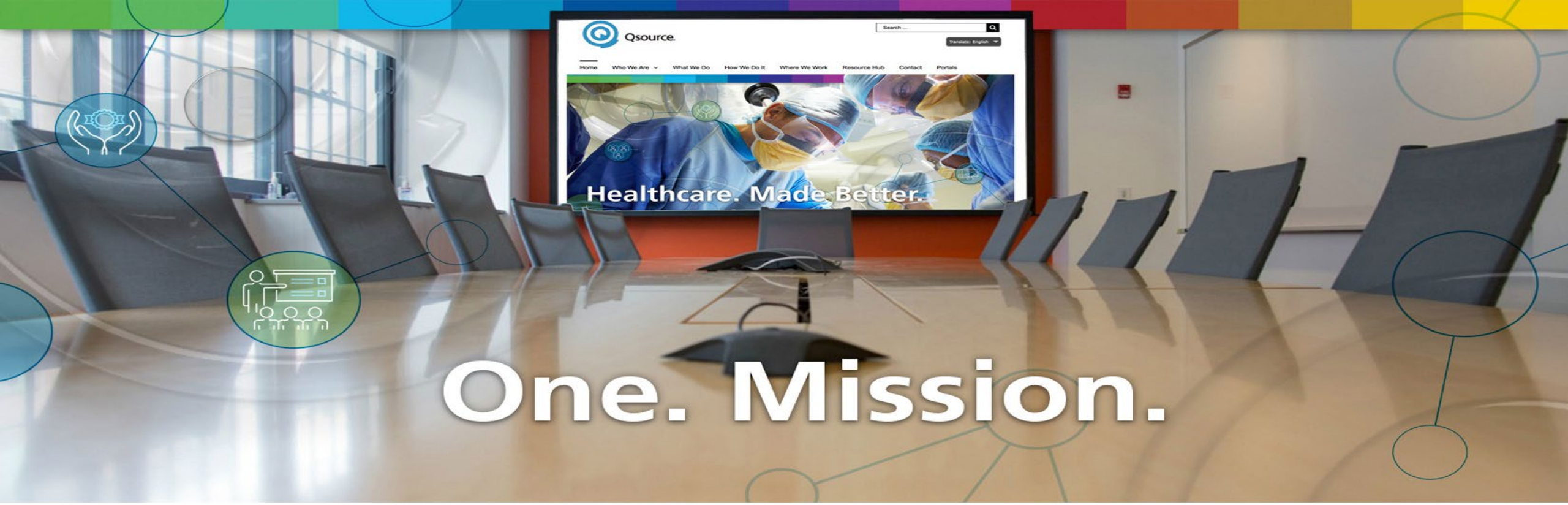

Nephrology Roundtable Discussion

April 15, 2022

Qsource ESRD Networks 10 (IL) and 12 (MO, KS, NE, IA)

Qsource®
ESRD Networks

Agenda

- ESRD Network Introduction
- Dr. Preethi Yerram
  - Guidelines for Nephrology Referral
  - Guidelines for Renal Transplant Referrals
- Dr. Scott Solcher
  - Home Dialysis
- Dr. Juan Pablo Ruiz
  - Peritoneal Dialysis in a County Hospital Setting
- Questions and Answers
- Closing Remarks

Dr. Preethi Yerram

Dr. Scott Solcher

Dr. Juan Pablo Ruiz

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Roundtable Objectives

Objectives for understanding the primary care physician (PCP) and hospitalist's role in chronic kidney disease (CKD)/end-stage renal disease (ESRD) care:

- When to refer to a nephrologist
- When and how to refer for kidney transplant
- The benefits of a home dialysis program
- Peritoneal dialysis program success story

ESRD Network Program Overview

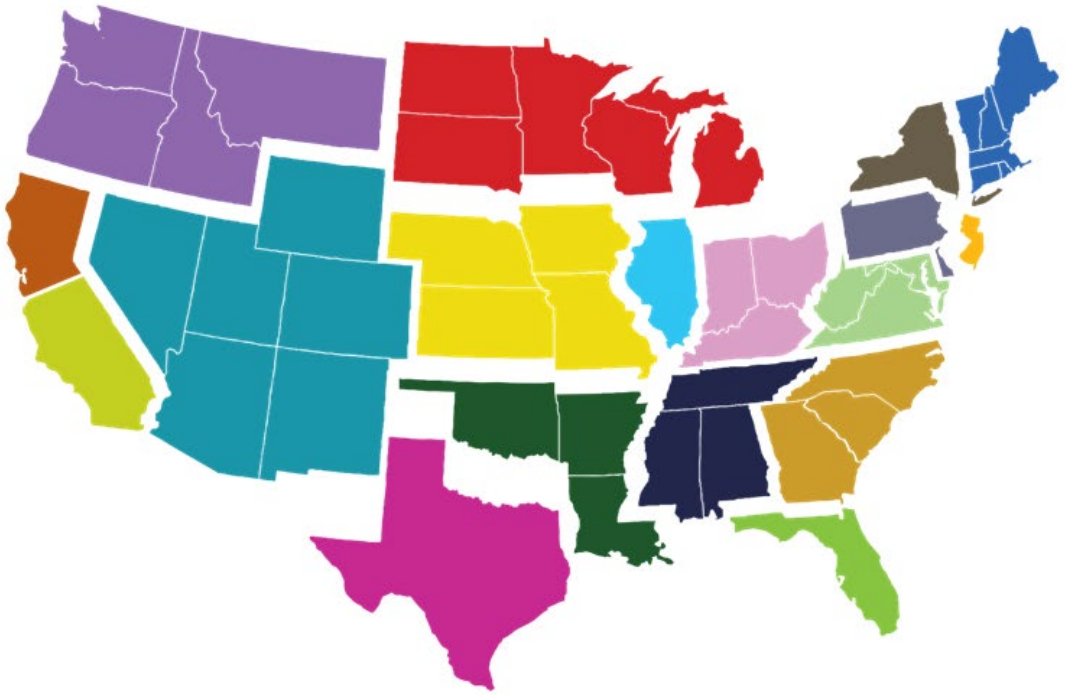
The End Stage Renal Disease Network Organization Program (ESRD Network Program) is a national quality improvement program funded by the Centers for Medicare & Medicaid Services (CMS), a federal agency of the U.S. Department of Health and Human Services (HHS).

Following passage of the 1972 Amendments to the Social Security Act, in response to the need for effective coordination of ESRD care, hospitals and other health care facilities were organized into networks to enhance the delivery of services to people with ESRD.

In 1978, Public Law 95-292 modified the Social Security Act to allow for the coordination of dialysis and transplant services by linking dialysis facilities, transplant centers, hospitals, patients, physicians, nurses, social workers, and dietitians into Network Coordinating Councils, one for each of 32 administrative areas.

In 1988, CMS consolidated the 32 jurisdictions into 18 geographic areas and awarded contracts to 18 ESRD Network Organizations, now commonly known as ESRD Networks. The ESRD Networks, under the terms of their contracts with CMS, are responsible for: supporting use of the most appropriate treatment modalities to maximize quality of care and quality of life; encouraging treatment providers to support patients' vocational rehabilitation and employment; collecting, validating, and analyzing patient registry data; identifying providers that do not contribute to the achievement of Network goals; and conducting onsite reviews of ESRD providers as necessary.

Qsource ESRD Networks Service Area



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Advancing American Kidney Health Initiative

The initiative seeks to:

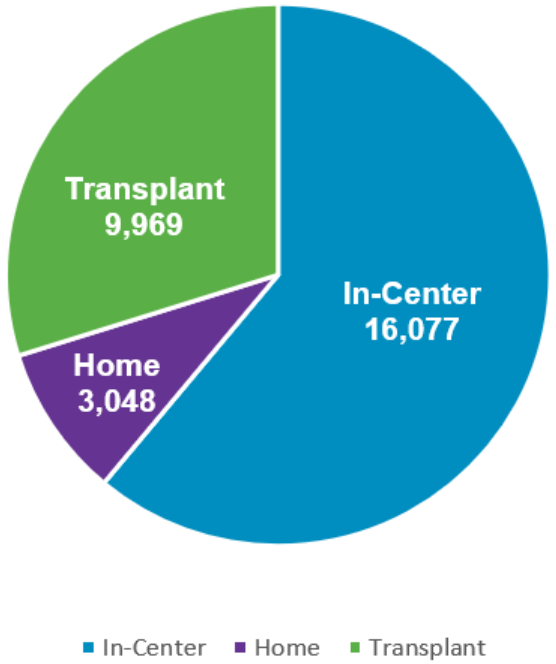
- Prevent kidney failure through better diagnosis, treatment, and preventative care.
- Increase affordable alternative treatment options, educate patients on treatment alternatives, and encourage the development of artificial kidneys.
- Increase access to kidney transplants by modernizing the transplant system and updating counterproductive regulations.

In a statement released by HHS, the administration outlined three goals in this area:

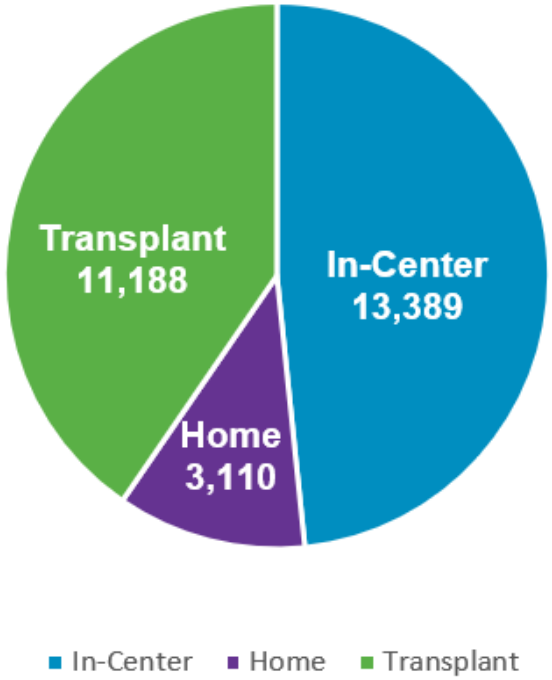
- Reducing the number of Americans developing kidney failure 25% by 2030.
- Ensuring 80% of new kidney failure patients in 2025 either are receiving dialysis at home or are receiving a transplant.
- Doubling the number of kidneys available for transplant by 2030.

Renal Replacement Therapy Breakdown

Network 10



Network 12



Data Source: End Stage Renal Disease Quality Reporting System (EQRS)

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United States Renal Data System (USRDS)

According to the 2021 Annual Data Report:

- Overall, 14.4% of the U.S. adult population surveyed in 2015-2018 in the National Health and Nutrition Examination Survey (NHANES) had CKD based on a low estimated glomerular filtration rate (eGFR) or albuminuria (on a single examination)
- In 2019, 134,608 individuals were newly diagnosed with ESRD, representing an increase of 2.7% from the previous year

Guidelines to Nephrology and Renal Transplant Referrals

Preethi Yerram MD, MS, FASN

Guidelines for Nephrology Referral

- Goals:
  - Evaluate cause of renal dysfunction and treat if there is a reversible etiology
  - Slow CKD progression
  - Manage CKD-related complications
  - Timely referral for CKD/dialysis modality education
  - Timely referral for kidney transplantation
  - Prevent unplanned dialysis starts

Guidelines for Nephrology Referral

- GFR <30 mL/min/1.73 m^2 (CKD Stages 4-5)
- CKD stage 3 with complications
- Rapid decline in GFR
- Significant albuminuria (>300 mg)/proteinuria (>500 mg)
- Resistant hypertension
- Urine RBC casts or RBCs >20/hpf not otherwise explained
- Hereditary renal disease
- Recurrent/extensive nephrolithiasis
- Electrolyte disorders
- Proteinuria/renal dysfunction in pregnancy
- H/o renal transplantation

Classification of CKD Based on GFR and Albuminuria Categories: "Heat Map"

CKD is classified based on:

- **Cause (C)**
- **GFR (G)**
- **Albuminuria (A)**

GFR categories (ml/min/1.73 m^2) Description and range				Albuminuria categories Description and range		
				A1	A2	A3
				Normal to mildly increased	Moderately increased	Severely increased
				<30 mg/g <3 mg/mmol	30-299 mg/g 3-29 mg/mmol	≥300 mg/g ≥30 mg/mmol
	G1	Normal or high	≥90	1 if CKD	Monitor 1	Refer* 2
	G2	Mildly decreased	60-89	1 if CKD	Monitor 1	Refer* 2
	G3a	Mildly to moderately decreased	45-59	Monitor 1	Monitor 2	Refer 3
	G3b	Moderately to severely decreased	30-44	Monitor 2	Monitor 3	Refer 3
	G3	Severely decreased	15-29	Refer* 3	Refer* 3	Refer 4+
	G5	Kidney failure	<15	Refer 4+	Refer 4+	Refer 4+

Colors: Represents the risk for progression, morbidity and mortality by color from best to worst. Green: low risk (if no other markers of kidney disease, no CKD); Yellow: moderately increased risk; Orange: high risk; Red, very high risk.

Numbers: Represent a recommendation for the number of times per year the patient should be monitored.

Refer: Indicates that nephrology referral and services are recommended.

*Referring clinicians may wish to discuss with their nephrology service depending on local arrangements regarding monitoring or referral.

National Kidney Foundation®

Adapted from Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. *Kidney Int Suppls*. 2013;3:1-150.

Guidelines for Renal Transplant Referral

- Patients with CKD and GFR </= 20 ml/min
- Patient factors to consider:
  - BMI
  - Frailty/functional status
  - Cardiovascular disease
  - Infection
  - Dental clearance
  - Malignancy
  - Uncontrolled psychiatric illness, drug abuse
- Typical time on wait-list ~3-5 years/longer in some places
- Early referral will increase patients' chances of receiving a transplant sooner

Barriers to Home Dialysis

Scott Solcher, MD

Division Director, Stormont Vail Health

Benefits of Home Dialysis

- Often feel better
- Flexibility with schedule, especially if working
- Decreased recovery time
- Fewer dietary restrictions
- Fewer blood pressure medicines
- Possible longer life expectancy (home hemo)

Uncorrectable Barriers

Physical disabilities

- Strength
- Vision
- Ability to learn

Living situation (nursing home, pets, etc)

Solo status (nocturnal home hemo)

Correctable Barriers

- Late referrals
- Recurrent education
- Language
- Living Situation
- Help from family
- Degree of education while in training
- Financial and time disincentives to the physician

Starting a PD Program at a County Hospital

Juan Pablo Ruiz

Peritoneal Dialysis Director

John H. Stroger Hospital of Cook County

Benefits of a PD program in a County Hospital Setting

- Low Cost
- Increased revenue (e.g. keeping our patients)
- Staff, space and equipment demands lower than HD
- Reimbursement incentives
- Large number of suitable candidates
- High patient motivation for home option

Challenges of Starting a PD program in a County Hospital

- Starting New Processes
  - New Contracts (e.g. vendors, agencies)
  - Lab processes (e.g. kt/v, PET)
  - IT (e.g. documentation, billing, scheduling)
  - Access (IR, Surgeons)
- Limited Education (e.g. leadership, physicians, nurses, patients; misconceptions)
- Limited resources (e.g. staff, budget, oversight, salaries offered)
- Inefficient processes (e.g. staff turnover, slow decision making, hiring, delayed payments)
- PD nurse hiring → (e.g. high demand, non-competitive salaries offered, poor understanding of job description requirement)

Opportunities

- Insurance coverage in Illinois for underserved population
- High interest in young, motivated population
- Awareness of Home dialysis options increasing
- Increasing numbers of CKD patients
- Urgent PD as an option to new ESRD inpatient admissions

Questions and Answers

This material was prepared by Qsource, an End-Stage Renal Disease (ESRD) Network under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 22.Q-ESRD.04.071

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Closing Remarks

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Resources for Staff and Patients:

Explore Your Kidney Treatment Options

Home Dialysis Myth Busters

Is Transplant for Me?

Ten Benefits of Kidney Transplant

Community Coalitions:
https://app.smartsheet.com/b/form/baed61966fdf4da1961ce5c279f98f7d

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