4 with a T-SAT of 43 and Ferritin of 619.
- The above resulted in an immediate hospitalization for transfusion.
- Lab draw post transfusion resulted in a Hgb of 8.1.
- Changed ESA from Mircera 100mcg to Retacrit 3,000 units,
- Hgb increased from 8.1 to 9.8 to 10.9 currently at 10.6 on a 1,000 unit dose.

Case 2 – New NH Admission

- 84 y/o male with diabetes, hypertension, CAD, AMS, ESRD, UTI, HLD
- Discharged from hospital with a low Hgb 8.8.
- Admission lab draw resulted in an Hgb of 8.1 with a T-SAT of 21 and Ferritin of 290.
- Started on Retacrit based on weight = 3,000 units each treatment.
- Patient has seen a positive trend in Hgb:
  - 8.6 to 9.0 to 10.3 to 10.4
- Improved Hgb has been achieved at the initial dose of 3,000 which seems to be his maintenance dose.
- Avoiding the need for hospitalization / transfusion.

Case 3 – Existing NH Patient

- A 69 y/o female with diabetes, COPD, ESRD, HTN, Morbid Obesity
- Discharged from hospital with a low Hgb 7.2.
- Admission lab draw resulted in an Hgb of 8.4 with a T-SAT of 11 and Ferritin of 131.
- Started on Mircera 100 and Venofer series.
- Patient had a transfusion on 9/23/22 for Low Hgb 6.6.
- Patient had MRSA bacteremia secondary to a diabetic open leg wound.
- Patient given Daptomycin.
- Discharged back to NH with a Hgb of 7.0.
- Readmission lab to NH confirmed Hgb of 7.0
- Continued with previous ESA and Iron orders.
- Labs trending upward to 7.9 Hgb and 24 T-Sat
- ESA changed as part of the study to Retacrit 6,000 units with similar results. Current lab is 7.4 Hgb.
- Will increase dose and follow response.

Thank You

Suzette Siblesz

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Knowledge Into Action

Top Take-Aways

What is one thing you learned today that you could start doing immediately?

How will this action improve your current way of doing the practice/process?

Who is involved and how can they support the action to make it sustainable?

Recap & Next Steps

- Additional pathways for learning
  - Sharing Best Practices to a greater community through coalition meetings
  - Using Case Study examples to identify new ways of doing something and missed opportunities

- Next meeting – Thursday, May 4, 2023 @ 2pm ET

Visit the ESRD NCC website to find materials and share

https://esrdncc.org/en/professionals/expert-teams/

Social Media

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Thank You

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