

Overview

A diagnosis of end stage kidney disease and the idea of traveling to dialyze three days a week for four hours a day at a center can be overwhelming.

Dialyzing at home is an option for patients that offers more flexibility, privacy and better outcomes. And, as the pandemic, showed us, it offers the added benefit of safety. For patients dependent on in-clinic dialysis to stay alive, a 'Stay Home, Stay Healthy' order like we experienced in Washington state was not an option.

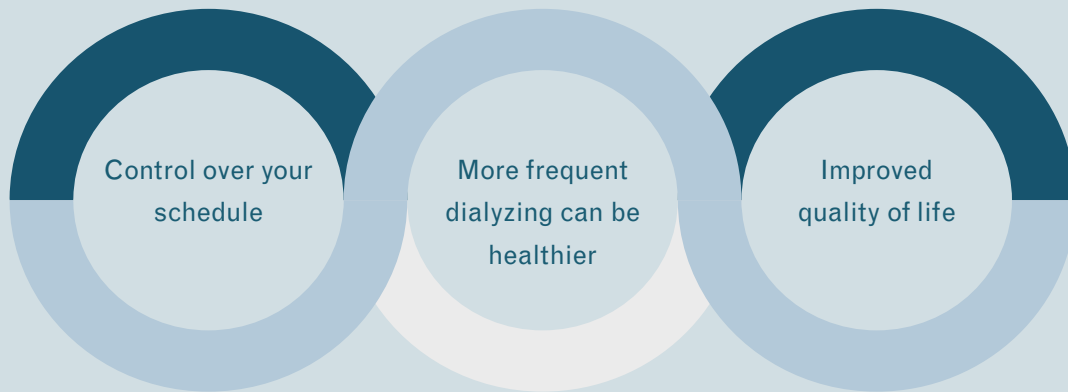
At Northwest Kidney Centers, a higher percentage of our patients dialyze at home than do nationally—and we're committed to increasing that number in a way that is equitable regardless of race, ethnicity and socioeconomic status.



Benefits of Home Dialysis

Home dialysis can mean more flexibility, fewer food restrictions and better outcomes. Patients can choose between two types.

Roughly 20% of our home patients choose Hemodialysis where blood is cleaned using an artificial kidney machine and 80% choose Peritoneal Dialysis that uses the lining of your abdomen to filter your blood inside your body.



Nationally, people of color are less likely to dialyze at home than white people¹

Whether it's implicit bias in the referral process or inequity in access to the education materials or other reasons needs to be studied more, but we do know people of color are less likely than white people to dialyze at home:

BLACK PATIENTS

24%

less likely

HISPANIC PATIENTS

10%

less likely

At Northwest Kidney Centers we work proactively—with our nephrologist partners and our front-line dialysis techs—to raise awareness of these disparities and promote home dialysis as an option.

Home Dialysis at Northwest Kidney Centers

Thanks to generous support from Premera Blue Cross and other donors in 2021, 16.9% of patients at Northwest Kidney Centers were dialyzing at home (compared to 14.3% of patients nationally). From education to offering respite care for caregivers and support while traveling, we are with patients every step of the way.



With the support of her husband Michael, Lucille Parker dialyzed at home for more than 45 years.

“ *You have to stay on your schedule and take care of yourself.* ”

Lucille Parker

We offer 24-hour nurse support, 7 days a week.



OUR SERVICES

Patients and caregivers receive 40 - 100 hours of in-clinic training.

300+

Patients served last year



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 Home Dialysis



OUR APPROACH

We work upstream to educate people before a diagnosis about the benefits of home dialysis. We also work with nephrologists to refer patients directly to home dialysis. Our goal is that when someone is diagnosed with end stage kidney disease they have enough information to bypass in-center dialysis and go straight to in-home care.

WHAT WE'RE LEARNING

People of color are less likely to dialyze at home. We're unclear whether this is because of the degree of outreach to communities of color or inherent mistrust in the health system due to years of systemic racism but we are actively working to combat these disparities.

HOW WE'RE DIFFERENT

Our patients and caregivers receive round-the-clock support. From intensive training to respite care for caregivers to recharge, we are with patients and their families every step of the way.



“

Our goal is to start patients on home dialysis from the outset instead of first starting with treatments in an outpatient clinic setting. The team at Northwest Kidney Centers does a great job working with patients and care givers to support them throughout the process.

”

Rajnish Mehrotra, MD, MS
UW Medicine Division Head, Nephrology

Donor investment is needed to provide this critical care to patients. Serving our 300+ patients costs \$1M each year. We know that with additional funding, we can grow the program in an equitable way.

FUNDING NEEDED TO
MAINTAIN PROGRAM

\$1M

FUNDING NEEDED TO
TO GROW TO 25% OF PATIENTS

\$200k



COST
\$50k

In-center training for the medical team

Patients tell us that their dialysis team feels like a second family. It's important that our teams know the benefits and accessibility of home dialysis. We have not had the resources for comprehensive ongoing training—with additional support, we could train the front-line team of 20+ each quarter.



COST
\$80k

Translate training materials for patients

While we pride ourselves in supporting our patient population in more than 80 languages, because of funding and staffing constraints, we are behind in the Home Program. Currently our Patient Training Manuals and administrative forms are provided only in English, requiring less than ideal ad-hoc translation for many home dialysis patients and their caregivers. This means the program is not being promoted in an accessible way. Additional funding would allow for translation and printing in the top 10 languages spoken by patients.



COST
\$75k

Improved technology for hemodialysis patients

Thanks to funding from the Harry L. & Clare Cayo Wilson Charitable Trust, 50 patients are participating in Nx2me Connected Health, a system that uses a new technology to link home hemodialysis machines to patient clinics, care team and medical records. Clinical staff receive real time data on each patient and have more time to devote to patient care rather than tracking down treatment information. We would like to double the number of patients participating.

For more information on supporting Home Dialysis,

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