

Audio Transcription

Season /Episode #:	Season 4 Episode 2
Guest:	Dr. Yuvaran Reddy and Chechamma George
Title:	Chronic Kidney Disease and How VA is Working to Address Home Dialysis Disparities, Part 2

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 awareness and translation efforts at the Office of Health Equity. The VA's Office of Health Equity was established in 2012 and it champions the advancement of health equity and reduction of health disparities and veterans.
Lauren Korshak	Part of my work with this office allows me to be able to tell stories about the work VA is doing to help veterans and the data we have about veterans and their health. On the last kidney focused episode of the series, we met Dr. Reddy, Monica and Dwayne and talked about kidney failure, home dialysis and the challenges patients and clinicians face in addressing inequities that affect veterans as they explore the dialysis options.
Lauren Korshak	Monica and Dwayne talked about how home dialysis helped bring energy and meaning into their lives and how they would recommend it to more veterans with kidney failure. In this episode, we'll focus our conversation on the challenge veterans and care partners face as they navigate the journey to home dialysis. We're also going to highlight some strategies that nurses and veterans have identified as ways to address these challenges and improve a sense of community.
Lauren Korshak	But first, I really want 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's a core investigator at the VA Center for Health Equity Research and Promotion otherwise known as CHERP and is an advancing diversity and implementation leadership awardee from the VA Quality Enhancement and Research Initiative.
Lauren Korshak	His award is focused on understanding practice variations in home dialysis use within VA through site visits across the country. Direct observations and interviews. Through site visits, he has met several veterans care partners and kidney clinicians, some of whom have joined a call today.

	Chechamma George, who prefers to be called Georgie. She is a certified nephrology nurse with three decades of dialysis experience.
Lauren Korshak	She works with veterans at her home dialysis clinic at the Bronx, VA in New York to develop innovative and veteran centered ways to improve home dialysis. Georgie has presented innovations that she's led in partnership with patients like Dwayne, who is on her last episode to the VA National Kidney Program Office and the American Nephrology Nurses Association, as well as National Organization.
Lauren Korshak	Dr. Reddy, you previously discussed your work to explore opportunities to expand access to home dialysis for veterans. As we continue our conversation and begin the second episode. Can you first review what are some key findings you've identified from your Quality Improvement project to equitably address disparities in home dialysis use?
Dr. Yuvaram Reddy	Thanks, Lauren, and thanks again for having us today. To talk more about kidney disease and the challenges that we're facing on getting people towards home dialysis. So, as you mentioned in the first episode of the series, we talked about the journey to home dialysis, about the various options people veterans can pursue when they develop kidney failure, hemodialysis, home dialysis and a kidney transplant.
Dr. Yuvaram Reddy	And that as part of this quality improvement project, we've been traveling to different VAMC's to better understand the challenges that veterans are facing and providers are facing and navigating whether or not to do home dialysis and then to do home dialysis afterwards and how things are going. So, we've been traveling the country in the past year and we still have a few more visits to go to kind of understand what barriers people are facing or what has seemed to be the most important barriers that VA is facing and home dialysis use.
Dr. Yuvaram Reddy	Before we even went on our home dialysis site visits, we conducted a survey that was a national survey that we sent out to patients care partners, clinicians, including the nephrologist, nurses, social workers to get their input on what seemed to be the most important barriers to home dialysis that they felt needed to be acted upon. We then, on our site visits, took these the findings from the survey and shared it with clinicians, patients, care partners to get their perspective on whether or not these barriers we found inside and outside of the VA actually resonate with the barriers they face in their own local VA clinics.

Dr. Yuvaram Reddy	And so, we found six barriers that seemed to be the most important to them. The top three patient and care partner related barriers I'll go through first so patients talked about how they were really scared to do dialysis at home, that it was there was a lot of fear of the unknown about how to try to bring all of this complicated dialysis machinery home because they tend to envision dialysis at home as being the same thing as if they were doing hemodialysis in the clinic, when in fact they can be different and that peritoneal dialysis can be gentler and often simpler.
Dr. Yuvaram Reddy	People also talked about how there is little space for the dialysis machine in the supplies and that sometimes people don't have enough space at home to be able to accommodate all of these supplies. And the last barrier that patients thought to be most important was that there wasn't enough support or assistance at home compared to the kind of support and assistance people feel when they're doing dialysis in a hemodialysis unit.
Dr. Yuvaram Reddy	Before I go on to talk about the provider barriers, I'm curious, Georgie, you could you could you could share what you feel about these barriers. What are some of the barriers that you face that patients and care partners face in your experience.
Chechamma George	As thank you Lauren and Dr Reddy for this great opportunity to join this episode. So caring for patients with chronic kidney disease, especially home dialysis veterans, is very close to my heart. As you mentioned, veterans lack of confidence in doing home dialysis successfully is one of the main reasons that they are hesitant interestingly, especially if they live alone or physically fragile, then burden of care is another factor which leads to pre mature dropouts.
Chechamma George	Often these are easily fixable issues with some home health assistance for patients as a building is while doing initial home visits. I know this lack of open space, most importantly, a clean space to consider them for pretty. And like you said, the anxiety of the unknown. They experience this. That's their most concern. When we give the education about building modality and they always ask what if something goes wrong?
Chechamma George	I like to do dialysis at home. So with the explanation of our 24 hour nurse support and advanced technology in monitoring their daily treatment, that's all helped them to feel comfortable in choosing PD.
Dr. Yuvaram Reddy	Got it. Thanks for sharing, Georgie. So that's the three most important patient bears we've been listening or hearing about. There's also provider barriers that we've heard about, and so I'll talk to some of those. We've

	learned that providers feel like there isn't enough education about home dialysis, both before starting dialysis and afterwards. And so not every patient seems to have the opportunity to receive education about what kind of therapy they should receive, whether that's home dialysis, peritoneal dialysis or in center hemodialysis, and that it could be better.
Dr. Yuvaram Reddy	Providers also talked about how there are many mechanisms to support more assistance at home. There isn't much of a clear mechanism for mental health to support people who are facing mental health issues. And there isn't again in US enough support for kidney disease, education or dedicated personnel or dedicated effort to be able to do this well. And lastly, people talked about how there isn't enough experienced staff.
Dr. Yuvaram Reddy	There's only so many Georgie's in the country to be able to train patients, and that is any complications that might come about when people start home dialysis. Georgie is anything else you'd like to add Or how do you feel about this as.
Chechamma George	Well from the clinical standpoint, I can share my experience as lack of knowledgeable providers is a big barrier in promoting the PD modality. Either it is doctors or nurses. They are how to be comfortable and confident in PD care to offer PD for the patient. And of course we need a passionate team to drive the PD program and unfortunately PD remains as an underdog when it comes to the dialysis modality.
Chechamma George	A good education or a morality education. In detailing the PD, it can be very helpful for vets to make an informed decision, and with this education, we can change their perception and whether they can do it at home by themselves, especially for vets who don't have a partner or who live alone, is very helpful to give them that comfort.
Lauren Korshak	So now that you've identified these barriers, what's next?
Dr. Yuvaram Reddy	Great question. So you spend this time sort of exploring what the barriers are. We still have a few more site visits to go, so we might find other barriers that seem to be important to local VA home dialysis clinics. But we've also been thinking more critically about what can we do? And we found these barriers that patients and clinicians are facing.
Dr. Yuvaram Reddy	And we've been thinking about potential strategies that could address these barriers both on the patient side and the clinician side and so on Our business, we have also been asking people for their input on what do they want to do to address these barriers. And we've also based on their input, started to ask people about two potential strategies that we've

	been thinking about, and the two strategies we've been thinking about is something called peer support and the second strategy is assisted home dialysis.
Dr. Yuvaram Reddy	We won't talk too much about assisted home dialysis today, but that's basically a concept where a trained clinician or even a care partner could be trained to go home and provide extra support for people to address these barriers of people feeling like there's not enough support or assistance at home and there's not enough personnel to help with some of these aspects of home dialysis.
Dr. Yuvaram Reddy	But we wanted to spend more time today talking about peer support, which is this concept where people, veterans care partners, people who have experience doing PD or peritoneal dialysis, either that they're doing peritoneal dialysis now or they have done peritoneal dialysis before but are now living with a kidney transplant. Could these folks spend more time talking to veterans about what it's like to be on dialysis, what it's like to be on home dialysis, and to share their lived experience and the challenges that they faced and how they overcome it, the things they've enjoyed doing well on.
Dr. Yuvaram Reddy	PD And it seems like that could address some of the barriers we've seen or discussed about feeling like there isn't enough support, feeling afraid of the unknown, and not knowing what that might look like, that these peers could actually be there too, to show what it would be like to do home dialysis. As we started to talk about these two strategies, we also learned that Georgie and her patients like Dwayne run a peer support program.
Dr. Yuvaram Reddy	So I thought it would be more helpful to ask them to talk more about the peer support programs. And Georgie, what how have things been going with the peer support program for you?
Chechamma George	I'm so honored to talk about the peer support Call Home Dialysis Veteran Support Group with our motto of Engage, Educate and Empower. Basically empowerment through engagement with the established home dialysis veterans. We started this support group when I noticed the hemodialysis patients are having a friendship among them while they are in the waiting area or inside the unit.
Chechamma George	On the other hand, the PD patients don't have that space to collaborate and moreover, they are homebound. They don't come across with anyone living with the same medical condition and they feel loneliness. So I thought of giving them a platform where they can meet, greet, socialize and support and empower each other. Can I say something about my group?

Dr. Yuvaram Reddy	Yes, of course. Please do share. I will also say that this does context is really helpful. I think we often hear about in center hemodialysis. People come to dialysis three times a week, Monday, Wednesday, Friday or Tuesday, Thursday, Saturday. They sort of have their shift of people. They're meeting their co veterans or other patients and they have that community.
Dr. Yuvaram Reddy	But on home dialysis, that's something you don't always tend to have. Some of the veterans that we've talked to have talked about how it feels like your ships almost passing in the night, like the only time someone on home dialysis seems to see another person on home dialysis is when they come to the clinic and the one patient is going in to see their doctor and the other person is leaving and going home.
Dr. Yuvaram Reddy	And that's their only chance to talk. So, this peer support program, you're talking about seems like a way to help better connect them to the Bay, feel that community that the hemodialysis patients feel. Do you want to talk more about the peer support program?
Chechamma George	Yes, I greatly appreciate that. So, we started our group in 2017 with the holiday celebration because many of my mates don't have the celebrations for their birthdays or holidays. So, the group decided to meet quarterly, as many of them reside remotely. And coming to VA is hard for them. So, during our first quarter meeting we celebrate birthdays. For those fall into that first half of the year and the second half birthdays later in the year.
Chechamma George	And we also have one outdoor activity, like a barbecue cookout on Father's Day and yearly holiday party to acknowledge the vets with the certificates for their good job. This year we acknowledge them with the Zero Infection Initiative and also vets like Mr. Gathers, who goes above and beyond that extra mile to support other vets with their special recognition.
Chechamma George	So this is a platform we use for either education or empowerment or meeting socialization and everything.
Dr. Yuvaram Reddy	That sounds really lovely. It sounds like you've found a way to kind of integrate personal things that bring value to veterans, celebrating their birthdays, celebrating particular holidays, and you're also peppering in some medical education, it sounds like, or you're talking about zero infections. What sort of things do you all talk about in the peer support program?

Chechamma George	Well, most importantly we invite new candidates who are about to start to PD to make them feel comfortable in what they are stepping into and their patients, like Mr. Gathers and others who are already established on PD, share their experience. They give them the pros and cons of PD, and they're surely like a living testimony that if I can do it, you can do it.
Chechamma George	And they feel comfortable when they see someone who is already well on PD. And we also invite experts from other disciplines. I mean, a dietician gave them a really good holiday menu before the start of the holidays and transplant coordinators come in to talk to them about the listing process and so on.
Dr. Yuvaram Reddy	And how is the program helped? Do you and have people like Dwayne? So far?
Chechamma George	Well, when we meet, the veterans feel they are united, they are not alone. They feel like they are in a community of, you know, well supported community and the camaraderie among them improve their confidence, improve They feel like they are not alone. They are comfortable in doing PD and they are comfortable reaching out each other for support.
Dr. Yuvaram Reddy	That sounds great. It sounds like you've built this program since 2017 over time. Now that you are where you are, what's your vision for what you want? Peer support to be like in the VA in the next 5 to 10 years?
Chechamma George	Now, since I know how beneficial the support group is for our vets, I try to share this concept with all other PD nurses across the VA through my PDR and support Group and other nursing conference venues. Of course there is hurdles, financial struggles, COVID pandemic and so on to start a program. But I really approached the effort of Mr. Lavender from Seattle, VA and Mabel from Birmingham for initiating a support group for their vets.
Chechamma George	We collectively presented our project at the conference, the nephrology conference this May, to inspire our other colleagues. So my vision is all PD clinics should establish their own support group like Bond, Seattle and Birmingham to lead our vets to whole health and wellness. And I also envision is significant growth in our recovery program with the skill and the compassion he will provide is and good support for our support system for our vets who opt for the home dialysis.
Dr. Yuvaram Reddy	That sounds great.

Lauren Korshak	And so Dr. Ready, what are some areas that you're working on to achieve your vision?
Dr. Yuvaram Reddy	Thanks, Lauren. I think it's as you can hear from Georgie, it sounds like peer support is been really growing at their VA, and the VA has really supported the expansion of this program to these other sites in Seattle and Birmingham. It sounds like, to try to achieve a larger vision. There are some things that they still need to sort through charge.
Dr. Yuvaram Reddy	You feel free to chime in, but it sounds like more funding to be able to facilitate in-person meetings, to be able to support the cookouts, to support some of the education would be helpful or even more personal support. It reminds me this peer support program. It reminds me about how the VA already has about 1400 peer specialists, specifically for mental health, where the VA has hired people with experienced mental health issues to help other veterans of mental health and help them navigate their health care in that space.
Dr. Yuvaram Reddy	And so the VA does that for mental health. Is it possible that the VA could one day hire veterans who are on home dialysis to talk about to help other veterans think through what they want to do with dialysis, what kind of modality they want to choose, how they arranged their supplies at home, and sort of be able to talk about the tips and tricks of living well on home dialysis.
Dr. Yuvaram Reddy	Georgie, is there anything else you want to say about what else you've been envisioning?
Chechamma George	I can provide a ground support to start out as a support group. If any VA program really clinics like to start one, but when it comes to the financial support, I cannot do that much. So.
Dr. Yuvaram Reddy	Got it. So it sounds like you're like a ready and willing partner when the time comes to be able to expand this.
Chechamma George	Yes.
Dr. Yuvaram Reddy	That's exciting. Thank you so much for sharing about your peer support program and I'm really curious and excited to see how things might expand in that space and with other potential strategies as we so continue to think about how we can address gaps in home dialysis use that veterans face.

Lauren Korshak	And I just want to thank you both for this conversation and for sharing the work that you're doing and the lessons learned and your vision for how to better support veterans with kidney disease in the future. I also just want to thank everyone for joining and listening to this episode, and I hope you will join us all on our next one.
Chechamma George	I thank Lauren and Dr. Reddy for this great platform to share my thoughts, my passion, and most grateful for the opportunity to showcase the support group. None of this would have been possible without the immense support from Dr. Sims and gravely, the kidney care keeping program director and Dr. Khanna, our medical center director, Dr. Brown and my chief nurse and my whole renal department and most importantly, our home dialysis veterans will make this possible.
Dr. Yuvaram Reddy	Yes, Thanks so much to all of the officers that have helped us out. A kidney program office, the Office of Health Equity Query, and all the patients, care partners, nephrologists, nurses, clinicians, social workers, people that have talked with us to help us better understand this excellent.