

## Overview

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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 it<sup>1</sup>. 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.

<sup>1</sup> 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

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As the world's first outpatient dialysis center, innovation is front-and-center at Northwest Kidney Centers. 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

# 525

Patients served to  
date



## OUR PATIENTS

# 1/2

Nearly half of  
patients are low  
income

# 50%+

More than half of  
patients identify  
as people of color



## Achieving Health Equity

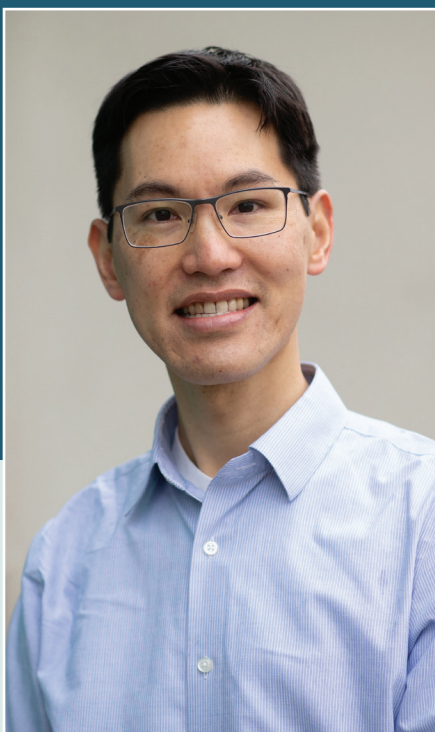
Because of structural racism, kidney disease impacts people of color disproportionately. In the United States, Black people are more than 3 times as likely and Hispanics or Latinos are 1.3 times more likely to experience kidney failure compared to white people.

At Northwest Kidney Centers more than half of 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

FUNDING NEEDED TO  
**MAINTAIN PROGRAM**

Donor investment is needed to provide this critical and compassionate care to patients. Serving patients with our existing team costs \$450,000 each year.



Supports a palliative-care social worker with graduate-level training as part of the interdisciplinary team

**\$100k**



Increases the capacity of our palliative care nephrologist and reduces patient wait times

**\$75k**



Helps fund the program coordinator position, ensuring patients have a consistent, friendly point of contact for scheduling appointments

**\$50k**



Supports ongoing professional development for the team and printed materials for patients

**\$25k**

# 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