

Expert Teams – Dialysis Care in Nursing Homes

Case-Based Learning & Mentorship

Friday, March 4, 2022

Facilitator: Julie A. Moss, ESRD National Coordinating Center



Meeting Logistics

- Call is being recorded and will be posted to www.esrdncc.org
- Lines will be open for all high performing organizations
 - 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 Guidelines



INTRODUCE YOURSELF
BEFORE SPEAKING



KEEP PATIENT-SPECIFIC
INFORMATION
CONFIDENTIAL



BE WILLING TO SHARE
SUCSESSES AND
DIFFICULTIES



BE OPEN TO FEEDBACK



ASK THE DIFFICULT
QUESTIONS



RESPECT OTHERS



USE "...AND" STATEMENTS



KEEP TO TIME LIMITS

Introductions

- Meeting Focus – Dialysis Care in Nursing Homes
- Guest Experts –
 - Suresh Samson, MD, FASN, Concerto Renal Services (NJ)
- High Performing Organizations
- ESRD Networks
- Centers for Medicare & Medicaid Services (CMS)



What are Expert Teams?

- A group made up of individuals from different high performing organizations, each with their own deep experience and knowledge
- Help others learn faster by sharing what worked (and what didn't work) in their organization
- Bring the best possible solutions to the table
- Continually learn and improve



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?

Presentation by Guest Expert

Suresh Samson, MD

Chief Medical Officer, Concerto Renal Services



Subacute Care Dialysis

Suresh Samson MD, FASN

THE PROBLEM
THE OPPORTUNITY
THE PATIENT

SACD

THE PROBLEM...

The **Kidney Failure Crisis** In the US

In 2018, **786,000 Americans** were living with **ESRD** (end-stage renal disease)

The **Financial Impact** of Kidney Disease

80% of patients with ESRD are age 65+

In 2018, **total Medicare spending on patients with ESRD reached \$49 BILLION**

*Up 11% from 2009**

\$93,191
per patient per year

HEMODIALYSIS

\$78,741
per patient per year

PERITONEAL DIALYSIS

\$37,304
per patient per year

TRANSPLANT CARE

*adjusted for inflation

THE OPPORTUNITY

The Nursing Home Dialysis Dilemma

The Limits of Outpatient Providers

OUTPATIENT DIALYSIS CLINICS
are not designed for nursing home residents



Outpatient treatment poses an infection risk
— for dialysis patients, staff, and other residents



Traveling to a dialysis clinic is disruptive, confusing, and time consuming



Highly acute residents struggle to find placement at outpatient clinics



Outpatient providers have failed to address the needs of an aging population of patients with ESRD, especially nursing home residents

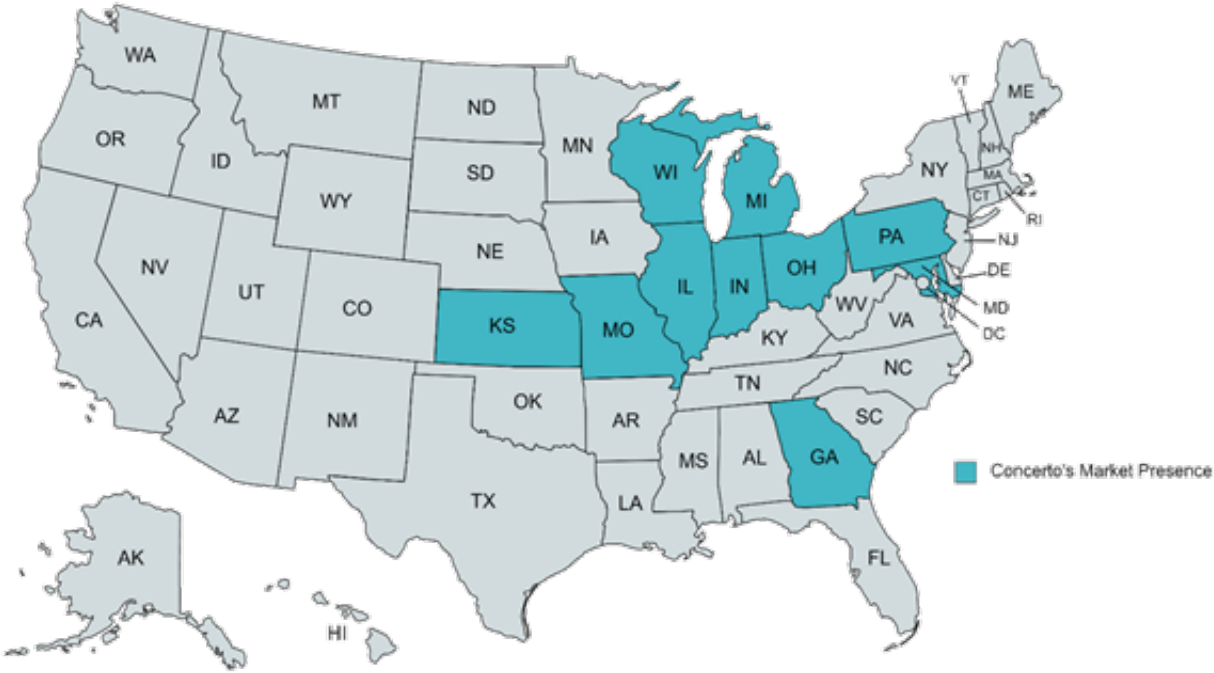
THE OPPORTUNITY

CONCERTO RENAL SERVICES

- started in 2015 with 5 Nursing home
Dialysis units in Illinois

Current Footprint

- Servicing more than 75 SNFs in 10 states
- Provided approximately 125,000 treatments in 2021 to 4,000+ patients



THE PATIENT

- < 10% of patients can participate in KDQOL
- <10% of patients achieve albumin goal of > 4g/dl
- 30% of patients have low PTH(low bone turnover)
- 25% of patients have low phosphorus level
- 60% of patients have > 90 day catheter rate
- Not considered for transplant

Case Study

Case Study

Patient A

- 77 Y old Female
- HTN, DM, ESRD
- Long term resident in NH
- Mobile. Eats on her own. Oriented x 3

- Goes to outside HD unit

Patient Z

- 73 Y old Female
- HTN, DM, ESRD
- Long term resident in NH
- Limited mobility. Eats on her own. Oriented x 3

- NH dialysis unit

Case Study

Patient A

- Fever during dialysis
- Sent to ER---> admitted to hospital ---> diagnosed with pneumonia ---> returns to NH after 3 days ---> completed 2 week antibiotic course through a PICC line ---> returns to hospital to remove PICC line

Patient Z

- Fever during dialysis
- Blood cultures drawn in NH ---> started on antibiotics for pneumonia ---> completed 2 week antibiotic course at the NH dialysis unit without need for PICC line

Case Study

Patient A

- More days of physical therapy lost
- Higher cost of dialysis
- Higher rate of hospital admission
- Encountered additional procedures

- Less productive and more expensive and more complicated care
- Long term outcome - ?

Patient Z

- More productive and less expensive and less complicated care
- Long term outcome - ?

THINK DIFFERENT

SNF – SACD improves quality of life and reduces dialysis cost

CMS/Networks - SACD patients are much different from incenter HD patients. Consider alternate quality of care parameters

THANK YOU

Q&As



Questions to Run On -- Revisited

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?

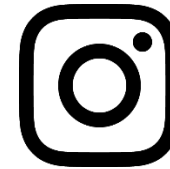
Recap & Next Steps

- Top take-aways
- I like, I wish, I will
- Additional pathways for learning
- Event evaluation

Social Media



ESRD National Coordinating Center



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Thank You

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