

# PALLIATIVE CARE FOR PATIENTS AND FAMILIES LIVING WITH CKD AND ESRD

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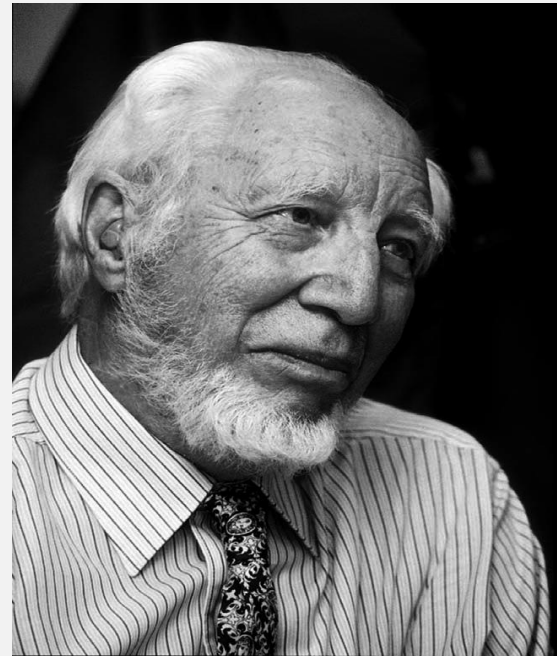
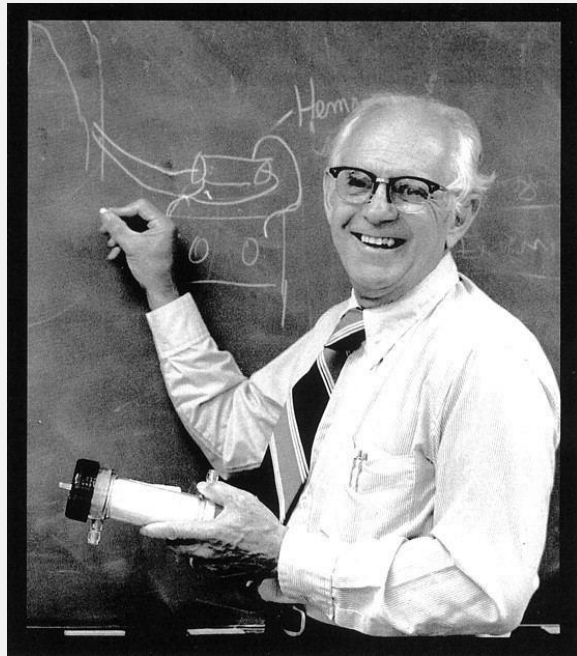
## DISCLAIMER

- Adult population
- Clinical practice
- Spouse is medical director for DaVita

# OBJECTIVES

- Understand the changing demographic of treating ESRD in the US
- Identify risk factors for poor prognosis of dialytic therapy
- Identify quality of life measures specific to the ESRD population
- Utilize a multi-specialty team approach to guide patient/family therapy

“IF THE TREATMENT OF CHRONIC UREMIA  
CANNOT FULLY REHABILITATE THE PATIENT,  
THE TREATMENT IS INADEQUATE.”



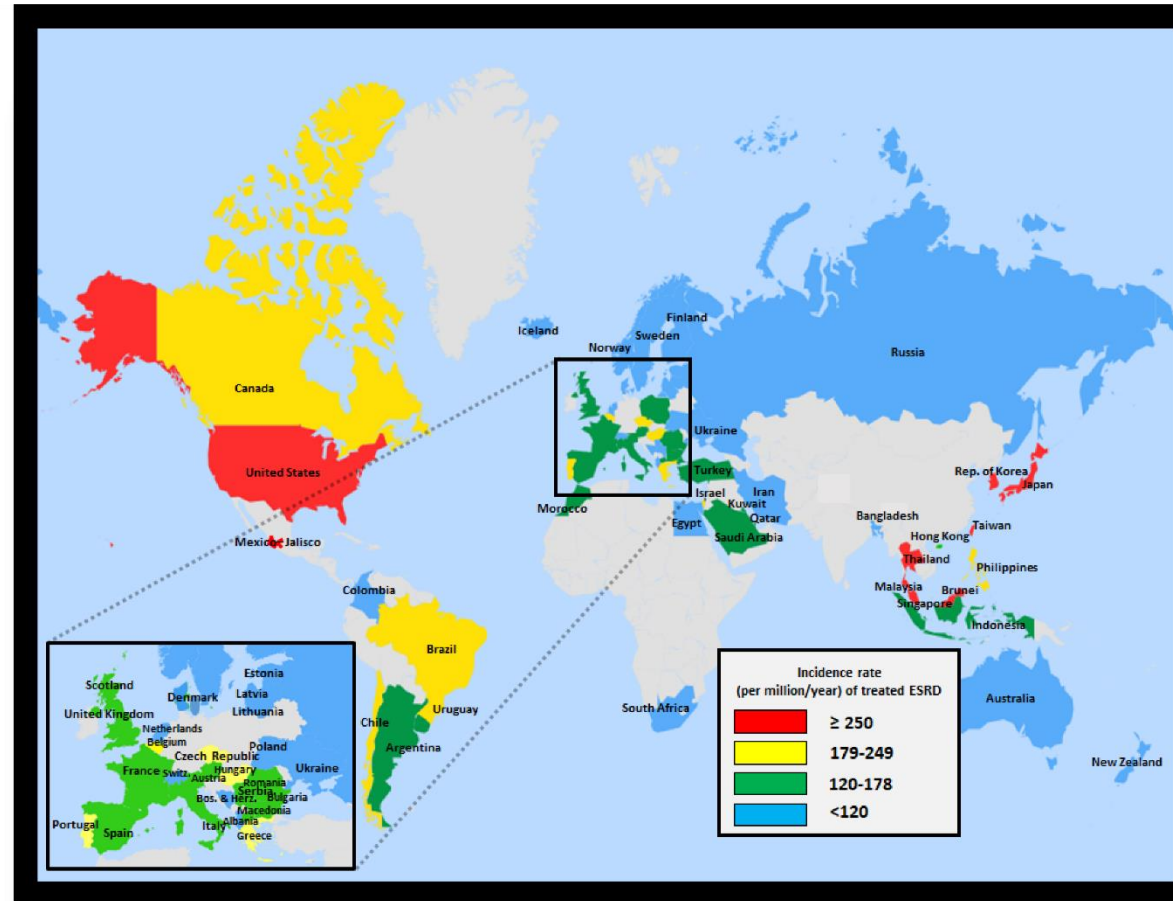
# 1972

- Medicare established in 1965, no coverage for ESRD
- In October, 1972 Congress passed the Social Security Amendments of 1972
- Multiple revisions since

## PREVALENCE OF CKD/ESRD

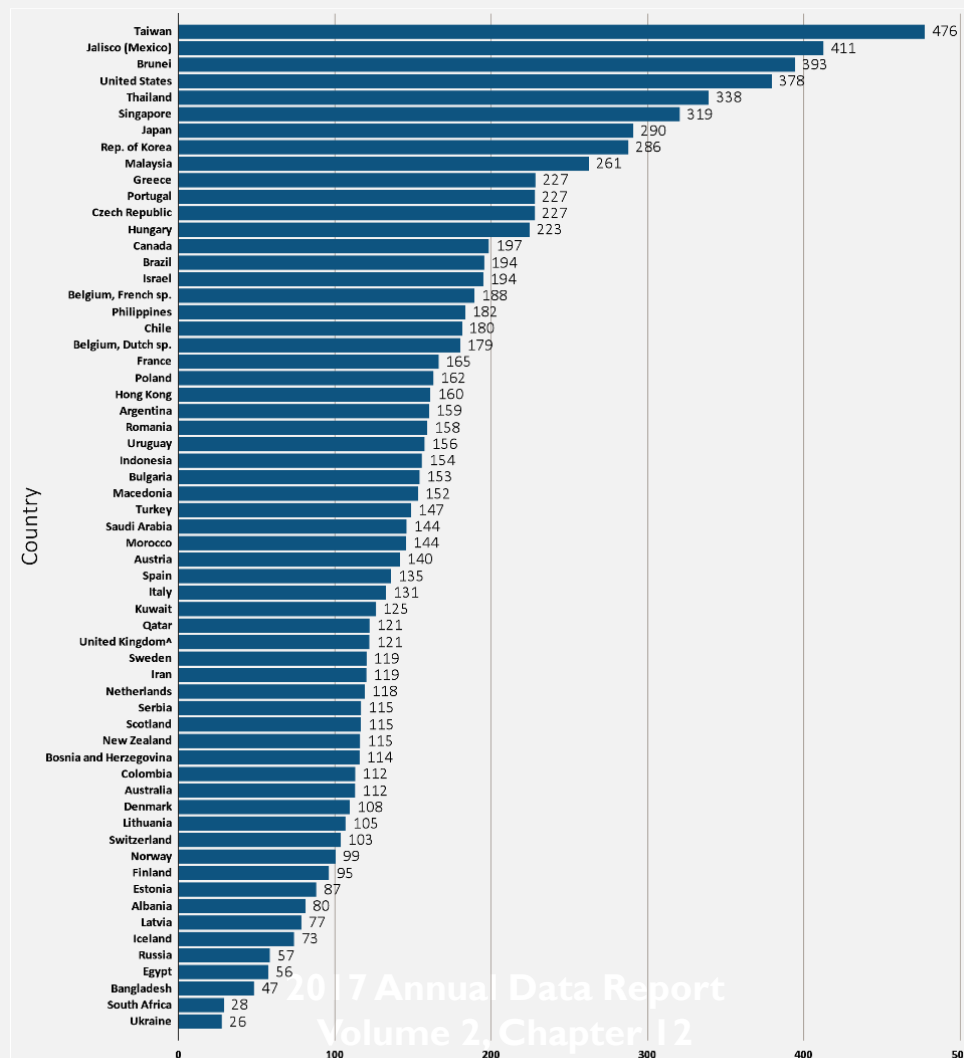
- 30 million American adults have CKD
- Millions more at risk
- ~500,000 thousand patients receive dialysis treatment

## VOL 2 FIGURE 11.1 GEOGRAPHIC VARIATIONS IN THE INCIDENCE RATE OF TREATED ESRD (PER MILLION POPULATION/YEAR), BY COUNTRY, 2015



Data source: Special analyses, USRDS ESRD Database. Data presented only for countries from which relevant information was available. All rates are unadjusted. United Kingdom: England, Wales, Northern Ireland (Scotland data reported separately). Data for Italy include five regions. Data for Indonesia represent the West Java region. Data for France exclude Martinique. Data for Canada excludes Quebec. Japan includes dialysis patients only. Abbreviation: ESRD, end-stage renal disease. NOTE: Data collection methods vary across countries, suggesting caution in making direct comparisons.

## VOL 2 FIGURE 11.2 INCIDENCE RATE OF TREATED ESRD (PER MILLION POPULATION/YEAR), BY COUNTRY, 2015



Data source: Special analyses, USRDS ESRD Database. Data presented only for countries from which relevant information was available. All rates are unadjusted. ^United Kingdom: England, Wales, Northern Ireland (Scotland data reported separately). Data for Italy include five regions. Data for Indonesia represent the West Java region. Data for France exclude Martinique. Data for Canada excludes Quebec. Japan includes dialysis patients only. Data for Latvia represents 80% of the country's population. Abbreviations: ESRD, end-stage renal disease; sp., speaking. NOTE: Data collection methods vary across countries, suggesting caution in making direct comparisons.

# INCENTER HEMODIALYSIS

- MWF or TRS
- Most treatments at least 3 hours long
- Travel time to dialysis unit, time in waiting room, time waiting for initiation and discontinuation of treatment

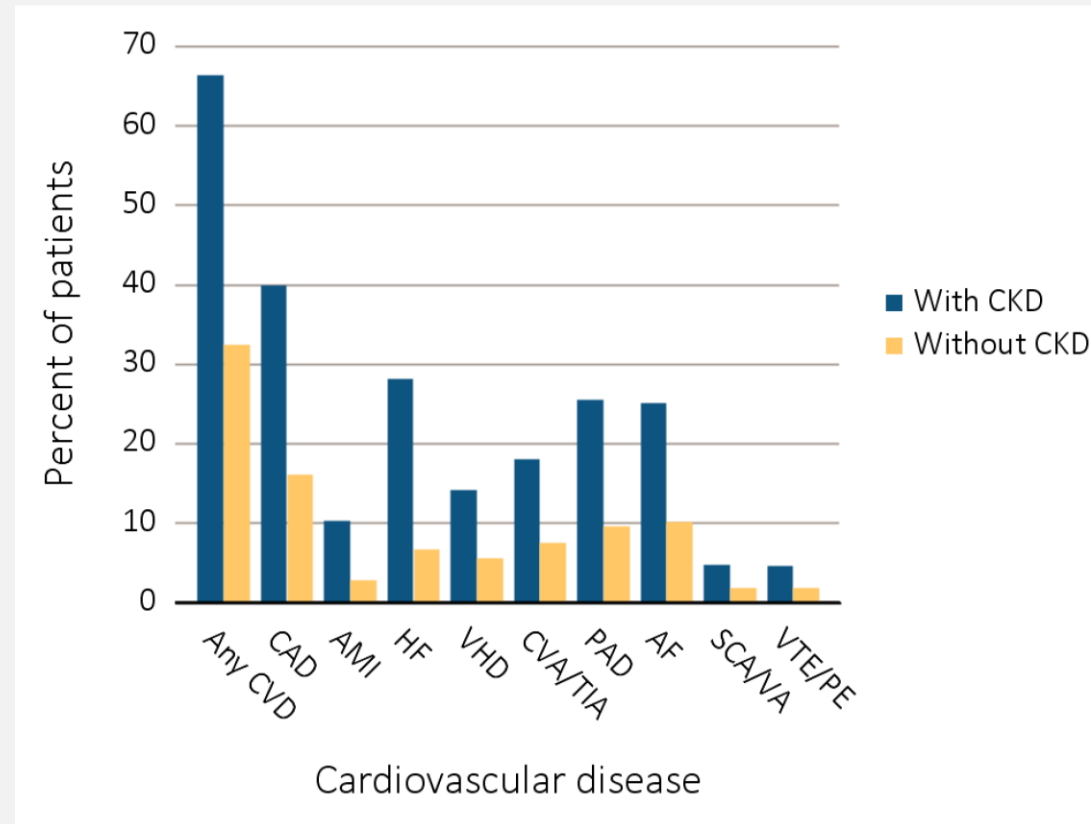
# PERITONEAL DIALYSIS

- Treatments are done every night—generally 8-10 hours
- Occasionally have a daytime exchanges

# HOME HEMODIALYSIS AND NOCTURNAL HEMODIALYSIS

- HHD
  - Shortened treatments (2 ½ to 4 hours) 5-6 days per week.
- Nocturnal Hemodialysis
  - Extended slow hemodialysis treatments

## VOL 1 FIGURE 4.1 PREVALENCE OF COMMON CARDIOVASCULAR DISEASES IN PATIENTS WITH OR WITHOUT CKD, 2015



Data Source: Special analyses, Medicare 5% sample. Abbreviations: AF, atrial fibrillation; AMI, acute myocardial infarction; CAD, coronary artery disease; CKD, chronic kidney disease; CVA/TIA, cerebrovascular accident/transient ischemic attack; CVD, cardiovascular disease; HF, heart failure; PAD, peripheral arterial disease; SCA/VA, sudden cardiac arrest and ventricular arrhythmias; VHD, valvular heart disease; VTE/PE, venous thromboembolism and pulmonary embolism.

# SUDDEN CARDIAC DEATH

- Increased risk of sudden cardiac death after the dialysis free weekend interval
- Wide fluctuations of fluid volume status and electrolytes
- Unsafe ultrafiltration rates during dialysis treatments (HD)
  - 13 ml/kg/hr
  - 100 kg person, dialyzing for 4 hours = 5,200 ml

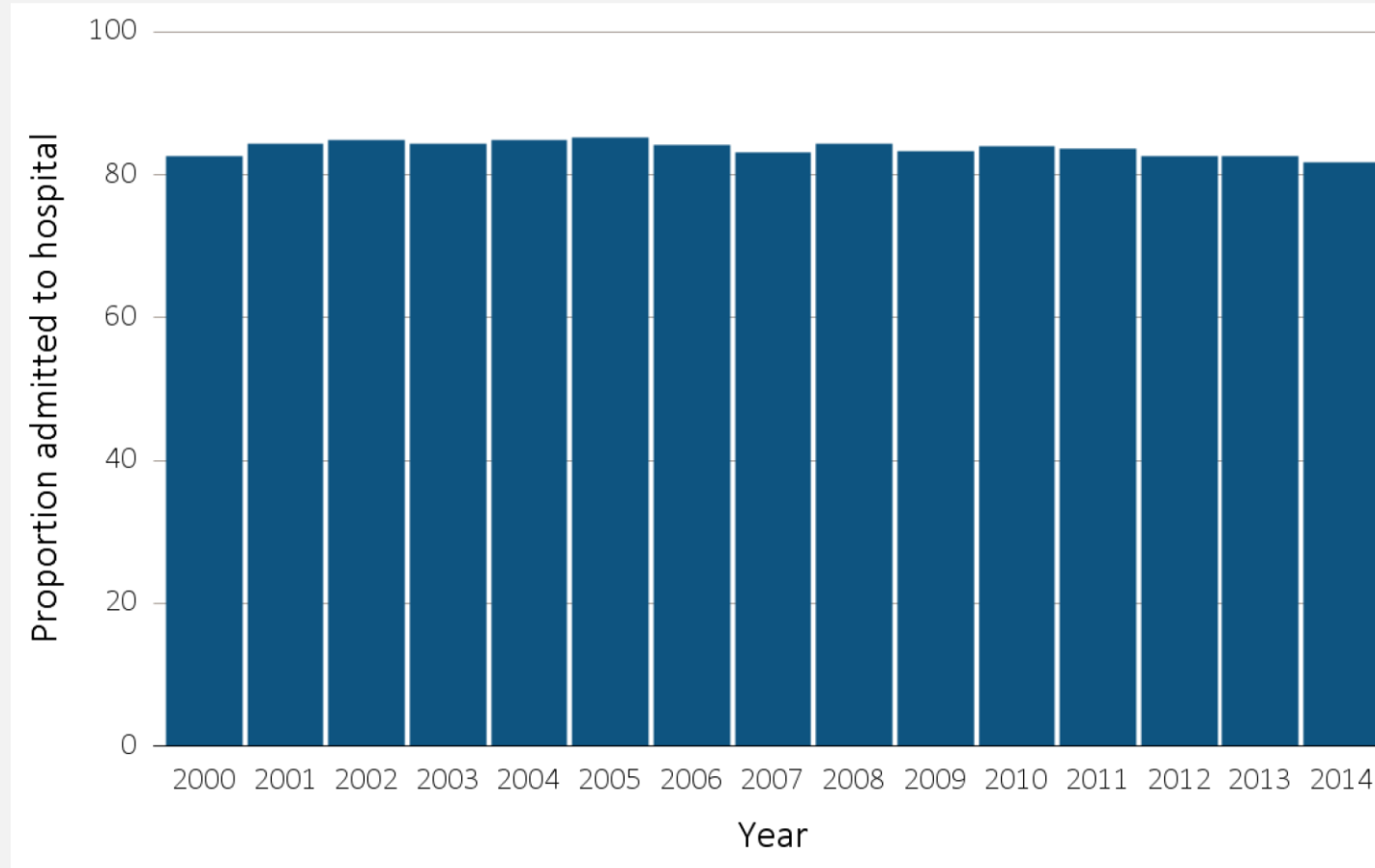
## MORBIDITY AND MORTALITY

- About 4 out of 5 dialysis patients start treatment with a CVC (central venous catheter)
- CVCs cause roughly 37,000 bloodstream infections every year
- On average, CVC patients spend 27 more days per year in a hospital than patients with an AVF

## FINANCIAL BURDEN OF CKD/ESRD

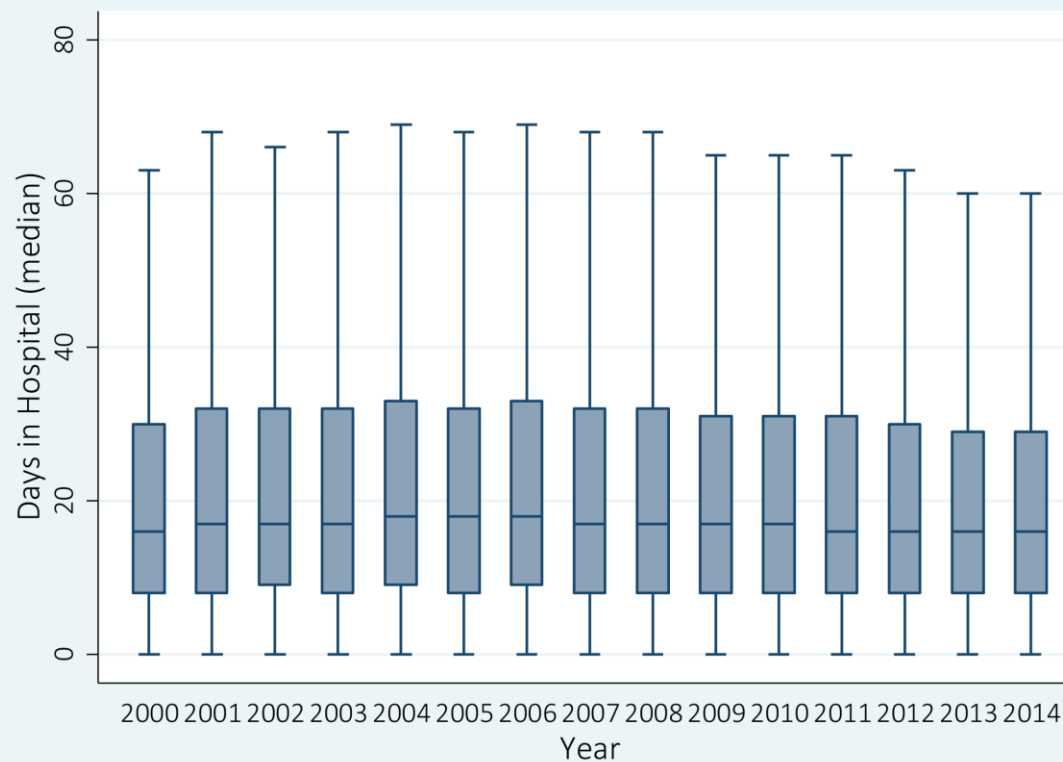
- Medicare spending was nearly \$100 billion
- Patient costs

## VOL 2 FIGURE 12.1 HOSPITAL ADMISSION DURING THE LAST 90 DAYS OF LIFE AMONG MEDICARE BENEFICIARIES WITH ESRD, 2000-2014



*Data Source: Special analyses, USRDS ESRD Database. Denominator is all decedents with Medicare Parts A and B throughout the last 90 days of life. Includes hospital stays in both short- and long-stay hospitals. Abbreviation: ESRD, end-stage renal disease.*

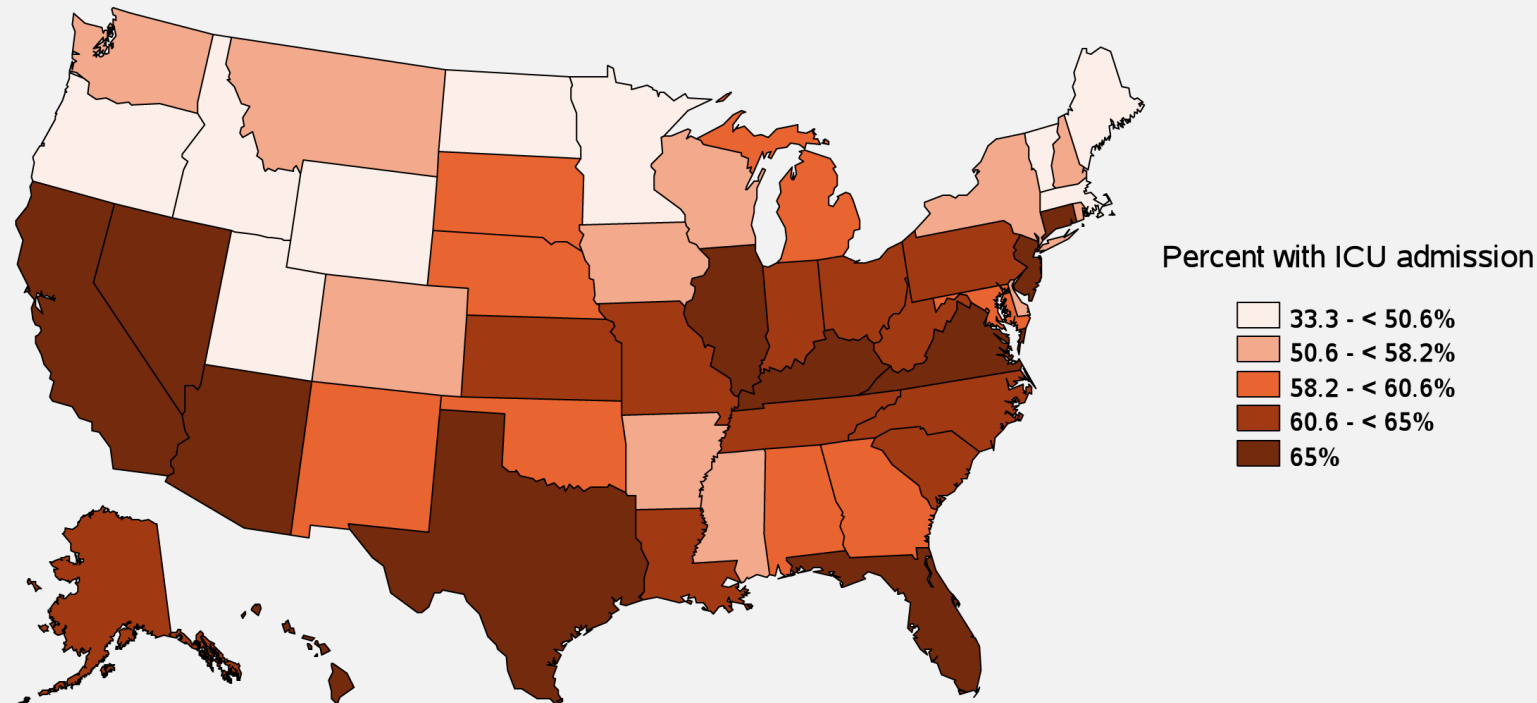
## VOL 2 FIGURE 12.2 DAYS SPENT IN THE HOSPITAL DURING THE LAST 90 DAYS OF LIFE AMONG MEDICARE BENEFICIARIES WITH ESRD, 2000-2014



*Data Source: Special Analyses, USRDS ESRD Database. Denominator is all decedents with Medicare Parts A and B throughout the last 90 days of life who were admitted to the hospital at least once. Includes hospital stays in both short- and long-stay hospitals. Explanation of box plot: The lower border of the box is the first quartile and the upper border is the third quartile of the distribution, the length of the box is the interquartile range and the line in the middle of the box is the median value. The whiskers (vertical lines above and below each box) extend from the lowest value of the distribution that is  $\geq$  the first quartile minus 1.5 times the interquartile range at the bottom to the highest value of the distribution that is  $\leq$  the third quartile plus 1.5 times the interquartile range at the top. Values outside this range (outliers) are not plotted. Abbreviation: ESRD, end-stage renal disease.*

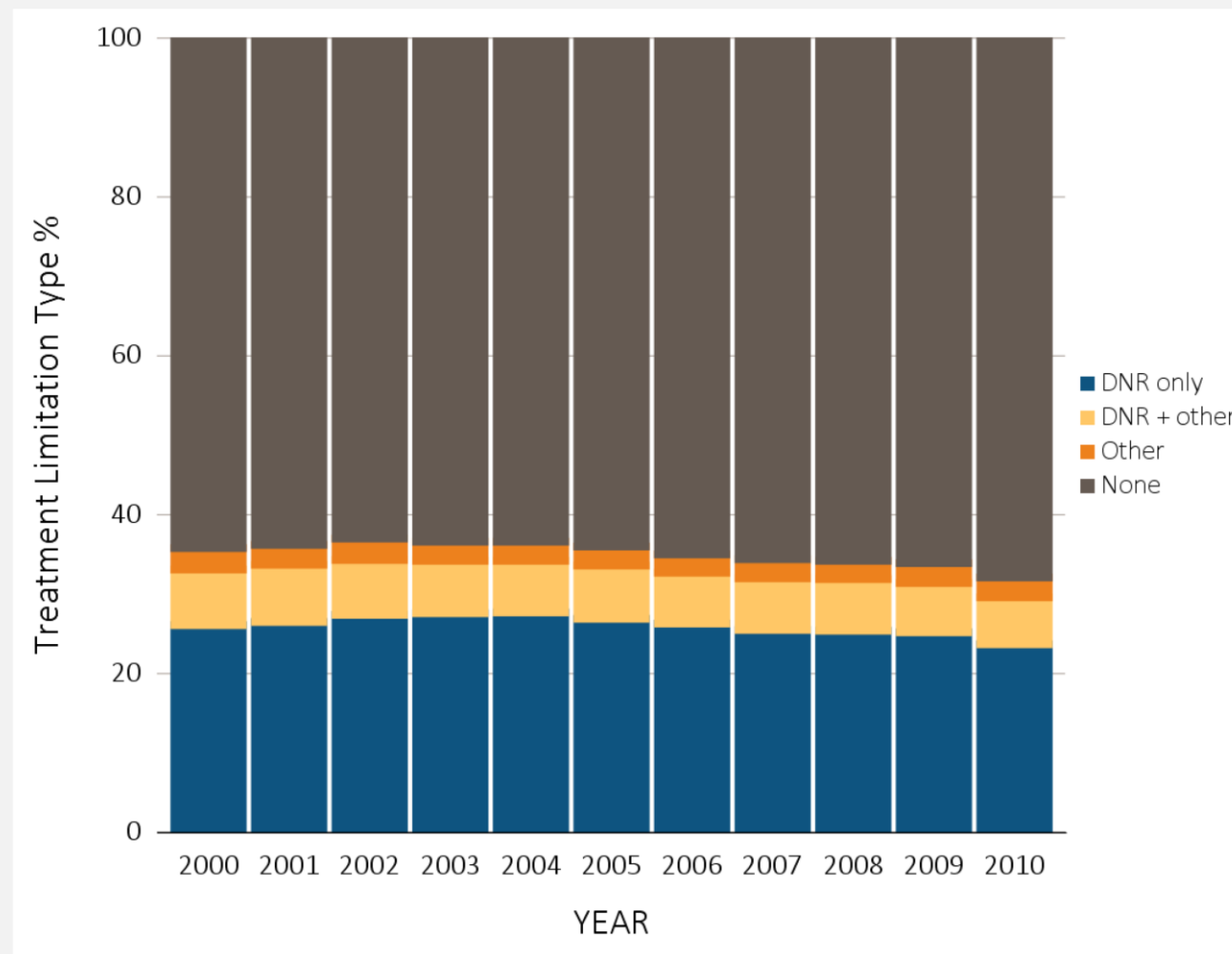
## VOL 2 FIGURE 12.3 ICU ADMISSION DURING THE LAST 90 DAYS OF LIFE AMONG MEDICARE BENEFICIARIES WITH ESRD OVERALL, AND BY AGE, RACE, ETHNICITY, SEX, AND MODALITY, 2000-2014

(g) ICU admission by state



*Data Source: Special Analyses, USRDS ESRD Database. Denominator is all decedents with Medicare Parts A and B throughout the last 90 days of life. ICU admission was identified using ICU revenue center codes in Medicare Institutional claims. Abbreviations: ESRD, end-stage renal disease; ICU, Intensive care unit.*

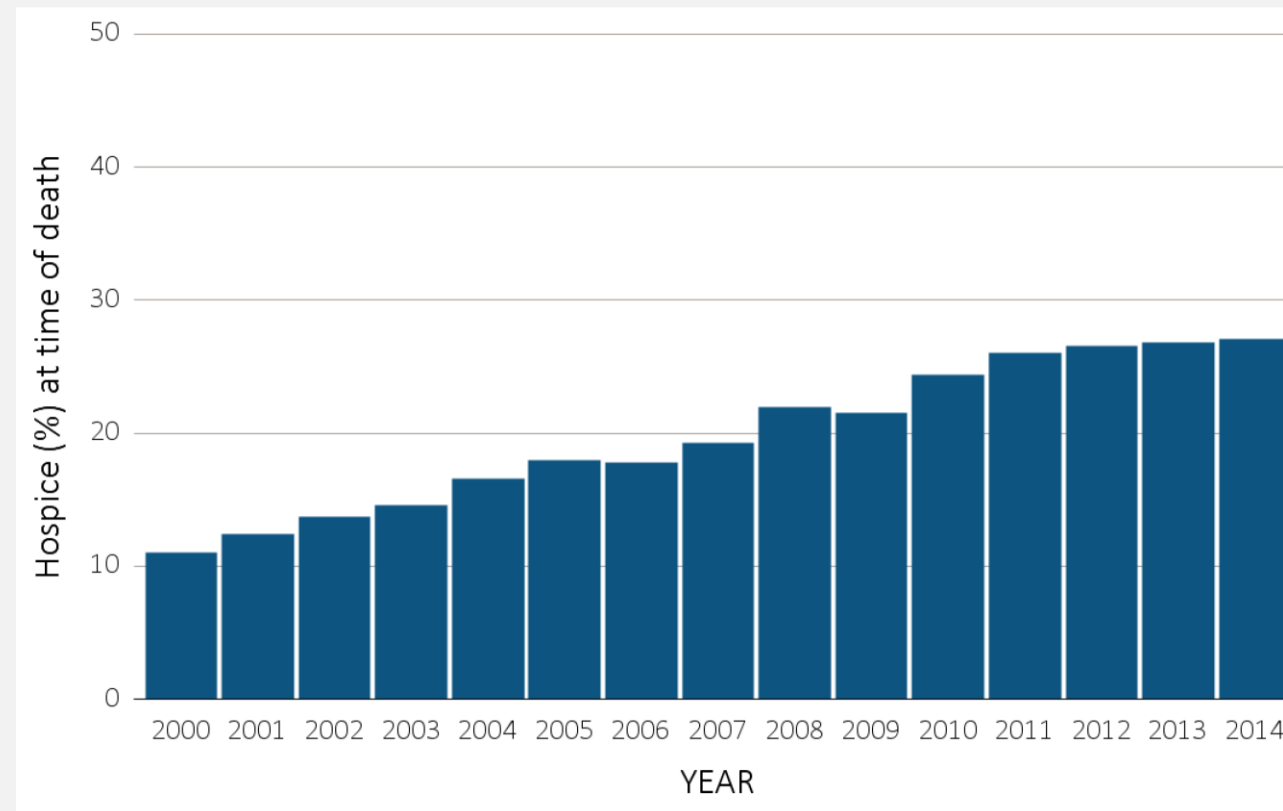
## VOL 2 FIGURE 12.11 PERCENT WITH TREATMENT LIMITATION IN ADVANCE DIRECTIVES, 2000-2010



Data Source: Special Analyses, USRDS ESRD Database. Denominator population is all decedents with Medicare Parts A and B throughout the last 90 days of life. Receipt of hospice care at the time of death was defined as having a claim in the Hospice SAF on or after the date of death or Discharge Status from hospice=40, 41, or 42. Abbreviation: DNR, do not resuscitate; ESRD, end-stage renal disease.

# VOL 2 FIGURE 12.9 HOSPICE UTILIZATION AT THE TIME OF DEATH AMONG MEDICARE BENEFICIARIES WITH ESRD OVERALL, AND BY AGE, RACE, ETHNICITY, SEX, MODALITY, AND WHETHER DIALYSIS WAS DISCONTINUED, 2000-2014

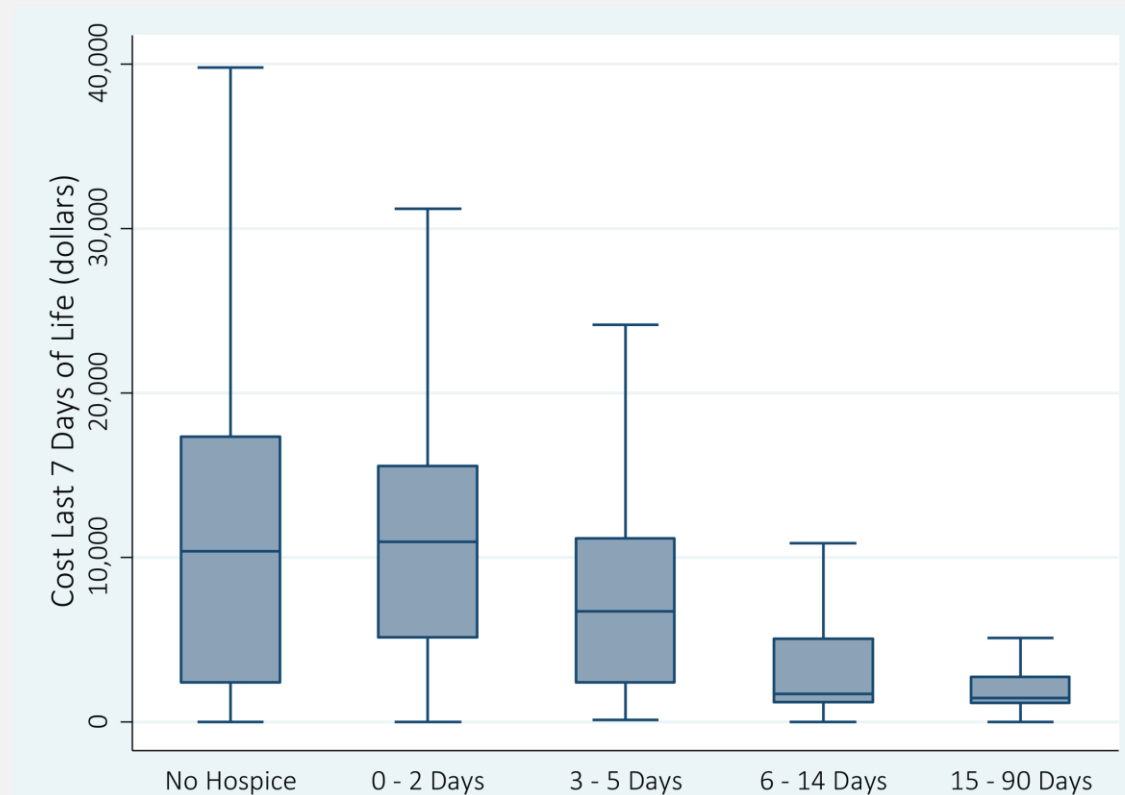
(a) Hospice utilization by year, overall



*Data Source: Special Analyses, USRDS ESRD Database. Denominator population is all decedents with Medicare Parts A and B throughout the last 90 days of life. Receipt of hospice care at the time of death was defined as having a claim in the Hospice SAF on or after the date of death or Discharge Status from hospice=40, 41, or 42. Abbreviation: ESRD, end-stage renal disease.*

## VOL 2 FIGURE 12.15 COSTS IN THE (A) LAST 30 DAYS OF LIFE, AND (B) LAST 7 DAYS OF LIFE IN RELATION TO TIMING OF HOSPICE CARE, 2014

(b) Last 7 days of life



Data Source: Special Analyses, USRDS ESRD Database. Denominator population is all decedents with Medicare Parts A and B throughout the last 90 days of life exclusive of those patients without any costs during the last 30 days of life and those with negative costs. Date of the first claim in the Hospice SAF (HCFASAF=H) within the last 90 days of life is taken as the date of first receipt of hospice services. Timing of hospice referral in relation to death was categorized as 0-2 days, 3-5 days 6-14 days and 15-90 days). Explanation of box plot: the lower border of the box is the first quartile and the upper border is the third quartile of the distribution, the length of the box is the interquartile range, and the line in the middle of the box is the median value. The whiskers extend from the lowest value of the distribution that is  $\geq$  the first quartile minus 1.5 times the interquartile range at the bottom to the highest value of the distribution that is  $\leq$  the third quartile plus 1.5 times the interquartile range at the top. Values outside this range (outliers) are not plotted.

# SYMPTOM BURDON

- Kidney Disease Quality of Life Survey (KDQOL-36)
- Administered to new patients after 3 months and annually (and PRN) after



# DEPRESSION ASSESSMENT

- PHQ-2
- PHQ-9

## “THE SURPRISE QUESTION”

- “Would you be surprised if this patient died within the next year?”

# ESTIMATION OF PROGNOSIS FOR DIALYSIS PATIENTS

- Qx Calculate (QxMD)
  - Cohen et al (6 month)
  - Couchoud et al (3 month)
- Touchcalc.com
  - Charlson Comorbidity Index
  - The Surprise Question
  - Karnofsky Scale

# HAVING CONVERSATIONS

- Patients and families
- Nephrologists
- APPs
- Nurses
- Dialysis technicians

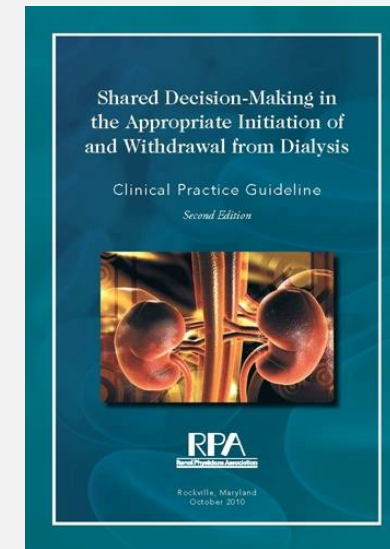
# SHARED DECISION MAKING

KIDNEY SUPPORTIVE CARE



<http://www.kidneysupportivecare.org/Home.aspx>

RENAL PHYSICIANS ASSOCIATION



<https://www.renalmd.org>

# COALITION FOR SUPPORTIVE CARE OF KIDNEY PATIENTS

- Resources for patients and families
- Resources for professionals

# RENAL PHYSICIANS ASSOCIATION

- Clinical Practice Guideline published in 2010
  - Establish physician-patient relationship for shared decision making
  - Inform
  - Facilitate Advance Care Planning
  - Decision making (initiate, forego or withdraw)
  - Resolve conflict
  - Palliative Care

## ACTION PLAN FOR CKD 5/ESRD CLINIC

- Referral from nephrologist for kidney disease education
- Prognostic calculation
- PHQ-2 (PHQ-9)
- Discuss Advance Care Planning if not already completed
- Timely referral for Supportive Care / Hospice Care / Dialytic Care

## SUPPORTIVE VS. DIALYTIC THERAPY

- Refer to Palliative Care or Hospice Care
- Continue to see Palliative Care patients in outpatient setting to evaluate and treat symptoms
- If dialytic therapy is chosen, referral for permanent access, surgical referral and dialysis admissions

# MEDICARE AND HOSPICE BENEFIT

<https://kidneysupportivecare.org>

- Decision made on case-by-case and patient-by-patient basis
- What is the terminal hospice diagnosis?

# QUESTIONS?

- Thank-you so much!

## REFERENCES

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- Up to Date

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- [www.touchcalc.com](http://www.touchcalc.com)
- <https://QxMD.com>
- Polst.org

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