

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.

4%

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

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

Palliative Care at Northwest Kidney Centers

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

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

Ian, Louis' son

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OUR SERVICES

#1

First-in nation
embedded kidney
palliative care
program

\$0

No cost to
patients to
receive this
donor-supported
service

19

Offered at all 19
clinics

615

Patients have
received palliative
care since 2017



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

Disparate health outcomes are linked to decades of social and economic injustices. 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.

Everyday at Northwest Kidney Centers we are working to increase opportunities for everyone to live the healthiest life



WHAT WE KNOW

Hospice is not available to Medicaid patients on dialysis, unless there is a comorbidity.

Patients who rely on Medicaid 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 \$15,700 when on hospice only (stopping dialysis) vs. \$10,500 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



Minimizes patient wait times and maintains ongoing capacity for our acclaimed nephrologist

\$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

For more information on supporting palliative care, please contact Kyle Franklin:
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