




Patient Communication and Adherence in the Bundled Era


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Credentials


• Executive Director, Northwest Renal Network (Network #16)
• Former Executive Director, Dialysis Patient Citizens
• Former Executive Director, American Nephrology Council

Objectives


• Understand the ESRD Bundle
• Understand how the Bundle affects ESRD Patients
• Understand how to communicate with ESRD Patients concerning the bundle

What is "The Bundle"



- In a bundled payment, the costs of dialysis treatments, medications, labs and supplies are paid to the clinic by Medicare Part B in one payment, rather than a separate payment for each item.
- Medicare still only pays 80 percent of eligible patients' costs
- Patients' coinsurance responsibility (or patient responsibility) is 20 percent

Why "The Bundle"



- **1973**
 - 11,000 patients
 - \$135 million/year
 - \$13,000/patient/year
- **2010**
 - Almost 400,000 patients
 - 3% growth/year
 - \$20 billion/year
 - \$77,000/patient/year
 - 6% Medicare total budget




Source: Propublica

Status of Bundle Changes




- **2011**
 - The 2011 Bundle included dialysis treatments, dialysis labs and injectable medications received during treatment (e.g. EPO, iron, and vitamin D).
 - The 2011 Bundle also included the pill form of medications (if available). Most patients who receive their dialysis at home take the pill forms of iron and vitamin D.


Status of Bundle Changes



- **2012:**
 - Quality Incentive Program goes into effect
 - Reductions in payments if clinical benchmarks not met
 - Hg <10, Hg>12, Adequacy in URR
 - Approximately 31% of facilities received a reduction
 - Certificate must be placed in facility
- **2013:**
 - QIP measures change to only Hg>12 and Adequacy in URR





Status of Bundle Changes



- **2014:**
 - All other ESRD-related oral medications that patients now receive from the pharmacy will be included in the bundled payment (this includes phosphorus binders and calcimimetics).
 - QIP to include:
 - Clinical Measures
 - Hg>12, Adequacy in URR, Vascular Access
 - Process Measures
 - Reporting infections (NHSN), Patient Care Survey, Monitoring phosphorus and calcium

The Elephant in the Room





The Elephant in the Room

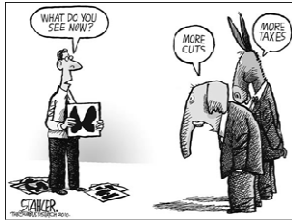


- The Bundle is changing the way care is provided; often making it more difficult to provide the same level of care previously provided
- With payment linked to outcomes, patient adherence is a key factor to achieving high patient outcomes and continuing to receive full reimbursement.

Understanding the Bundle



- The same thing can be seen differently depending on your perspective



Different Perspectives



- Before we can look at how to deal with patient adherence, we need to understand what patients and staff are understanding and perceiving about the changes.

Social Work Susan



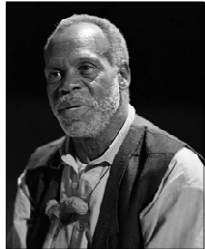
- A 60 year old Caucasian woman
- Social Worker
- Works in a 25 unit dialysis facility in Missouri
- Has worked in dialysis for 20 years
- Facility was hit with a 1% cut under QIP



Dialysis Danny



- 60 year old African-American man
- Lives alone and relies on family and public transportation
- Crashed into dialysis 4 mo. ago
- Has an AV Catheter
- Constantly surly and unresponsive to staff recommendations
- Misses 1-2 treatments a month



Prescription Changes



Social Work Susan

- Congress and CMS have mandated changes in the delivery of dialysis care
- Our staff is working hard to ensure the continued delivery of quality dialysis care and continued high patient outcomes
- In order to continue to provide care to our patients we have had to create a medication formulary and are exploring alternative methods of distribution

Dialysis Danny

- You want me to do everything you tell me even though you're changing my medications
- The doc changed the type of iron I'm getting. The other was working so I don't know why.
- My nurse is now trying to give me EPO by sticking me. I just want it the old way, it didn't hurt.

Co-Insurance

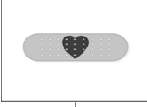
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Social Work Susan	Dialysis Danny
<ul style="list-style-type: none">• Because of the addition of certain medications and labs in the bundle, the average patient will see a 1.2 percent increase in their copayments	<ul style="list-style-type: none">• My meds have been changed up, I'm more tired, and you want me to pay more?• None of my friends on Medicare have to pay for labs

Possible increase in patient copayments due to the inclusion of labs & medications

Medical Supplies

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Social Work Susan	Dialysis Danny
<ul style="list-style-type: none">• Our facility only receives a small portion of the bundled payment for DME• We have to cut what we can pay for 	<ul style="list-style-type: none">• You won't let me have some normal medical supplies anymore?

Staffing

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Social Work Susan	Dialysis Danny
<ul style="list-style-type: none">• Staff is stretched thin.• With the change in payment and the reduction in reimbursement, we have had trouble getting and keeping good staff	<ul style="list-style-type: none">• Every day I come to dialysis there are new people working in the facility• Staff is often complaining to each other, and we can hear them. It doesn't make me want to come in.

What Does This Mean



- Patients see and hear what is happening in the Unit
 - Staff moods, chatter, etc.
- What staff and patients perceive and hear is often different
- Patients are often resistant to change
- Patients are living all these changes
 - New meds and changes in payments, etc.

Things to Remember about Adherence



- Non-adherence is a patient's right
- Patients have not necessarily become less adherent under the bundle. The consequences of non-adherence, however, have increased
- Each patient is different with their own issues, reasons and experiences
 - Social Work Susan needs to better understand Dialysis
 - Danny's reasons for skipping treatments or cutting them short
 - Understanding will allow for interventions and process changes hopefully resulting in increased adherence
- Achieving adherence will be difficult

Adherence is Not Always Easy



I don't care what day it is
Four hours is four hours.
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<http://k12heykornet.com/AAU/Comics/21.htm>

Physical Barriers

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- Lack of transportation
- Lack of financial resources
- Lack of family support



Psychosocial Barriers to Adherence

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- Lack of social support
- Lack of resources
- Feeling ineffective
- Low conscientiousness
- High hostility and distrust
- Poor education about treatment
- Untreated emotional or cognitive disorders

Non-Adherence or Personal Choice?

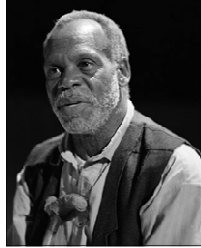
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- Patients strive to find a balance between illness and normal life
- Patients often choose to ignore treatment recommendations or make modifications to minimize the intrusive presence of these regimens
- Patients want choice, self-management and alliance

Let's Look at Dialysis Danny Again

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- Dialysis Danny
 - Transportation issues
 - Lack of family support
 - Coping with transition to dialysis
 - Loss of control of life
 - Limited knowledge of dialysis
 - Hostile to staff



Moving Toward Adherence

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- Things to Remember
 - People have strengths that enable them to move forward
 - People have the capacity to change
 - People are more motivated to move toward things they want than away from things they don't want
 - More motivated to work towards a goal set for themselves rather than one set by an expert on their behalf (self-determination)
 - When motivation is intrinsic, an individual does something because he or she wants to

Intrinsic Motivation

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- People are more prone to move toward intrinsic motivation if 3 psychological needs are met:
 - ✓ Autonomy
 - ✓ Competence
 - ✓ Relatedness

Autonomy



- Ability to choose a direction in life, a behavior, or a task. We support autonomy by:
 - ✓ Listening to patients' perspectives
 - ✓ Fully answering questions or referring to resources
 - ✓ Providing choices rather than ultimatums
 - ✓ Encouraging open discussion
 - ✓ Supporting participation in decision making

Danny's Autonomy



- Dialysis Danny
 - Important to learn about Danny and his situation and encourage open discussion
 - His barriers, difficulties, and thoughts about dialysis
 - Engage Danny in the decision process
 - Discuss various dialysis modality
 - Give him choices
 - If possible, provide him with options about treatment times

Competence



- Ability to successfully produce a desired result. We build confidence by:
 - ✓ Encouraging participating in self-care tasks
 - ✓ Providing appropriate challenges and celebrating successes
 - ✓ Offering positive performance feedback
 - ✓ Avoiding demeaning evaluation of performance

Danny's Competence



- Dialysis Danny
 - Get him involved in dialysis and self management
 - Follow his numbers, self cannulation, home modalities, etc.
 - Patient success can be linked to self management (Curtin, et al, 2002) and patients trained for self-care have higher role function, social function and emotion wellbeing (Meers, et al, 1996)
 - Celebrate his successes
 - Fluid consumption, lab values

Relatedness



- Desire to feel connected to others. We help patients feel related if we:
 - ✓ Convey a sense of caring and concern
 - ✓ Avoid expressing negative emotions / criticism
 - ✓ Recognize the importance of family roles
 - ✓ Encourage family to support patients' efforts toward self-care

Danny's Relatedness



- Dialysis Danny
 - Empathy but not nagging
 - Try to engage family



What Can You Do?



- Remember it's patient choice
- Listen to patients & find the underlying reason for non-adherence
- Continue to employ Patient Centered Care Planning
 - Involve the patient in IDT meetings
 - Allow the patient to share his/her perspective on care management
 - Provide agreed upon goals for the patient/team to accomplish
 - Assist the staff with in-services on communication, professionalism, and patient sensitivity

Questions?