

Overview

Palliative care is specialized medical care for people with serious illnesses. It focuses on minimizing pain, symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family.

An interdisciplinary team treats the whole person and not just the illness—and addresses the emotional, spiritual and psychological sides of disease. It can be provided along with curative treatment.

The team meets weekly and creates tailored plans to help patients cope with anything from pain and depression to insomnia and mobility issues.



Why Kidney Palliative Care?

Nationally, palliative care is rarely an option for dialysis patients; fewer than 4% of patients with end stage kidney disease receive it¹. Yet, it:

Puts patient's desires, goals and decisions first

Can be provided while on dialysis

Helps patients and families understand treatment plans

Reduces hospital visits



Palliative care gives patients and their families space to reflect on their wishes and prioritize them. We had one patient, for example, share that he still had stories he wanted to share with his family.

Turns out his daughters and nieces and nephews wanted to hear those stories—and the palliative care team helped make that happen.

¹ National Center for Biotechnology Information, Palliative Care Disincentives in CKD: Changing Policy to Improve CKD Care, June 2019

4%

Percentage of patients that receive palliative care with end stage kidney disease

Palliative Care at Northwest Kidney Centers

As the world's first outpatient dialysis center, innovation is front-and-center at Northwest Kidney Centers. Thanks to the Cambia Health Foundation, in 2017 we became the first to have an embedded kidney palliative care program—and we continue to push for new ways to serve more patients.



Ian Shaw shares a photo of his family enjoying time with their dad.

Louis Shaw was diagnosed with cancer in 2018; his son Ian said his kidney disease was a surprise. Ian's father was scared, unsure about dialysis and had many questions.

Louis shared that his top priority was to spend more time with his family and the team was able to help coordinate that.

“ The palliative care team was great! They were caring and gave honest answers to all of his questions,

Ian, Louis' son ”



OUR SERVICES

#1

First-in nation
embedded kidney
palliative care
program

\$0

No cost to
patients to
receive this
service (donor-
supported)

20

Offered at all 20
clinics

350

Patients served to
date



OUR PATIENTS

1/2

Nearly half of
patients live
below poverty line

50%+

More than half of
patients identify
as people of color

Achieving Equity with Palliative Care

Because of structural racism, kidney disease impacts people of color disproportionately. In the U.S., Black people are more than 3 times as likely and Hispanics or Latinos are 1.3 times more likely to experience kidney failure compared to white people.

Organizationally, more than half of our patients identify as BIPOC and nearly half rely on Medicaid.



WHAT WE KNOW

Hospice is not available to Medicaid patients on dialysis, unless there is a comorbidity. **Nearly half of our patients at Northwest Kidney Centers rely on Medicaid**—they must stop dialysis treatment in order to receive hospice support.



PROBLEM TO SOLVE

When our palliative care patients have received hospice while on dialysis ('concurrent care'), **they live more than twice as long**—and have more time with their families to say goodbye. (median of 8 days on hospice only vs. median of 20 days concurrent care).

Their care also costs less. In recent tests, total Medicare costs for the last 30 days of a patient's life cost \$15.7K when on hospice only (stopping dialysis) vs. \$10.5K in concurrent care.

ADVOCATING FOR CONCURRENT CARE

In addition to raising funds to provide concurrent care to patients, **we are working at a policy level** to improve the way care is funded:

- Partnering with Centers for Medicare and Medicaid Services
- Sharing results with legislators
- Talking with Medicare Payment Advisory Commission (MedPAC)

“Nationally, BIPOC patients are far less likely to receive quality palliative care. We are working to address that gap; we're asking people how they want to live their lives and what's most important to them.”

Daniel Lam, MD

Donor investment is needed to provide this critical and compassionate care to patients. Serving patients with our existing team costs \$300,000 each year. We know that with additional funding, we can address disparities in the health system.

FUNDING NEEDED TO
MAINTAIN PROGRAM

\$300k

FUNDING NEEDED TO
**REACH NEW PATIENTS
& IMPROVE CARE**

\$105-150k

**SERVING MORE PEOPLE
OF COLOR**



COST
\$70-90k

Make better use of our data

We're proud of our efforts to have patient-reported data in an environment where that isn't always easy. Currently, our palliative care nurse and social worker monitor patient data and use it to inform patient strategies. This, however, takes away from time with patients.

Bringing a program coordinator on to the team would be more efficient and allow us to work more strategically with area nephrologist and reach even more patients.



COST
\$10k

Reach more non-English speaking patients

Our patients speak roughly 88 different languages. With the complexity of conversations around palliative care and helping families make tough decisions, it's critical to connect with them in their own language. We'd like to start with translated patient-facing materials in the top 15 languages spoken.

**INCORPORATING
BEHAVIORAL HEALTH**



COST
\$25-50k

Build on existing trauma-informed training

Research shows that many people living with serious medical illnesses like end stage kidney disease also suffer from co-morbid behavioral health issues like anxiety and depression². With additional funding we could build on the existing trauma-informed training.

² Center to Advance Palliative Care, The Case for Better Behavioral Health Integration in Serious Illness Care Settings, August 10, 2020

Embedded Palliative Care Program is getting local and national attention

Communities across the country reach out to us regularly about how our program works and what makes it successful. The team is regularly invited to speak at national conferences to share this amazing work. Our interdisciplinary team and their results are often held up as a best-in-nation example at conferences and throughout the kidney community.



“ *‘My time to live’: Novel program gives Seattle-area kidney patients palliative care and dialysis until the end*

The Seattle Times

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August, 2021