Bridging Patients with Kidney Disease to Hospice

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Learning Objectives

- Identify end-of-life needs in kidney disease
- Describe challenges of hospice care in patients with kidney disease
- Describe palliative dialysis and concurrent care for patients on dialysis near end of life
- Outline the strategies to improve the end-of-life experience for patients with kidney disease

Traditional Model of Palliative Care (PC) and Hospice

Disease-focused Treatment	PC	Hospice

Onset of disease

Death

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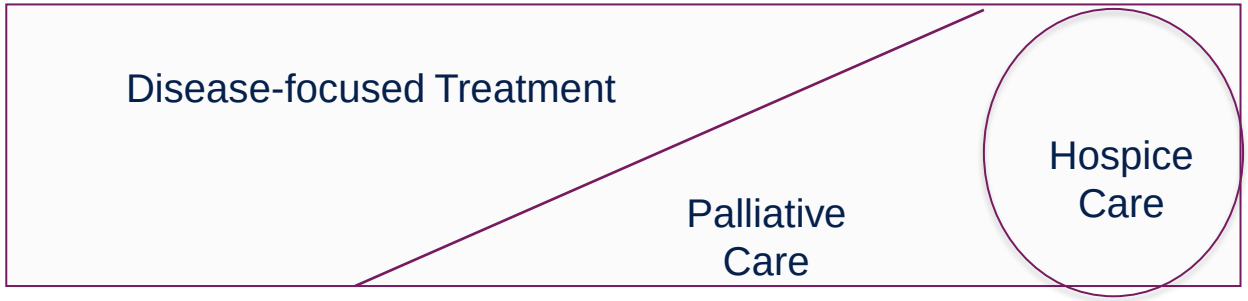
Where Palliative and Hospice Care is going



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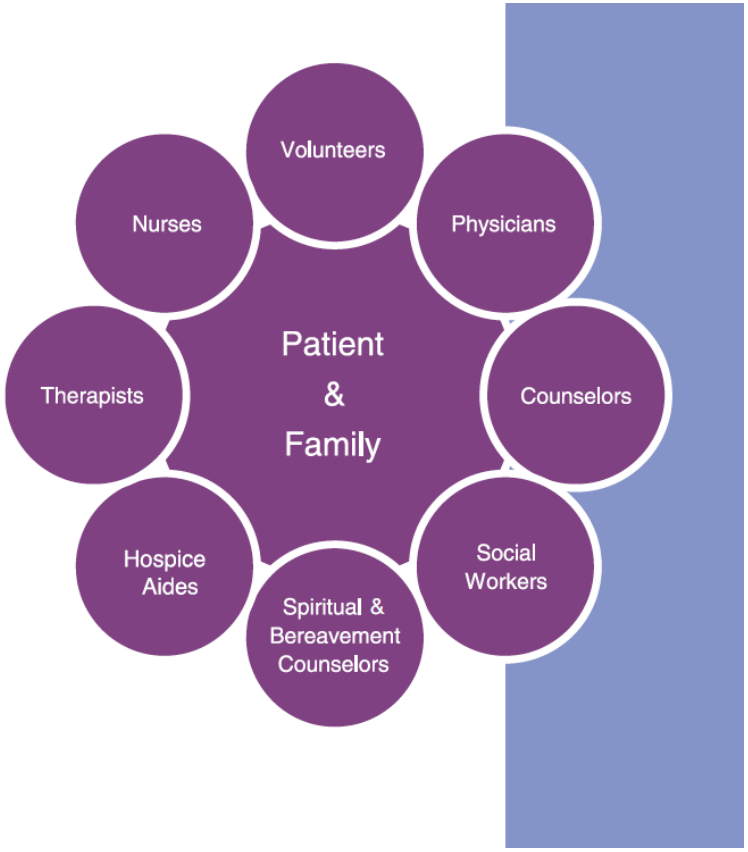
What is hospice?

- Hospice is a benefit, not a place
- Intended for patients with 6-month prognosis
- Focus is on comfort, life-prolonging or disease-directed therapies typically stopped

Hospice Care Services

- Interdisciplinary team focused on:
  - Symptom management
  - Psychological support
  - Spiritual care
  - Education
  - Anticipatory grief/meaning-making
  - Bereavement



NHPCO, Facts and Figures 2021

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Additional Services

- Durable medical equipment
- Medical supplies
- Drugs or biologicals related to the terminal illness or needed for comfort
- Laboratory service
- Volunteer and complementary services available depending on site

Levels of Care

- Routine Hospice Care – most common
  - Provided at their residence
- General Inpatient Care
  - Provided for acute symptom relief that can not be achieved in current setting
- Respite Care for Caregiver Stress
  - Provide temporary relief to patient's caregiver
- Continuous Care
  - Provide 8 and 24 hours a day to manage pain and other medical symptoms

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NHPCO, Facts and Figures 2021

Why hospice?

- Promotes less aggressive care at end of life
- Improved quality of life and high patient satisfaction
- Reduction in grief-related psychiatric illness among caregivers
- Increased family satisfaction
- Reduces Medicare expenditures at end of life

Connor et al. JCO, 2014
Wachterman et al, JAMA IM. 2016

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Case: E

- 67-year-old retired minister on hemodialysis for hypertension and diabetes. He has baseline functional and cognitive impairment from previous meningitis. His wife is main caregiver
  - Hospitalized 3 times in the last 4 months with falls and changes in mental status
  - Seen by palliative care: main goals ‘quality of life’
  - Code status changed to DNR/DNI
  - *“I’m just not ready to stop”*

What will likely happen to Mr. E?

A. Likely to lose more function with high likelihood of transition to nursing home
B. Likely to have untreated mood and physical symptoms
C. Likely to be hospitalized in the last month of life without opportunity for hospice care
D. All the above

Scope of the CKD

- 31 million US adults have CKD (15%)
  - By 2030, 1 in 6 adults will have CKD

- Disease of the aging
  - 40% over age 65 have CKD
  - Elderly fastest group starting dialysis

- Health care utilization
  - Medicare spending for CKD and ESKD = $120B/yr
  - Ave number of hospitalizations ESKD = ~ 2

End of life needs in kidney disease

- Patients starting dialysis are older with advanced illnesses
  - Experience increased mortality
- Patients experience declines in function and independence
  - Five-fold risk of frailty
- Patients are less prepared for end of life
  - Dialysis is often started during acute illness
  - Most have not discussed prognosis or end of life decisions

End of life experience in dialysis

Table. Intensity of Care During the Final Month of Life

Intensity of Care	Medicare Beneficiaries: Dialysis (Present Study)	Medicare Beneficiaries: Cancer[7]	Medicare Beneficiaries: Heart Failure[8,9]
Hospitalization, %	76.0	61.3	64.2
Days hospitalized, mean	9.8	5.1	NA
Intensive care unit admission, %	48.9	24.0	19.0
Days in an intensive care unit, mean	3.5	1.3	NA
Any intensive procedure, %	29.0	9.0	NA
Hospice use, %	20.0	55.0	39.1
Death in a hospital, %	44.8	29.0	35.2

Abbreviation: NA, not available.

Wong et al. Arch Int Med.2012

Current model: Hospice is too little, too late

- Only 25% of dialysis patients receive hospice compared to 52% general population
- Among those who receive hospice, almost half receive these services for three or less days
- Patients who received three or less days were just as likely to be hospitalized and admitted to ICU compared to those with no hospice

Wachterman et al, JAMA. 2018

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Patient and family priorities at end of life

- Patient and symptom control
- Meaningful quality of life
- Achieve a sense of control
- Not be a burden to family
- Treated as a “whole person”
- Place of death at home

Singer et al. JAMA, 1999
Steinhauser et al. JAMA, 2000

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Bereaved Family Experience

- Retrospective study of 3K ESRD patients who died at VA facility
- 72% of patients did not stop dialysis before death
  - Only 18% received hospice care (compared to 58% in patients who stopped)
- *Families of patients who continued dialysis without hospice services had lower ratings of quality care at end of life*

Richards et al. CJASN, 2019

Barriers to Hospice in Dialysis

- Medicare Hospice Benefit requires patients revoke all life sustaining care *related* to the hospice diagnosis
- Hospices are unable to afford coverage of dialysis so often require patients to withdraw dialysis before enrolling
- Thus, patients are forced to choose a path that likely will shorten survival in order to access hospice treatments

Hospice Eligibility

Eligible

- 65 y.o. woman with type 1 DM
- On HD for 6 years secondary to diabetic nephropathy
- Develops pancreatic cancer

Not Eligible

- 65 y.o. woman develops multiple myeloma.
- During treatment develops renal failure

Heart failure
Liver failure
Cancer-related kidney disease

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What is Concurrent Care?

- Continuation of disease-directed therapy upon enrollment in hospice to support patient goals near the end of life

- Guiding Tenets
  1. Treatment motivated by pain control & symptom management rather than curative measures.
  2. Potential benefits and burdens of treatments must be balanced with patient's goals of care/maintenance of quality of life.
  3. Treatments must be reviewed on regular basis.

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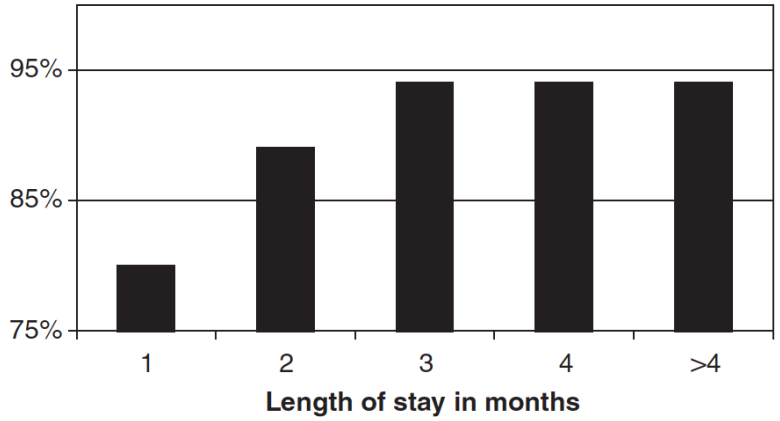
Source: Maruca, UPMC Family Hospice

Concurrent Care

- Families felt they received greater benefit from longer hospice lengths of stay

- Patients may then access services earlier to receive full intended benefit

Percentage of services anticipated to be helpful that were helpful:



Rickerson et al. J Am Geri Soc, 2005

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Concurrent Care in Cancer

- 13K Veterans with newly diagnosed stage IV non-small cell lung CA
  - Examined by High- and Low-quintile of hospice availability
  - High 2X more likely to provide concurrent care than Low

- *Increasing availability of hospice without restricting access led to less aggressive medical care and lower costs while still providing cancer care*

Mor et al. JAMA Oncology, 2019

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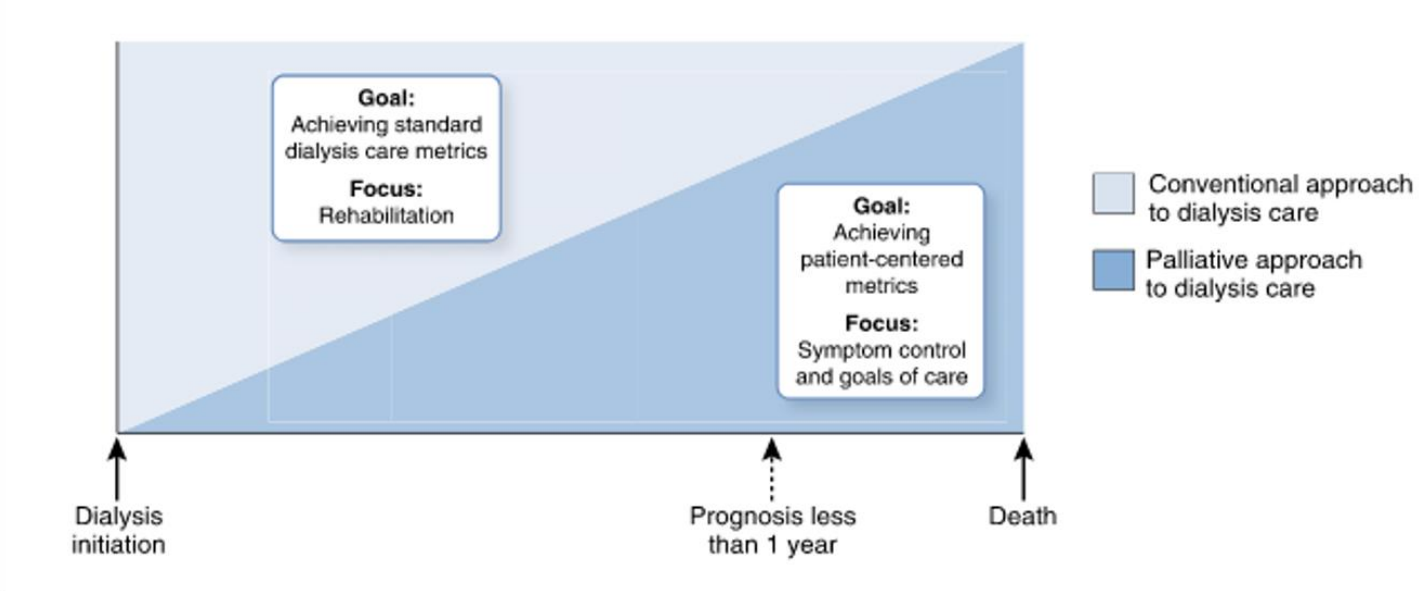
Future Model: Concurrent Care

- Palliative dialysis: Transition from disease-oriented focus to prioritize comfort and quality of life in alignment with patient preferences and goals of care



Grubbs et al. CJASN 2014

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Palliative dialysis approach

Issue	Disease-oriented Metrics	Palliative dialysis Metrics
Vascular access	Creation and maintenance of AV fistula	Central venous catheter acceptable
Dialysis adequacy	Target clearance based on standards, intensify dialysis prescription to meet target	Lower clearance acceptable if changes in prescription do not align with patient preferences Consider decreasing number and timing of treatments
Cardiovascular disease	Treat CV risk factors, intensify bp targets	Tolerate hypertension to avoid symptoms
Nutrition	Dietary restrictions	Liberalize diet
Lab monitoring	Routine monthly labs	Minimal necessary

Grubbs et al. CJASN 2014

Concurrent Hospice Dialysis

Identify the Patient

Prognosis of less than 2 months based on clinical judgment

Prompted from patients/caregiver

Goals of Care

Clinician meets with patient/family for goals of care discussion

If goals align with comfort-based focus, the Program is offered

Program initiated

Up to 10 palliative dialysis sessions initiated alongside hospice services

Ernecoff, Schell et al. JASN 2022

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Outcomes

- 43 patients enrolled in the Concurrent Program
- Of these, only half went on to receive at least one dialysis treatment
- Average number of hemodialysis treatments was only 3.5 (despite offering up to 10)
- Average hospice length of stay:
  - All patients 12 days (1-76 days)
  - Hemodialysis patients 16 days (5-36 days)

Ernecoff, Schell et al. JASN 2022

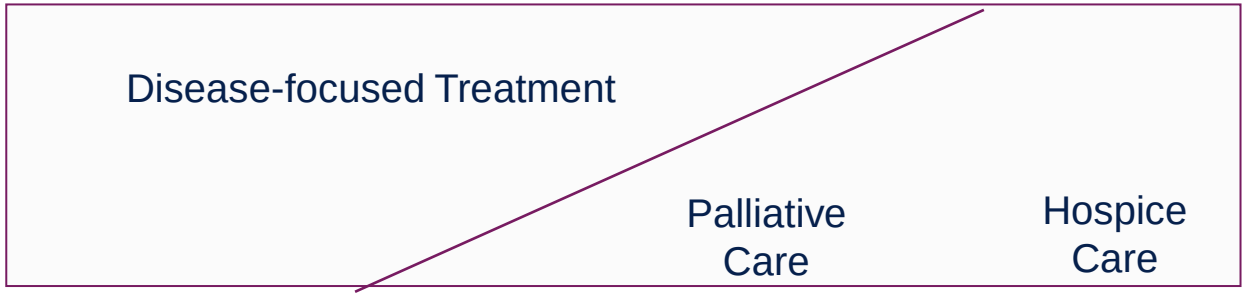
Lessons learned

Theme	Quote
Program serves as a bridge to hospice	*What it means is, she's not shut off… She could have never gotten to ten treatments, but she knew she could [have them],* Caregiver
Program facilitates goals concordant care at end of life	*It's his wishes that he go home to be with his family and not die in the hospital… That's what going on palliative care allowed him to do, to have that much control over something he had no control over for the most part,* Caregiver
Care coordination and education are key	*We communicate far in advance... We set things up well in advance so that we're prepared for what might happen,* Nephrologist

Mr. E's story

- Mr. E received 5 dialysis treatments
- Spent the last month of life at home with family
- His caregiver described that the program "allowed him to be in control"
  - "It was critical for us to let his body make the decision"

How can we take these lessons forward?



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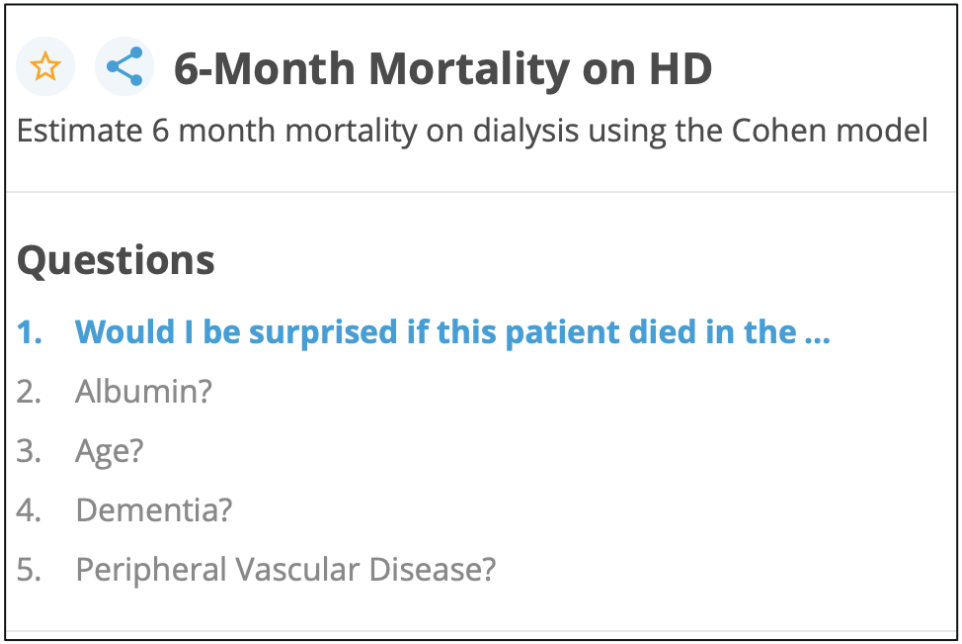
Strategies to address end of life care needs in kidney disease

- Recognize declining patients
- Engage in goals of care conversations
- Assess and treat distressing symptoms
- Reach out to nephrology to discuss concerns
- Referral services to palliative care and hospice services when appropriate

Recognize declining patients

- Accelerating comorbid illnesses
- Increased frequency of hospitalizations
- Failure to thrive
- Change in functional status, care location
- Loss of personal drive to continue
- Patient/family motivated



- **"No, I wouldn't be surprised if this patient died"**

Schmidt and Moss. CJASN 2014
Cohen et al. CJASN, 2010

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Engage in goals of care conversation

- Invite the conversation
  - *"You've had a lot of set-backs lately. Can we talk about how dialysis is going?"*

- Share your worries
  - *"We had hoped dialysis would help you get stronger so that you could spend time with your family."*
  - *"I worry that we aren't achieving these goals."*

- Gain patient's perspective
  - *"Given the setbacks you've experienced, what's most important to you?", "What concerns you?"*

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Goals of care conversations can impact care plan

- Advance care planning
- Address symptom and support needs
- Partner with nephrology team
- Consider palliative dialysis
- Referral to palliative care or hospice services

Kidney Care Choices (CKCC) Model

- CMS care model that uses financial incentives for health care providers to better manage the care of Medicare beneficiaries with kidney disease

- Concurrent hospice and dialysis benefit enhancement:
  - Allows participating hospices to waive the requirement that patients to forgo curative therapies to receive the Medicare converge of hospice

Conclusions

- Patients on dialysis experience an intensive end of life with limited access to hospice services
- Concurrent care with palliative dialysis is a feasible, patient- and family-centered option to promote timely quality care at end of life
- Policy innovation may pave the way toward concurrent care becoming part of routine kidney care

Thank you!

- Questions/comments:
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