Drivers for Home Dialysis

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- Clinical SRO, Renal Services Transformation Plan, NHSE/I

OUTLINE

- Drivers influencing home dialysis uptake
  - Strategic
  - Socioeconomic
  - National
  - Stakeholders – public, patients & professionals
  - Institutional
  - Individual – patient & professional

- The influence of ‘policy’ on home dialysis

- What is the ideal modality distribution?

At What Level Can We Influence This Distribution?

Transplantation

PD

Home HD

In centre HD

National or regional

Facility

Individual

STRATEGIC (EXTERNAL NATIONAL) DRIVERS

- Availability
  - Water
  - Power
  - Infrastructure
  - Equipment
  - Consumables
- Affordability
  - The context of national health and well being priorities
  - Are there different challenges between high, medium and low income economies?
- Acceptability

VARIATION: BETWEEN NATIONS

Figure 13.16. Dialysis modality use by nation, 2014

Proportion of prevalent dialysis population (%)

100
90
80
70
60
50
40
30
20
10
0

HHD
PD
ICHD

Indonesia
Japan
Philippines
Argentina
Chile
Iran
Israel
Portugal
Russia
Greece
Czech Republic
France
Switzerland
Turkey
Belgium, Dutch sp.
Uruguay
Austria
Romania
Belgium, French sp.
Oman
Serbia
Malaysia
Kuwait
United States
Rep. of Korea
Singapore
Spain
Scotland
Ireland
Norway
Netherlands
United Kingdom
Canada
Sweden
Finland
Denmark
Qatar
Colombia
Australia
Jalisco (Mexico)
New Zealand
Hong Kong

Country

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National Policy Drivers

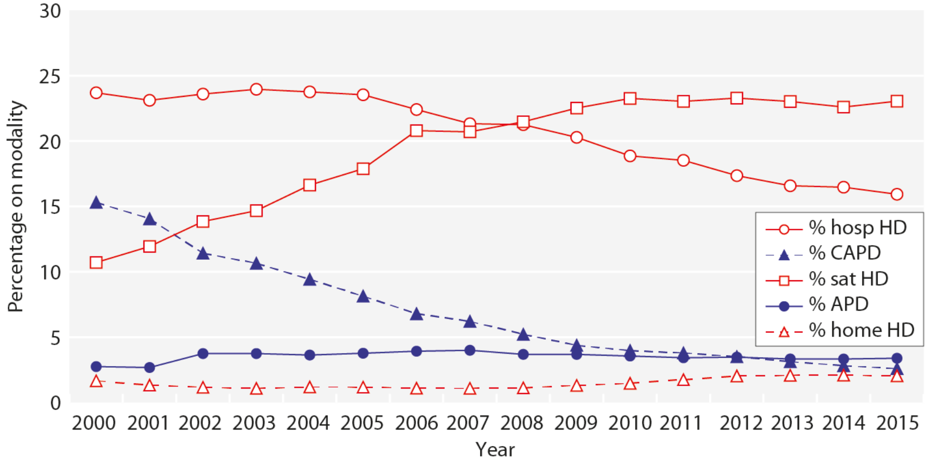
- Health system
  - Targets
  - Financial incentives
- Professional
  - Guidelines
  - Improvement science
- Society
  - Equity
    - Demographics e.g. age
    - Comorbidity
    - Ethnicity
    - Health literacy
  - Technology

Technology as an enabler

Improved outcomes
Change process
Sustainability – e.g. green
Communications
Knowledge transfer

Virtue or Necessity?

- The overriding drivers affecting uptake and distribution of renal replacement therapy are national infrastructure investment and the role of private provision



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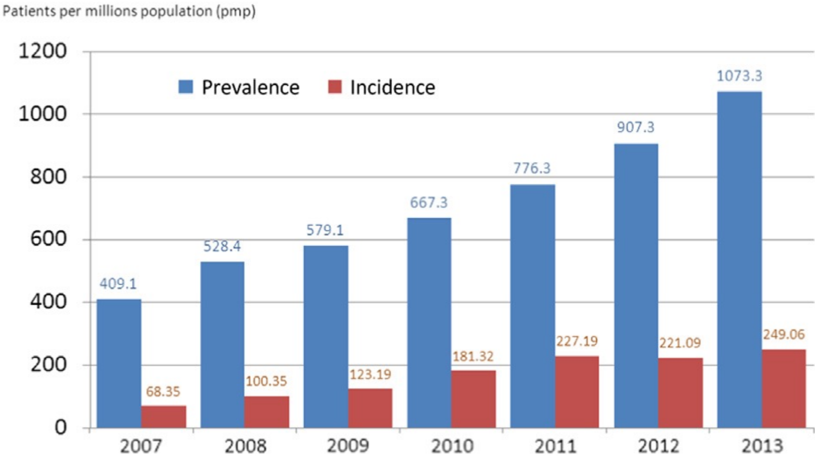


Figure 1. Yearly incidence and prevalence of patients starting renal replacement therapy in 2007 to 2013. Adapted from Thailand Renal Replacement Therapy Registry. Chuengsaman et al Semin Nephro 2017

Stakeholder Policy Initiatives

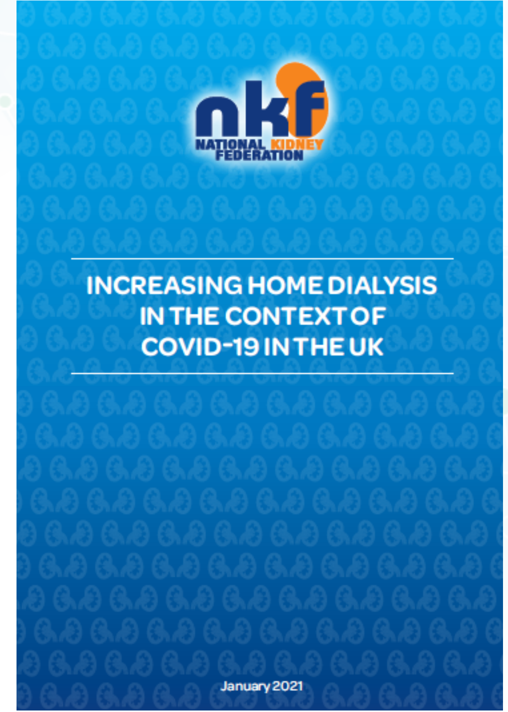
NICE guidance

Home HD Technology appraisal guidance [TA48] Published date: 26 September 2002

PD Clinical guideline [CG125] Published date: 27 July 2011

All modalities NICE guideline [NG107] Published date: 03 October 2018

COVID-19 rapid guideline: dialysis service delivery NICE guideline [NG160] Published date: 20 March 2020 Last updated: 11 September 2020



NATIONAL POLICY INITIATIVES

US Advancing American Kidney Health

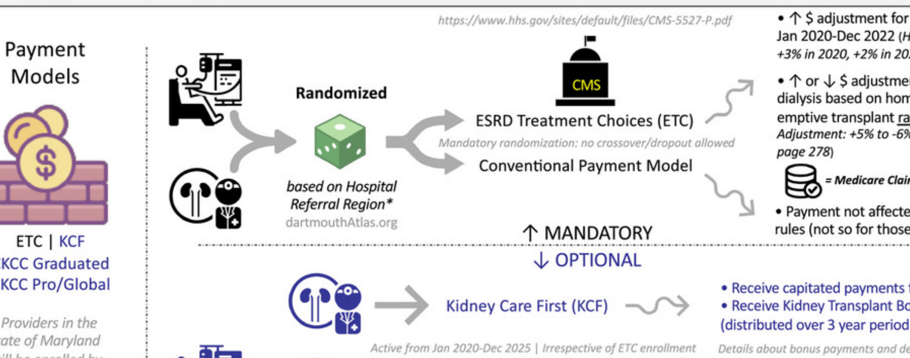
Principle driver – cost of ESRD programme in USA

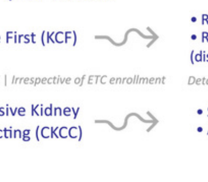
Vision

Reduce incidence of ESRD
Double number of organs transplanted
Increase prevalence of home dialysis

Mechanism

AAKH payment model
Incentivisation





FMC Press release 23/02/2021
Reported 14% growth in home dialysis treatments and 37% increase in home HD

Variation: Within Nations or Regions

Home therapy (all) % rate by centre Midlands

45.0
40.0
35.0
30.0
25.0
20.0
15.0
10.0
5.0
0.0

B Heart, B QEH, Basldn, Camb, Chelms, Colchr, Covnt, Derby, Dudley, Ipswi, Leic, Norwch, Nottm, Shrew, Stevng, Sthend, Stoke, Wolve

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PATIENT FLOWS HOME HD DERBY 2017

- Thinking about process
  - Recruit – Train - Retain

Current programme
65 on HHD 69 on PD
206 IC HD 39 Satellite HD

- Leadership
- Engagement
- Technology
- Process
- Agility
- Flexibility
- Integration
- DIKAR

Year start
42

→ Trained
23 (+2 retrains)

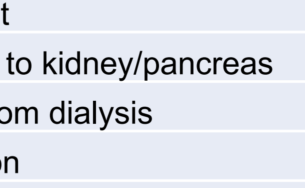
→ Transplanted
6

→ Year end
51

Failed training
1

→ Returned to IC
2

→ Died
5



Cardiac arrest
Bleed related to kidney/pancreas
Withdrawal from dialysis
Chest infection
MSSA endocarditis (rope ladder)

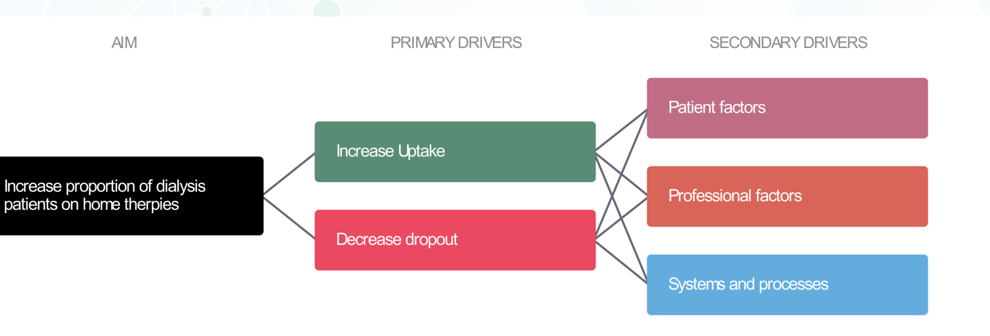
Drop outs
Cocaine addiction
Frailty and wife on HD

12 listed
plus 4 suspended
8 declined listing

Do We Understand Variation Within 'Systems'?

- If a 'national' system was perfect it would expect to see
  - Minimal variation between providers
  - Evidence of continuous improvement

- What characterises 'high performing' facilities?
  - What is high performance?
    - Balancing measures
  - Leadership – patients & HCP
  - Culture
    - Shared vision, SDM
  - Internal systems
  - An improvement, rather than target, mindset

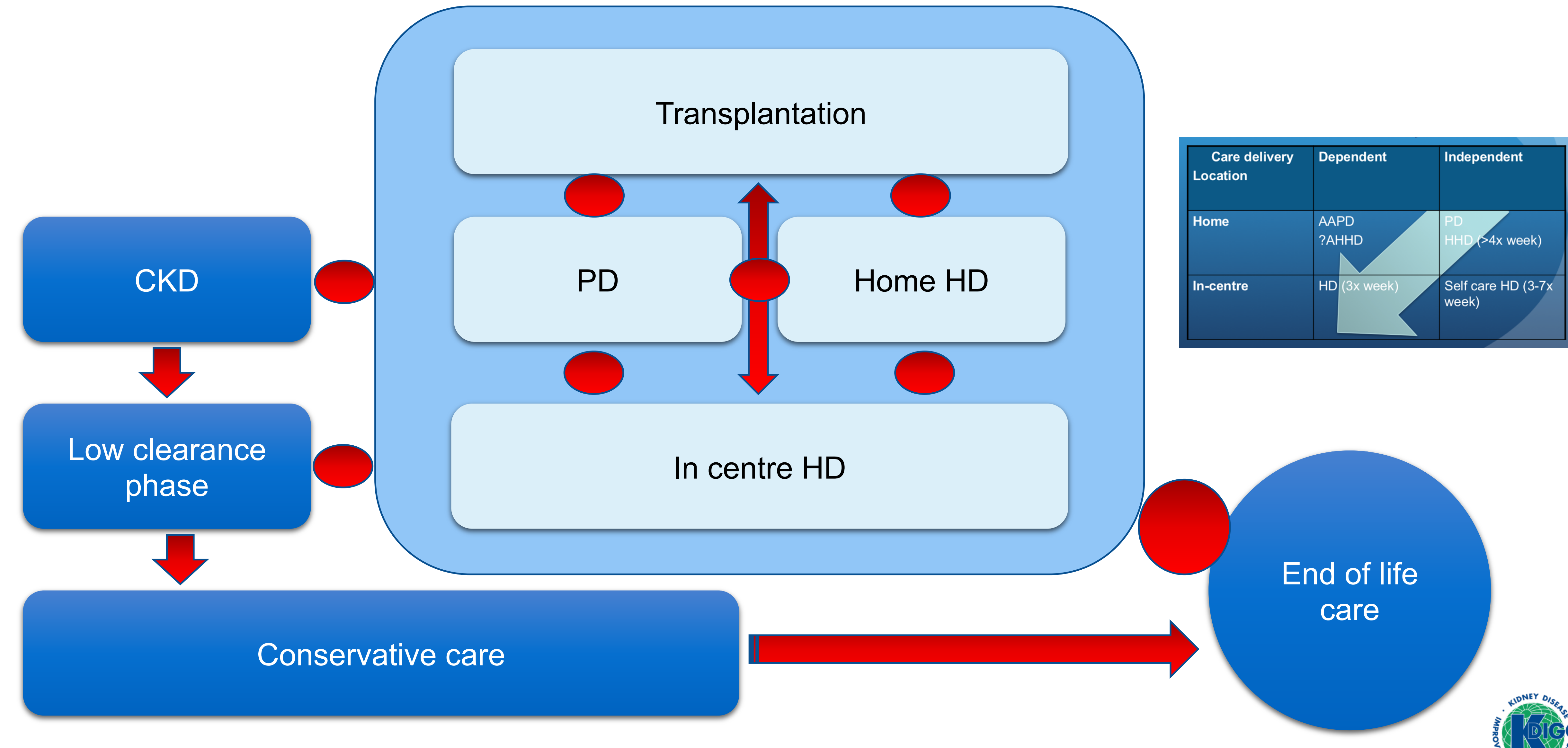


What is the Optimal Distribution of Therapy?

- The impossible question
  - Home dialysis should be used in between 0 and 100% of people on dialysis
- Principles
  - What should be included in the metrics?
    - Transplant – Home HD – PD – Shared/self care HD – Assisted PD – In centre HD
    - Competition or synergy?
  - Measure on a population basis not by facility
  - Measure to improve, not judge
  - Measure to improve ‘value’ – patient, clinical and resource outcomes/process plus balancing measures

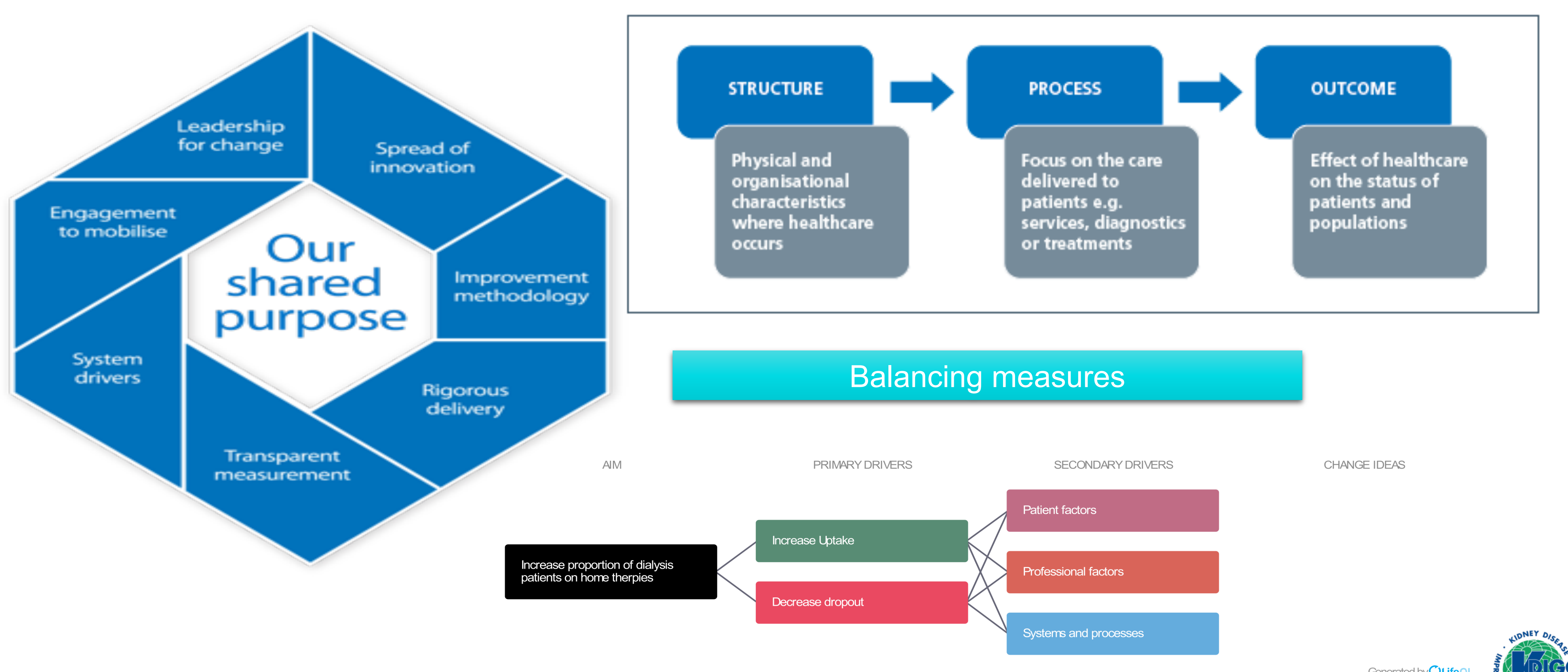
  - Should the focus be on the transition points?

The Pathway: a Focus on Transition Not Destination



Fluck R. Transitions in care: what is the role of peritoneal dialysis? *Perit Dial Int* 2008; 28:591–5

How? Top Down Vision, Bottom Up Implementation



Conclusion: Where to Now?

Transplantation 50-60%

PD 10-12.5%

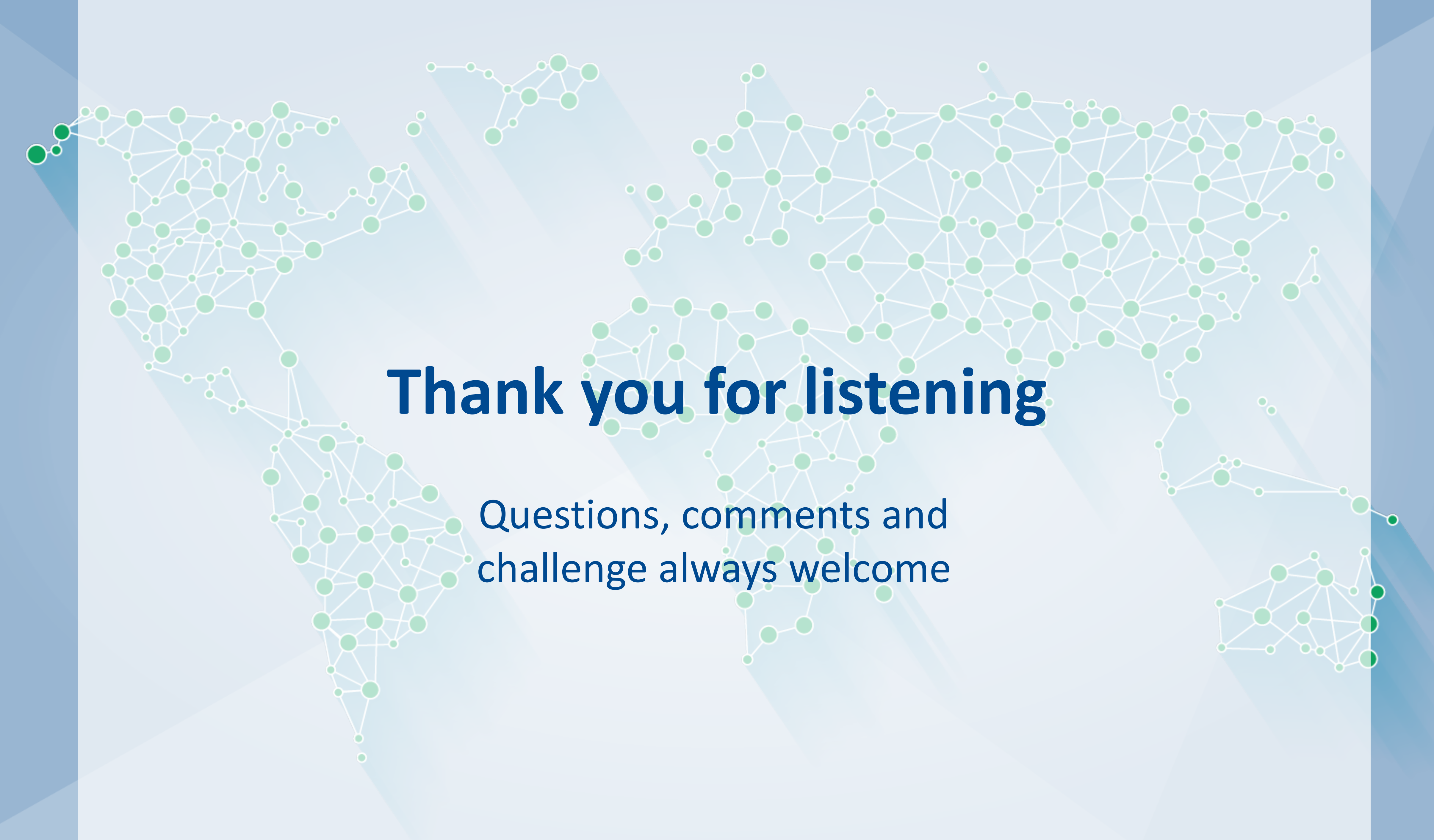
Home HD 10-12.5%

In centre HD 20-25%

Develop National VALUE agenda

Focus on Facility/Population QI

Improve uptake and retention for individuals



Thank you for listening
Questions, comments and
challenge always welcome