

Audio Transcription

Season /Episode #:	Season 4 Episode 1
Guest:	Dr. Yuvaran Reddy, Monica Wilkerson, Dwayne Gathers
Title:	Chronic Kidney Disease and How VA is Working to Address Home Dialysis Disparities, Part 1

Speaker Name	Text
Lauren Korshak	I want to welcome everyone and thank you all for joining this episode of Veterans Health Equity: Leave No Veteran Behind. My name is Lauren Korshak, and I lead the education efforts at the Office of Health Equity. The Office of Health Equity was established in 2012 and it champions the advancement of Health Equity and the reduction of health disparities and Veterans.
Lauren Korshak	Part of my work with the Office of Health Equity allows me to be able to tell stories about the work VA is doing to help Veterans and the data that we have about Veterans and their health. Today on the podcast series, we'll be discussing what chronic kidney disease and dialysis are, racial disparities in home dialysis use within and outside of VA, and how VA is trying to address these disparities.
Lauren Korshak	But first, I am really excited to introduce today's speakers. Dr. Reddy is a nephrologist and implementation scientist dedicated to addressing inequities in home dialysis use for patients with kidney failure. He is a core investigator at the VA Center for Health Equity Research and Promotion. Otherwise known as CHERP, and is an awardee from the VA Quality Enhancement and Research Initiative.
Lauren Korshak	His advancing diversity and implementation Leadership Award is focused on understanding practice variations in home dialysis use with the VA through site visits across the country, direct observations and interviews. Through his site visits, he has met several veterans care partners and kidney clinicians, some of whom have joined our call today. Monica Wilkerson is the daughter of a Veteran with kidney failure.
Lauren Korshak	When her father developed kidney failure in 2019, she and her mother helped him navigate the complexities of dialysis. Ultimately, she helped her father switch to home hemodialysis and then switched to peritoneal dialysis, which are two forms of home dialysis. In doing so, she's had firsthand experience and understanding the various challenges that Veterans face and the gaps in care that all Veterans, especially marginalized veterans, experience.

Lauren Korshak	And Dwayne Gathers is a veteran with kidney failure who is currently performing home dialysis through peritoneal dialysis. He's also a VA employee, and he shares a passion for understanding and addressing the challenges that Veterans with kidney disease face, particularly with regard to the difficulties black Monica Veterans experience when trying to decide which version of dialysis might be the right choice for them.
Lauren Korshak	So, I want to begin, Dr. Reddy. Your work focuses on ensuring that Veterans with chronic disease are connected to home dialysis care, which often leads to more freedom and patient autonomy for veterans than receiving dialysis in a medical facility, which I think is what many of us think receiving dialysis entails. So, as we begin this episode, can you first review what is chronic kidney disease, sometimes known just as CKD?
Lauren Korshak	And why would someone with CKD need to receive dialysis?
Dr. Yuvaran Reddy	Thanks, Lauren, and thanks again to the VA Office of Health Equity for inviting us to speak about this chronic kidney disease or CKD, is a condition where your kidneys have become scarred, often as a result of long-standing damage that tends to happen from high blood pressure, diabetes and many other factors. More than one in seven U.S. adults have CKD or chronic kidney disease, so that's about 35 million people.
Dr. Yuvaran Reddy	It's quite a silent disease, and as many as nine in ten adults with CKD don't even know that they have CKD. Most people don't notice they have it until they have symptoms. We tend to find it from bloodwork or urine tests and people don't notice symptoms until they're at the very last stage of CKD, which is called kidney failure, where you have an irreversible amount of damage to your kidneys, which requires you to then receive dialysis or a kidney transplant to survive.
Dr. Yuvaran Reddy	People who develop these later stages of chronic kidney disease or even kidney failure often have symptoms like shortness of breath, leg swelling, not urinating as much, feeling ill or nauseous, or having a metallic taste in their mouth. The hope is that most people who have CKD are seen in their earlier stages or diagnosed in their earlier stages, and they're seen by a doctor like a kidney doctor, just to make sure someone is monitoring their blood work and their level of chronic kidney disease to help prepare them for kidney failure or to try to avoid kidney failure.
Lauren Korshak	So, home dialysis seems to be a way to provide dialysis treatment equitably by assuring that Veterans are able to receive the medical treatment they need in a way that allows them to access care in a way that they prefer. So can you tell me more about how home dialysis works?

Dr. Yuvaran Reddy	Yes, I'll also review dialysis a little bit more. There's currently about 800,000 people in the U.S. living with kidney failure. Most people with kidney failure start off treatment by receiving dialysis, which is a treatment where you clean the toxins, you remove extra fluid from the body functions that the kidney typically does when you don't have kidney failure. And most people receive the dialysis by going to an in-center hemodialysis facility, which is where they travel to a dialysis clinic three times a week or so.
Dr. Yuvaran Reddy	And they're connected to a machine that takes the blood out of their body, cleans it over 3 to 4 hours or so, and then returns it to them. So, people do this about three times a week for as long as they're living with kidney failure. But people can also choose to do their own dialysis at home. That could be either through home hemodialysis where you bring a similar machine to your house and you connect yourself and your blood goes to a similar dialysis machine to clean it.
Dr. Yuvaran Reddy	But people can also do peritoneal dialysis. Also called PD, which tends to be a gentler version of dialysis that doesn't directly involved the blood or needles that people may have to poke themselves with. In PD, people place fluid into their belly or around the lining of their organs in their belly. They usually do that several times a day manually or they do it at nighttime by connecting themselves to a machine while they sleep.
Dr. Yuvaran Reddy	When they connect themselves to the machine, the fluid goes into the belly and the lining of the organs, and it tends to clean up toxins and then pull-out extra fluid that builds up in someone's body. In recent years, the US has had a major push to encourage home dialysis since people have started to recognize more and more that home dialysis, those home hemodialysis and PD can provide several benefits, as you mentioned, for patients who are interested in doing it.
Dr. Yuvaran Reddy	But not many people seem to be given the option to do it. In fact, in 2019, there was a presidential executive order, the Advancing American Kidney Health Initiative, which has many big goals. One of which is for 80% of new patients in the United States with kidney failure to either receive a kidney transplant or start home dialysis by 2025.
Dr. Yuvaran Reddy	And while there's been some improvements in this and progress outside of the VA, where home dialysis is currently something that about 17% of civilians receive outside the VA, it's stayed stagnant within the VA. So only 5% of Veterans with kidney failure receive PD. And that hasn't changed in many years. Further access to PD is also quite inequitable, black patients are 31% less likely to receive peritoneal dialysis compared to white patients.

Dr. Yuvaran Reddy	And Veterans have such low use of home dialysis in general. Compounding these two things together, it's very likely that black Veterans have substantial disparities as to whether they're given a fair and balanced opportunity to decide to pursue home dialysis. And I think the big question is why? Why is it that few Veterans receive home dialysis and fewer black Veterans are given that opportunity?
Dr. Yuvaran Reddy	What is going on in their journey to home dialysis? What's making it difficult for them to consider whether or not they might want to be on home dialysis? I think to better understand why it's important for us to understand the journey that patients and their partners navigate when someone is diagnosed with kidney failure, what are the steps people take as they navigate whether to choose to do dialysis at the facility, whether or not to do home dialysis, whether to have an evaluation for a kidney transplant, or to consider palliative care or medical therapy without dialysis.
Dr. Yuvaran Reddy	And who better to answer those questions than our patients and care partners directly? So, I'd like to turn it over to Monica and then to Dwayne to talk a little bit more about this. Monica and then Dwayne, can you tell us more about how you first learned about kidney failure and then also about home dialysis, both PD and home hemodialysis?
Monica Wilkerson	Thanks, Dr. Reddy. My father had a complication, and after a routine surgery and after that, he had to have dialysis. And in the hospital, VA personnel did stop by to let us know that home dialysis was an option. And we were interested, but we didn't really know anything about it.
Dr. Yuvaran Reddy	And Dwayne, what about you?
Dwayne Gathers	Yes, thank you, Doctor. I was diagnosed with kidney failure in 2012, and my doctor informed me that I would need dialysis. I was given a choice by the doctor of Hemo or PD dialysis. I didn't know what they were at the time, so my doctor and my nurse, they explained the differences and the benefits of both type of dialysis.
Dwayne Gathers	I decided to go with PD because of the quality of life that it would give me better than the chemo. The next step in the process was a home evaluation by my nurse, Ms. Georgie. Then the next step after that is the training withinside the clinic to perform PD on showing me how to connect the lines and the fluid at home.

Dwayne Gathers	It took a week of classes until I was comfortable to do it at home on my own. After that, Mrs. Georgie, my nurse, observed my practices at home to make sure that I was doing it right. And that took about a week. After that, I was on my own and then on since 2012.
Dr. Yuvaran Reddy	Thanks so much for sharing your journey. It sounds like you started off with peritoneal dialysis and things have been going pretty well for you. Monica, could you talk a little bit more about the journey that you and your father went through? It started off, it sounds like, with in- center hemodialysis. Then what happened? What kind of things changed? How are things going right now?
Monica Wilkerson	Well, when my father got home, he was shocked to find himself 50 pounds lighter in a wheelchair. And he for the first time in his life, he was unable to take care of himself. So, he was really in a depressive state. And after 25 days in the hospital, we noticed that additionally being thrust into incident dialysis with strangers four days a week was making his mental state even worse.
Monica Wilkerson	So, we decided that in order to keep his spirits up, we would have to figure out how to do dialysis at home so that we could take better care of him. Once we were actually enrolled into the home program, we really received excellent training. We were able to successfully perform dialysis at our home. And for my father being able to receive care, my mother and I, in a familiar place, his own home, really improved his outlook and his overall quality of life.
Monica Wilkerson	And it made us feel so hopeful for his future. Again.
Dr. Yuvaran Reddy	Thanks for sharing that.
Lauren Korshak	Dr. Reddy, you're currently working to expand access to home dialysis for Veterans. Are you able to share how you're doing this and why expanding these services is so important to Veterans and their families?
Dr. Yuvaran Reddy	Yeah, Thanks for the opportunity to talk about this work. We've learned that home dialysis varies substantially across the VA, so some VA's provide peritoneal dialysis directly to the Veterans and others contract with the community to provide peritoneal dialysis outside of the VA. Even amongst the VA's that have their own PD program. There are some that have more than 20 patients receiving PD and some that have about five or fewer patients receiving PD.
Dr. Yuvaran Reddy	So, there's a lot of variation in that practice. But since we're one of the largest health care systems in the U.S., the VA as a whole, that variation in home

	dialysis is something that we are uniquely equipped to study and learn from in a way that would allow us to figure out how can we equitably expand access to home dialysis so that most Veterans who develop kidney failure have the choice to consider whether or not they want to do PD in a more balanced and nuanced way
Dr. Yuvaran Reddy	we can try to understand this. And if it were happening outside the VA in several different private clinics. So, we've been conducting this quality improvement project over the last year through a query called the Let's Go Home Project. We're revisiting ten different dialysis clinics across the country within the VA. We've chosen them based on their volume of home dialysis use or whether or not they have a high proportion or a low proportion of Veterans on PD.
Dr. Yuvaran Reddy	And we visit them to try to characterize how care is delivered, what's going well, what's not going so well, and what can we learn from the clinicians and Veterans on the ground to compile a set of resources that can make it easier for most VA to extend the opportunity to consider peritoneal dialysis? During our site visits, we observed Veterans and clinicians in the clinic.
Dr. Yuvaran Reddy	With everyone's permission, of course, and we collect documents about home dialysis, for example. What are the posters on the wall? What information is being disseminated? And then we interview Veterans, clinicians, staff and operational leaders to better understand the barriers and facilitators that people face as they're navigating this journey to dialysis. We've learned a lot through this process. We've also met with several people, including Monica and Dwayne.
Dr. Yuvaran Reddy	But before I discuss what we've learned so far in the project, again, who else better to talk about these findings than Monica or Dwayne directly? So, I'm going to turn it over to Monica and ask her what's been your experience at peritoneal dialysis and home hemodialysis? What are some potential advantages and challenges that you've experienced?
Monica Wilkerson	We feel there are so many advantages to peritoneal dialysis. Educational process of learning to perform dialysis actually goes much more quickly. You have a simpler setup process. And secondly, it's so more easier for the patient to be able to participate in the process with less stress for the caregiver. One challenge is that it does require a lot of storage space when switching from hemodialysis to peritoneal.
Monica Wilkerson	We noticed that obviously not using your home water source to create the solution requires a larger bag for a solution. So, there's a lot more boxes that

	are delivered to storage a month. But it's a very minor issue compared to the advantages.
Dr. Yuvaran Reddy	And Dwayne, what about for you?
Dwayne Gathers	To me, I preferred the PD because, as Ms. Monica says, you can do it at home, not have to go to the hospital every three days, and that improves the quality of life. I'm able to continue working, which I do at the hospital. I can travel and I can do normal life things. My quality of life is the biggest benefit of doing PD at home.
Dwayne Gathers	The biggest challenge I face is infection. That is one of the biggest things with the PD.
Dr. Yuvaran Reddy	That's helpful. Thank you for explaining the benefits and the challenges that you're facing. I also want to take a step back and ask if you can remember at the very beginning when you were first diagnosed with kidney failure or for Monica, when your father was first diagnosed with kidney failure and you were thinking about what to do. What were some of the challenges you faced and learning about why those do peritoneal dialysis or in center hemodialysis or home hemodialysis?
Dr. Yuvaran Reddy	And how did you ultimately decide that that was the right choice for you?
Monica Wilkerson	Well, for us, it was there are some fear because we didn't know what to expect. And having to go through that educational process is a little scary, especially not having any medical background. Initially, though, my father was not a candidate for peritoneal, so we did have to start with home hemo, but when he was able to pursue peritoneal, it was easy decision to know that it would be much less painful for him.
Monica Wilkerson	It didn't require any needles, which he did not enjoy with home hemodialysis. Once we found out the training was not going to be very extensive and we'd be able to performance access fully with the support of the doctors and nurses if he needed them. It was a no brainer to do peritoneal.
Dr. Yuvaran Reddy	And how about for you Dwayne?
Dwayne Gathers	When I was diagnosed in 2012, my doctor, as I said earlier, informed me of the two dialysis PD and Hemo. I knew nothing of PD dialysis. I knew Hemo because I worked in the hospital and I saw the dialysis unit every day I worked there. So, when he informed me of PD, I was very curious. He sat me down, him and nurse Georgie.

Dwayne Gathers	He showed me, explained to me about the catheter, how everything works. Come to your home, check your area, make sure that you are viable, that you have the area space, that you can do this on your own. And once they showed me that PD and I knew I could do it at home while I was sleeping and the convenience of it, they, as Ms. Monica says, it was no brainer that PD was definitely the option for me.
Dr. Yuvaran Reddy	Thank you both for sharing that. I'll try to very quickly summarize what we've learned so far in our site visits. I'll keep it short and just say that the people we've talked to have universally told us about how much they value the opportunity to provide PD directly through the VA. Veterans seem to value the option to receive all of their care within the VA.
Dr. Yuvaran Reddy	With the VA serving as sort of a one stop shop for their dialysis and their other needs. But they also value the flexibility to transition to a community care site or a PD or dialysis site outside of the VA if they lived far away from the VA to make it easier for them. The Veterans and the staff in the clinic also seem to have a really close and meaningful relationship.
Dr. Yuvaran Reddy	They see themselves so frequently it seems to bring them both a lot of joy to be able to have this close and supportive relationship. At the same time, we've also learned that many Veterans are afraid about starting peritoneal dialysis or home dialysis and aren't really sure whether it's the right thing for them. So, when they're first navigating this journey about trying to figure out what to do, it can seem quite daunting.
Dr. Yuvaran Reddy	Also, many veterans feel a sense of isolation. So, when Veterans receive in-center hemodialysis, they're go to the dialysis three times a week and they see each other quite frequently. But when they're on home dialysis, it's the Veterans who choose to do home dialysis. They tend to come to clinic about once a month or so for their blood work and their monthly visit with their doctors and nurses.
Dr. Yuvaran Reddy	And they don't tend to meet with the other Veterans who are experiencing some challenges while on PD. So, they don't tend to meet with Veterans often and can feel isolated. Many of the Veterans and staff suggested that having a mechanism for Veterans to talk with each other about their life experience with PD could help really alleviate some of the fears that folks have when they're trying to think about what it might be to do dialysis at home.
Dr. Yuvaran Reddy	At the same time, Veterans and clinicians also talked about how having a program for people to talk to each other like a peer support program could

	<p>help improve a sense of community among the folks who are doing PD. I know we'll talk more about this in the next episode when we talk about kidney disease disparities with the VA Office of Health Equity.</p>
Lauren Korshak	<p>My final question is the Veteran wants to find out more about how to access home dialysis services. What can they do?</p>
Dr. Yuvaran Reddy	<p>I would say talk to your kidney clinic about dialysis. Every center in the VA with a nephrologist either has dialysis services locally available or they should be able to inform you about your options and refer you to the community. So, to a dialysis center outside of the VA that provides home dialysis, you could talk with your social worker, your nurses, your doctor, your NP, your PA., or any of the clinic staff to better understand what that process entails. What are your options and whether this is something that you could pursue.</p>
Lauren Korshak	<p>I want to thank our speakers. I want to thank Dr. Reddy for sharing the work that you're doing and Monica and Dwayne for your your experiences. I want to thank everyone for joining and listening into this episode. And I hope you all will join us on our next episode. Thanks so much. Take care.</p>