



# National Patient and Family Engagement Learning and Action Network Kidney Caregiver Peer Connection Call *April 9, 2020*

**Jerome:** Welcome to the National Patient and Family Engagement Learning and Action Network Kidney Caregiver Peer Connection call. We appreciate your interest in this topic. Today's call is meant to be an informal way for caregivers to ask questions of other caregivers and patients who have experience with the kidney disease journey.

Before we get started, there are a few items we'd like you to remember. All the lines are currently muted. The lines will be unmuted after we introduce our panel of caregivers. Please be respectful when asking questions and do not speak over someone else. We also ask you to take the call in a quiet location and mute your line when you are not speaking. This call is being recorded and will be made public on the NCC [National Coordinating Center] website. We will also promote it on social media.

Please do not disclose any personal identifiable information. Do not share any information that you would not want to make public, such as your date of birth or the name of your dialysis facility. Please do not ask for medical advice. The role of the panelists is to share their personal experiences of caring for someone with kidney disease. If medical advice is asked or given, the NCC will interject in the conversation. Each person's situation and experience is unique. The treatment plan for each patient is unique to their personal needs in various factors, including other medical conditions. Before making changes to your health practices, speak with a member of your healthcare team. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding medical conditions.

The views and opinions expressed during this call are those of the panelists and do not necessarily reflect the official policy or position of the ESRD NCC or the Centers for Medicare & Medicaid Services. Any content provided by the panelists is of their opinions and is not intended to substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding medical conditions.

**Kim:** This is Kim Buettner and you previously heard from Jerome Bailey. We work with a group of patients with end stage renal disease and their caregivers to design and spread practical approaches that can be used to help other patients become engaged in their health and care to improve their quality of life. We have selected a group of three subject matter experts from the LAN [Learning and Action Network] group to answer your questions and share their individual experiences. We would like to thank them for agreeing to join us today and you'll see them on this slide. So, we have Charlene Johnson from Iowa who has been a caregiver to her son. Natasha Breeze from North Carolina who is a care partner to her husband, and Olga Hernandez-Perez from California who is a care partner and also donated a kidney to her husband. So, I'd like to take some time so they can introduce themselves to you. They are in the call list, so we're going to unmute all the lines, but I would like just like Charlene, Natasha, and Olga to let



us know that they are on the line with us.

**Charlene:** I'm on the line.

**Natasha:** Yes, I'm here. I'm Natasha.

**Olga:** Yes, I'm here.

**Kim:** Olga, let's start with you. Can you tell us what a day in your life looks like for you as a caregiver?

**Olga:** Now that my husband has had his transplant, of course, it's a little bit different than before. However, I'm going to kind of go by when he was going through his dialysis. A day basically looked like when he first started with dialysis. He was going through peritoneal dialysis and peritoneal dialysis is mostly done at home, of course, which is a little different than hemo[dialysis]. So, he would connect every night around 7 or 8 at night because the machine has to go through a 10-hour process. And he chose to do it at night because he still wanted to go ahead and work. He was aware that his doctor could put him under disability at any point when he felt that he needed to be on disability, but my husband chose to work. And thankfully his job, you know, kind of accommodated him a little bit as well. So basically, every day we really had to be home, whether it was Saturday or Sunday, we had to be home at least by 7 at the latest so that he can connect no later than 8 o'clock. Then he will disconnect like on 6 in the morning and on weekdays that would allow him time to get ready to go to work.

Disconnecting meant, that you know, we would have to clean our hands, sanitize our hands, put masks on. And if it was summertime and the air conditioner or a fan was on, we had to turn off the AC or fans for at least 15 minutes prior to starting the process of disconnecting just in case there were any particles in the air that would you know eventually might cause an infection of some sort. So, that was every morning. Aside from that of course, since he had high blood pressure and diabetes that complicated a little bit for him because sometimes, he was, you know, his system was just out of whack all the time and so sometimes every morning was not a smooth morning.

It wasn't just connecting to go to work. Sometimes he would feel ill. Sometimes you know he felt like vomiting and sometimes he would vomit. So, you know that wasn't a smooth morning every day going to work for him, or for I, so you know, that was a little bit of a stress there. So, that was kind of like our everyday routine. And then of course, you know, making sure that he ate and took the meds that he needed to take throughout the day as well. Once he started going to hemodialysis, because he eventually did go to hemodialysis because he did get an infection in his access in his peritoneal connection. So, when he went to hemodialysis, it was three times a week, which at first, it was a little bit different than him connecting every night. But that brought other things along with that as well. He was more on a fluid restriction. And for some reason, my husband was very, I'm sure every patient is different of course, every time he would be on fluid overload, which it's not like he drank a lot or over too much liquid, but for some reason, his body, any little bit of more than what he should have taken, would cause him



to overload and for some reason the liquid would go to his lungs. I know that there have been other patients that he spoke to that maybe perhaps their legs would get swollen or their hands, but for him, it would go straight to his lungs, which would be horrible because we thought that he couldn't breathe. Like he was drowning, so we went to the ER very, very frequently; especially in between treatments because he just couldn't breathe. So that caused again some absences from work or just a routine, we couldn't really hold a routine sometimes. So that was a little hectic as well. So that was kind of our everyday routine as a caregiver, making sure that I was there for him and ensure that he had what he needed. And if he couldn't think for himself at that moment, because he wasn't feeling well, I had to make sure that I was on top of things. To make sure that, okay, I need to do this, I need to do that. And I had to take his meds if we went to the ER. I need to take everything with us because I knew the doctors were going to ask me, "What is he on?", "What is he taking?" So, it was just basically always trying to be on top of things and trying to remember everything he needed to have or do to make sure that he was okay.

**Kim:** Thank you, Olga. Olga you mentioned multiple facets as far as with your husband and his different treatments as well as the different roles that you played depending upon his needs, so thank you very much for sharing all that. We appreciate that. Charlene, and with your role as a caregiver, what does a day-in-the-life look like for you as a caregiver?

**Charlene:** My life completely changed. I was still working in the emergency room and was also the nursing supervisor at the time. And when I retired, then I started helping in Mark's restaurant, my son's restaurant, and so it completely took all my time. I had to, you know, surrender all the activities that I had been doing. And I was very active in community services and I had to stop all that. Plus, I had four other children in other states, and it became a problem because I could never travel to see them, and it caused some hard feelings.

So, I, you know, I had to be there every day. We did it for five hours every day, but Sunday, and once in a while, I would take off Wednesday. Mark had a lot of problems with fluid overload like what Olga was saying, but we finally got that under control. He was also very depressed when it started, so we had to really work with that. Depression is one of the first things that I noticed when Mark had to go on dialysis.

Also, if we had any problems, I would not be able to take him to our emergency room here. They were not equipped, so we'd have to travel nearly 100 miles to go to a hospital. So, when he was really, really, sick, it caused a lot of problems. His lab work would just be all out of kilter by the time we got him to the emergency room and into a room in Des Moines. Other than that, I think it was worse since I was the mother; it was the emotional part. It was really hard to see some of the things that he had to go through. We had been told by the nephrologist that he had only six months to live if I didn't do the dialysis, so that was one thing I went ahead and said immediately yes, I would do. And so, I had seven days of training, but they never got into the emotional. They never got into how much time this is going to take. So, it was an eye-opener once I got started. I finally had to close the restaurant because Mark was unable to even do spreadsheets.



So really, I had to grieve over some of that and he was grieving over it, so it caused a lot of emotional problems while we were going through it. And finally, we worked through all of it and really became a lot closer. I'll tell you that, but again, I never got to see my other children. But I'm glad I did it. I am so glad I did it.

**Kim:** Thank you so much Charlene for sharing that. I mean, you really talked about the changes, responsibilities, the emotional impact. Definitely appreciate you sharing that with us today. Natasha, would you like to share with us what a day-in-the-life looks like for you as a caregiver?

**Natasha:** Sure. So, me and my husband, we've been together for eight years and he's been on dialysis for nine. So, when we started dating, he had already kind of had the system setup, so I kind of came in just new to all of this. Honestly, I didn't really have a big part in his dialysis to begin with. Again, because we were just dating. He started in-center and then went to nocturnal PD and now he's on home hemo. I had a little bit of information before finding out he was on dialysis. I have a cousin who has had multiple transplants and been on dialysis home and in-center, so it wasn't foreign to me.

My husband's also very self-sufficient. Like he's really big on doing things himself. He doesn't require a lot from me. I think that's a lot to do with the fact that he didn't want to have to, in his mind, burden me with it. So, he kind of kept to himself with the dialysis and kind of getting setup. He doesn't tend to need me that much for it, even though I am there. I have trained. I am kind of there to back up if he needs anything. Our day really just looks like now he's doing home hemo[dialysis]. He wakes up in the morning to start. He gets himself set up. Usually around 8 o'clock, I get up for work. I check in on him to see if he needs anything just to make sure that everything is functioning well. I live where I work. I'm a property manager. So, I walk to work and if he needs help getting off of treatment, he'll call me about 10 minutes before to come back. But usually he can take himself off as well with no issues. But really, it's just, you know again, he's real self-sufficient and he likes to give you as much information as possible. I think in regard to our kind of caregiving-partner relationship, I think the emotional burden that comes with it, you know, you don't really hear too much about that. I think starting and doing everything, it's a lot to take on, and kind of figuring out your relationship while being a caregiver as well. That communication and what that looks like throughout your time together.

**Kim:** Thank you, Natasha. I definitely appreciate you sharing all that, both with the past experiences, the adjustments that you've made, and with figuring out with your relationship, as well. That's all helpful information. And for all three of you, thank you for sharing what you shared with just that one question. I'm sure everyone on the call can relate to something that you said and probably has questions. So now we'll get to the part that is the most interesting where everyone can ask questions. All the lines are already open so if you do have a question, we're going to try to do this where everyone can ask a question, or I will take them one at a time and we'll try to manage any background noise. If you are on the WebEx, you can also submit a question and we will try to answer them that way as well. So, does anyone have a question for any of our panelists?



**Judy:** Thank you. You all mentioned the emotional part. So how did you deal with it? How did, between you and the person you were caring for, were you able to deal with those things?

**Charlene:** How I dealt with it was I did speak with our minister frequently, and also one of my daughters who is a missionary. I spoke with her, so that's how I got through it. And finally, I had to really sit down and talk to Mark about just what I was going through so he would understand some of the problems that he was causing.

**Olga:** The way I think I got through this was first my faith in God, of course, and knowing that I had my family there. My family from my side, and his side as well, would always reach out and ask how I was doing. That helped. On a personal level for myself, I think one way that I was able to get through it was just having that connection or that moment for myself. I would, you know, kind of do my daily prayers. On the other hand, as well, as one way that helped me was that I did come to a point where I was feeling a lot of anxiety, a lot of stress. And for me, one of the things that has always relieved my stress in any other situation, has been exercise. For a while I stopped exercising you know, because there were so many other things that were happening that I didn't make time for me. And that was every time I would exercise in any other part of my life, exercising is "me time" and I think I did forget for a while to give me my "me time". For me, going back to exercise, specifically for me with Zumba. I quickly looked for a local class and I think that when I started giving myself at least two to three hours a week, you know of Zumba, that helped me to release a lot of anxiety because it was kind of like my time. It's not because, of course, I wanted to get away from my husband; it was just that I needed some time to just focus on me at that moment. So, I think that helped me a lot emotionally and deal a lot with my anxiety and stress. And the other thing was, of course the patient has to have their own process as well, so my husband was going through his own process. But when he was able to and when he was ready to talk a little more about it, we did go to therapy together. That, I think, also helped both of us and helped him and helped me to talk to a therapist of what was happening. When we were able to get to that point, I think that was more towards the end when he was close to getting a transplant. But nevertheless, we did go. So, I think those two different aspects were the ones that helped me get through the process of being a caregiver.

**Kim:** Thank You Olga. Do you want to add anything to that Natasha?

**Natasha:** We just kept our communication very open and honest. We also did couples counseling as well just to help give us like a mediator, a middle ground person, just to be to keep that communication open. He answered any questions I had about anything. He was always willing and understanding of what that was for me as a care partner. Going to therapy has really helped me. I see a therapist myself and he does as well.

**Jerome:** We have a couple of questions in the chat box that I would like to pose to the panelists. The first one is, "What do you wish you knew prior to starting this dialysis kidney disease journey?"



**Charlene:** I wish to have known just how much time it was going to take. Nobody ever spoke about the emotional. Nobody ever spoke about how long I would have to be doing this. It became quite evident that I was sort of on my own because we were way out here, quite away from Des Moines, where I could get some help from one of the nurses there. I really had a lot of questions, especially when starting buttonholes. I had nobody to help me with any of that, so it became just a little bit of a problem. One thing my children, or the other children, did not understand dialysis. So, what I did one day was take pictures of what I was doing, what Mark's arm looked like, and then explained. That did help a little bit. So, they understood why Mark was needing and why it was taking me away from them. So, it became better. It became a lot better.

**Olga:** I think one of the things that I wished I would have known, or I wish there was, I suppose I could say it that way, is as the other person mentioned, I wish or I hope that there is some type of emotional support for this group. A focus group of caregivers. Because I think at this point, I don't think there are any centers that I'm aware of. But I think having some type of group, some type of organization, that can be known to caregivers that say, "Hey, you're about to start this process, we do have the support group. Please reach out to us and we are here specifically for you the caregiver." There's a lot of other support and there's obviously the physical help for the patient, but I think that caregivers are often not purposely forgotten, of course, it's just that we and I completely understand that the patients are the important ones in terms of making sure their physical health and their emotional health is better. But I think that I wish there was of some type of support group for caregivers to know that you are being supported as well. In a different way, of course. I hope maybe one day there could be some, or maybe there is, and I'm not aware of it at this point.

**Kim:** Thank you, Olga.

**Natasha:** I didn't really have too much to add. What Olga said, that is pretty much what I was going to say. Just the need for emotional support for the caregiver, as well. I think you know in my situation I tried so hard to be strong for my husband and make sure I'm keeping that brave face. But sometimes, a lot of stuff is scary to me and new to me and a lot of times it's overwhelming and having that support as well for us, as Olga said, might in a different way, would be helpful.

**Kim:** Excellent. Thank you for sharing that, Natasha. Do we have any questions? Does anyone have any other questions?

**Toni:** Yes. My name is Toni G. and I'm in Connecticut. My husband has been receiving dialysis for two and a half years or so and for some reason he just dreads going every time. I have tried every way to understand, to try to talk him out of it, and I don't know, he just is obsessed with like the whole situation and the fact that he never really accepted the fact that he needs it. It's a large commitment of time. I mean everyone knows that, and it's difficult. The chair time is stressful and difficult. He does watch a lot of movies. I mean we've tried to do everything to get



him entertained. I used to sit with him every time he had. For the first probably a year and a half I would stay with him.

**Kim:** Olga and Natasha, Charlene, do you have any feedback regarding her husband and just, it sounds like as a caregiver, how do you work with your loved one and the anxiety of going to treatment?

**Charlene:** I've never had that kind of a problem, but have you ever entertained doing home dialysis? Would that possibly be better for him? Maybe you better look into something like that. It would be difficult if you had to fight with him every time. I feel sorry for you.

**Toni:** It's not that we fight over it, but it's just that he's so distressed. I mean the morning his session starts around noon and he's just out of sorts the whole morning. I mean he ruins so much time that he could do something else.

**Charlene:** Does a social worker help you at all?

**Toni:** I think we've talked about it, but I maybe I've never made it clear how long and how intense it is. Maybe if I did, because a lot of people, I mean I don't think anyone really, really likes to go in and have the session, I mean very few people. I know some people have a camaraderie or they feel the companionship of sharing their situation with other patients in the room, but my husband doesn't really. But actually, the funniest thing is when we do get there, he's all smiles and he doesn't want to let anyone know that he has this. I think it's more of an anger than anything else. He's just angry that this happened to him and it's just hard to accept it. But when he does get there, he's very cordial. People think he's a lovely man, which he is. But it's just kind of a crazy thing and maybe I just get the brunt of it. I know I've heard many times that caregivers are the safe people they can take all the slings and arrows from someone that needs to unload, so maybe that's all it is. I try not to take it to heart but I wish I could help him or make a suggestion. About the home dialysis, he really does not want anything to do with that. He much prefers going into the center.

**Kim:** You brought up a lot of good points from the caregiver perspective and, so if you don't mind, I'd like to pose a question to the panel that might help you from the caregiver perspective because it sounds like you'd like some kind of feedback from other caregivers on how to manage or cope. Charlene, Natasha, Olga, have you ever, in what you've been experiencing with as caregivers, ever been in a situation dealing with frustration of not being able to, what's the word, maybe you know whether it's very overwhelming with everything that's going on and not being able to completely control the situation and help your loved one and provide the assistance that you would like to be able to provide because there are so many other factors that are that are involved? Maybe it's when going to a doctor's appointment or getting ready to prepare for an upcoming appointment and you just kind of feel at a loss and not know how to assist. Have you ever been in a situation like that that you could provide maybe some tips for Toni?



**Olga:** Hello, this is Olga. A situation, not in the same way of course, a situation that sometimes I would find myself with my husband was that when he was doing peritoneal dialysis and he would have the process all night, from 8 until 6 in the morning. For those of you who may not be familiar with peritoneal dialysis, his belly would get filled up with liquid, stay there for two hours, clean him out and then through the tubing through his stomach the water would drain out and then it would go back in. So, he would have that done several times throughout the night. In theory, you know you should be sleeping while that's being done but, in actuality, it's a different story. Sometimes he would sleep, sometimes he wouldn't sleep, and sometimes there were days, maybe two days in a row, that he wouldn't sleep really. In those days, I think that's when you know, tired not feeling well, and not being able to sleep, the worst would come out of him. They were a few times, but they were very beautiful moments when you know, I remember that he would tell me, "How long I might have to go through this? How long do I have to sustain this? I would rather not live anymore." So, those words hit me hard and that's when I felt, how do I answer to that? How do I get him out of that state of mind? It was, it was impactful for me to hear those words for my husband. So, then it's affecting me in my own way, but then I also had to think, okay how do I help him at 3 in the morning when he telling me these things you know? How do I help him get out of those thoughts and know everything will be fine? How do I make sure that he knows that and of course at the same time, how do I know that things will be okay because nobody knows the future? So, the only thing that I can tell you, that I can suggest you that I would do, is basically not stop talking to him. Continue talking to him. Not leave him alone in his thoughts, because I think that's one of the worst things that can happen to us as humans when we're alone in our thoughts and we kind of dwell on whatever that we're thinking. That's the worst right there. I think that's one of the things that I kept doing with him, was just always talking to him. Letting him know, acknowledge his feelings of course, but letting him know you are going to move from this. We're going to move from this. You're not going to be like this, in this particular situation forever. I think keeping that dialogue with him, not to say that my words were always effective, but just the fact that we were talking, I think that made a big difference. Again, not leaving him alone in his thoughts or leaving myself also alone in my own thoughts, which that also is not as well for a caregiver. So, I think trying your best to keep talking to him and to maybe talk about some questions. Why do you feel this way? Is there anything that I can help you with to make your visit that's coming up to the dialysis center a little better? I know I'm not giving you a straight-forward answer, but that kind of worked for me. Just kind of keeping those dialogue, those communication lines open.

**Toni:** Well that's all good advice and I try to follow those things, but I think we always can do better. Communication I think is an answer for many, many things. It's just that I do feel so badly that he has the same feelings for so long. You know, the dread of going in. It's just part of his life and it's an acceptance problem with him.

**Kim:** I do think that's something that Charlene brought up to definitely discuss this with your social worker. It does sound like this is something that you should discuss with your social





worker and seek that assistance there as well. Thank You Olga for giving those tips we do appreciate that.

**Charlene:** Can I add one thing? Toni, do you know of anybody else on dialysis that can speak to him, that he might listen to, another man?

**Kim:** That's a good suggestion. That's a good suggestion there, Charlene. We have heard about that before with peer mentoring. So, definitely when you talk to your social worker, see if that's something that they recommended at the facility, as well if it's something that they offer there, as well. So, definitely thank you for that suggestion. And did I hear Jerome?

**Jerome:** We got another question into the chat box. This person is asking, "What do you do to decompress from the stress of caregiving?" So, can we hear from Natasha? Natasha, what you do to decompress from the stress from the caregiving?

**Natasha:** I just try to make sure that I have kind of my own time away from everything and that may include my husband, it may not, it just really depends. I also try to make sure that I have my own safe space. Like I said, I have my own therapist that I see once a week; not just in regard to being caregivers like that but it's just nice to be able to talk to someone just in regards to anything else that might be going on in my life. I also do try meditation in the morning and at night. I also suffer from anxiety and things like that. A lot of times when things get overwhelming in regard to my husband's health, or what needs to be done, I get really stressed out. I definitely have to take time away to be able to pull myself together to be that person that he needs. But again, my husband is very amazing and has a great spirit. He's always, like 95 percent of the time, has a good attitude about dialysis, about everything. He is that person that other people talk to get explanations of what's going on. He's not shy about it. He thinks this is just another part of his life. He continues to live his life to the fullest. He definitely helps with that. He helps me not feel as stressed out about everything for sure.

**Olga:** I think that's one of the things that I first became his caregiver, it took some time for me to kind of realize that I did need my "me time" as I mentioned before. When my husband was diagnosed and we realized dialysis is something that is going to hit us and he will have to have it done, I didn't think of, how I'm going to take care of me? I completely put that off to the side. So, it took a while for me to come to that understanding that I do need my "me time." I have to. Otherwise, I won't be able to be myself and then be the best that I can be for him. So, like I mentioned before, exercising for me, it was my thing that I needed to have that time for me to kind of decompress. Also, something as simple as maybe watering the garden and just spending that free time again with me, myself, was very important. Also having conversations with my husband that did not have to do with dialysis and talking about, let's say, the future, I think that also helped me and helped him knowing that even though he's on dialysis and that's our reality of right now, we can do other things in our lives as long as we adjust. At first, we didn't think that way, but knowing that even though he was on dialysis, we could still go here and there. But of course, there were modifications that we needed to take to make sure that he would get what he needed to be healthy and to be safe. So, I think my "me time" and then also just



knowing that there was life. Life continues and it's not all about dialysis. But of course, keeping that in mind that he had to have that done to be able to survive but, to understand that we could still have our so-called regular life as we could and enjoy ourselves with modification.

**Kim:** Thank you for sharing that, Olga. We appreciate that.

**Kim P:** I think it's Toni, are you the one that the husband does not want to go to dialysis? Am I correct?

**Kim:** There was someone who asked that question, correct.

**Kim P:** What I was wanted to know if that patient, that gentleman, if he's able to do any walking or exercise before his noon dialysis treatment that maybe he could get his mind clear? Or just some kind of activity to get his mind off of the anticipation of going to dialysis, his treatment? I was just curious if he was physically able to do something.

**Kim:** So, you're offering a suggestion to one of the callers of exercise, which I think is something that Olga had also suggested as a caregiver, that's a good kind of stress reliever, it's a good idea. Thank you for sharing that.

**Kim P:** I used to do that all the time before my dialysis. My time at dialysis gave me the morning, the early part to do that. And that really helped me. We had a seawall to walk to. There were parks. I would walk in different places or even inside at the physical therapy clinic across the hall from dialysis. That really helped me a lot. It helps clear you and not be so engulfed with the feelings of being a patient.

**Kim:** I appreciate you bringing that up and I think that's definitely one of the things that was discussed here as well by our caregiver panel about the importance of stress relief and how to kind of take care for yourself. I think you demonstrated there that it can be used for both caregivers and patients so thank you for doing that.

**Kim P:** Yes. I agree with both.

**Jerome:** Kim, we received another question in the chat box and the question is, "Do you have any experience with asking for respite care help and if the answer is yes, was it helpful?" Charlene, we'll start with you.

**Charlene:** That was one thing I wished I could have had. There was absolutely no one here that would be able to take over for me. When my husband passed away and Mark went back up to the unit and again was treated very badly so that didn't help any. So, it was pretty much just him and I practically every day of the week. But, you know, it would be nice if we would have a way to have respite care.

**Jerome:** Natasha?

**Natasha:** I never really had to use it, like use any respite. Again, he's really self-sufficient with everything but we do have really great friends that if he's had a bad day and I just I had a bad



day and not able to cook they brought food, they brought meals. They come and check on us. We have great friends who are very involved in our lives. In regard to his treatment, they check in. If I need someone to go with him to an appointment if I can't miss work, they will definitely be available, any of our friends. We have a nice tight-knit group of people who we have a chat with and if I need anything, they're there, so I thankfully don't have to worry too much about that. But, I haven't really needed to use it. We definitely have more good days than not. But, if I ever do need a break, or think I do, they are definitely there. Or, even if we both need to take our minds off everything, we have great friends for that.

**Jerome:** Okay and what about you, Olga?

**Olga:** I haven't had any direct experience with that, so I wouldn't have anything to share.

**Jerome:** Okay, thank you.

**Kim:** Thanks for that question, Jerome, and thanks for whoever submitted that. Do we have anyone else who has called in that has a question that would like to ask our panelists a question? Alright, it looks like we don't have any more questions for those who are on the call and we've gone through the chat questions, so thank you everyone who has asked questions and thank you for this dialogue and sharing, we do appreciate it. We know that now, in this environment, sharing is definitely appreciated and more important than ever. I think we touched on a lot of topics and definitely realize that we have a lot in common as far as with being caregivers and care partners. So, thank you Charlene, Natasha, and Olga for sharing a little piece of yourselves and your experience with all of us. We really do appreciate it. It does make an impact.

**Jerome:** For more information on caregiving options, please visit any of the websites listed on the screen. The websites include the ESRD NCC website at [www.esrdncc.org/npfe-lan](http://www.esrdncc.org/npfe-lan). The American Association of Retired Persons (AARP) Family Caregiving website at [www.aarp.org/caregiving](http://www.aarp.org/caregiving). The Caregiver Action Network at [www.caregiveraction.org](http://www.caregiveraction.org). The ESRD Rock Stars at [www.esdrockstars.com](http://www.esdrockstars.com). The Family Caregiver Alliance at [www.caregiver.org](http://www.caregiver.org) and the National PACE Association at [www.npaonline.org](http://www.npaonline.org). There are several ways to contact the ESRD NCC. Our email address is [NCCinfo@hsag.com](mailto:NCCinfo@hsag.com). Our telephone number is 844.478.4250. Our address is there on the screen (3000 Bayport Dr., Suite 300, Tampa, FL 3307). We also invite you to follow us on social media. You can find us on Facebook by liking ESRD National Coordinating Center or follow us on Twitter at @ESRDNCC. We are also on YouTube. You can search ESRD NCC. Thank you all for joining us. Have a good day.