

# Delivery of Care Through Telehealth

Will this be the standard of for the home dialysis care patients in the future and  
will it be a factor in modality choice?

Brent Miller, MD

Friday March 5, 2021

Home Dialysis Symposium

1110-1130 AM

# Objectives

- Early Use of Telehealth in Dialysis
- Adoption of Telehealth in Dialysis (2017 Chronic Act)
- Changes in Telehealth with COVID19 Pandemic
- Best Practices of Telehealth in Home Dialysis
- Future Practice of Telehealth in Home Dialysis

# Early Use of Telehealth in Dialysis

- Some insurances require certification of each originating sites and providers
- Consents
- Medicare Telehealth Payment Eligibility Analyzer (As of 1/2016 CMS added the 90963-66 as a covered home dialysis code for telemedicine).
  - Has to be outside of a metropolitan statistical area
  - <http://datawarehouse.hrsa.gov/tools/analyzers/geo/Telehealth.aspx>
  - 90963,64,65, and 66 with the GT modifier
  - Originating site- Q3014
  - Require synchronous interactive videoconferencing

# 2017 Chronic Act

- Home Dialysis Telehealth Starts January 2019
- Rules
- Uptake and Effect

# 2020 COVID19 Effects Upon Telehealth

- Rationale for changes
- Changes in regulations
- Uptake
- Effect

# Best Practices for Telehealth

- Scheduling
- Technology
- Visit

# Future Directions

- Technology
- Regulations
- What works best in-person?

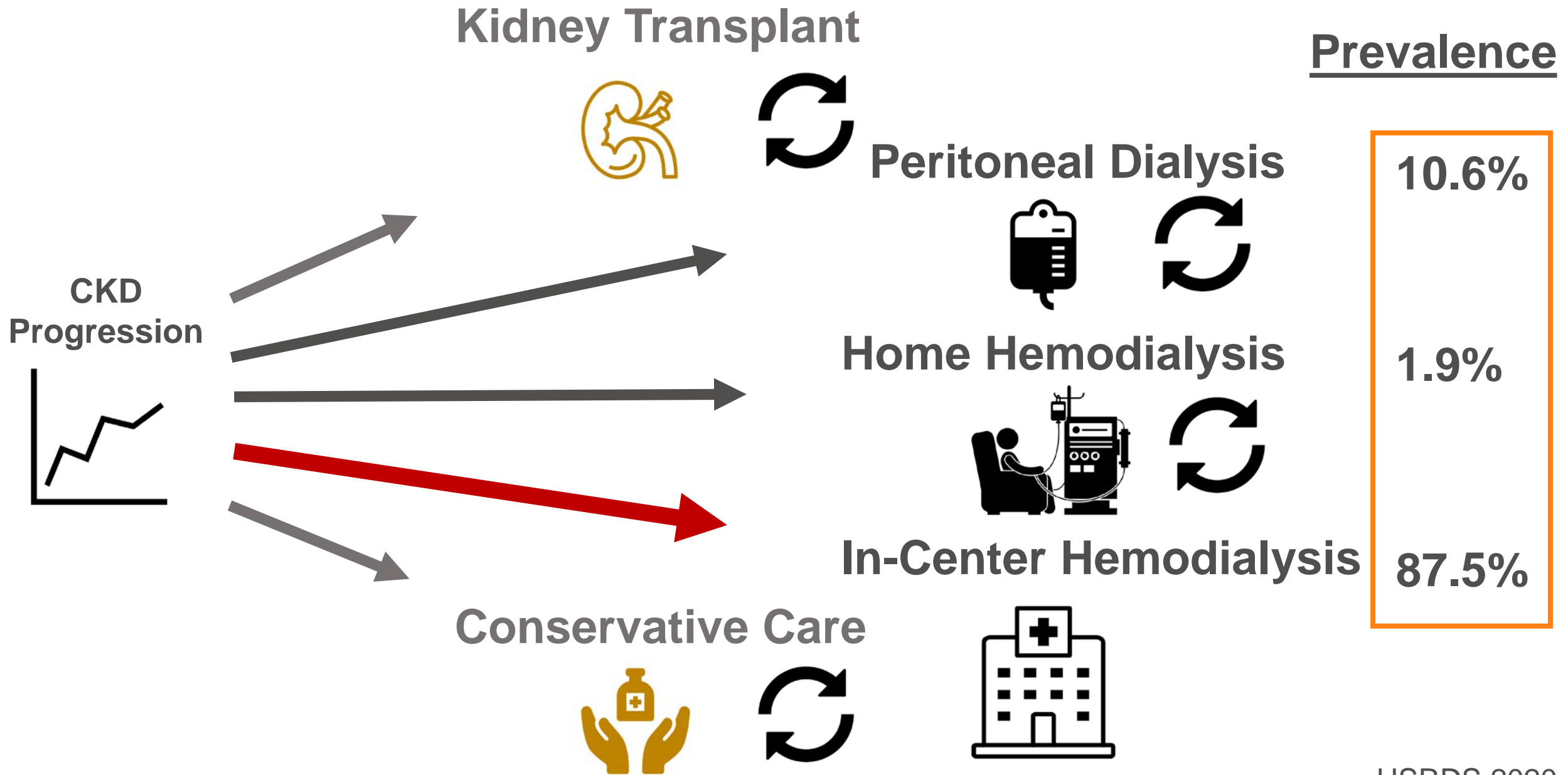
# Myths and Barriers Related to Home Dialysis: How Can We Overcome Them

Annual Dialysis Conference  
Home Dialysis Symposium  
March 5, 2021

*Brigitte Schiller MD*







USRDS 2020

# Barriers of Home Dialysis

The system is not intuitive for home dialysis in the US  
AAKI initiated change and mandates the system to change  
We are clear on what we need to accomplish – now it's time to execute



Patients



Nephrologists



Providers

# Barriers

## Patients

- Modality Education, Access to home therapies
- Fear
- Support at home – burden to others
- Home environment – economic reality

## Physicians

- Education - training
- Experience – expertise
- Support by surgeons (PD)
- Believes about home
- Economics

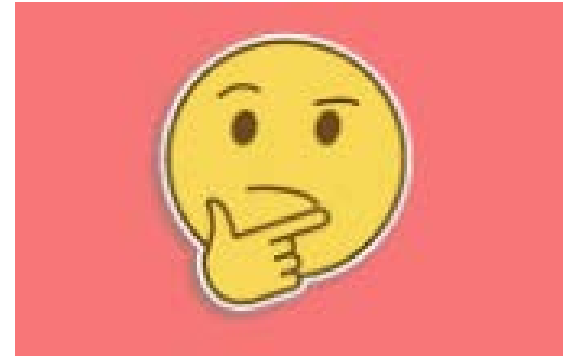
## Provider

- HD centric approach
- Home dialysis expertise limited
- Scaling centers with sufficient patient numbers for high quality care
- Economics

# It's complicated!

## Factors which affect PD patient numbers

- Industry
- Health-care System
- Patient
- Facility



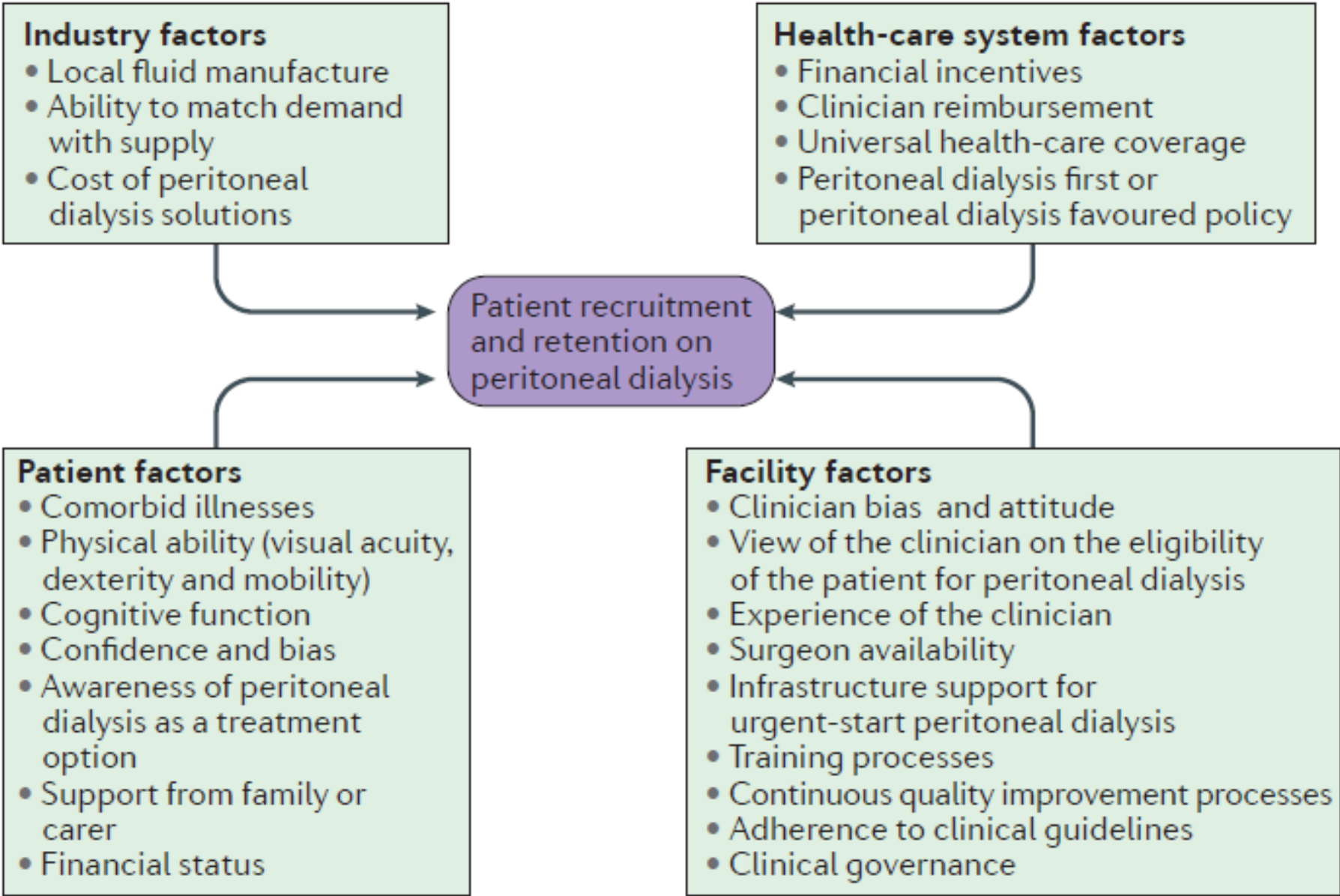
Li, P. K.-T. et al. (2016) Changes in the worldwide epidemiology of peritoneal dialysis  
Nat. Rev. Nephrol. 13(2), 90–103





Patient, facility,  
health-care  
system and  
industry factors  
that can influence  
the recruitment  
and retention of  
patients on  
peritoneal dialysis

Li, P. K.-T. et al. (2016) Changes in  
the worldwide epidemiology of  
peritoneal dialysis  
Nat. Rev. Nephrol. 13(2), 90–103



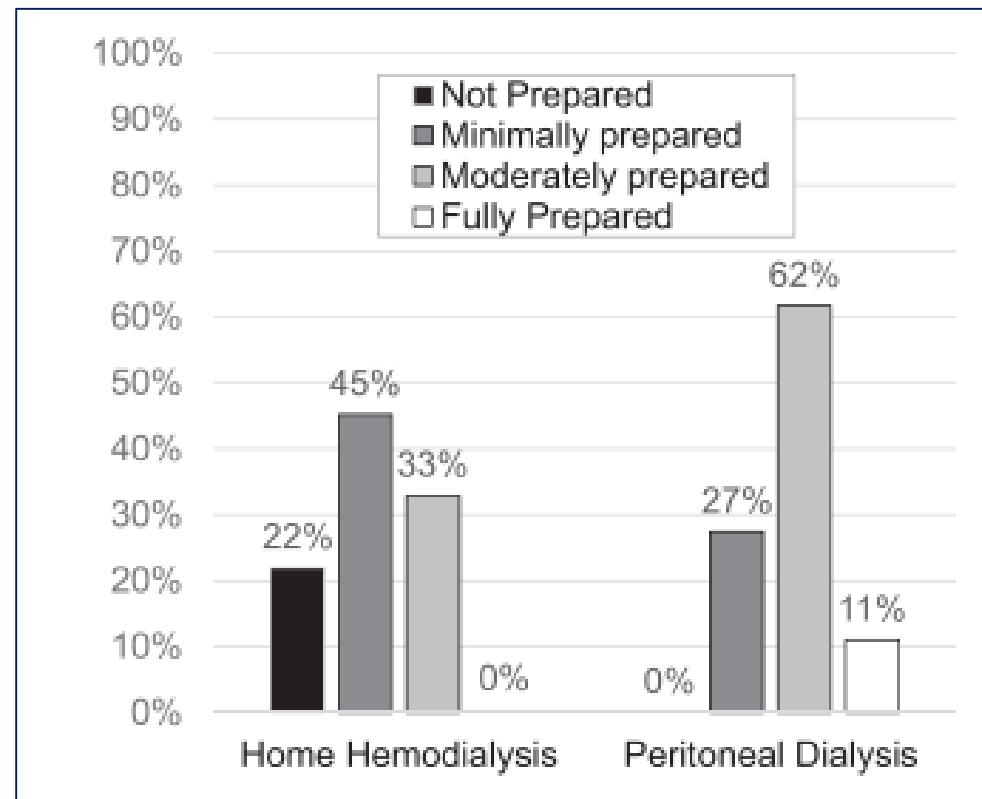


# How Australian nephrology nurses view home dialysis: Results of a national survey.

Do you receive adequate support from?	HD	PD
Director of Nephrology	74%	65%
Other renal physicians within your Unit	77%	68%
Access surgeons	50%	57%
Social work	74%	73%
Psychology/psychiatry	34%	35%
Dietitians	80%	81%
Maintenance technicians	89%	
Water set-up/treatment advice	76%	
Business staff with purchasing equipment	48%	
Supply of APD machines		87%
Home visits	79%	79%
Respite care	41%	30%
Nursing administration	60%	60%
Medical administration	51%	48%
Area health service	44%	40%
Federal government	22%	19%
Industry	49%	63%

Lauder, L. A. et al  
(2011). Renal Society  
of Australasia  
Journal, 7(1), 6–12.

# Perceptions of Home Dialysis Training and Experience Among US Nephrology Fellows



	Comfortable	Not Comfortable	Not Sure
<b>PD</b>			
Catheter outflow problems	75%	4%	21%
Hernias in PD	49%	14%	37%
Cutaneous leaks	48%	11%	41%
Drain pain	64%	4%	30%
<b>Home hemodialysis</b>			
Writing and adjusting prescription	36%	38%	26%
Vascular access	47%	23%	30%
Water quality	22%	38%	40%
Knowledge about machines	34%	36%	30%

Abbreviation: PD, peritoneal dialysis.

Gupta N et al AJKD, 2020





# Why Patients With ESRD Do Not Select Self-Care Dialysis as a Treatment Option

Variable	Reference Group	Adjusted Odds Ratio*
Fear of change in general	No fear of change in general	5.86 (1.72, 19.93)†
Fear of social isolation	No fear of social isolation	3.36 (1.32, 8.49)‡
Not prepared to stay awake on dialysis	Prepared to stay awake on dialysis	4.54 (1.16, 17.76)‡
Time constraints prevent doing self-care	Time constraints do not prevent doing self-care	2.93 (0.98, 8.70)
Needle phobia	No needle phobia	5.62 (2.03, 15.55)†
Age/fear of substandard care (interaction)		1.14 (1.05, 1.24)†
Charlson comorbidity score		0.94 (0.71, 1.24)

*McLaughlin K, Am J Kidney Dis 41:380-385. 2003*



# Focus group with patients training for HHD

- Hypothesis:
  - Technology-related fears and concerns pose the greatest potential barrier to the training of patients and caregivers to self-administer home hemodialysis.
- However, the primary topics volunteered by the participants in the present study were *psychosocial in nature rather than technological*.
- Technology-related factors were discussed only when the interviewer posed a direct question concerning the HD machine.

Wong, J. et al (2009). Patients' experiences with learning a complex medical device for the self-administration of nocturnal HHD. *NNJ* 36(1), 27–32.



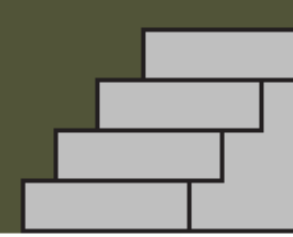
# Overcoming Barriers for Uptake and Continued Use of Home Dialysis: An NKF-KDOQI Conference Report.

- Education tools to increase knowledge about home dialysis modalities.
- Implementation of a hub and spoke model, pairing smaller and/or newer home programs with larger more sophisticated programs.
- Peer support to patients, and support and respite to care partners to increase the number of patients who choose home dialysis and to improve retention in home programs.
- Anticipating and understanding both patient and care partner burden is important for the development and implementation of patient- and care partner–centered support programs.
- Aligning Medicare reimbursement to support increased home dialysis uptake to prioritize transplantation and home dialysis as the first-line treatments for kidney failure.

Chan, C. T., et al (2020). *Am J Kidney Dis*, 75(6), 926–934



# Advancing American Kidney Health CALLING THE ESKD COMMUNITY



To realize the goal of 80% of incident ESKD patients starting with a pre-emptive transplant or home dialysis by 2025\*:



**Home (PD)**  
**78,000 (6x current)**  
additional ESKD patients starting  
on Peritoneal dialysis (PD)



**Transplants**   
**6550 (2x current)**  
additional pre-emptive kidney  
transplants

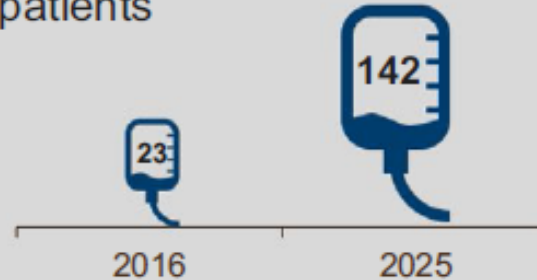
**10**

additional patients  
referred to PD by each  
US Nephrologist



**119 million**

liters of PD fluid needed to  
support the additional PD  
patients

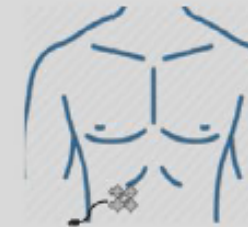


**3,600**

Home nurses  
needed for  
patient care

**1700**

weekly PD  
catheter  
placements



Abra, Schiller  
Seminars in Dialysis 2020

***“The boldness and audacity of this order should not temper our  
joint efforts to improve the lives and care of our patients”***

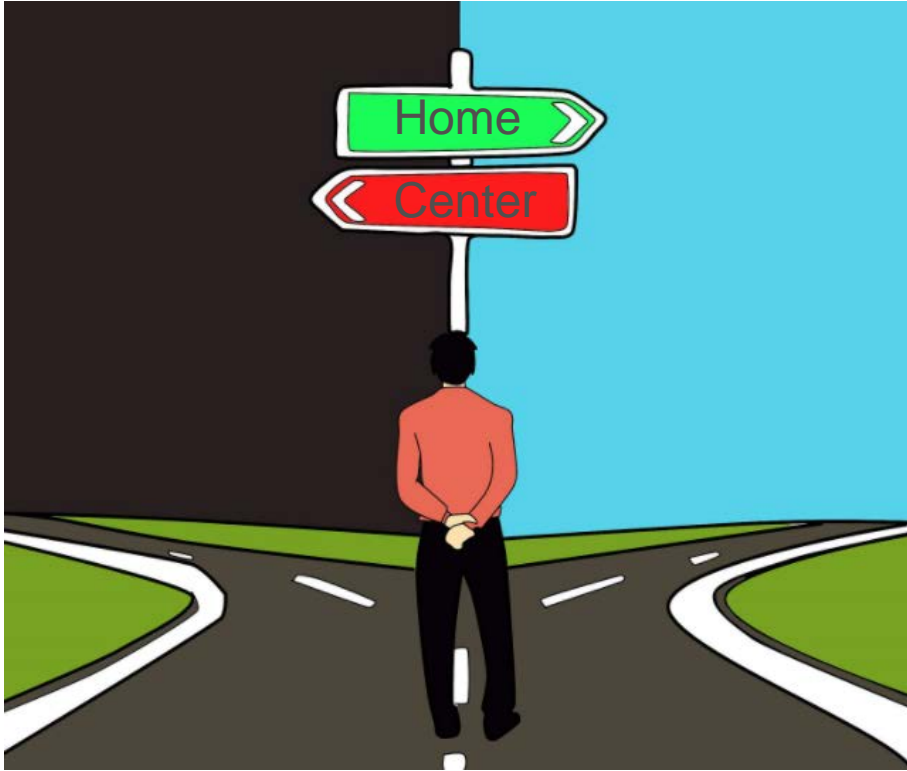
# How do we make decision?

<https://www.professionalacademy.com/blogs-and-advice/marketing-theories---explaining-the-consumer-decision-making-process>

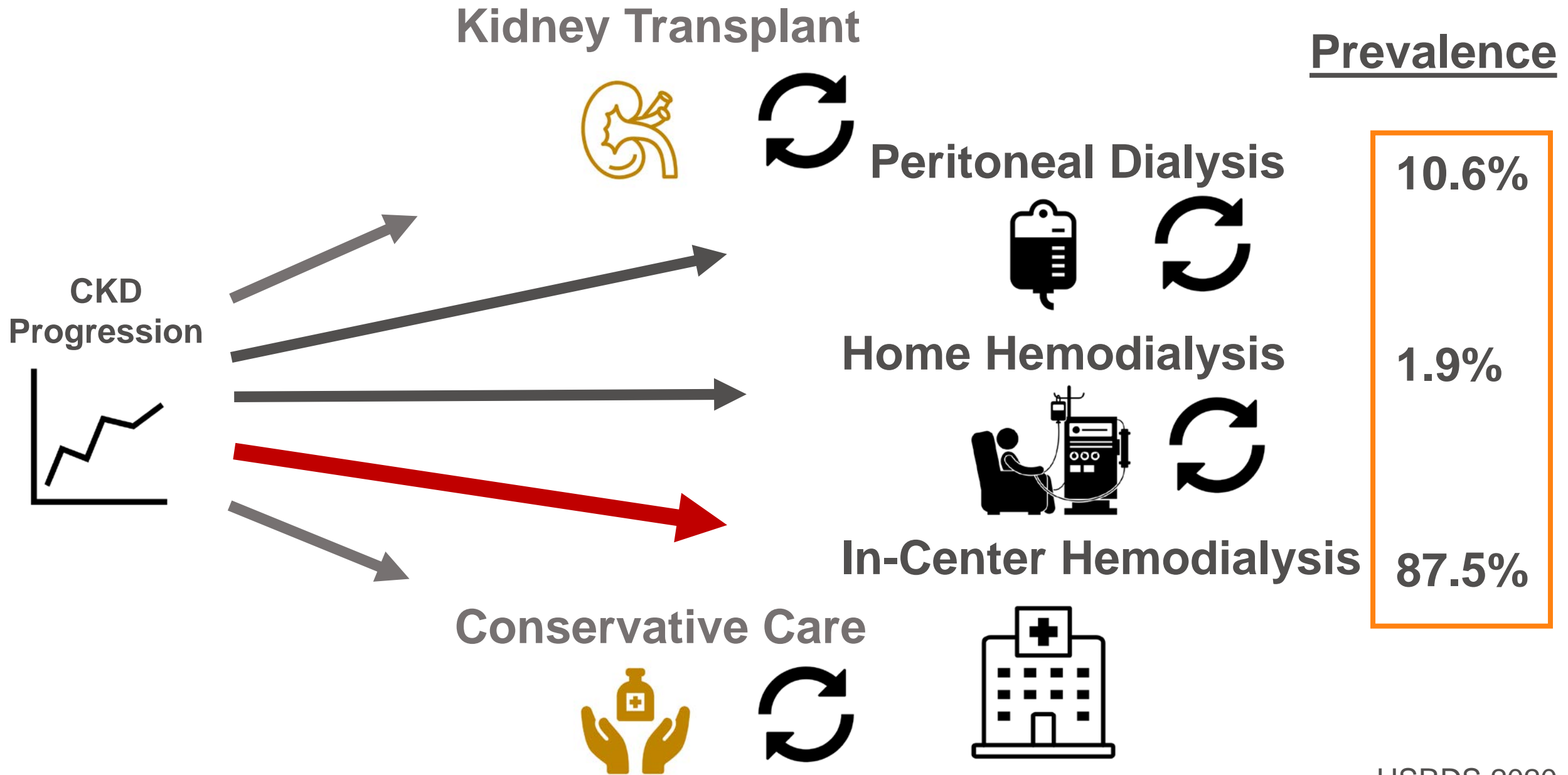




# Decision Making – Compromise Effect



GOOD\_BETTER\_BEST

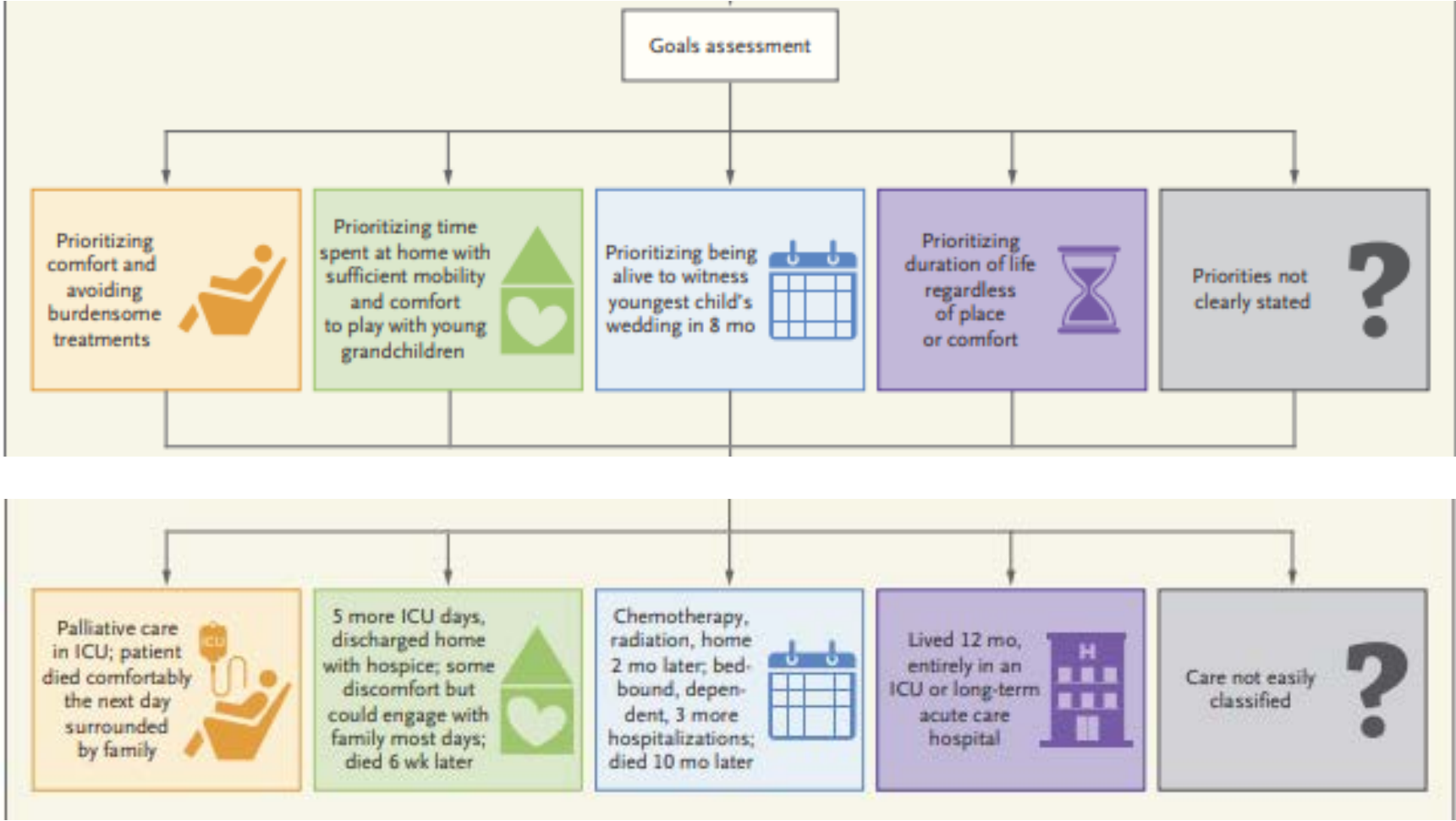


# Patient Activation Measure

Level 1	Level 2	Level 3	Level 4
<b>DISENGAGED AND OVERWHELMED</b>	<b>BECOMING AWARE BUT STILL STRUGGLING</b>	<b>TAKING ACTION AND GAINING CONTROL</b>	<b>MAINTAINING BEHAVIORS AND PUSHING FURTHER</b>
<i>"My doctor is in charge of my health."</i>	<i>"I could be doing more for my health."</i>	<i>"I'm part of my health care team."</i>	<i>"I'm my own health advocate."</i>
Individuals are passive and lack confidence. Knowledge is low, goal-orientation is weak, and adherence is poor.	Individuals have some knowledge, but large gaps remain. They believe health is largely out of their control, but can set simple goals.	Individuals have the key facts and are building self-management skills. They strive for best practice behaviors, and are goal-oriented.	Individuals have adopted new behaviors, but may struggle in times of stress or change. Maintaining a healthy lifestyle is a key focus.
<u>Healthcare utilization:</u> Very high ED/ER use, very high risk of Ambulatory Care Sensitive (ACS) utilization, very high risk of readmission, very low use of preventive care and screens.	<u>Healthcare utilization:</u> High ED/ER use, high risk of ACS utilization, high risk of readmission, low use of preventive care and screens.	<u>Healthcare utilization:</u> Low ED/ER use, low risk of ACS utilization, low risk of readmission, good use of preventive care and screens.	<u>Healthcare utilization:</u> Very low ED/ER use, very low risk of ACS utilization, very low risk of readmission, very good use of preventive care and screens.

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# Goal-concordant Care

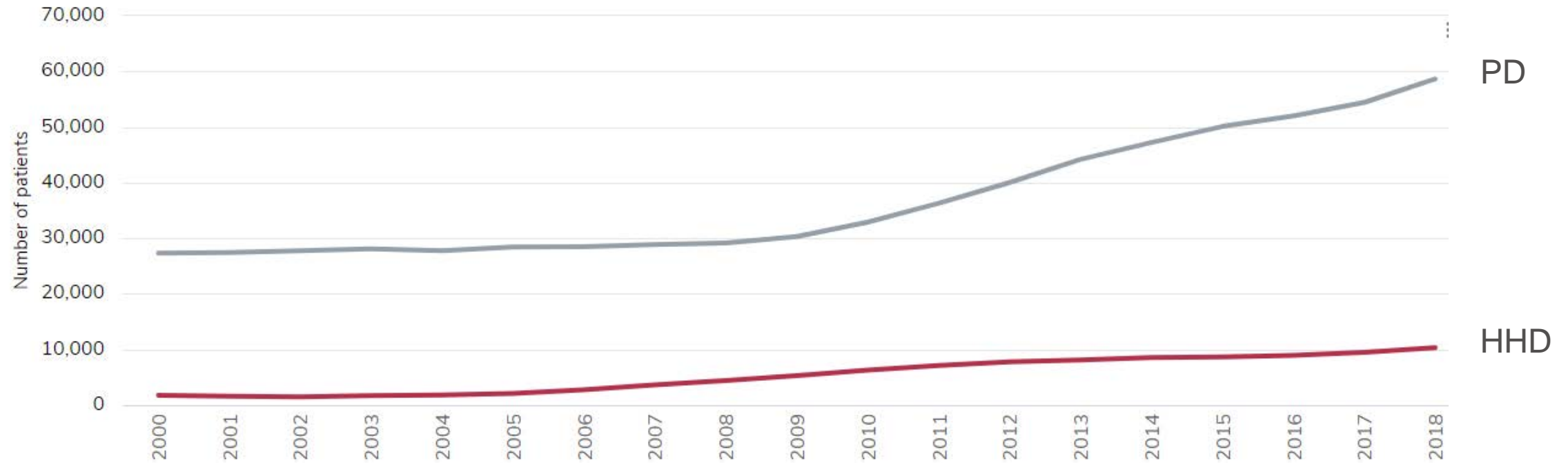


Scott Halpern: NEJM2019





# Number of patients undergoing PD or HHD increases – 44% and 40% since 2010.



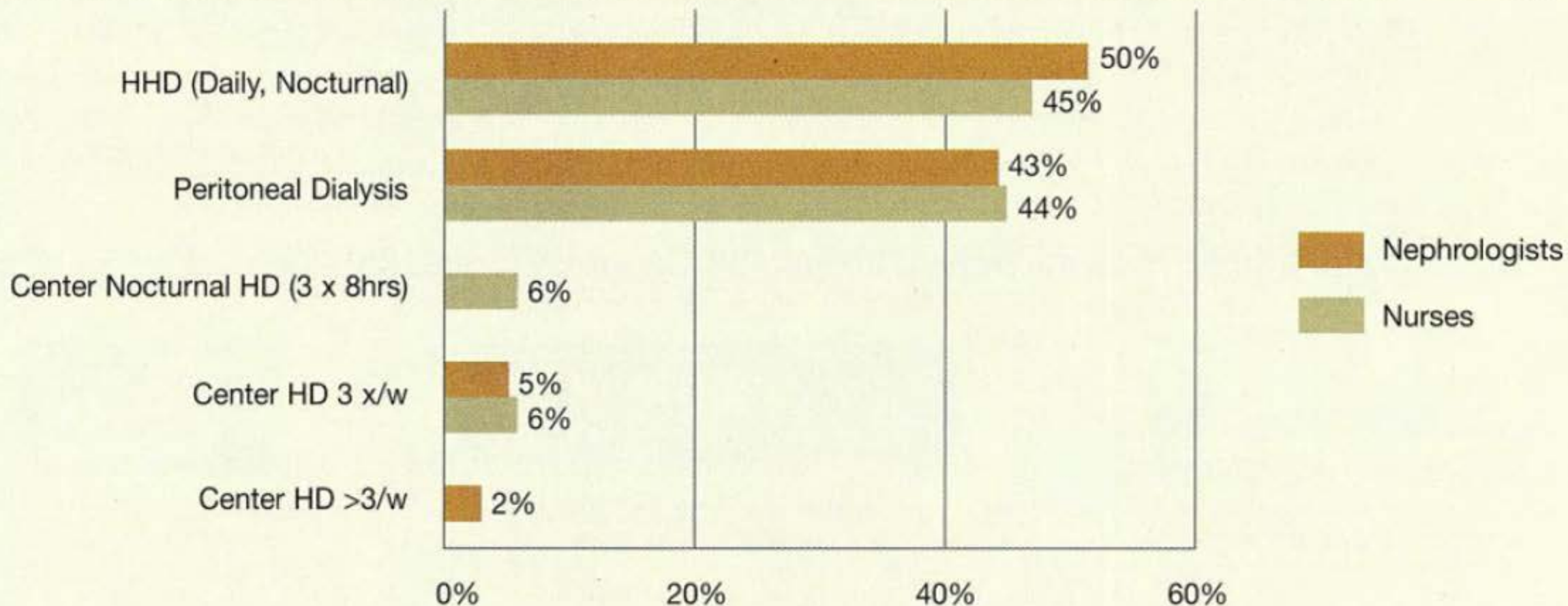
USRDS 2020



# The Myths Geography - Size



Figure 1: If you were told that you need renal replacement therapy, what form of dialysis would you choose while waiting for a transplant?



Schiller NN&I 2011





**NEW  
MINDSET**  
↓  
**NEW  
RESULTS**

**THANK YOU**

# Life in the Time of COVID: Emerging Trends in Home Dialysis

Suzanne Watnick, MD, FASN

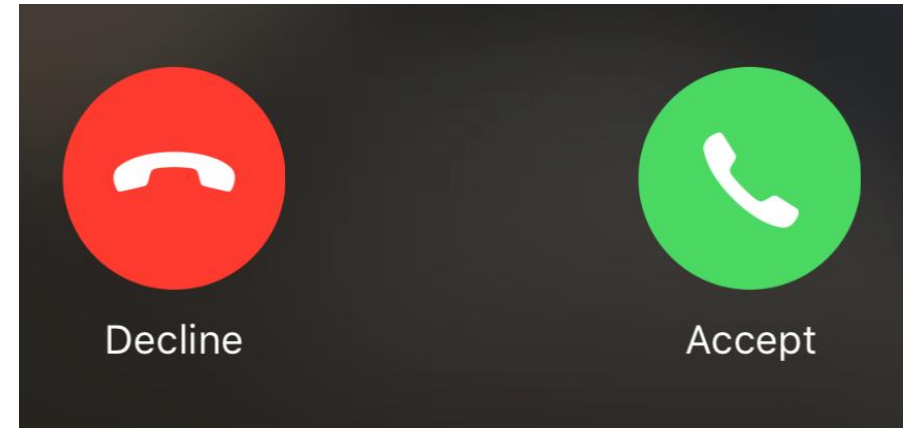
Northwest Kidney Centers

University of Washington



# On the front lines....

- Friday Feb 28<sup>th</sup> at 9PM, the phone rang:  
Evergreen Hospital, Kirkland WA
- The first reported patient had died from COVID-19 in the country  
**He was our patient.**
- Disbelief → Acceptance



# What Next?

- Set up our Emergency Operations Center (EOC)
- Arrived on-site to the dialysis facility at 0445 on Sunday morning
  - ✓ Provided face-to-face communication & letters to patients
  - ✓ Included information to the Home Dialysis patients
- Home & in-center patients screened
- First COVID+ home patient 2 months later – April 2020





# Three Guiding Principles - Objectives

## ✓ Provide care to patients with COVID-19

- Honor our obligation – Home & In-center focus

## ✓ Lean into the Science

- Follow Infection Prevention and Control
- Adhere to Highest Standards of Care

## ✓ Leadership provision is critical

- Utilize direct, organizational, and strategic perspectives
- Communicate, be transparent & educate
- Support patients, dialysis and medical staff







# The Critical Need for Partnership to Lead

**Liz McNamara, RN MN**

Chief Nursing Officer and VP of Patient  
Care Services

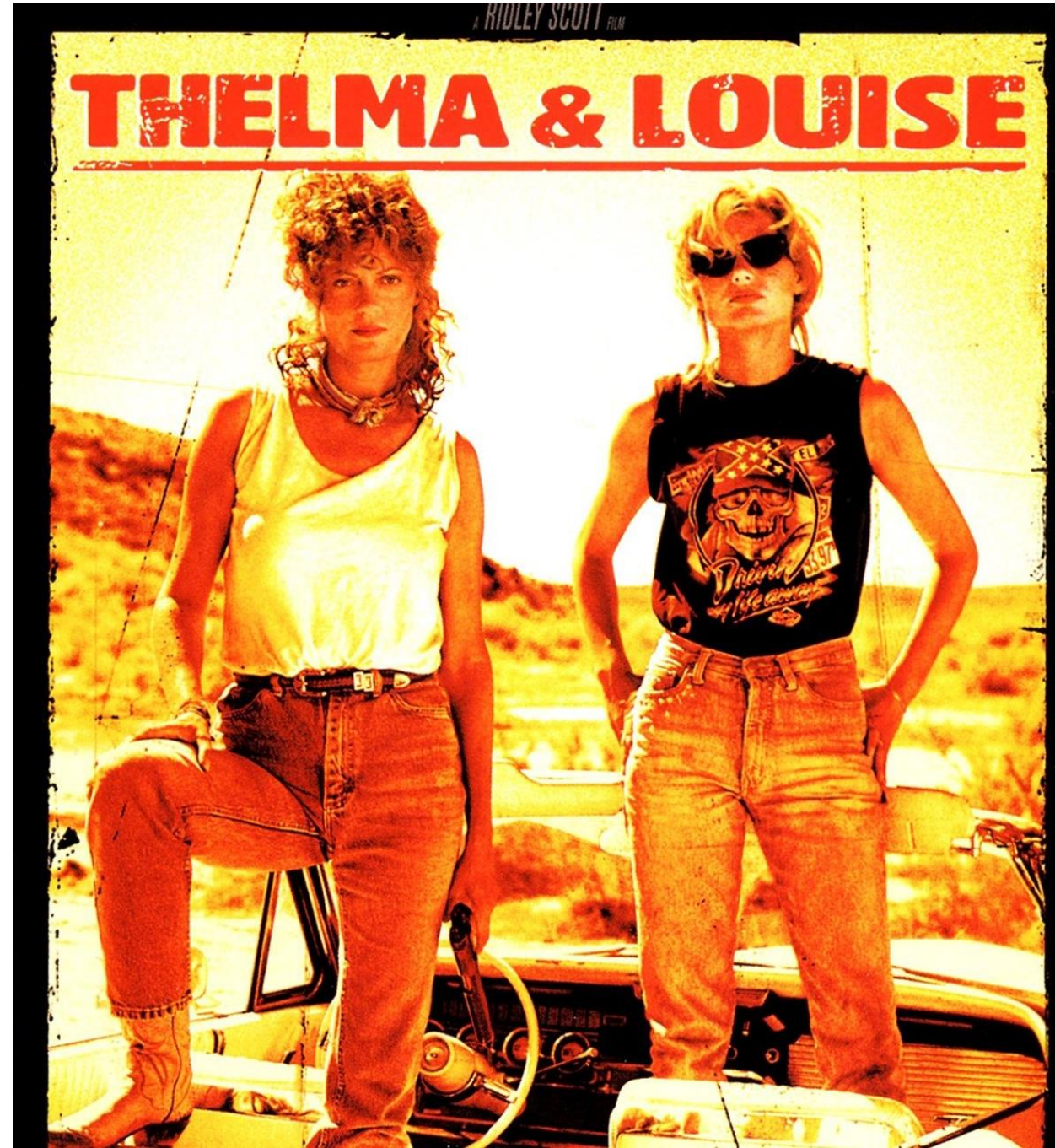
Northwest Kidney Centers

My Dyad Partner



# How Did We Really Feel?

- No Guidelines
- No Phone-a-Friend
- Relied on Experience &...
- We asked the Audience
  - ✓ Called King-County Public Health next morning
  - ✓ CDC arrived Sunday night
    - We were assigned 2 of 10







## COVID-19 Prevention & Control Bundle



### Hand Hygiene



### Physical Distancing

- Stay home if sick
- Meet via video conferencing or telephone
- Stay 6 feet apart whenever possible
- Telemedicine visits as clinically indicated



### Personal Protective Equipment (PPE)

- Masking for staff in clinical areas
- Masking of patients on dialysis
- Don and doffing of isolation gowns
- Cloth masks/facial covering for non-clinical areas



### Laboratory Testing

- Ensure patients and staff are referred to testing as indicated



### Education, & Communication

- NKC guidelines and policies & procedures
- Healthcare worker education on safe masking
- Frequent multi-platform communication



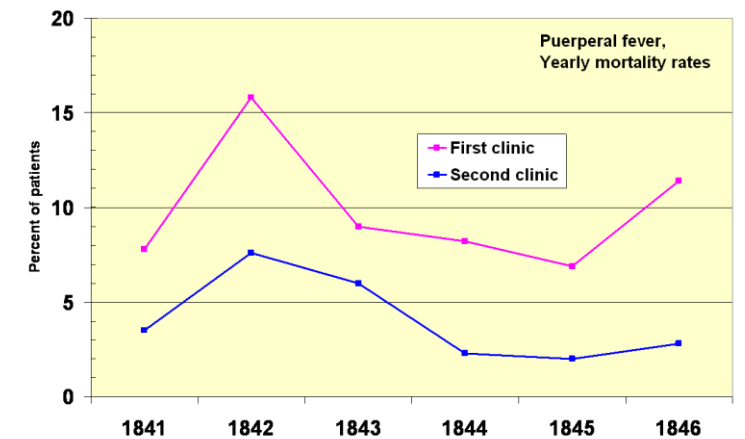
### Environmental Cleaning

# Handwashing – campaign & re-education

- Handwashing can prevent infections
- Written and verbal education
- Stickers, buttons, cookies & education!

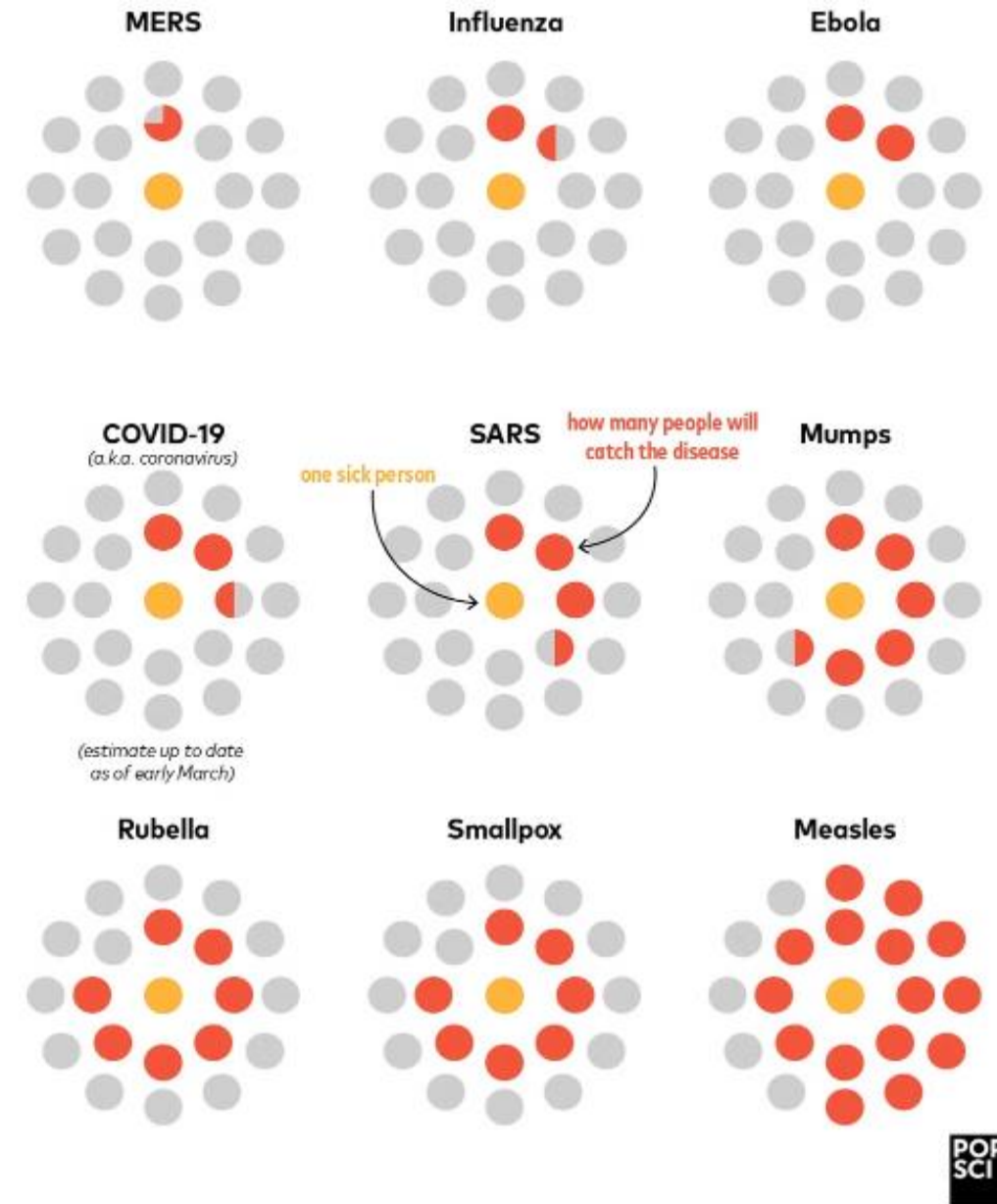


Ignaz Semmelweis



# Just How Contagious is COVID-19?

- Image source: “Just How Contagious is COVID-19? This Chart Puts it in Perspective”, Matthew R. Francis, March 20, 2020.
- <https://www.popsoci.com/story/health/how-diseases-spread/>





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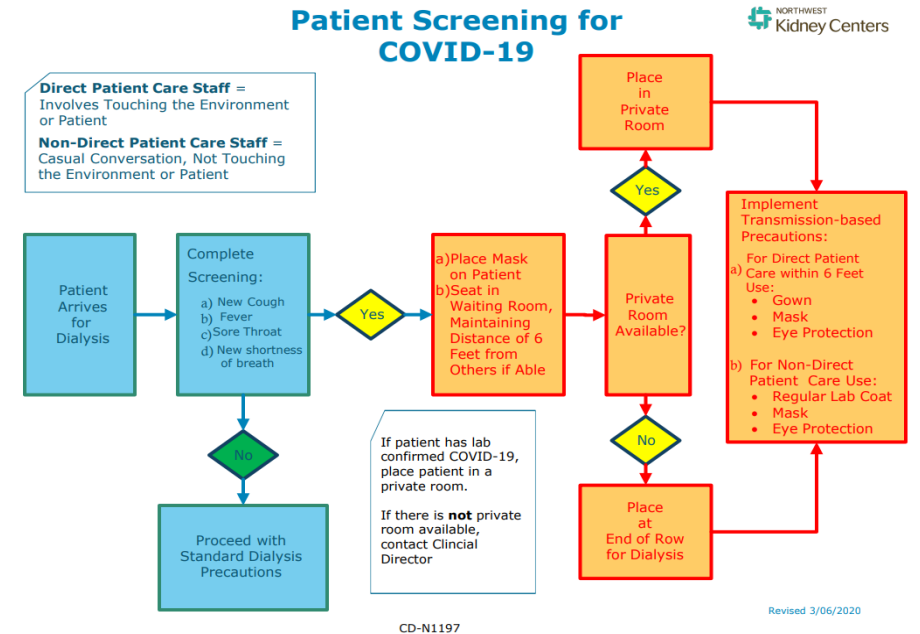


### Environmental Cleaning



# Home Dialysis Screening

- Same as in-center HD
- Provided screening prior to visits
- Encouraged patients to get tested and reschedule
- If patient had symptoms, treated as a PUI



Created with CDC oversight, all dialysis facilities perform a version of this now



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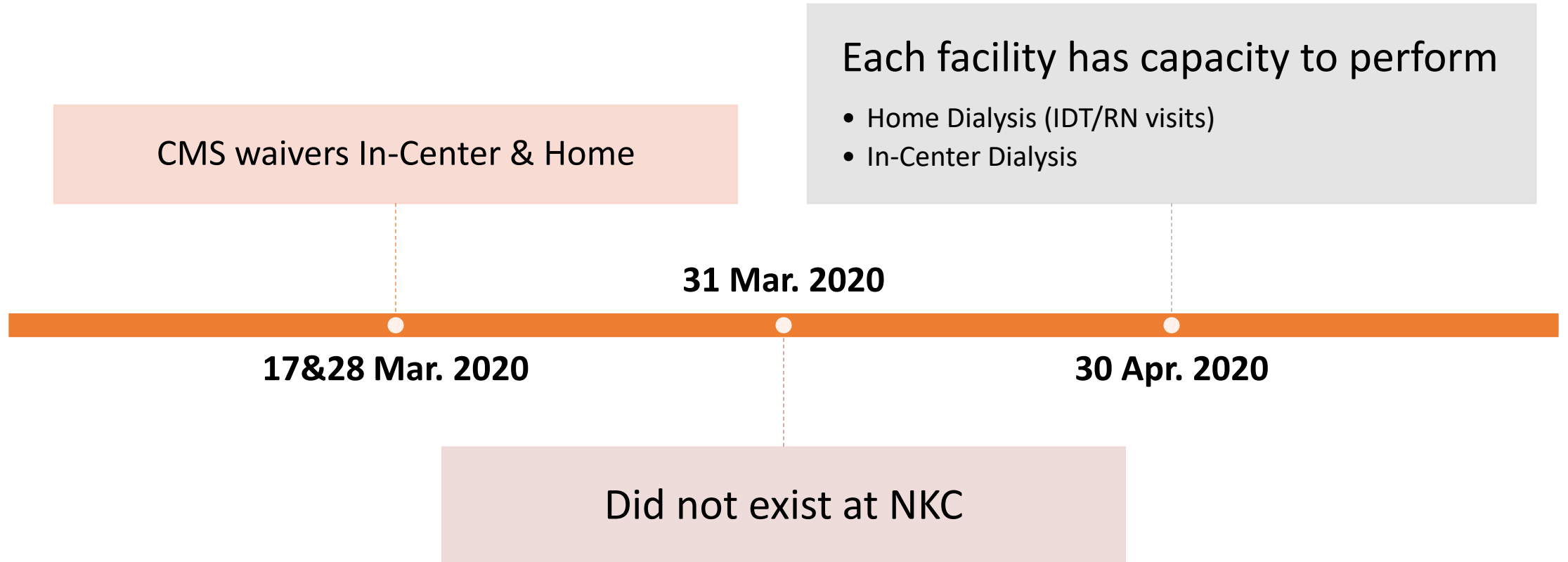


### Environmental Cleaning





# Telehealth for ESKD Patients



# Standing up Telehealth at NKC

Modality	Telehealth	How
Home Hemodialysis	Allows patient to stay home	If no in-person needs: Labs and assessment remotely
Peritoneal Dialysis	Minimizes time In-Center	'Quick Visits' instituted: Labs & Supply visit in-person, rest via Telehealth
Chronic Kidney Disease (CKD)	Broadens programs' reach	Remote face-to-face. Adds flexibility for patients, grows home dialysis
In-Center Hemodialysis	Facilitates Care	Physician makes appt in-center, computer at chairside. May allow more physician interactions, greater satisfaction





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### Environmental Cleaning

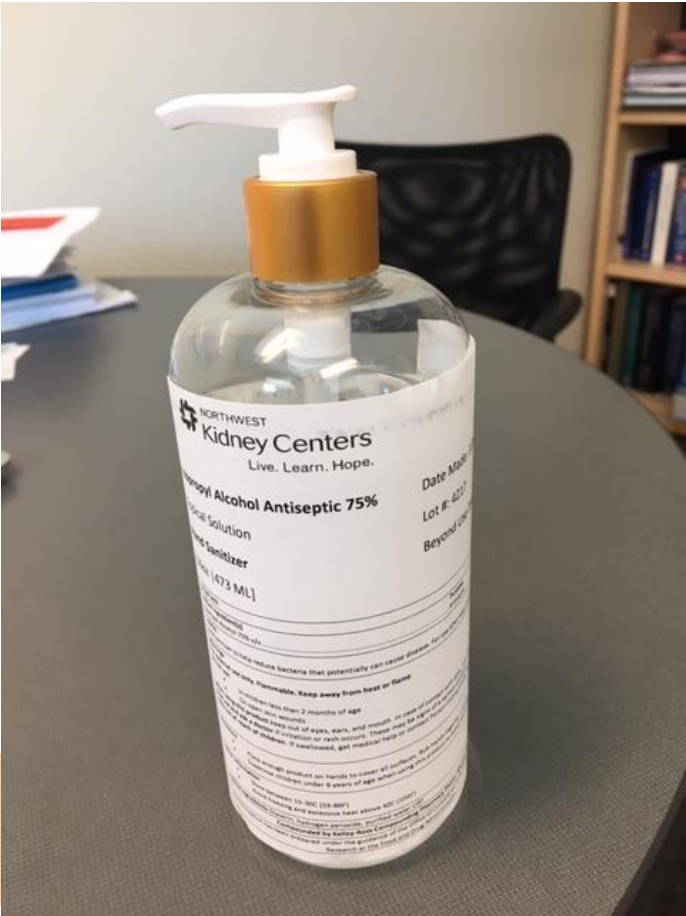


# Our Policies Drove Practice

PPE : Day-by-day

Home Staff developed kits for PPE

- Masks – Educated temporarily on repeat use
- Hand Sanitizer – ‘Private Reserve’ to Home pts



Critical Supply Dashboard

CHG Soap -Sinkside pump bottle	Quart	1.91	480	251.43	
CHG Soap - Wall Dispenser	Liter	1.64	576	352.00	
Sanitizer - Mobile Cart	9 oz.	11.55	2887	250.06	
Sanitizer - WallMount	17 oz.	3.64	581	159.78	
Sanitizer Wipe - Blue Top (sub box of 100)	Tub 220	1.00	1	1.00	
CalStat Sanitizer - HH Dept. Small Pump	Pump 15oz	0.36	107	294.25	



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### Environmental Cleaning

# CDC Guidelines – COVID-19 v1, v2, v3...

## Special Considerations for Patients on Home Dialysis:

- Ensure supplies available
  - Work with suppliers re:shortages, e.g. Solutions and PPE
  - Consider delivery concerns
- Educate on prevention – ‘the bundle’
  - Reduce exposures
  - Consider telehealth & remote care
  - Evaluate patients for COVID sx's before appointments
- Know the symptoms of COVID-19 and steps to take
  - Determine who can help if caregivers become sick
- Consider extra medications and supplies



Courtesy B. Schiller





## COVID-19 Prevention & Control Bundle



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### Environmental Cleaning



# Tools for Patient Education – Patient safety

## Cleaning And Disinfecting Your Home

### Everyday Steps and Extra Steps When Someone Is Sick

How to clean and disinfect  
Wear disposable gloves to clean and disinfect.

#### Clean

- Clean surfaces using soap and water. Practice routine cleaning of frequently touched surfaces.

#### High touch surfaces include:

Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

#### Disinfect

- Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.

- Recommend use of EPA-registered household disinfectant.

Follow the instructions on the label to ensure safe and effective use of the product.

Many products recommend:

- Keeping surface wet for a period of time (see product label).
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

- Diluted household bleach also be used if appropriate. Check to ensure the product expiration date. Uncertified will be effective against properly diluted.

Follow manufacturer's application and proper use of household bleach with a other cleanser.

Leave solution on the surface for 1 minute

To make a bleach solution:

- 5 tablespoons (1/3rd) of water

OR

- 4 teaspoons bleach per 1 gallon of water

#### Soft surfaces

For soft surfaces such as carpet, rugs, and drapes

- Clean the surface with soap and water or with cleaners appropriate for on these surfaces.

## Coronavirus Disease 2019 (COVID-19) Keeping Patients on Dialysis Safe

### What is COVID-19?

COVID-19 is a respiratory illness that can spread from person to person, similar to influenza.

### Take Everyday Precautions

- Wash your hands often with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol.
- Avoid touching your face.
- Avoid close contact with people who are sick.
- Avoid crowds and keep at least six feet of space between yourself and others if COVID-19 is spreading in your community.
- When you cough or sneeze, cover your mouth and nose with a tissue or use the inside of your elbow.
  - » Throw used tissues in the trash and immediately clean your hands.
- Routinely clean and disinfect surfaces you often touch, such as cell phones, computers, countertops, handles, and light switches.

### Preparing the Facility

You may see changes as the dialysis facility prepares to keep you safe during treatment.

This may include:

- Signs with special instructions for patients with symptoms of COVID-19.
- Additional education about hand hygiene and cough etiquette.
- Additional space in waiting rooms for ill patients to sit separated from others.
- A change in patient chair locations, treatment times, or days.
- A change in the gowns, facemasks, and eye protection that the staff wear or that you are asked to wear.

## What You Can do if You are at Higher Risk of Severe Illness from COVID-19

### Are You at Higher Risk for Severe Illness?



Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- People aged 65 years and older
- People who live in a nursing home or long-term care facility
- People of all ages with underlying medical conditions, particularly if not well controlled, including:
  - People with chronic lung disease or moderate to severe asthma
  - People who have serious heart conditions
  - People who are immunocompromised
  - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune system-suppressing medications.
  - People with severe obesity (body mass index [BMI] of 40 or higher)
  - People with diabetes
  - People with chronic kidney disease undergoing dialysis
  - People with liver disease

Call your healthcare provider for more information on how to protect yourself, see CDC.gov

### Here's What You Can do to Help Protect Yourself



Stay home if possible.



## How our facility is keeping patients safe from COVID-19

Our outpatient dialysis facility is prepared for the possible arrival of patients with coronavirus disease 2019 (COVID-19). We are committed to keeping patients safe and are taking the following steps to reduce the risk of COVID-19 in our patients and staff:

- We are providing extra training for staff and education for patients about the importance of hand hygiene, respiratory hygiene, and cough etiquette.



Tissues, alcohol-based hand sanitizer, and trash cans will be provided in the waiting area and treatment area. Soap and water will continue to be available at all handwashing sinks and in the restrooms.

- We are monitoring healthcare personnel for symptoms of respiratory infection.

We are instructing staff who have fever, cough, or shortness of breath to stay home and not come to work.

- We are monitoring patients on dialysis and visitors for symptoms of respiratory infection.



Call ahead if you have fever, cough, or shortness of breath. This allows us to plan for your arrival and take infection prevention steps to keep you safe.

Call us at:

- We are prepared to quickly identify and separate patients with respiratory symptoms.

Patients with respiratory symptoms will be asked to wear a face mask and to stay in a separate area.

- We are training staff about proper use of personal protective equipment for COVID-19. You may see a change in the personal protective equipment (i.e. gowns, masks, gloves) that staff wear or that you are asked to wear to protect other patients.



- We are continuing our routine cleaning and disinfection procedures as they are also the procedures recommended for protecting patients from COVID-19 in dialysis settings.

Any surface, supplies, or equipment located within the patient station will continue to be disinfected or discarded. We will ensure any surface, supplies or equipment located within 6 feet of an ill patient is disinfected or discarded.

- We may restrict visitor access to protect patients.



We are adjusting visitor access and movement within the facility. If able to enter, visitors will be screened for symptoms of respiratory infection.

- We are encouraging patients and staff to share all questions and concerns related to COVID-19.

Don't be afraid to use your voice. It is okay to ask staff questions about treatment changes and ways to protect yourself and your family.



cdc.gov/coronavirus



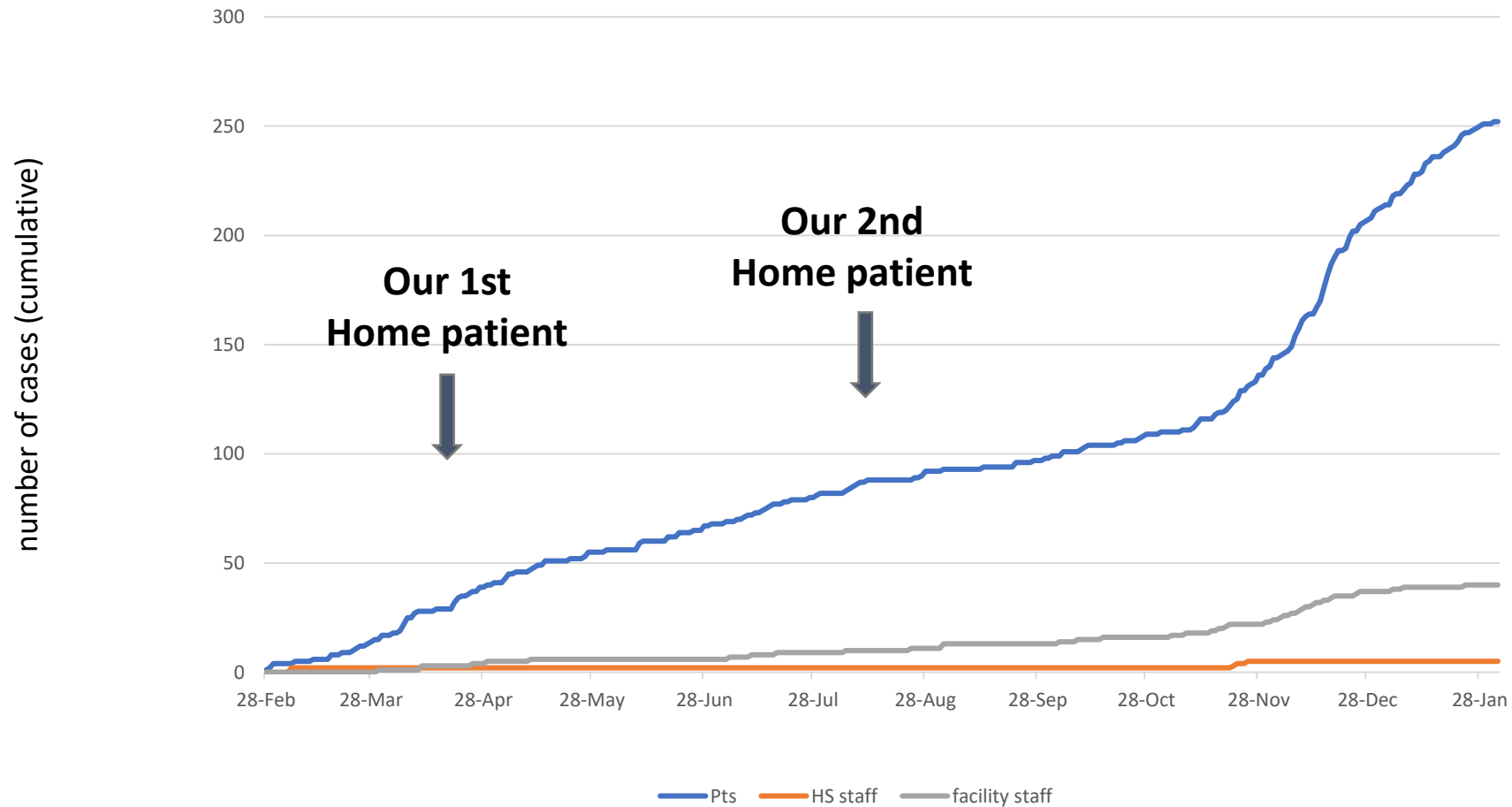
[https://www.cdc.gov/coronavirus/2019-ncov/downloads/healthcare-facilities/316158-A\\_FS\\_ProtectSelfAndFam.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/healthcare-facilities/316158-A_FS_ProtectSelfAndFam.pdf)

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-What-You-Can-Do-High-Risk.pdf>

[https://www.cdc.gov/coronavirus/2019-ncov/downloads/healthcare-facilities/316157-A\\_FS\\_KeepingPatientsSafe.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/healthcare-facilities/316157-A_FS_KeepingPatientsSafe.pdf)

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>

# COVID-19 Tracking at Northwest Kidney Centers



# COVID-19 Cases

Dates	2/20 -7/20	8/20 – 2/21
Home Dialysis Cases	1	14
Total Cases	83	171
Percent	1.2%	8.2%
NKC Home Dialysis	13-14%	15-16%

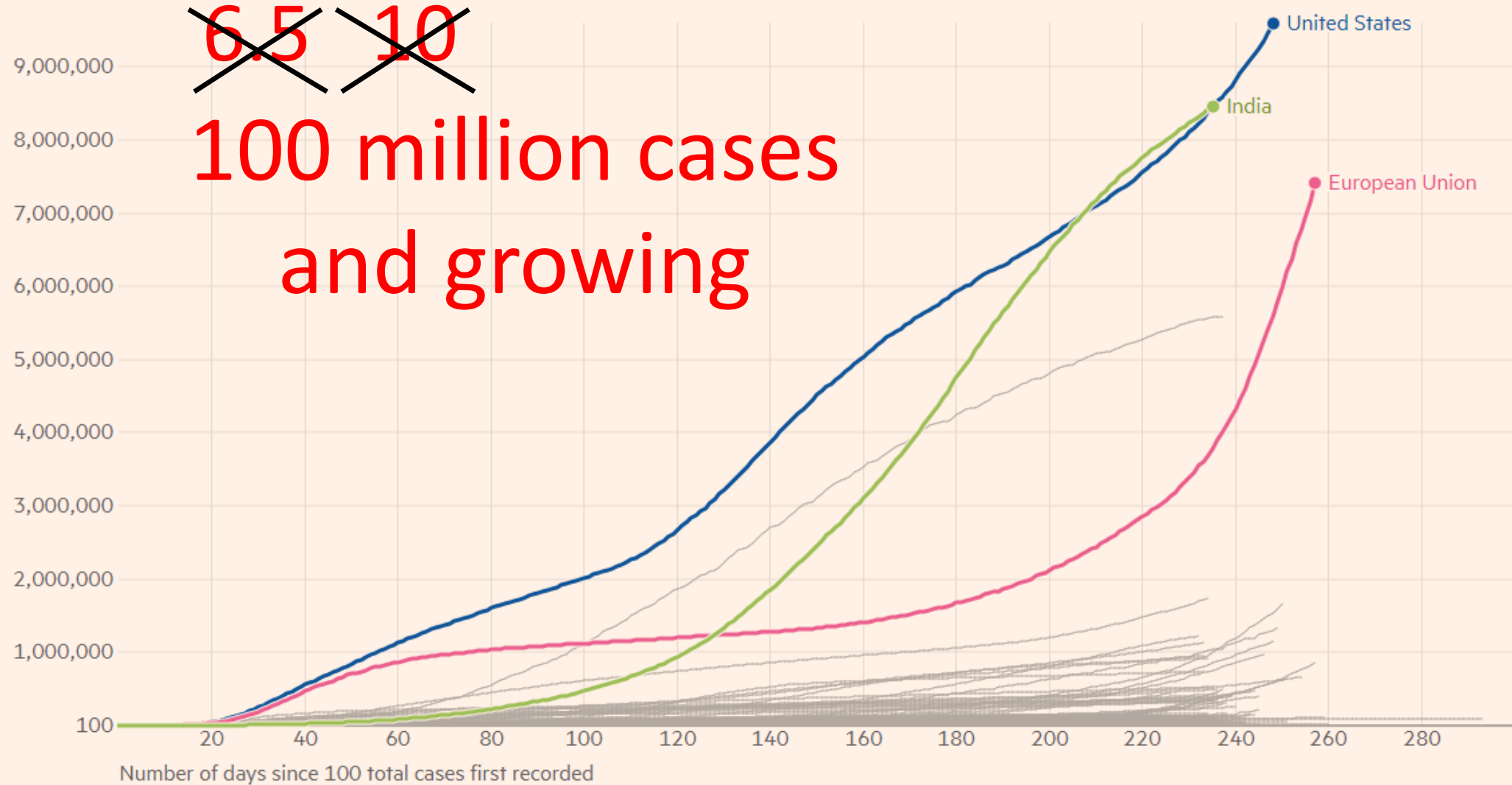
# COVID-19 Cases among ESKD Patients

- Home Dialysis Cases:
  - Became more prevalent as COVID-19 spread throughout the community
  - Were less common than in-center cases throughout the pandemic
- Home Dialysis appears 'protective'
  - Not surprising given better ability to stay safe & stay home
  - Data from NY and Canada confirm
    - In Center HD w/OR of 2.54 (95% CI 1.59-4.05) for COVID in Canada
    - Data from non-profit LDO and SDO similar in US

Oliver & Crabtree, CJASN 2021  
Taji, CMAJ, 2021  
Daniel Weiner, personal  
communication

## Cumulative confirmed cases of Covid-19 in United States, European Union and India

Cumulative cases, by number of days since 100 total cases first recorded



Source: Financial Times analysis of data from the European Centre for Disease Prevention and Control, the Covid Tracking Project, the UK Government coronavirus dashboard and the Spanish Ministry of Health.  
Data updated November 7 2020 6.37pm GMT. Interactive version: [ft.com/covid19](https://www.ft.com/covid19)

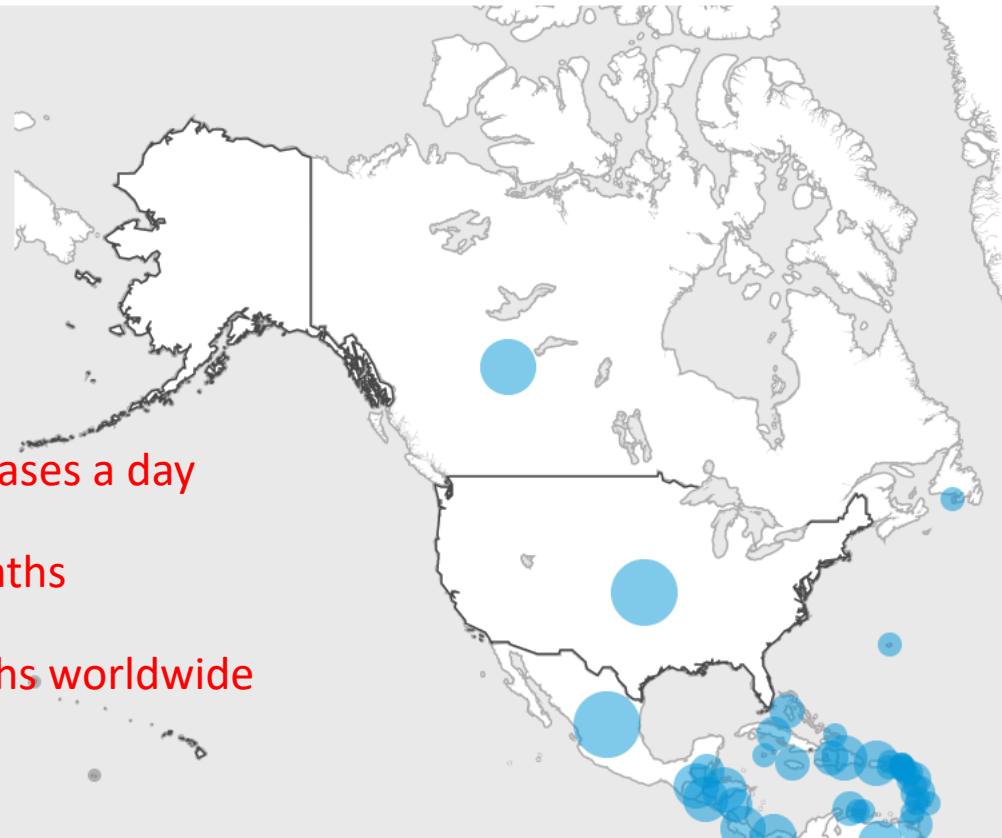




→ 129,000+ cases a day

→ 460,000 deaths

→ 2.4 million deaths worldwide

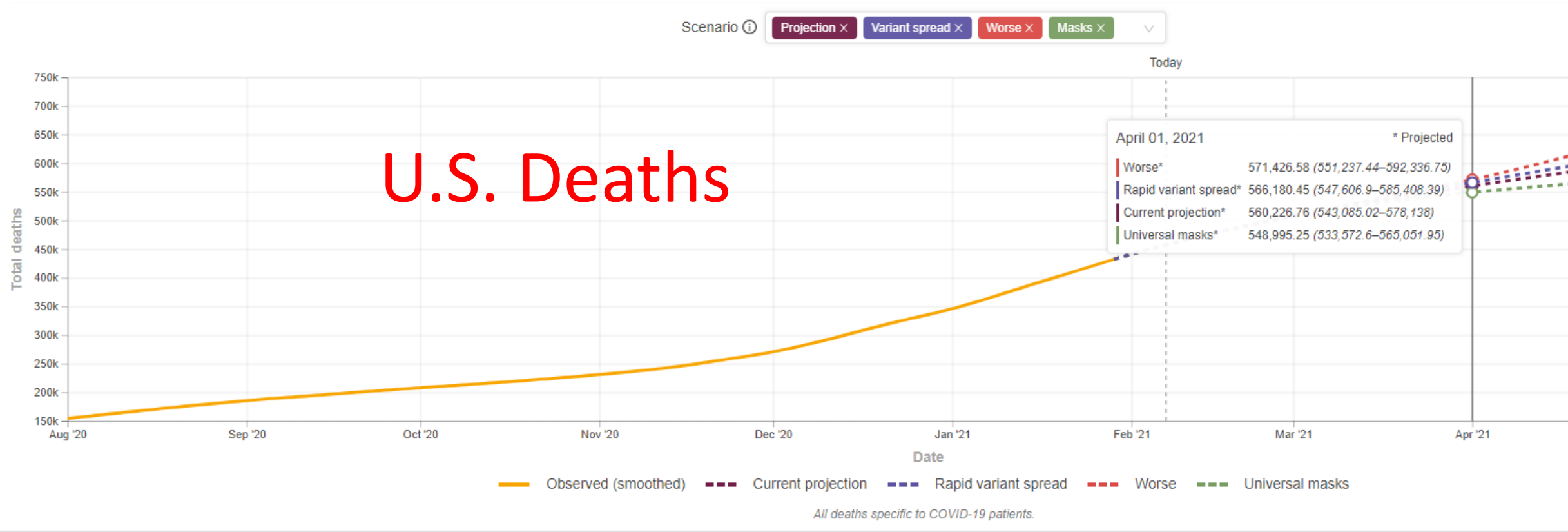















## US Statistics

WHO 8 February 2021

# Current Projection: 560,000+ Deaths by April

## U.S. Deaths



	Smallpox	~3,000 years–1979 <sup>A</sup>	>300,000,000 <sup>B</sup>
	Black Death	1347–1351	~225,000,000 <sup>C</sup>
	Spanish Flu (H1N1)	1918–1919	50,000,000
	HIV/AIDS	1981–Present	23,600,000–43,800,000
	Cholera	1899–1923 <sup>D</sup>	>1,500,000
	Asian Flu (H2N2)	1957–1958	1,100,000
	Russian Flu (likely H2N2)	1889–1890	1,000,000
	Hong Kong Flu (H3N2)	1968–1970	1,000,000
	Swine Flu (H1N1)	2009–2010	151,700–575,400
	COVID-19	2019–Present	2.3mil +++
	Ebola	2014–2016	11,300
	MERS	2012–Present	866
	SARS	2002–2003	774

# COVID-19 compared to other Pandemics

# Preliminary CMS COVID-19 Related Findings

## *Among Medicare beneficiaries*

For encounters from Jan 1 to Nov 21, 2020, with claims received by Dec 18, 2020:

### # Covid-19 cases per 100k beneficiaries:

**6567 for ESRD patients**

2172 for patients who qualified for Medicare based on age

2007 for patients who qualified based on disability.

### COVID-19 related hospitalization rate per 100k beneficiaries:

**4721 for ESRD patients**

732 for patients who qualified for Medicare based on age

699 for patients who qualified based on disability


# Convincing for Patients to GO HOME

- Underlying forces already in play to grow Home Dialysis
  - PPS 2011
  - AAKH initiative, July 2019
- Growth plans in place prior to pandemic
  - Infrastructure critical – nursing staff in place
  - Physician training initiatives
- COVID-19 Pandemic
  - Dialysis organization environment was ready to grow home programs
  - The Pandemic was a strong fertilizer



# Dialysis Organization Growth

Dialysis Organization	January 2020	December 2020	Percent Growth
N	258	300	16%
R	227	247	9%
D			8%



Everyone can  
make a  
difference!

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WHOEVER SAID ONE  
PERSON CAN'T CHANGE  
THE WORLD NEVER ATE  
AN UNDERCOOKED BAT

# With Gratitude

All patients, colleagues, & trainees

Without whom, I would not understand  
the true meaning of teamwork



# COVID-19: Open Discussion

