

# Closing the Gap: Balancing Care and Costs

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Tuesday, February 15, 2011

8:30am-9:30am

**This Session will Begin Momentarily**

**The Session is Being Recorded**

**Lines Will Be On Mute and Opened Thereafter for Q &A**





**Patients**

**Staff**

**Physicians**

**ESRD  
Network**

**Admin.**

**You**

**Clinical  
Outcomes**

**Fiscal  
Duties**

**CMS**

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# Our Patients

“Patients with renal disease are challenged by many stressors, including loss of biochemical and physiologic kidney functions, development of digestive and neurological disorders, bone disease and anemia, inability to function in the family and to maintain one’s occupation, decreased mobility, decreased physical and cognitive competence, and loss of sexual function”

KimmeI, MD & Peterson, MD  
Seminars in Dialysis, 2005

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# Challenges To Balanced Care In The Renal Setting

- Nonadherence
- Disruptive Patients
- Involuntary Patient Discharge
- Discontinuation of Treatment

# Challenges To Balanced Care In The Renal Setting

- Patient Needs vs. Corporation Needs
- Case Mix – Payer source
- Uninsured patients
- Staffing ratios
- Treatment decisions

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# What Framework Do You Use To Manage The Conflicts?

- Medical Ethics

# Core Principles Of Medical Ethics

- Beneficence
- Non-Maleficence
- Autonomy
- Justice
- Dignity
- Truthfulness & Honesty

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# Beneficence

- This is the principle of taking actions that benefit your patient, and that is in their best interest. It is not an absolute principle in that it only applies to your patients, unlike the principle on non-maleficence.

# Non-maleficence

- Healthcare providers should not intentionally make decisions resulting in patient harm, either through acts of commission or omission.
- Historically, this has been the premier medical principle: **“Above all, do no harm.”**

# Standard-Disruptive and Abusive

## Interpretive Guideline:

Patients should not be **discharged for shortened or missed treatments** unless this behavior has a significant adverse affect on other patients' treatment schedules. A facility may evaluate the patient (who shortens or misses treatments) for any **psychosocial factors that may contribute to shortening or missing treatments**; for home dialysis; or, as a last resort to avoid inconveniencing other patients, **may alter the patient's treatment schedule or shorten treatment times for patients who persistently arrive late**

# Standard-Disruptive and Abusive

## **Interpretive Guideline:**

Patients should not be discharged for failure to reach facility-set goals for clinical outcomes.

Facilities are not penalized if a patient or patients do not reach the expected targets if the plan of care developed by the IDT is individualized, addresses barriers to meeting the targets, and has been implemented and revised as indicated.

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# What Is It About Patient Adherence That Makes Us So Crazy?

February 8, 2002

**ATTENTION ALL**

**PATIENTS**

Here at \_\_\_\_\_ we have an **ongoing epidemic called NON-COMPLIANCE**. Examples of NON-COMPLIANCE include missed treatment dates (no call, no show), Coming off your treatment early, (Against Medical Advice) and not following your physician orders.

Our mission is to improve the patient's awareness of the long-term consequences of these actions. Our goal is to improve compliance at this facility by following the physicians orders, coming to treatment three times a week and running our full treatment time.

**We will be monitoring very closely, those3 who miss two or more treatments a month. If you are a patient that consistently misses treatment each month, you will be subject to disciplinary action.** This could result in a change in shift time or dismissal from the program. The process that will be followed is with a letter discussing our concerns. The letter will be signed, witnessed and placed in your medical record. The second letter will follow when your behavior does not change giving you 60 days to adapt to the requirements. Your time will be changed to our third shift with this letter. This letter will also be signed, witnessed and placed in your medical record. We will then contact the Renal Network regarding our concerns. If the behavior continues after the second letter, the third letter will be given which will state you have 30 days to find another clinic for to dialyze. This will be your official notice of dismissal from the \_\_\_\_\_ outpatient hemodialysis program.

Please take this memo seriously as we are concerned about your health and well being. **We have tried to be accommodating for those who have requested and non-compliance has continued.** Please contact the Social Work Department if you have any questions. Thank you for your time and considerations

Sincerely,

Center Director,

and the Social Work Department

**NOITICE-----PATIENTS  
EFFECTIVE FEBUARY 1, 2001,  
NON-COMPLIANCE OF TREATMENT  
TIME WILL BE MONITORED**

NON-COMPLIANCE OF TREATMENT TIME IS: MISSING TREATMENT THREE TIMES IN ONE MONTH **WITOUT** A MEDICAL EXCUSE. **STOPING** YOUR TREATMENT EARLY AGAINST MEDICAL ADVICE THREE TIMES IN ONE MONTH. IT CAN ALSO BE A **COMBANATION** OF MISSING TREATMENT AND **STOPING** TREATMENT EARLY THREE TIMES IN ONE MONTH

IT IS OUR PRIMARY GOAL AT -----TO PROVIDE QUALITY CARE FOR OUR PATIENT'S, BUT WE NEED YOUR COOPERATION TO ACCOMPLISH THIS GOAL. **OUR MEDICAL TEAM WILL MAKE EVERY EFFORT TO HELP YOU RESOLVE YOUR NONCOMPLIANCE AND WILL MONITOR YOUR PROGRESS. HOWEVER, IF YOUR NON-COMPLIANCE IS NOT RESOLVED WITHIN A 30 – DAY PERIOD YOU RECEIVE NOTIFICATION OF DISCHARGE FROM THE PROGRAM.**

**WE LOOK FORWARD TO WORKING WITH YOU THE -----RENAL PATIENT. IT IS OUR GOAL TO MAKE THE -----UNIT THE BEST RENAL UNIT AVAILABLE IN ANY AREA. THANK YOU FOR YOUR HELP.**

----- **RENAL MANAGEMENT**

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# Why Do People ‘Willingly’ Engage In Self- Destructive Behaviors?

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# Could It Be...

- Mental Health
- Substance Abuse
- Poverty Issues
- Reliance on inadequate public systems
- Cultural barriers
- Practical barriers
- Lack of education/understanding
- Lack of trust

# Factors Associated with Nonadherence<sup>a</sup> (1)

Characteristic	Odds ratios (OR) by nonadherence measure				
	Skip	Shorten	IDWG	PO <sup>4</sup>	K
<b>Demographics</b>					
Patient Age (per 10 years)	0.87 <sup>b</sup>	0.93 <sup>b</sup>	0.85 <sup>b</sup>	0.75 <sup>b</sup>	0.99
Male (vs. female)	1.00	0.96	0.82 <sup>b</sup>	0.99	1.03
African American (vs. non-African American)	2.11 <sup>b</sup>	1.31 <sup>b</sup>	0.89	0.76 <sup>b</sup>	0.78 <sup>b</sup>
Hispanic (vs. non-Hispanic)	1.26	1.21	1.12	1.08	1.03

ERSD is end stage renal disease; IDWG is interdialytic weight gain

<sup>a</sup>Adjusted for continent of residence, age, sex, race, ethnicity, time on ESRD, 15 comorbid conditions, employment status, living status, marital status, prior kidney TX, and Kt/V

<sup>b</sup>P < 0.05

# Factors Associated with Nonadherence<sup>a</sup> (4)

Characteristic	Odds ratios (OR) by nonadherence measure				
	Skip	Shorten	IDWG	PO <sub>4</sub>	K
Smoker (yes vs. no)	1.53 <sup>b</sup>	1.14	1.43 <sup>b</sup>	1.10	0.96
Depressed (yes vs. no)	1.62 <sup>b</sup>	1.22 <sup>b</sup>	0.96	0.99	0.98
Married (yes vs. no)	0.90	0.93	0.92	1.21 <sup>b</sup>	1.03
Prior kidney transplant (yes vs. no)	0.79	0.82	0.86	0.91	1.08
Time on ESRD in years (per year)	1.02	1.05 <sup>b</sup>	1.07 <sup>b</sup>	0.99	1.03 <sup>b</sup>

ESRD is end stage renal disease; IDWG is interdialytic weight gain

<sup>a</sup>Adjusted for continent of residence, age, sex, race, ethnicity, time on ESRD, 15 comorbid conditions, employment status, living status, marital status, prior kidney TX, and Kt/V

<sup>b</sup>P < 0.05

# Strategies To Increase Adherence

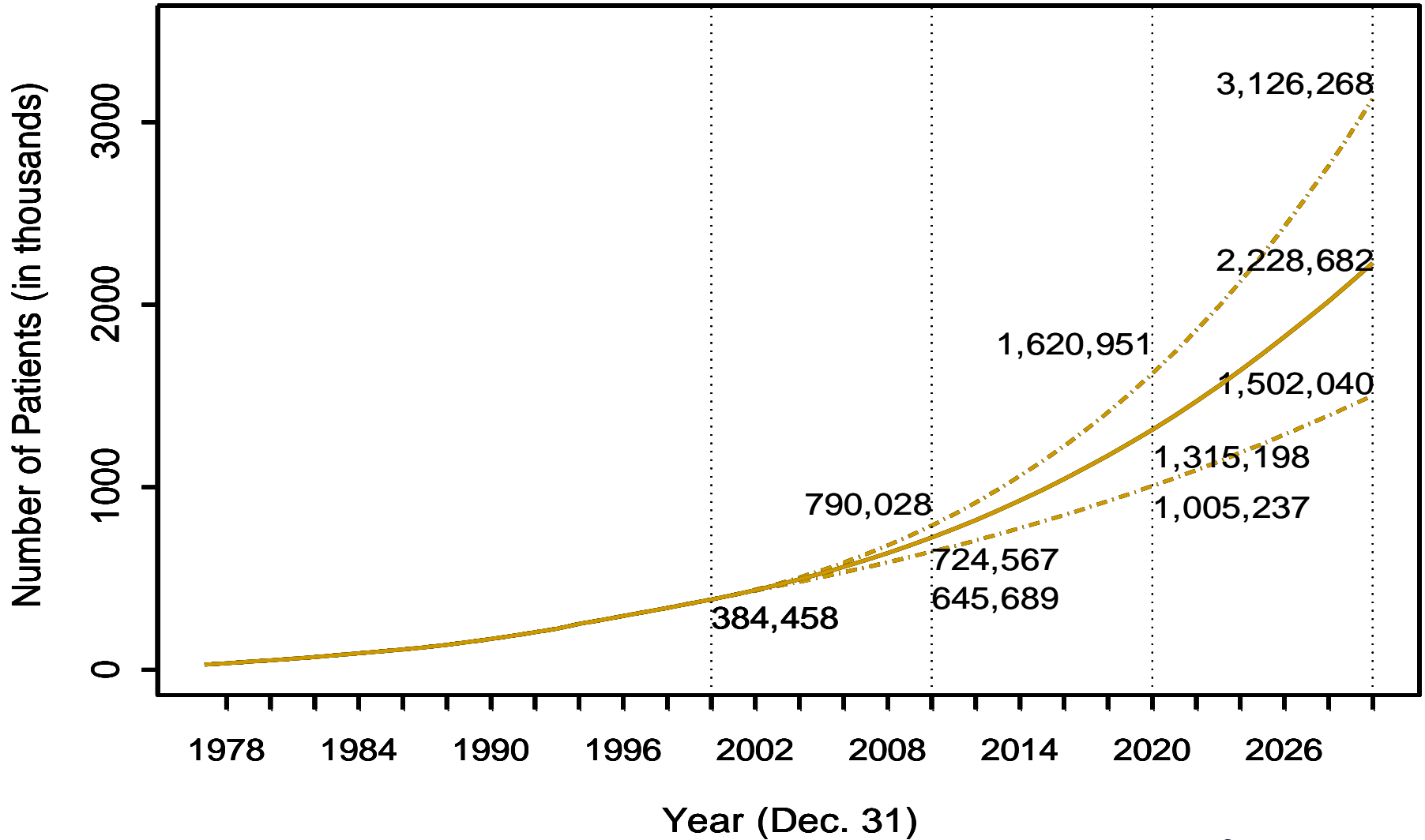
- Identify and Address Depression
- Education
- Engage Support Systems
- Create meaningful interventions
- Track and monitor progress
- Build relationships

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# Everyone's Favorite Topics...

- Nonadherence
- Disruptive and Difficult Patients

# And We Have Conflict Now?



# What Do We Know?

“....69% of survey respondents indicated that their dialysis facilities had witnessed an increase in difficult/disruptive patient situations within the past 5 years.”

“The Frequency and Significance of the Difficult Patient: The Nephrology Community’s Perceptions “

King, K & Moss, A; Advances in Chronic Kidney Disease, 2004

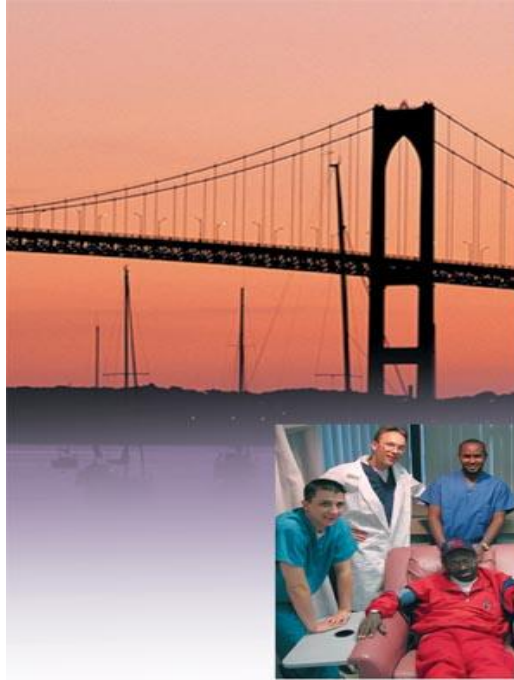
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# And...

- 51% of staff indicate they lacked adequate training to deal with difficult/disruptive patient situations
- 77% of staff report that their facilities did not offer regular education on how to deal with difficult/disruptive patient situations

King, K & Moss, A; Advances in Chronic Kidney Disease, 2004

# DPC Toolbox



**D**ecreasing Dialysis  
**P**atient-Provider  
**C**onflict



Conflict resolution resources for the dialysis professional



**D**ECREASING  
**P**ATIENT-  
**C**ONFLICT  
**PROVIDER**



## DECREASING CONFLICT

### & BUILDING BRIDGES

**C**REATE A CALM  
ENVIRONMENT

**O**PEN YOURSELF TO  
UNDERSTANDING OTHERS

**N**EED A NON-JUDGMENTAL  
APPROACH

**F**OCUS ON THE ISSUE

**L**OOK FOR SOLUTIONS

**I**MPLEMENT AGREEMENT

**C**ONTINUE TO COMMUNICATE

**T**AKE ANOTHER LOOK



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# Leadership Challenges and Solutions

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# Leadership Attributes

- Honest
- Open-minded
- Approachable
- Fair
- Committed

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# Could It Be Us?

1. We do what's most convenient
2. We do what we must to win
3. We rationalize our choices with relativism

Maxwell, 2003

There's No Such Thing as  
"Business Ethics"

# “Relativism”

“Making matters worse is people’s natural inclination to be easy on themselves, judging themselves according to their good intentions- while holding others to a higher standard and judging them by their worst actions.”

Maxwell, 2003

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# Requiring Yourself and Your Team To Act As Healthcare Professionals

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# Healthcare Professional

## A healthcare professional:

is a person who exercises skill or judgment to provide services related to:

1. the preservation or improvement of the health of individuals, or
2. the treatment or care of individuals who are injured, sick, disabled, or infirm.

[www.wikipedia.org](http://www.wikipedia.org)

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# Must Build A Team

“Teamwork is not a virtue...it is a choice, a strategic decision”

Patrick Lencioni

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# The 5 Dysfunctions of a Team

1. Absence of trust
2. Fear of conflict
3. Lack of commitment
4. Avoidance of accountability
5. Inattention to results

Patrick Lencioni  
The Table Group

**Inattention  
to Results**

**Avoidance of  
Accountability**

**Lack of Commitment**

**Fear of Conflict**

**Absence of Trust**

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# Absence of Trust

“Essentially, this stems from their unwillingness to be vulnerable within the group. Team members who are not genuinely open with one another about their mistakes and weaknesses make it impossible to build a foundation of trust.”

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# Fear of Conflict

“Teams that lack trust are incapable of engaging in unfiltered and passionate debate of ideas. Instead they resort to veiled discussions and guarded comments.

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# Lack of Commitment

“Without having aired their opinions in the course of passionate and open debate, team members rarely, if ever, buy in and commit to decisions, though they may feign agreement during meetings.”

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# Avoidance of Accountability

“Without committing to a clear plan of action, even the most focused and driven people often hesitate to call their peers on actions and behaviors that seem counterproductive to the good of the team.”

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# Inattention to Results

“Occurs when team members put their individual needs (such as ego, career development, or recognition) or even the needs of their divisions above the collective goals of the team.”

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# Truly Cohesive Teams

1. Trust each other.
2. Engage in unfiltered conflict around ideas.
3. Commit to decisions and plans of action.
4. Hold one another accountable for delivering against those plans.
5. Focus on the achievement of collective results.

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# Finally....

- You have a great deal of responsibility
- You need a framework or plan for addressing ethical dilemmas
- Challenging patients will always be part of the equation
- You cannot solve these problems on your own

# Questions / Comments

mmeier@faceitfoundation.org

Or

612.789.9897

\*A Certificate of Attendance shall be issued to each participant

## **Questions About the WebEx?**

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