

Expert Teams – Depression

Case-Based Learning & Mentorship

Tuesday, October 10, 2023

Moderator: Julie Moss, MS

ESRD National Coordinating Center



Meeting Logistics

- Call is being recorded
- 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 materials will be posted to the ESRD NCC website.



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

Expert Team Topic Goals

- Increase the percentage of patients screened for depression
- Increase the percentage of patients identified with depression that have received treatment by a mental health professional

How Might We ...

- Improve depression screening and patient reporting of mental health symptoms?
- Improve patient access to treatment for depression?
- Communicate differently to reduce the stigma of depression?

Presentation by Guest Expert

Kristin Kuntz, Ph.D.

**Associate Professor of Psychiatry-Clinical
The Ohio State University**



Case Studies From the Field

Laura Garcia, LMSW, Cherokee Community Dialysis
Erica Webb, MSSW, LAPSW, Alliant Health Solutions

Melissa Thompson, MSW, LSW, Akron Home Therapies/Capital Lakes Region

Rica Appling, MSW, LCSW, DaVita Metrowest





Network 8 Depression Expert Teams Call

October 10, 2023

Presenters



Laura Garcia, LMSW **Cherokee Community Dialysis, LLC**

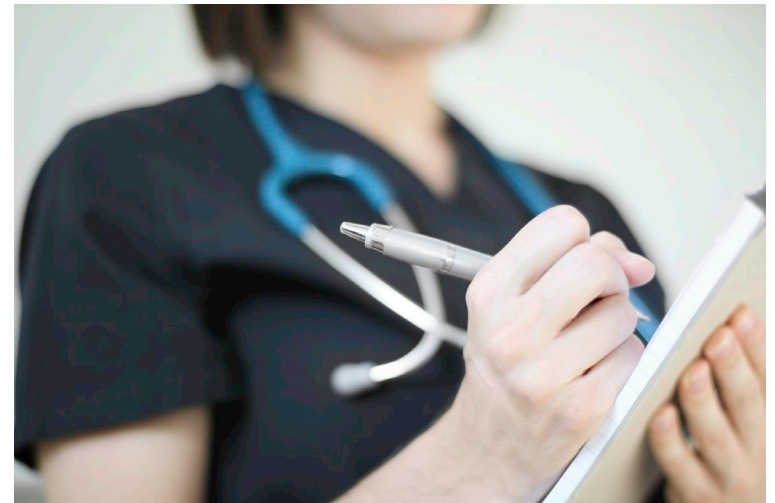
Laura is assigned to three facilities. Two facilities belong to an LDO. One facility is an independent. The work at the independent facility will be highlighted today.

Ericka Webb, LAPSW **ESRD Network 8**







Ericka is the senior patient services manager for Network 8 and 14. She has 15 years of ESRD experience and graduated from University of Tennessee.

Initial Challenges

- New clinic with 0 patients screened for depression = 0 positive and 0 treated
- Independent with no internal clinic process in place
- Limited technology/Pen and Paper



Challenges with Health Disparities

Clinical Care		Cherokee (CE) County	Alabama	United States
Uninsured		13%	12%	10%
Primary Care Physicians		2,630:1	1,520:1	1,310:1
Dentists		6,250:1	2,050:1	1,380:1
Mental Health Providers		4,170:1	800:1	340:1
Preventable Hospital Stays		3,916	3,599	2,809
Mammography Screening		31%	36%	37%
Flu Vaccinations		47%	44%	51%

Strategy



- Examined all medical records and med lists to determine a diagnosis or prescription
- Identify who diagnosed and prescribed
- Adapt screening questions to an understandable level adjusting for health disparities
- Involve the entire team and patient support system

Discoveries

Patients:

- Were unsure of who their medical providers were who treated depression
- Demonstrated signs of low health literacy
- Demonstrated distrust of the process and purpose of screening for depression
- Were not encouraged to complete depression screenings
- Had an overall distrust of authority/Medical Community



Outcomes



- 38 of 38 screened, 4 positive, 4 treated
- Three at a trusted small-town PCP/no Part B claims data
- 1 treated by the nephrologist
- Entire team became involved and supportive while MSW is covering other clinics

775 Woodlands Pkwy, Suite 310
Ridgeland, MS 39157

Patient Toll Free number:
1-877-936-9260

Email: nw8info@allianthealth.org

Website: <https://quality.allianthealth.org/nqiic/esrd/esrd-network-8/>



@ESRD8AND14



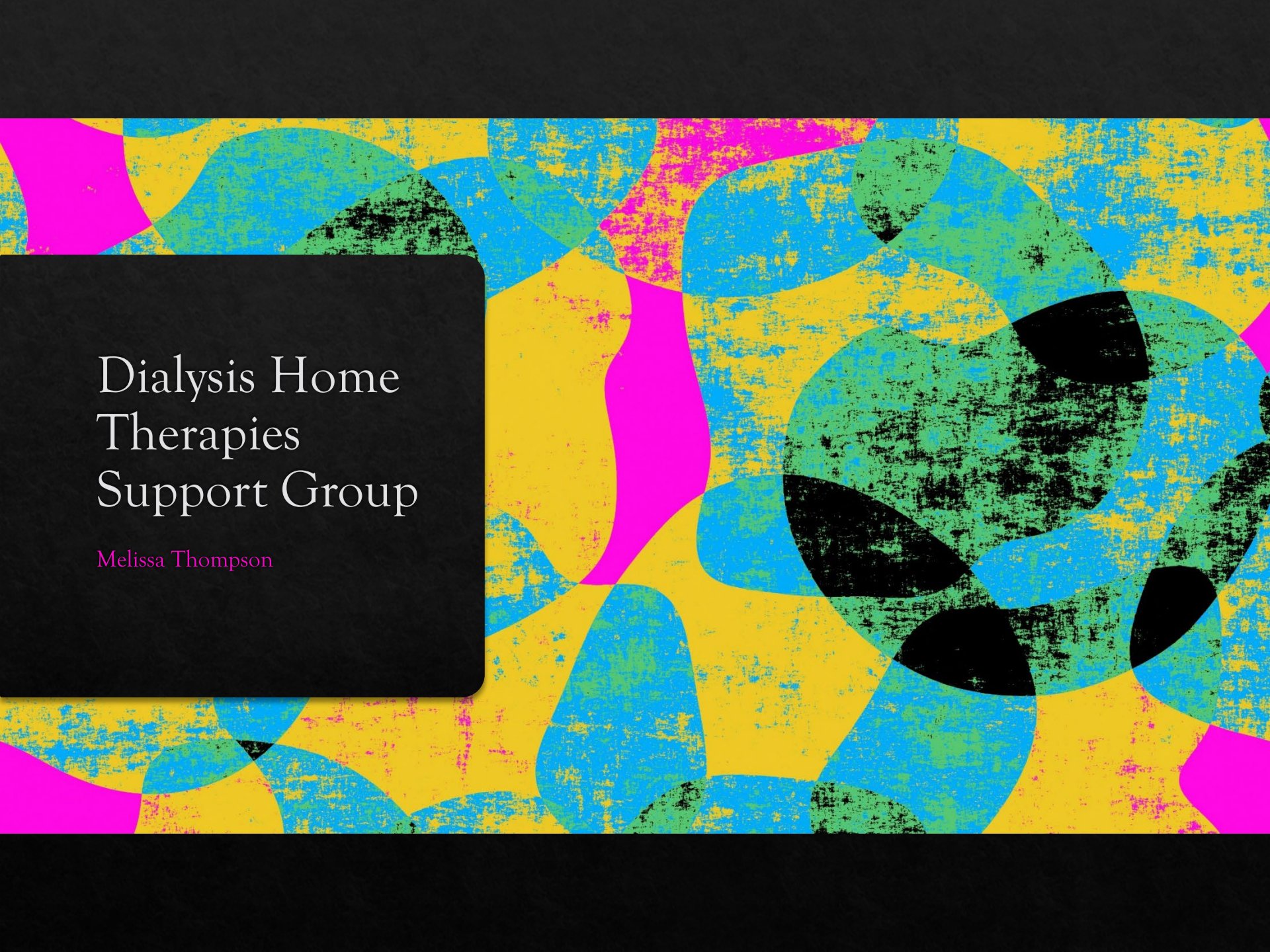
ESRD Network of Texas



@ESRDNetworkofTX



ESRD Networks 8 and 14



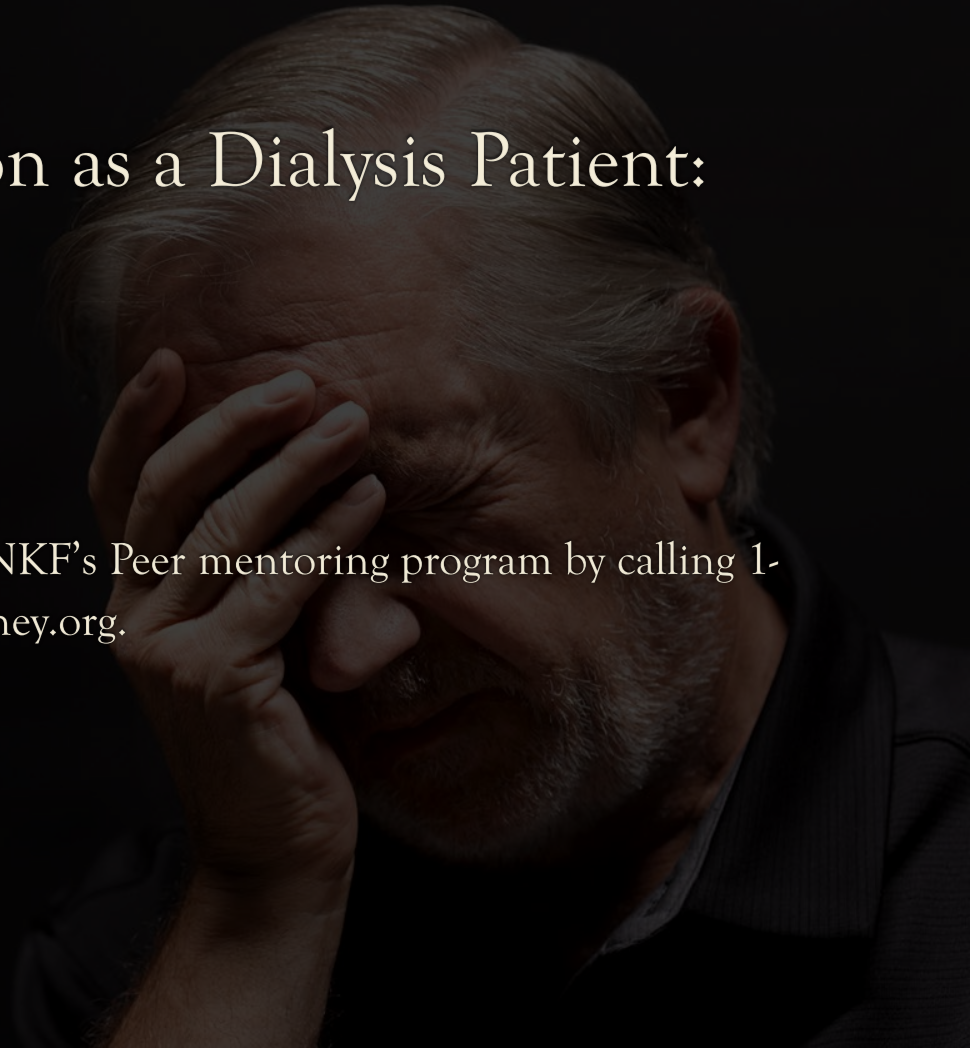
Dialysis Home Therapies Support Group

Melissa Thompson

The Cleveland Clinic states that chronic illness and depression are linked in a bidirectional way, meaning that one can cause or worsen the other. People that have chronic illness are at higher risk of depression because of the pain, disability, or social isolation that they may experience. Depression can also make chronic illness more likely or more severe by affecting their adherence to medication. Depression rates are high among patients with chronic conditions.

Support for Depression as a Dialysis Patient:

- ◆ Speak with your social worker
- ◆ local peer support groups
- ◆ Connect with a peer by phone through NKF's Peer mentoring program by calling 1-855-653-7337 or emailing nkfpeers@kidney.org.
- ◆ Outpatient CBT
- ◆ Medication Management



Importance of Adequate Support

- ◆ One way to thrive on dialysis—whichever type you choose—is by reaching out to people who can encourage you. Getting support from family, friends or treatment team members, like your social worker or nurse, is essential to crafting a balanced, fulfilling life on dialysis.



Benefits of Peer Support Groups

- ◆ When someone doesn't know any other people who are going through what they are coping with, they can feel isolated and stigmatized. Support groups allow others to meet people like themselves.
- ◆ Support groups empower people to work to solve their own problems.
- ◆ Members can share information, keeping one another up to date on news of interest to them.
- ◆ Members act as role models for each other. Seeing others who are contending with the same adversity and making progress in their lives is inspiring and encouraging.
- ◆ In a support group, members are equals; this can make people feel much more comfortable opening up about their problems.
- ◆ Talking to others in support groups reduces anxiety/depression, improves self-esteem, and helps members' sense of well-being overall.

Mission Statement

- ◆ Promoting a safe place to communicate with other Home Dialysis patients and learn from each other's experiences.



Format

One Social Work facilitator
per session

One guest per quarter or
more if patients want (Ex:
RD for diet questions,
Transplant rep, post
transplant patient, RN, etc.)

One hour in length

Hybrid: In person options
as well as a Teams option.

Held once a month, 3rd
TH of the month.

Ground Rules



Everything discussed is confidential



This is an open group. This means people may join at any time.



Please do not interrupt others.

Social Work Facilitator Role

opens and closes the meetings

sets the tone for the discussion

helps members learn how to listen
and offer support to each other

deals with any problems that come
up during the meeting.

Survey to Gauge Interest

- ◇ I could benefit from support from other patients on dialysis? Yes No
- ◇ I would be able to attend a group virtually via Microsoft Teams? Yes No
- ◇ I would prefer to have an in-person meeting w. my peers as opposed to Virtual? Yes No
- ◇ I would be interested in listening to local guest speakers such as below (circle):
 - ◇ Transplant facility rep or past transplant patient
 - ◇ Dietary needs (Dietician)
 - ◇ Transplanted patients
 - ◇ Coping Skills
 - ◇ Insurance
 - ◇ Please list any other that would be of interest to you _____

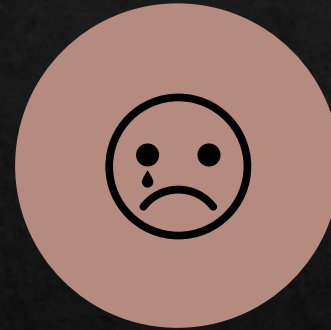
Advertisement



Patients Jane and John



ISOLATION



DEPRESSION

Case example

- ◆ John-Depression
- ◆ Jane-husband does not understand what she is going through

- ◆ John and Jane were able to talk with each other about their shared experience.
- ◆ Jane was able to offer advice and encouragement to John about transplant.
- ◆ Jane able to share her positive outlook with John.
- ◆ John able to learn more about traveling while on dialysis which is something he missed doing!

“The only way to overcome fear of the unknown is to learn as much as possible and help others understand what we go through every single day.”

– Denise Steininger, AAKP
Ambassador





Case Study 1: Patient D

- 60 y/o single African American female
- Sleeps in her car (on purpose)
- Unstable family support
- Multiple readmissions to the hospital
- She is a failed transplant on “hold” status for >5 years
- Davita’s IKC program



Case Study 2: Patient T

- 46 y/o single African American female
- Independent with ADLs
- Poor coping skills
- Stable family support
- Catastrophizing
- Transplant evaluation process

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

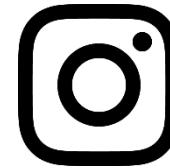
- Additional pathways for learning
 - Sharing Best Practices to a greater community
 - Using Case Study examples to identify new ways of doing something and missed opportunities
- Next meeting – Tuesday, January 9, 2024 @ 2 PM ET
- Visit the ESRD NCC website to find materials and share <https://esrdncc.org/en/professionals/expert-teams/>



Social Media



ESRD National Coordinating Center



@esrd_ncc



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National Coordinating Center (NCC)



Expert Teams – Case-Based Learning & Mentorship

Thank You

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