DATE: Dialysis and Transplant ECHO
Helping each other to help our patients
Speaker: Dianne LaPointe Rudow ANP-BC, DNP
Panelists: Carrie Lindower, Executive Director of NYKidney
Sheila Jones CHT, FMS-Queens Artificial Kidney Center
Courtney Rodgers LCSW, City Dialysis Center

The hub via ZOOM
Objectives:

• Who is NY Kidney
• What Is Project Echo?
• Should we DATE?
• DATE Pilot results
• Are you ready for a committed relationship?
• Hear from the team
NYKIDNEY

• Mission: The New York Center for Kidney Transplantation, a non-profit organization comprised of all the kidney transplant programs in New York State, has brought together kidney transplant professionals dedicated to collaboration, data sharing and peer to peer assist to enhance the quality of care delivered to patients in New York State

• The Center’s focus is education, efficiency and advocacy.
  • Through collaboration within the centers, organ procurement agencies and patient advocacy groups and the public, we aim to perform public and professional outreach, provide comprehensive accurate and current information on kidney transplantation and living donation, and advocate on the state and national level to improve care and remove disincentives to patients with ESRD and their donors.

• Members: Mount Sinai Hospital, Columbia University, Cornell University, NYU, Montefiore Medical Center, North Shore University, Westchester, SUNY Downstate, ECMC, SUNY Upstate, Rochester, Albany Medical Medical Center
What is Project ECHO

Project ECHO (Extension for Community Healthcare Outcomes) is a movement to demonopolize knowledge and amplify local capacity to provide best practice care for underserved people all over the world. The ECHO model™ is committed to addressing the needs of the most vulnerable populations by equipping communities with the right knowledge, at the right place, at the right time.

• Model developed 2003 UNM Albuquerque by Hepatologist Sanjeev Arora MD

• Catalysts:
  • High incidence of Hepatitis C Virus (HCV), < 5% being treated
  • Rural environment
    • PCPs disincentivized to treat complex cases, due to standard reimbursement
    • > 6 month waiting time to see specialist
  • Patients infected but doing relatively well had little access
  • Patients with access were too sick to benefit from new treatments
How it Works

- Case based teaching model with a didactic component provided by expert in a field
- Leverages technology (Zoom) to expand reach, reduce costs and eliminate barriers to learning
- When an ECHO trained practitioner identifies need, a clinic is modeled and virtual tele-clinics are created and scheduled
- Creates new experts who can ECHO their knowledge
- As knowledge changes or expands, it continues to be conveyed through ECHO
In Practice

• The ECHO model is achieved through the creation of ECHO “hubs” or regional centers, in which partner “spokes” connect through teleECHO clinics, gaining specialty expertise and knowledge. The ECHO model develops knowledge and capacity among community providers through:
  • Using technology to create knowledge networks, which connect a multidisciplinary team of experts located at the hub with learners at spoke sites through regularly scheduled teleECHO clinics.
  • Improving outcomes by reducing variations in information and sharing best practices.
  • Case-based learning: guided practice through diverse, real-life cases with subject matter experts to facilitate learning by doing and create learning loops. Over time, these learning loops create deep knowledge, skills, and self-efficacy.
  • Tracking of data (using HIPAA-compliant tools) to measure clinic function over time for the purposes of ongoing quality improvement.
The Movement

• Spread: >100 institutions participating, over 20 countries across the globe
• Flexibility: Application across medicine, education, law enforcement, the arts
• Efficacy: Data continues to accumulate with outcomes supporting model’s significance
• Legislative Support: ECHO act passed by Congress in 2016
The ECHO Model

A: Amplification – Use **Technology** to leverage scarce resources

B: **Best Practices** to reduce disparity

C: **Case Based Learning** to master complexity

D: Web-based **Database** to **Monitor Outcomes**

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ECHO model is not ‘traditional telemedicine’.
Treating Physician retains responsibility for managing patient.
WHAT ECHO IS and ISNT

**IS**
- ALL TEACH ALL LEARN; Must be bi-directional
- Everyone benefits by improved collaboration
- Our goal is to increase access to kidney transplant in New York State
- All materials, presentations etc. will be free of bias

**ISNT**
- It is not a webinar. There needs to be discussions by all
- This will not be used as a way to market or promote an individual center
Anatomy of an ECHO Session

• Introductions: video, telephone and Hub
• Brief educational presentation (20 minutes)
• Case presentations by the Spoke
• Questions and discussions by all
• Recommendations by the Hub
DIALYSIS AND TRANSPLANT ECHO

GOAL: Increase the number of patients with ESRD referred for transplant

- The ECHO model creates ECHO “hubs”: Multidisciplinary transplant members
- Partners with the “spokes”: Members of the dialysis center
- Through teleECHOclinics: All gain specialty expertise and knowledge.

Using technology we use limited resources to create knowledge networks, which connect a multidisciplinary team of transplant experts to the Dialysis experts

SO...... Should we DATE?
Development of DATE ECHO

• Partnership with IPRO
• Task force was composed and met in Oct 2018
  • Members:
  • Transplant Community: surgeons, nephrologists, nurses and social workers, administrators
  • Dialysis Community: nephrologist, nurse and social worker
  • IPRO
  • NYKidney Leadership

• 4 workgroups
  • Recruitment
  • Education
  • Intake
  • Evaluation

• Pilot ECHO began January 2019
Echo Sessions

• The purpose of the Echo Session is twofold:
  
  • Educational Content about kidney transplant with questions and answer session with content expert
  
  • Case presentation: a multidisciplinary forum to present complex patients who were either thought to be ineligible for transplant or create challenges for the dialysis and transplant team.
DATE Educational Content

• Mythbusting: An Interactive Dialogue for Overcoming Disparity
  Speakers: Janine Morris RN, Tania Lyons LMSW,

• Help me or Hurt me: What are the Benefits and Risks of Transplant vs Dialysis?
  Speaker: Sunil Patel MD

• Let’s Be Candid about Candidacy: Who is a Candidate & Who is Not?
  Speaker: Fasika Tedla MD

• Will I Pass the Test? The Evaluation Process.
  Speaker: Stacy McGahan NP

• Hate to Wait! How the Waitlist Works.
  Speakers: Tom Diflo MD and Angie Templeton NP

• Wanted: Dead or Alive! What are my Donor Options?
  Speakers: Juan Rocca MD and Helen Rominiecki NP
Meet the Hub

Hub Members

• ECHO Lead/Facilitator and Program Manager
  • Carrie Lindower/Kristy Richards

• ECHO User Support /IT
  • David Gutierrez

• Transplant Surgeon:
  • Dr Bruce Gelb
  • Dr Liise Kalyer

• Transplant Nephrologist
  • Dr David Serur

• Pre Coordinator
  • Diego Acero

• Pre Social Worker
  • Greta Rosen

• Administrator/Financial Coordinator
  • Catherine Sioson-De Guzman

• Dialysis Medical Director
  • Dr Scott Liebman

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Case Intake Form

• **Purpose:** to Standardize and organize the case presentation
  
  • Dialysis Centers were encouraged to choose challenging cases to present for feedback
  • Case form is fillable PDF that can easily completed
  • Email case forms to Krichards@nykidney.org
  • The case is presented by the submitting center during the Echo Session and discussed by all participants
  • All feedback will be captured and reported back to the presenter after the session
DATE TeleECHO™ Clinic

—Kidney Transplant PRESENTATION TEMPLATE —

PLEASE NOTE that Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any NY/HC member and any patient whose case is being presented in a Project ECHO® setting. Change this text.

Date: 1/30/2019  Presenter Name: Scott Liebman  Role: MD

Dialysis Center: Freedom

ECHO ID: 0002  Patient Age: 77  Biologic Gender: □ Male or □ Female  BMI: 34.5

Insurance:  □ Medicaid  □ Medicare, □ VA, □ Commercial, □ None

Race:  □ American Indian/Alaskan Native, □ Asian, □ Black/African American, □ Native Hawaiian/Pacific Islander, □ White/Caucasian, □ Multi-racial, □ Other


Ethnicity: □ Hispanic/Latino, □ Not Hispanic/Latino, □ Prefer not to say

Primary Language Spoken: English

Cause of ESRD: DM/HTN

Dialysis Start Date: TBD  Dialysis modality Check box □ HD, □ PD

What is your main question about this patient?

Patient getting access for dialysis asked about LD kidney transplant. Is it too risky?

Does this patient have any potential living donors? □ Y, □ N

Has this patient been referred for transplant before? □ Y, □ N

Was patient previously determined ineligible for referral? □ Y, □ N

If yes why? Please Select

Perceived Barriers to Transplant: Please Select

Living Environment: Private Home/Apartment

Concerns about Caregiver support: □ Y, □ N

If yes specify ________________________________

Functional Status: Ambulates □ Independent  ADLs □ Independent

Last cardiac testing/imaging studies/interventions (if known):
ECHO, 2018 WNL

Stress: 2018 WNL Cath 3 yrs ago all grafts patent

Interventions/Other: endoscopy, colonoscopy, ABD CT scan, Ki ultrasound, Abdominal ultrasound and Arterial duplex.

Past medical history: Please be prepared to discuss
DM □ Y, □ N  CAD □ Y, □ N
PVD □ Y, □ N  HIV □ Y, □ N, Hep C □ Y, □ N Active Hep B □ Y, □ N
Malignancies specify: None

Other significant past medical history, specify: 2013 GI bleed post AAA repair

Psychiatric History: □ Y, □ N

Cognition:
Significant Memory impairment □ Y, □ N
Able to follow treatment regimen □ Y, □ N

Past Surgical History: Please be prepared to discuss
Amputations: □ Y, □ N
Cardiac Intervention □ Y, □ N
Other significant Past Surgical history, specify: Endoscopic AAA repair 2013, CABG x 4 1997

Smoking History: Does patient currently smoke? □ Y, □ N

Hx of Alcohol or substance abuse □ Y, □ N

Medications concerns or relevant to case presentation: ________________________________

Current Labs: HgbA1C 7, GFR 13 referred for dialysis

Other Comments: ITP with splenectomy as a child, Compliant with all MD appointments and medications

All routine health maintenance tests up to date and WNL (PSA, colonoscopy, flu endoscopy etc)
Types of Cases to Consider for Presentation

- Any person previously not referred due to perceived ineligibly
  - Age
  - BMI
  - Comorbidities
  - Multiple previous transplants
- Psychosocial concerns
  - Housing issues
  - Support issues (or lack of support)
  - Adherence concerns
- Insurance and financial concerns
- Any cases you want to discuss with your peers
Evaluation of DATE ECHO

• Qualitative Outcomes:
  • Participant satisfaction
  • Increase of knowledge by hub and spokes

• Quantitative Outcomes:
  • Does DATE increase referrals for transplant?
  • Does DATE shorten evaluation time?
  • Does DATE increase Listings for transplant?
  • Does DATE increase LDKT?
DATE ECHO Pilot Preliminary Data-1/16/2019-3/27/2019

Count of Full Name by Job Title

- Financial Coordinator
- Dialysis Nephrologist
- Dialysis Coordinator
- Dialysis Clinical Director
- Transplant Social Worker
- Transplant Nephrologist
- Transplant Director
- Transplant Coordinator
- Dialysis Clinical Nurse Manager
- Transplant Surgeon

Count of Full Name by Month and Specialty

- Dialysis
- Transplant

- January
- February
- March

Count of Full Name by Date

- Feb 2019
- Mar 2019
Next Steps: The Committed Relationship

- ECHO University
- Monthly echo sessions with advanced topics and discussions
- Case presentations from transplant programs, dialysis centers, nephrologists
- Attendees must complete a DATE session to participate
- Spring and Fall sessions

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<tr>
<th>Psychosocial challenges in the transplant evaluation</th>
<th>Understanding the living donor process</th>
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<tr>
<td>Strategies to help a patient decide to proceed with transplantation</td>
<td>The basics of Kidney paired donation</td>
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<td>Financial implications for transplant</td>
<td>ABO Incompatible transplants</td>
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<tr>
<td>Cultural considerations when being referred for transplant</td>
<td>Strategies for transplant candidates to talk to their families about the need for living donors</td>
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<td>Strategies to deal with the non-compliant patient</td>
<td>Alcohol and Drug use in the transplant candidate</td>
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<td>Risks and benefits of Multiple listing for transplant</td>
<td>Understanding transplant and the HIV positive transplant candidate</td>
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<td>Should your patient consider a second opinion when declined for transplant</td>
<td>7 ways to get a kidney faster</td>
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<td>Overcoming immigration issues in transplant</td>
<td>The cardiac considerations for the kidney transplant candidate</td>
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<tr>
<td>Crucial conversations (HD center and transplant center)</td>
<td>Hepatitis C positive organs</td>
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<tr>
<td>Importance of Early Referral</td>
<td>Renal cell carcinoma and transplantation</td>
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<tr>
<td>Supporting a patient while on the waitlist</td>
<td>Overview of Post-transplant complications</td>
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Are you ready to DATE?

Upcoming DATE sessions (day and time TBD)
• 6/10/2019- 9/6/2019
• 9/23/2019- 12/20/2019
• 1/13/2020- 4/10/2020

Sign up now at the NYKidney table

OR

Contact Kristy Richards at Krichards@nykidney.org
Why Should We DATE?

Meet the Spokes

- **Shelba Jones CHT, FMS-Queens Artificial Kidney Center**
  - First case presentation
  - 100% attendance

- **Courtney Rodgers LCSW, City Dialysis Center**
  - Most cases presented
  - Recruited a fellow staff member
  - Always on camera
Thank you Jeanine Pilgrim, Network Quality Director!