

Toward Home: Understanding and Empowering Dialysis Choices





Introduction

A person on dialysis spends more time interacting with the healthcare team than a patient with any other chronic disease does. This time together enables you, as a member of your facility's team, to build a relationship with each patient and gives you the opportunity to use your clinical knowledge and personal insights to educate, encourage, and motivate patients to lead their healthiest and best lives with kidney disease.

You are in the best position to talk with patients about home dialysis. You may not yet feel comfortable in this role, but this home dialysis course, along with Courses 2 and 3, will give you the tools you need to open a conversation about home dialysis with patients.

You are not expected to be an expert on home dialysis. However, after taking these courses, you will know how to talk with patients about home treatment, recognize patient readiness, understand that many common obstacles can be easily overcome, and be able to discuss different home treatment options. You will also understand the bigger picture—national goals, progress toward meeting them, and what you can do to help. Most importantly, you will feel comfortable talking with patients about and referring them to home programs.



Overview

More than 37 million people in the United States have kidney disease, which was the ninth leading cause of death in 2017, costing an estimated \$114 billion each year.^{1,2,3} Once kidney disease progresses to kidney failure, known as end stage renal disease or ESRD, then dialysis or a kidney transplant is needed.

Most people start their treatment at in-center hemodialysis clinics. The treatment includes three weekly treatments for three to four hours at a time, which can be taxing for patients and their families.

Home dialysis, including peritoneal dialysis and home hemodialysis, is another choice for patients with ESRD. This option offers an improved quality of life and similar survival rates, while allowing patients to dialyze in a familiar environment.^{4,5,6,7} Despite these advantages, home dialysis is underused. Only 2% of hemodialysis patients receive treatment at home, even though 85% are eligible.^{8,9} Furthermore, up to 40% of patients would have chosen home dialysis had they received appropriate education.¹⁰ A clear opportunity exists to increase the number of patients offered home dialysis.

¹ Centers for Disease Control and Prevention. *Chronic Kidney Disease in the United States, 2019*. Atlanta, GA: U.S. Dept of Health and Human Services, Centers for Disease Control and Prevention; 2019.

² Heron M. *Deaths: Leading Causes for 2017*. Hyattsville, MD: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics Reports; 2019 June 24;(68)6.

³ United States Renal Data System. *2018 USRDS Annual Data Report: Epidemiology of Kidney Disease in the United States. Executive Summary*. Bethesda, MD: National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases; 2018. Available at: https://www.usrds.org/media/1693/v1_00_execsummary_18.pdf. Accessed November 4, 2020.

⁴ Wong B, Ravani P, Oliver MJ, Holroyd-Leduc J, Venturato L, Garg AX, Quinn RR. Comparison of patient survival between hemodialysis and peritoneal dialysis among patients eligible for both modalities. *American Journal of Kidney Diseases*. 2018;71(3):344-351.

⁵ Walker R, Howard K, Morton R. Home hemodialysis: A comprehensive review of patient-centered and economic considerations. *Clinicoeconomics and Outcomes Research*. 2017;9:149-161.

⁶ Kumar VA, Sidell MA, Jones JP, Vonesh EF. Survival of propensity matched incident peritoneal and hemodialysis patients in a United States health care system. *Kidney International*. 2014;86:1016-1022.

⁷ Mehrotra R, Chiu YW, Kalantar-Zadeh K, Bargman J, Vonesh E. Similar outcomes with hemodialysis and peritoneal dialysis in patients with end-stage renal disease. *Archives of Internal Medicine*. 2011;171(2):110-8.

⁸ United States Renal Data System. Chapter 1: Incidence, Prevalence, Patient Characteristics, and Treatment Modalities. Trends in incident counts: By renal replacement therapy modality. In: *2018 USRDS Annual Data Report: Epidemiology of Kidney Disease in the United States. Volume 2: End-Stage Renal Disease in the United States*. Bethesda, MD: National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases; 2018. Available at: <https://www.usrds.org/annual-data-report/previous-adrs/>. Accessed November 4, 2020.

⁹ Mendelssohn DC, Mujais SK, Soroka SD, et al. A prospective evaluation of renal replacement therapy modality eligibility. *Nephrology Dialysis Transplantation*. 2009;24(2):555-561.

¹⁰ Maaroufi A, Fafin C, Mougél S, Favre G, Seitz-Polski P, Jeribi A, Vido S, Dewismi C, Albano L, Esnault V, Moranne O. Patient preferences regarding choice of end-stage renal disease treatment options. *American Journal of Nephrology*. 2013;37(4):359-369.



Informed Choice

Most patients are educated on the different types of dialysis treatments and transplant when they are told they will need dialysis. So, they are informed, correct?

Dry weight. Phosphorus. Albumin. Fistula. Acid bath. Cannulation. Systolic and diastolic.

These words and ideas, although complex, make sense to you because you have chosen dialysis as your profession. You have learned about these concepts over time. To patients just starting dialysis, this is all new information.

People want to understand their diagnosis and act on the best options available to them. However, they often make decisions without a complete understanding of the diagnosis and treatment options—and at a time when they are facing some strong emotions.

Think back to the last time you got hard news or faced a serious life change, like losing a job or the end of a relationship. How did you feel? You may have felt anxious about the future and imagined all the bad things that could happen. You may have felt angry—it doesn't seem fair that this happened to you. You might have denied that this tough thing was really happening. Maybe you told yourself this isn't real; things will go back to how they used to be.

Do you recognize any of these things in the people new to dialysis and/or their families?

Experiencing these strong feelings and reacting emotionally is totally normal and can be expected. But when a person just starting dialysis is in this emotional place, it's hard for him or her to take information into the rational part of the brain. The emotions take over, and it's harder for information to be really heard and understood.

Now, let's put these two ideas together. Imagine trying to learn about something as complex and specialized as dialysis while being worried, angry, or shocked. Imagine trying to learn anything when you're worried you may die.

You must consider all of this when talking with patients about home treatment.

You will also need to discuss the person's lifestyle and quality of life, including his or her life before the kidney disease diagnosis. Many patients worked full-time and led active lives with their families and communities. Incorporating these factors into your discussions with patients, along with early education on home dialysis treatment options and easy-to-understand explanations of the diagnosis and treatment options, will prepare patients to make informed choices on the best treatment for them.



Studies show:

— 20–50% of pre-dialysis patients with chronic kidney disease choose home during education sessions¹¹

— 78% are both medically and psychosocially suited for peritoneal dialysis¹²

— ~40% of patients could be on home therapies by home dialysis proponents' estimate¹³

— 94% of nephrologists surveyed would choose home for themselves if they required treatment¹⁴

So, let's say 40% of patients with ESRD are suited to home dialysis and would choose it.

- *Why do you think only 14% are on a home dialysis treatment¹⁵?*
- *How could the current system be changed to better educate and encourage people that home dialysis might work for them?*

¹¹ Shukla AM, Hinkamp C, Segal E, Ozrazgat Baslanti T, Martinez T, Thomas M, et al. What do the US advanced kidney disease patients want? Comprehensive pre-ESRD Patient Education (CPE) and choice of dialysis modality. *PLoS ONE*. 2019;14(4): e0215091. doi: 10.1371/journal.pone.0215091

¹² Devoe DJ, Wong B, James MT, Ravani P, Oliver MJ, Barnieh L, et al. Patient Education and Peritoneal Dialysis Modality Selection: A Systematic Review and Meta-analysis. *Am J Kidney Dis*. 2016;68(3):422-33.

¹³ Wish JB. A year later, pandemic-delayed Advancing American Kidney Health faces tough test. *Nephrology News & Issues*. August 2020. Available at: <https://www.healio.com/news/nephrology/20200804/a-year-later-pandemic-delayed-advancing-american-kidney-health-faces-tough-test>. Accessed November 3, 2020.

¹⁴ Schiller B, Neitzer A, Doss S. Perceptions about renal replacement therapy among nephrology professionals. *Nephrol News Issues*. 2010 Sep;24(10):36, 38, 40 passim. PMID: 20942330.

¹⁵ Centers for Medicare & Medicaid Services. ESRD National Coordinating Center. CROWNWeb data; Sept. 2020. Accessed October 30, 2020.



Early Education

The University of Florida (UF) Comprehensive pre-ESRD Patient Education Protocol¹⁶ supports early education of patients on home dialysis. The protocol was piloted with established patients with chronic kidney disease of stages 4 and 5 severity and not on dialysis. The education provided decision-making guidance for patients transitioning to dialysis.

The pilot cross-walked three delivery methods for educating patients about their treatment options:

1. Pre-ESRD group education focused on reducing biases toward specific modalities and supported patients' preferences and choices based on their concerns and lifestyles.
2. Face-to-face counseling used protocol-based discussions. These were designed to enhance group learning; gain an understanding of the individual's lifestyle, living situation, and personal concerns; and assess health conditions.
3. Life-style simulation discussions on the modality choice occurred weekly. The life-style simulation brought patients closer to the treatment plan and allowed them the opportunity to compare their preferred lifestyle to the lifestyle transition needed to accommodate their choice.

Results told an impressive story of how education plays a meaningful and powerful role in helping patients transition from chronic kidney disease to a home treatment option. Of the 108 patients enrolled in the training, 70% chose home dialysis. Of these patients, 55% chose peritoneal dialysis, and 15% chose home hemodialysis. Perhaps an even greater achievement is that 25.3% changed their treatment preference after the first education session, and comprehensively, the program resulted in a 216% growth in home dialysis census. This nearly doubled home dialysis prevalence to 38% of all dialysis patients.

Your facility may not have the bandwidth to conduct group trainings or life-style simulations. However, by increasing your education and awareness of home dialysis, you can be comfortable empowering patients to make an informed choice about their care plan and how to best manage their renal disease.

¹⁶ Shukla AM, Easom A, Singh M, Pandey R, Rotaru D, Wen X, Shah SV. Effects of a comprehensive predialysis education program on the home dialysis therapies: A retrospective cohort study. *Perit Dial Int*. September-October 2017;37:542-547; published ahead of print May 25, 2017.



Benefits of Home Dialysis

Individuals who dialyze at home enjoy multiple benefits that include:

- More independence
- Greater control of life choices
- More freedom to fit treatments into personal schedules and to choose day or night treatment times
- Improved energy levels after treatments
- Better sleep
- Fewer food and drink restrictions
- Ability to maintain friendships, social activities, and work life
- Improved control over blood pressure and labs
- Fewer trips to and from the dialysis center

Doing my dialysis at home has allowed me to gain a sense of freedom and allows me to have the time and energy to do daily activities. I can do dialysis while I sleep and wake up and go about my day. I'm also healthier than I was on hemo because I feel good and dialyze daily.

Patient

Home Dialysis and Transplant

Dialysis is far from sustainable. One hundred thousand Americans begin dialysis each year,¹⁷ and approximately one in five of them are likely to die within a year.¹⁸ The best option for those

I am grateful for today's technology. Dialysis has improved over the years. I'm grateful for the chance to do it at home so I can have more time with my family.

Patient

with kidney failure is a kidney transplant, but approximately 93,000 Americans are currently on a waiting list for a new kidney.¹⁹

The self-sufficiency of home dialysis offers a bridge to transplant for patients preparing to be waitlisted or already on the waitlist. Patients dialyzing at home have control over their treatment schedule and independence from the in-center regimen. This autonomy seems to support a better sense of

well- and physical-being, providing greater patient empowerment and motivation to adhere to the care plan, while keeping patients as healthy as possible as they prepare for transplant.

¹⁷ Centers for Medicare & Medicaid Services. ESRD National Coordinating Center. CROWNWeb data; Sept. 2020. Accessed October 30, 2020.

¹⁸ United States Renal Data System. *2018 USRDS Annual Data Report: Epidemiology of Kidney Disease in the United States. Executive Summary*. Bethesda, MD: National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases; 2018. Available at: https://www.usrds.org/media/1693/v1_00_execsummary_18.pdf. Accessed November 4, 2020.

¹⁹ UNOS. Transplant Living. The kidney transplant waitlist. Available at: <https://transplantliving.org/kidney/the-kidney-transplant-waitlist/>. Accessed November 2, 2020.



Considering Benefits

When deciding on which treatment option would work best for them, patients should consider the benefits of home dialysis as well as their physical and psychosocial situations, such as family support. You should share the benefits of home dialysis when patients show an interest in this treatment choice.

Approximately 90% of nephrologists and nephrology nurses surveyed would choose home dialysis if dialysis was needed.²⁰

- *Why do you think more nephrologists would choose home dialysis over in-center dialysis?*
- *Knowing what you know now, if a loved one needed dialysis, what might you tell them?*
- *Why might there be a gap between doctors choosing home dialysis for themselves but most patients being on in-center hemodialysis?*

²⁰ Schiller B, Neitzer A, Doss S. Perceptions about renal replacement therapy among nephrology professionals. *Nephrol News Issues*. 2010 Sep;24(10):36, 38, 40 passim. PMID: 20942330.



Patient Education: Right Time, Right Tone, Right Way

Education can happen anywhere at any time. For example, while a patient is preparing to start dialysis, she may pose a question or two about something she was told or read. This is a great time for you to respond and make the moment a positive encounter by replying in an informative and educational way.

People on dialysis are quite ill and may not always remember what they have been told. You may have to share information during several encounters until the patient fully understands.

You will achieve the best results when you are meeting the patient's needs. If you teach only at a time that fits your schedule, the education may not be as effective. However, dialysis facilities are busy, and it may be difficult to find the time that you would like to spend with a patient. To overcome this challenge, try this:

- Provide the patient with some resources before you begin teaching. He or she can review these beforehand to get an initial understanding and be prepared with questions.
- Deliver the patient teaching in small chunks. This will help you to fit the teaching into your schedule and will avoid overloading the patient.
- Try using the teach-back method. After you explain something, ask the person to say what he or she learned in his or her own words. This gives you a chance to check for understanding and clarify information.

According to the CMS Conditions for Coverage for ESRD Facilities, an initial comprehensive assessment must be conducted on all new patients within 30 calendar days or 13 hemodialysis treatments.

A follow-up reassessment must occur within three months after the initial assessment and annually thereafter.

Part of this comprehensive assessment includes presenting to each patient all options of modalities (including peritoneal and home hemodialysis). If a patient is not suitable or declines home therapy, the reason must be documented in the plan of care.

Your facility may choose to have more frequent education about home dialysis.

It is equally important to use the right tone of voice and make the appropriate eye contact when talking with patients. If possible, sit down at the same level as the patient instead of standing and looking down at him or her. Refrain from judging and rushing the patient. Promote an environment of respect and understanding by stopping to ask if the patient has questions. This is a great way to make sure that the patient understands the information.

Encourage the patient to continue talking. Use verbal comments, like “yes” and “okay,” and then wait to respond until you've listened fully to the patient's thoughts. Try not to interrupt while the patient is speaking, so that you can fully hear the concerns or questions.

Every engagement with a patient can be a teaching moment. Listen—it is your most powerful tool. Remember, every patient is at a different place in his or her journey.



What can you do to support patients to get ready to be referred to home peritoneal dialysis or hemodialysis?

Strategies include the following:

- Boost patients' confidence by empowering them to take full responsibility for their treatment and engage with them while starting their treatment.
- Observe patients to uncover if they have a reliable friend or family member (care partner) who is supporting them in their in-center treatments. Learn whether the care partner would be available to help them when they initially transition to home dialysis.
- Assess patients' activities during dialysis. Do they read a book? Are they attempting to take an online course as a hobby or for a degree? Do they engage with other patients during treatment? These activities can help assure you and the patients that they can undergo training, including up to eight weeks of training to transition to home hemodialysis.
- Talk with patients about their home environment, when appropriate. If storage is a concern, ask them to think of ways that they may be able to rearrange the interior design of their home to accommodate home dialysis.
- To help gauge patients' interest in home dialysis over time, consider asking them, "On a scale of 1 to 10, how interested in home dialysis might you be?" Ask open-ended follow-up questions about what parts interest them and what they are unsure of. Then ask them, "On a scale of 1 to 10, how ready might you feel to start home dialysis?" Follow up with open-ended questions about what it might take for them to feel ready. Then provide information or refer them to someone else on the team to answer those questions. For people who answer with low numbers on this scale, try to ask these same questions every few months and see how their answers might evolve.

People get in-center and establish a pattern they don't want to break, especially in a difficult time.
Home Program Manager,
Washington

Specifically, for home hemodialysis:

- Support patients in making sure that they maintain a healthy working vascular access for hemodialysis.
- Discuss the water and electrical supply access for home equipment. Help patients feel assured that the changes can be accomplished, especially if they own their homes or live with someone who does. If they rent, encourage them to talk with their landlord about their options. Provide a list of suppliers in your area that you know have completed the work for other patients who transitioned to home, if such a list is available.



Peritoneal Dialysis

Peritoneal dialysis is a way to remove waste products from the blood when the kidneys fail. These treatments can be done at home, at work, or while traveling. Patients considering peritoneal dialysis will need manual dexterity. It is recommended that patients undergoing peritoneal treatments have a reliable family member or friend nearby for support.

Types of Peritoneal Dialysis

There are two types of peritoneal dialysis:

- Continuous ambulatory peritoneal dialysis (CAPD)
- Automated peritoneal dialysis (APD)

These methods remove waste and excess fluid from the blood, and both can be done at home. Both types of peritoneal dialysis require a catheter to be surgically placed in the abdomen, which is not a difficult procedure. Most patients who undergo the procedure go home the same day.

Continuous Ambulatory Peritoneal Dialysis (CAPD)

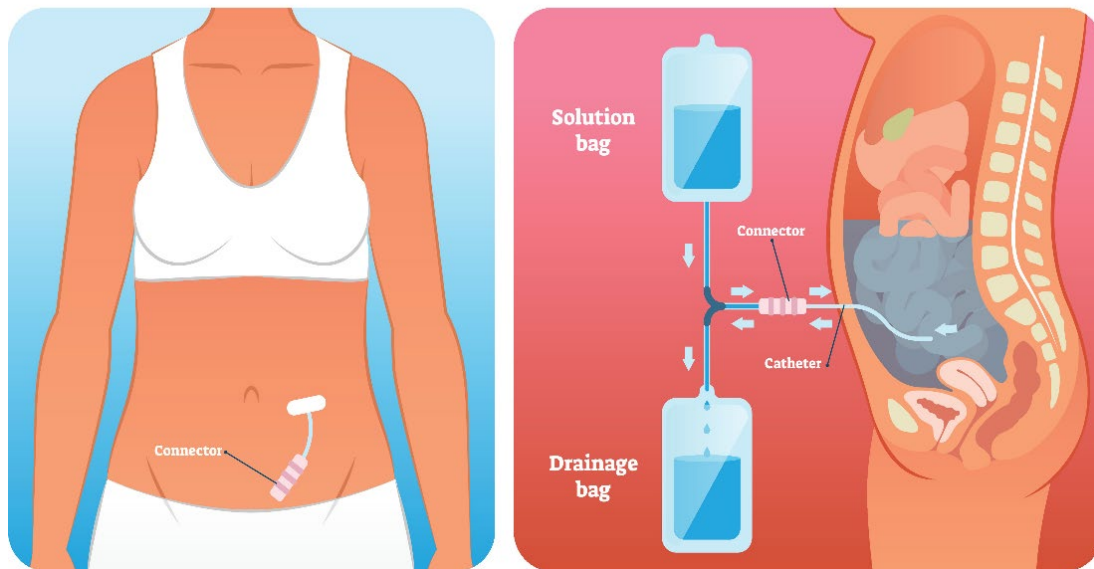
During CAPD, the patient performs an “exchange” four to six times throughout the day. During an exchange, a liquid—dialysate—is put into the abdomen through the catheter. The dialysate pulls wastes, chemicals, and extra fluid from the blood through the lining of the abdominal and pelvic cavities or the peritoneum. The peritoneum works like a filter as the wastes are pulled through it. The process of filling and emptying the abdomen with dialysate is called an exchange. The exchange is accomplished by using gravity to fill and remove the fluid. Each exchange takes between 30 and 40 minutes and needs to be completed every four to six hours.

Automated Peritoneal Dialysis (APD)

APD is also referred to as continuous cycling peritoneal dialysis or CCPD. APD differs from CAPD in that a machine, referred to as a cyclor, delivers and drains the dialysate to and from the abdomen. The treatment is usually done at night while the patient sleeps but may also require additional daytime CAPD exchanges.

The illustration on the left, below, shows an example of the position of the catheter to be used for peritoneal dialysis. The illustration on the right shows how dialysate enters the abdomen through the catheter and how wastes and fluid leave the body into a drainage bag.

Peritoneal Dialysis



Training – Peritoneal Dialysis

Training will take place at the home program facility, and each session will last anywhere from four to seven hours. The training is conducted by a trained home dialysis nurse. Training will differ from patient to patient but usually takes between one to two weeks to complete. Once the patient can do the exchanges comfortably and his or her lab work is within range to support peritoneal dialysis, the patient can convert from doing the treatments at the facility to doing the treatments at home.

After the patient completes the training and is at home, the home program nurse will provide support either in person or by phone as needed. The patient is still required to be seen by the healthcare team monthly either via telehealth or in person.

The picture on the left shows a peritoneal dialysis cyclor machine in a patient's bedroom. The picture on the right shows a patient getting ready to be connected to the peritoneal dialysis cyclor machine prior to going to bed for the night.



This link provides helpful information about peritoneal dialysis: "[Home Dialysis—It Could be the Right Treatment for You.](#)"

Home Hemodialysis

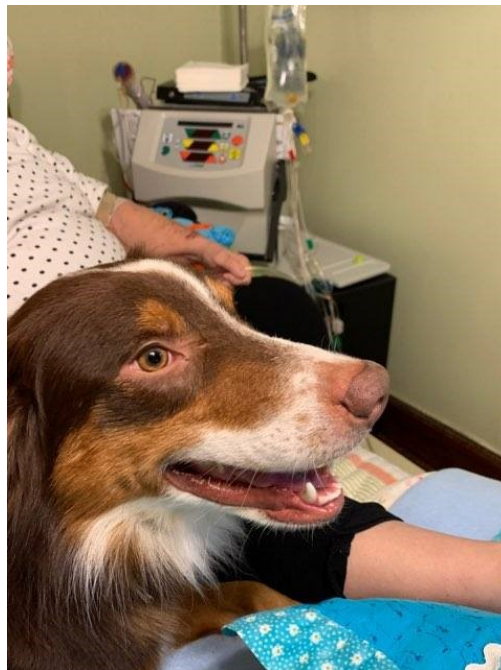
Hemodialysis usually takes place in a facility three times a week, but it can also be done safely at home. Home hemodialysis gives patients more control over their treatment schedule and reduces the number of trips they must make to and from the dialysis center. When dialysis is done at home, the patient might need a family member or friend to help.

There are three different types of home hemodialysis:

1. Standard home hemodialysis (three times a week)
2. Daily home hemodialysis
3. Nocturnal (night-time) home hemodialysis

The number of treatments a patient will need may vary from three to seven times per week, and the number of hours needed to receive treatment will be based on the number of treatments per week and the patient's medical needs.

Both pictures show patients alongside their dialysis machines in the comfort of their own homes.



Training – Home Hemodialysis

Home hemodialysis patients and their care partners are required to complete comprehensive training at the home program facility. They will learn about how to safely perform the dialysis treatment, keep accurate treatment logs, clean and operate the equipment, and self-cannulate. The training usually takes from four to eight weeks and is conducted by a home dialysis nurse. After the patient completes the training and is at home, the home program staff will provide support either in person or by phone as needed. The patient is still required to be seen by the healthcare team monthly either via telehealth or during an in-person visit.

In August 2017, NxStage (a maker of dialysis equipment) received regulatory approval for patients to perform home hemodialysis without a partner, if the treatments are done during waking hours. This means that patients can modify their treatments to their specific needs. Patients need a prescription from their nephrologists to perform solo home hemodialysis.

This patient is connected to a hemodialysis machine at home.



This link will take you to a video that contains a brief overview of the different types of home dialysis options: “[My Choice, Home Dialysis.](#)”



A Home Patient Can Be Anyone!

To transition more patients from in-center to home dialysis, it takes a mindset that home dialysis is possible for everyone. Operating from a belief that all patients can be considered and referred for home modalities is essential to the success of any home program. Effective programs cast a wide net to receive referrals. They also rise to the challenge of accepting as many patients as possible and avoid dismissing patients prematurely as ineligible for peritoneal dialysis.

I can do it on my own time. I wanted to be accountable for myself. Went to a Christmas party and met people doing PD. Even saw someone with amputation; if they could do it, then I can do it.

44-year-old patient,
dialyzed in-center for 8 years;
two failed kidney transplants before
going to home hemodialysis

Many patients lean into dialysis professionals, seeking confidence that the situation can be better. Openly and regularly communicating about home dialysis choices removes the patients' mistaken belief that they have not been offered information about home options because they are not a candidate for the options.

This means that you need to be equipped with knowledge and understanding to help patients select a home treatment option. Education can fortify your confidence and open pathways for you to discuss

options with patients and better understand the benefits of home therapy.

Below, are examples of tactics you can use individually or with your team members to improve the number of patients using home dialysis.

- Suggest that your facility schedule routine calls with home programs to share confirmed in-center patient interest, education, and progress toward home modalities.
- Research and share clinical solutions to overcome challenges (e.g., peritoneal dialysis regimens, obesity, past abdominal surgeries).
- Allow the home team to make the final decision on suitability for home dialysis.
- See the potential peritoneal dialysis patient where others may not see him or her; see everyone as a candidate even if others have not in the past.
- Promote a facility-wide mindset that everyone is a candidate for home dialysis. This ensures that all in-center staff members can identify and recommend candidates for home dialysis.
- Do not ask, "Is this patient a peritoneal dialysis candidate?" Instead ask, "Why couldn't this patient be on peritoneal dialysis?"
- Understand that uremia may affect a patient's ability to make decisions or absorb new information and be persistent and empathetic in educating the patient.
- Accept that there will always be a percentage of people who will struggle with home dialysis. Work with these individuals on a case-by-case basis with a mindset toward maintaining them on a home modality. Encourage new patients to view the video, "[My Life, My Dialysis Choice](#)." This will help patients choose the right treatment that fits their lifestyle.



- Ask open-ended questions about patients' lives before dialysis and offer ways that a home modality could return them to a status more like before they were on dialysis.
- Do not ask patients if they know about home modalities. Instead, ask, "Has anyone ever talked to you about all the different ways you can get dialysis?"
- Bring up the possibility of home dialysis at every assessment and plan-of-care meeting.
- Start an "Experience the Difference Program" in which a dialysis facility partners with a home program to offer a two-week in-center trial of a home dialysis machine and schedule, coupled with intensive patient and family education about home modalities.
- "Have faith" in the home team if they want to give a patient an opportunity to be successful.
- Work with the family and support system.
- Show new in-center hemodialysis patients the "[My Choice, Home Dialysis](#)" video, which depicts home hemodialysis and peritoneal dialysis patients. The video has an emphasis on African American and Hispanic patients who explain why they chose their modality.
- Share a vision for home suitability, e.g., "Anyone with a peritoneum and a home can do peritoneal dialysis."
- When an in-center hemodialysis patient reports a significant life change, ask him or her follow-up questions and connect the patient to his or her nephrologist, educator, or home nurse; look for an "entry point" for a patient to consider a home modality.
- Be proactive in assessing possible barriers by observing a patient's body language, tone of voice, if he or she is acting in a way different from his or her typical manner, and responses to non-clinical questions. Ask follow-up questions to investigate.



Talking Points

Talking points provide a quick and easy way for you to stay on track and make sure communications with patients are consistent. Talking points can also affirm or negate a situation. When you talk with patients about their treatment options, it is important that you remain open and positive toward the options that a patient may wish to explore. The talking points below provide consistent messages for you to use when working with patients who are considering home dialysis.

Talking Points – YES

Say things like,

- “Choosing a treatment option is a personal decision. It is important that your treatment choice supports your lifestyle and values.”
- “Every patient can be considered a home dialysis candidate.”
- “There are advantages and disadvantages to home hemodialysis and peritoneal dialysis options. The good news is you aren’t ‘locked in’ to any one of these options.”
- “Although peritoneal dialysis is every day and in APD, throughout the day, it most likely takes less time than traveling to and from and receiving treatment in-center.”
- “Studies indicate that receiving dialysis treatments more frequently can significantly improve patient outcomes. This may mean better survival of kidney disease for you.”
- “If you dialyze at home, you can travel with greater ease because your equipment and supplies are with you or are shippable to and from your destination.”
- “Home modalities are a bridge to transplant.”
- “You will always have other treatment options if home dialysis does not work for you.”



Talking Points – NO
Don't say things like,

- “Home dialysis requires you to take full responsibility for your treatment.”
 - Explanation: This may give patients the wrong impression. Patients are not alone. They will have team support and may have a caregiver that can help as well.
- “You will need many hours of training to begin home dialysis.”
 - Explanation: It would be better to discuss what is needed in the training and emphasize that the patient will get all of the training he or she needs to feel comfortable at home.
- “Dialysis supplies take up a lot of space.”
 - Explanation: The team will work with the patient to accommodate his or her home environment.
- “If you rent, your landlord may not allow the water and electrical connection changes required for home dialysis.”
 - Explanation: Not all of the equipment needs to have water or electrical changes.

These negative talking points may have some truth in them, but they certainly don't make home dialysis seem like a real possibility for someone. People all across the country have figured out solutions for many of these issues. Solutions are out there! It takes a positive mindset to frame the downside of any situation to present the information in a real and meaningful way without making the information seem impossible or out of reach for the patient.

When patients ask questions that have complex or complicated responses, try responding with a question before using a negatively positioned talking point. For example, a patient may ask about training for home dialysis. A staff member might observe that the patient has been asking about placing herself on the machine and respond by asking, “Would you like me to connect you with a

home program nurse who can talk with you about the training?” This response is helpful and refrains from making the training seem overwhelming.

- Don't share stories in a negative light about people who return to in-center.
- If you don't know something, don't guess—tell the patient you'll ask or look it up and get back to him or her.
- Don't feed into someone's fear or negativity. You can always say things like, “Well, for some people home dialysis works out really well.” Or, “That's okay, we can talk about home dialysis later. The choice to look into home dialysis is always open.”



Tips

- Think “why shouldn’t this patient be on home dialysis?”
- Look for opportunities to be successful with each patient referred, e.g., assistance from family members.
- Ensure all training, education, and patient interactions are upbeat and encouraging.



Patient Case Study

You work in a small town in Mississippi. Tom, who is an in-center dialysis patient, says to you, “I am interested in learning about peritoneal dialysis. Am I a good candidate?” You know that Tom cannot read.

What would your reply be to Tom?

You think that Tom is not a candidate because he must be able to read to be trained for peritoneal dialysis. You tell him that he has to be able to read to do dialysis at home. Tom stays in-center for his dialysis.

Is this the best response to give to Tom?

No. It might better to ask Tom:

“What do you know about peritoneal dialysis?”

“What information have you received about home dialysis?”

Then consider: Are there resources you could share with Tom that would not require reading, such as pictorial flyers? Are there videos about peritoneal dialysis that he could watch? Who could help Tom?

You talk with Tom about home dialysis. You connect with the home program to find pictorial flyers, videos, and other material on home dialysis. You share these with Tom. You also ask Tom if he has a family member or friend who could read materials to him.

Tom watches videos and takes the materials home to a family member. On his next visit, he tells you that he wants to do home dialysis.

What is the next step?

You refer Tom to the home program nurse or facility for evaluation. You realize that a patient’s inability to read does not make him ineligible for peritoneal dialysis.

Consider these solutions:

- *Consult with the home program: Some home programs have trained blind patients to do home dialysis.*
- *Use technology: Many of the peritoneal dialysis cyclers machines talk patients through setting up the machine. Some have modems that can upload data without the need for a flowsheet.*
- *Get creative: One home staff nurse audio recorded step-by-step instructions on how to operate the cycler. Because this nurse was able to think outside the box, this patient is now on home dialysis.*
- *Utilize pictures: This can be another useful tool for training patients who cannot read.*



Facility Case Study

“Isn’t this the MSW’s job? We don’t even have a home program.”

You work in a dialysis facility that does not have a home program attached to it. One day while you are working, Suzie, who has been a dialysis patient there for three years, asks, “How do I get information about home dialysis?”

You respond to Suzie, “We don’t have a home program here at our facility. It’s not my job to know about home dialysis. I only know in-center dialysis. You would need to ask the social worker about that.”

Is this a good response to Suzie?

The clinical manager overhears this conversation.

What do you think the manager should do?

The clinical manager recognizes this is a problem and develops a plan to educate all staff about home therapies. The manager meets with all of the staff to share detailed training/education on home dialysis options. She also tells the staff what steps to take to start the referral process for patients who are interested in home dialysis.

The manager partners with a nearby facility that has a home program to assist with training of the in-center staff, including front office, biomedical, social workers, and dietitians.

Oscar, a new patient to the clinic, asks, “How do I get more information about home dialysis?”

You give him an overview about the home therapy options. You also share educational resources and connect him to the home program nurse for more information.



Resources to Learn More

As you explore home dialysis, these downloadable resources, including continuing education units (CEUs), are available:

- ANNA CEU events available for members only at a cost: <https://annanurse.org/>
- DaVita: <https://www.davita.com/education/kidney-vocabulary/home-hemodialysis>
- Fresenius Kidney Care: <https://www.freseniuskidneycare.com/tools-and-resources>
- Home Dialysis Central: <https://homedialysis.org/>
- HSAG CEUs: <https://www.hsag.com/en/esrd-networks/esrd-network-7/continuing-education-courses/>
- NANT, available for members at a cost: <https://www.dialysistech.net>
- National Kidney Foundation home dialysis course with a \$35 fee: <https://education.kidney.org/content/connected-health-home-dialysis>
- NxStage Home Hemodialysis: <https://www.nxstage.com/hcp/training-resources/education-videos/>

Next Steps

Congratulations, you have completed Course 1. You may begin Course 2.

This material was prepared by Health Services Advisory Group (HSAG), the End Stage Renal Disease National Coordinating Center (ESRD NCC) contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy nor imply endorsement by the U.S. Government. FL-ESRD NCC-7N56TD-12092020-01