

Impact of COVID-19 on Virtual Care in Home Dialysis

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Disclosures

Martin Schreiber, Adam Weinstein, Mahesh Krishnan, Brooke Bowlby, Mike Gonzales, Liz Mooney, and Michelle Cassin are all employees of DaVita Inc.

Background

- Almost every provider and the majority of patients in the United States (US) likely possessed the technology needed to conduct a telemedicine appointment.
- Prior to the current pandemic, utilization in home dialysis was relatively low.

Objective

This study examined trends in telehealth utilization before and during the COVID-19 pandemic in US home dialysis patients treated by a large dialysis organization (LDO).

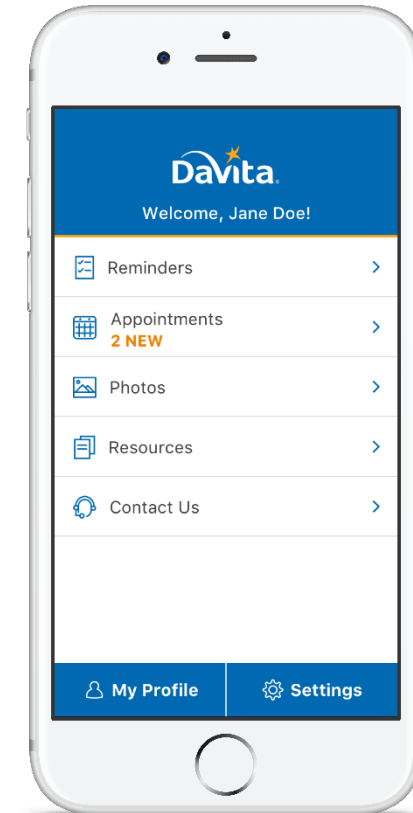


Telehealth Delivery Method: DaVita Care Connect™ (DCC™)

DaVita Care Connect™ (DCC™) application

A proprietary telehealth platform that is HIPAA compliant, scalable after the COVID-19 response, and has multiple patient engagement features:

- Multiparty, inter-disciplinary, patient plus family/caregiver (up to 10 parties) video chat
- Secure messaging and photo sharing
- Scheduling and appointment reminders
- Educational resources



Method for Data Analysis

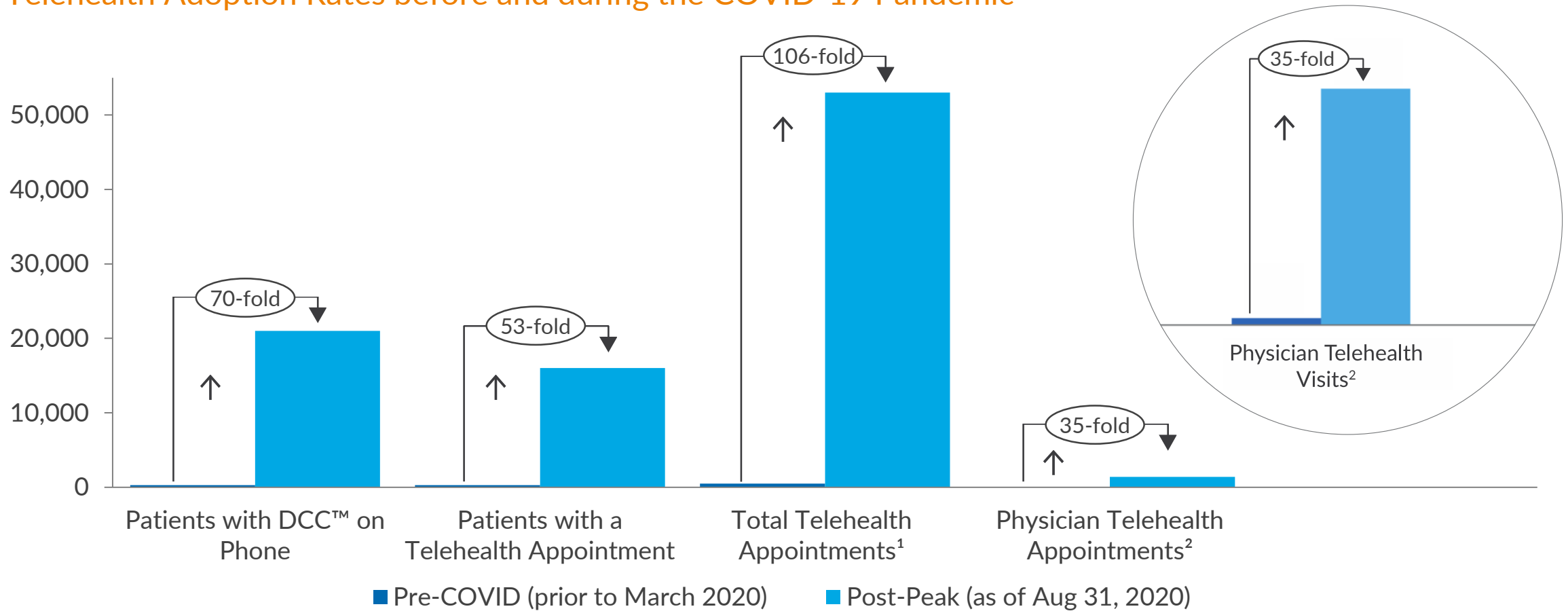
IT systems data

- IT systems data were utilized to develop ongoing reports depicting patient, facility and physician adoption rates across 1,750 home dialysis programs.
- Data were segmented by:
 - Geographic areas (9)
 - Time of COVID-19 dissemination within locales



Results: Telehealth Adoption

Telehealth Adoption Rates before and during the COVID-19 Pandemic



¹Includes appointments with the patient, care team, and/or physician

²Number of total Falcon Silver, our EMR platform, telehealth encounters



Results: Interdisciplinary Team Utilization of DCC™ Post-Peak

Social Workers

- Participated in 18% of virtual appointments
- Facilitated approximately 1,800 one-on-one telehealth appointments with patients

Registered Dietitians

- Participated in 23% of virtual appointments
- Facilitated approximately 2,500 one-on-one telehealth appointments with patients

Potential for expanded use cases during a public health emergency, including:

- Home visits
- Support for self-administration of medications
- Equipment troubleshooting
- Post-hospitalization transitions of care
- Insurance counseling support



Results: DCC™ App Features

Multiparty Feature

Allows patient to add care partner(s); >500 care partners now participating in telehealth with patients on the platform.

Secure Messages

40,000 messages sent between patients and the care team.

Reminders

Because the burden of care is high for patients, the app provides helpful reminders for tasks (e.g., upcoming appointments, supplies, medications, nutrition and self-care).

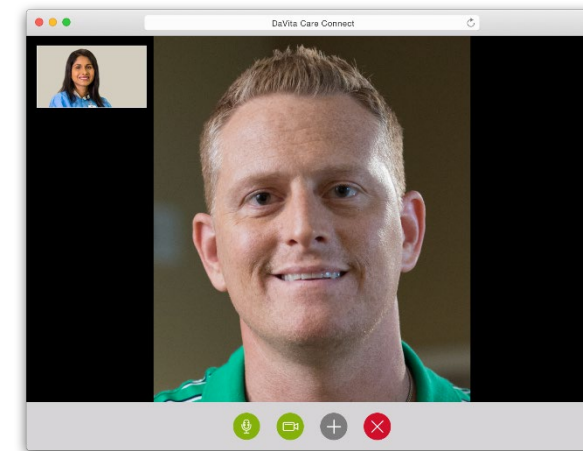
Education Resources

App offers an e-library for the patient to view resources on-demand from their smart phone.

- Key COVID-19 updates were communicated through the e-library in real time.
- The number of total resource views was >15,000.

COVID-19 Screening Was Quickly Embedded and Deployed in the App

- This automated the entry process for the patient ahead of in-person clinic appointments by allowing the patient to answer CMS recommended questions regarding risk.
- This feature was used several thousand times to flag high-risk patients, so that they could avoid exposure at the clinic.



Technical Issues and Solutions

- **Help users become comfortable with utilizing the technology by:**
 - Promoting practice appointments and conducting audio/visual checks ahead of the actual clinician appointment
 - Increasing user support with patient support desks, providing instructions on how to conduct an effective virtual appointment (e.g., tips on performing a no-touch exam) and detailing what to expect during an appointment
- **Increase access to the platform and virtual appointment participation (e.g., added access for nonphysician providers to broaden the practice participation)**
- **Allow for flexibility in scheduling appointments and determining appointment windows, in order to more easily adjust for tardiness or technical difficulties**
- **Troubleshooting by conducting connectivity checks to identify difference between poor platform performance and users' limited connectivity**



Conclusions

- The COVID-19 pandemic has dramatically increased the use of telehealth management for home dialysis patients in the US.
- Examining the impact of virtual appointments on patient outcomes going forward will be critical in designing post-COVID care.
 - Balancing the integration of telehealth appointments and face-to-face appointments to optimize care will necessitate advancing a new care model for patients with end stage kidney disease.

