Palliative and End-of-Life Care Training during Nephrology Fellowship in the U.S.

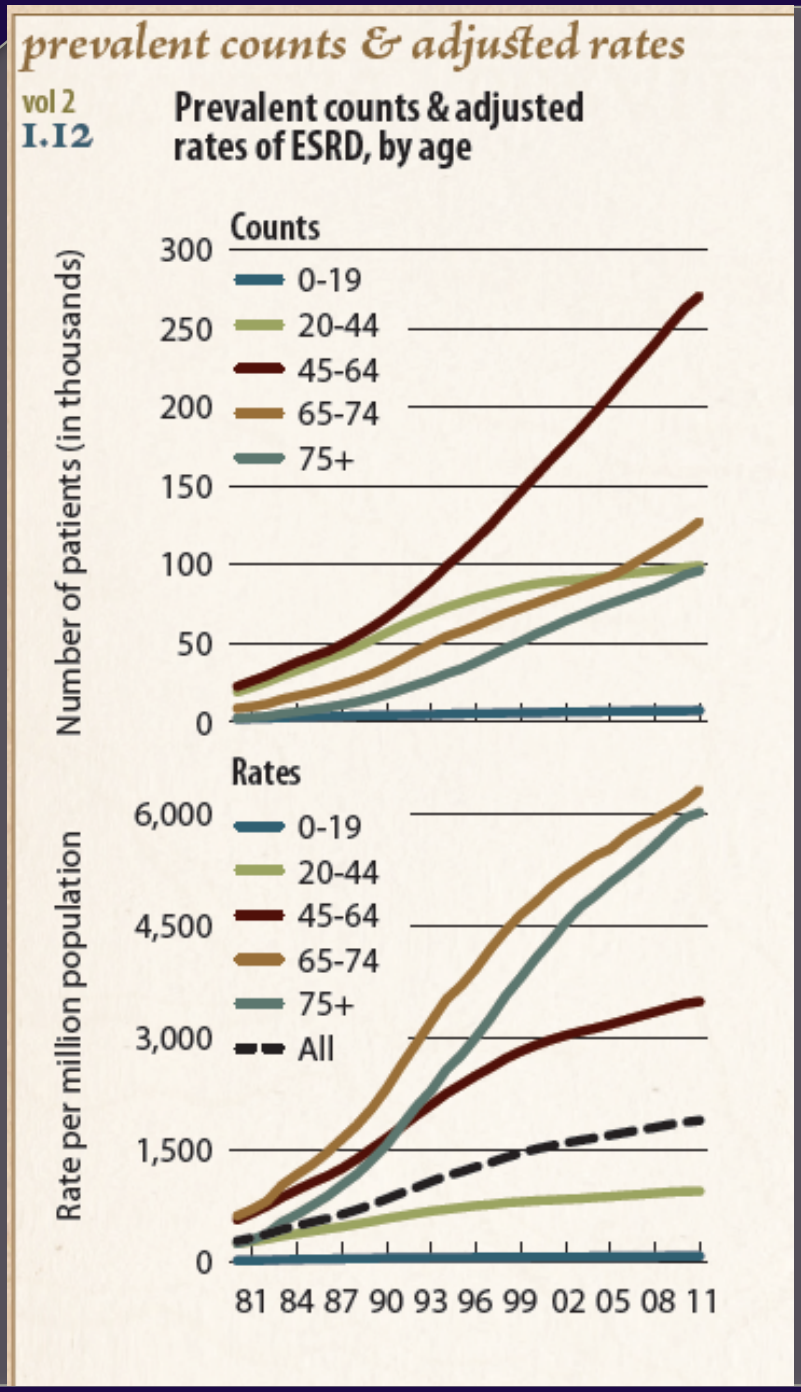
August 21, 2015
Renal Supportive Care Symposium

Sara A. Combs, M.D., M.S.
University of Colorado School of Medicine

.

Sara Combs has disclosed no relevant financial relationships.

Nephrology Fellowship

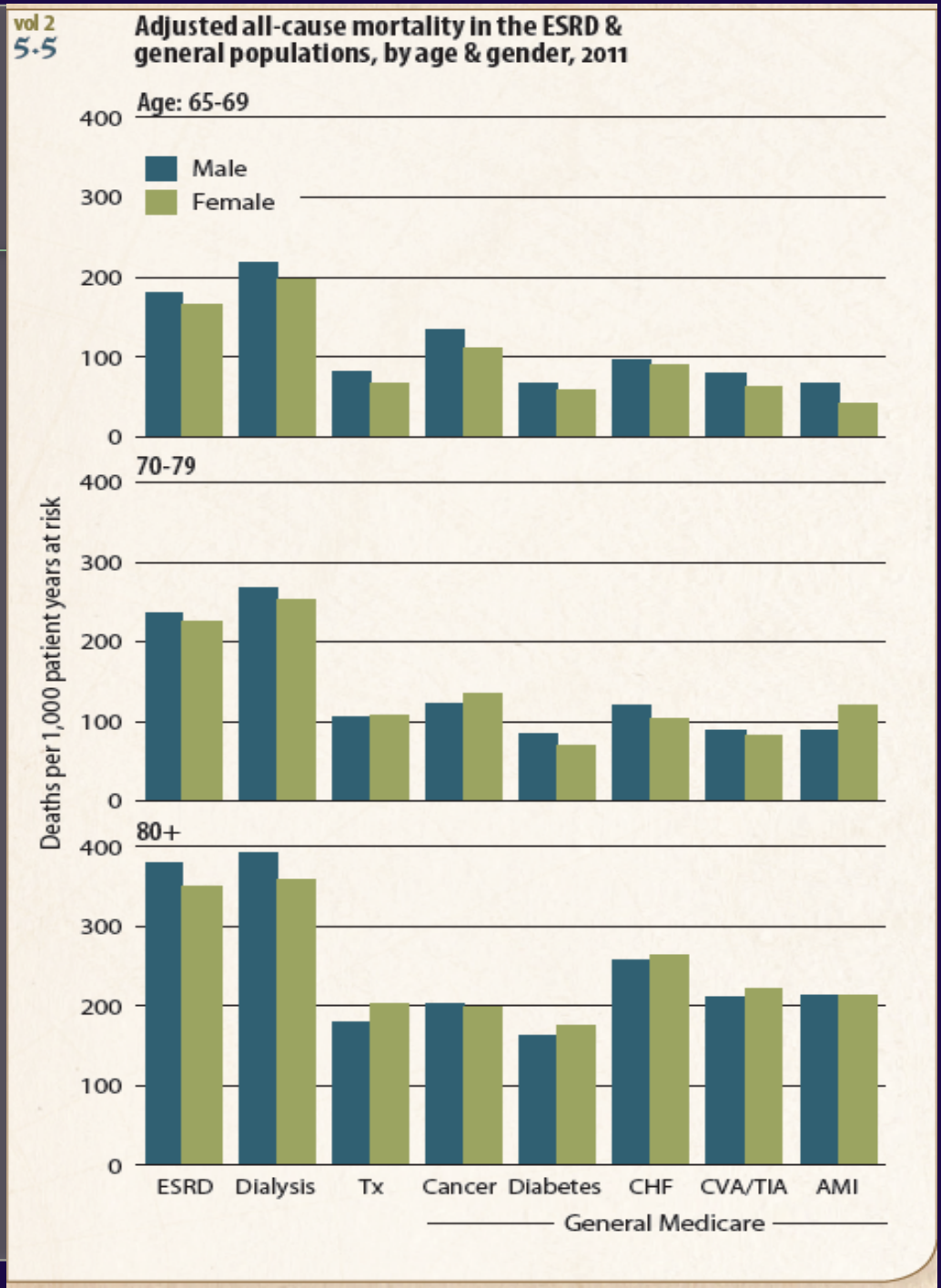


Older adults are the fastest growing population with ESRD in the U.S.

Since 2000, the adjusted prevalence of ESRD increased 31% among patients aged 65-74 and increased 48% among those 75 and older.

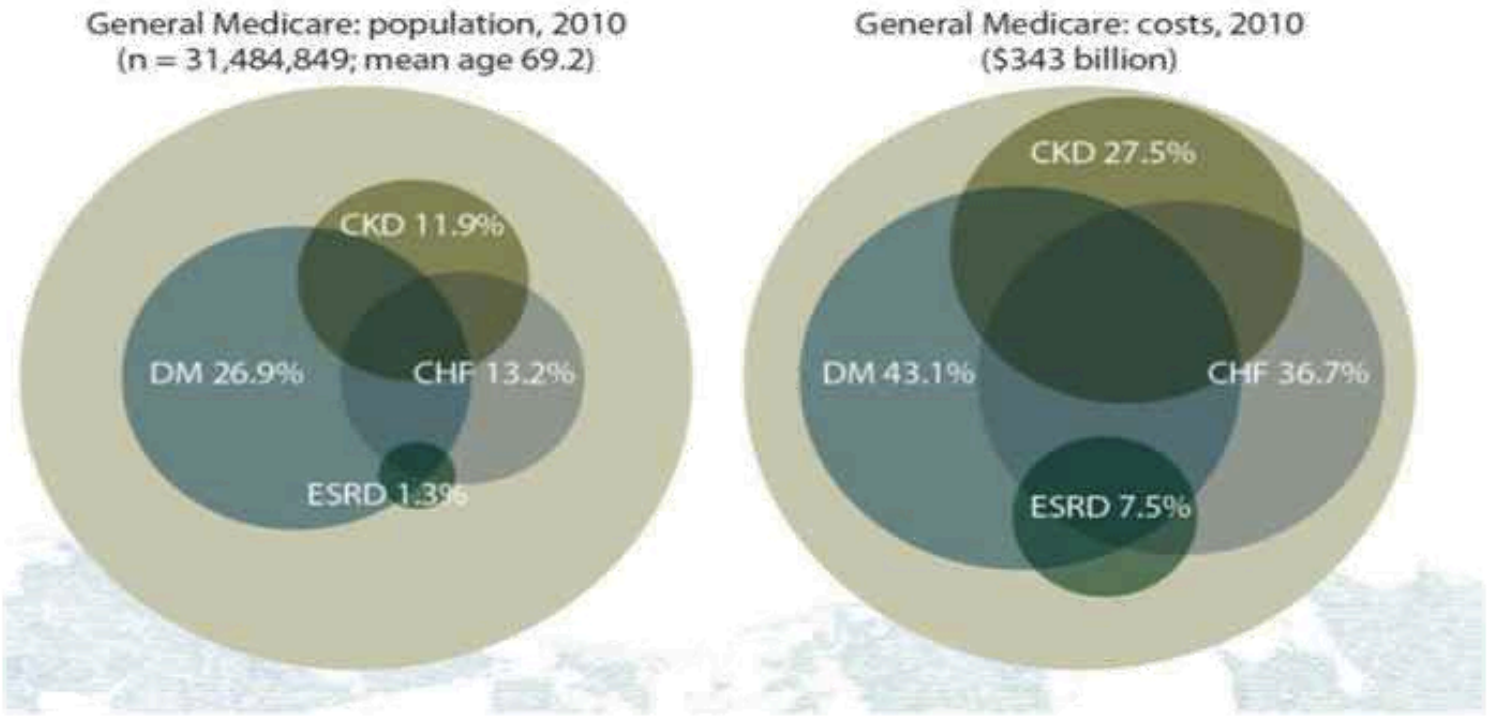
2013 USRDS Annual Report
Accessed at http://www.usrds.org/atlas.aspx

Patients with ESRD have a high mortality rate



2013 USRDS Annual Report
Accessed at http://www.usrds.org/atlas.aspx

Dialysis Patients and Medicare Expenditures

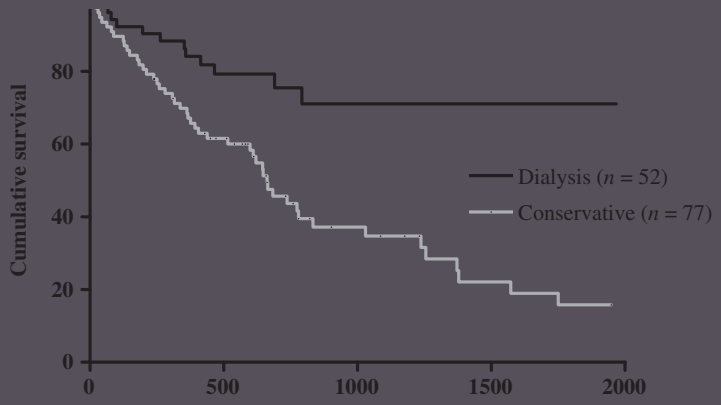


- $87,941/patient per year Medicare Costs
- 1/3 is on inpatient care

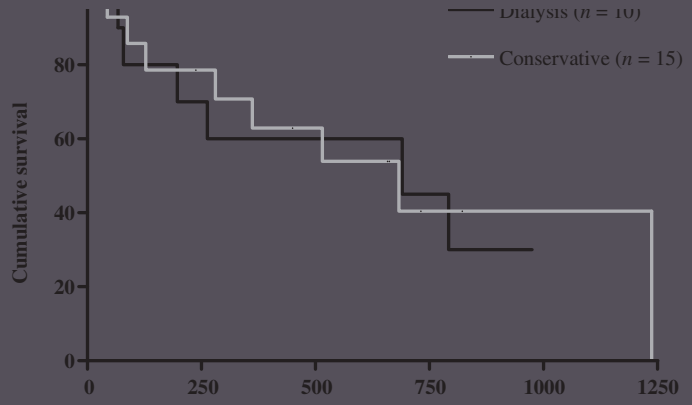
Patients with renal failure have significant palliative care needs

- Decision-making
- Communicating expectations
- High symptom burden
- Support of patient and care-takers
- End-of-life Care

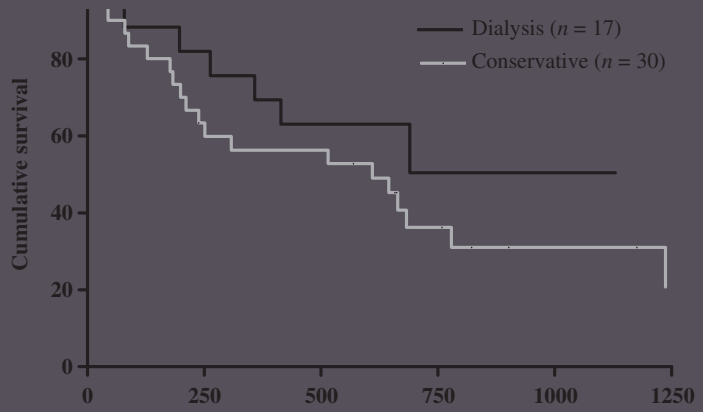
Many elderly patients may not benefit from dialysis



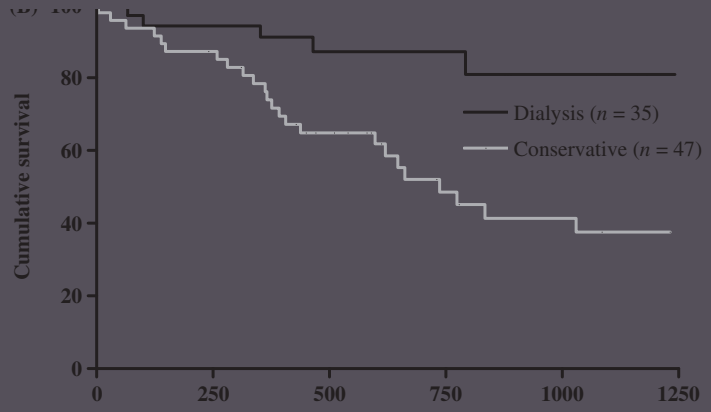
All patients



Patients with high comorbidity



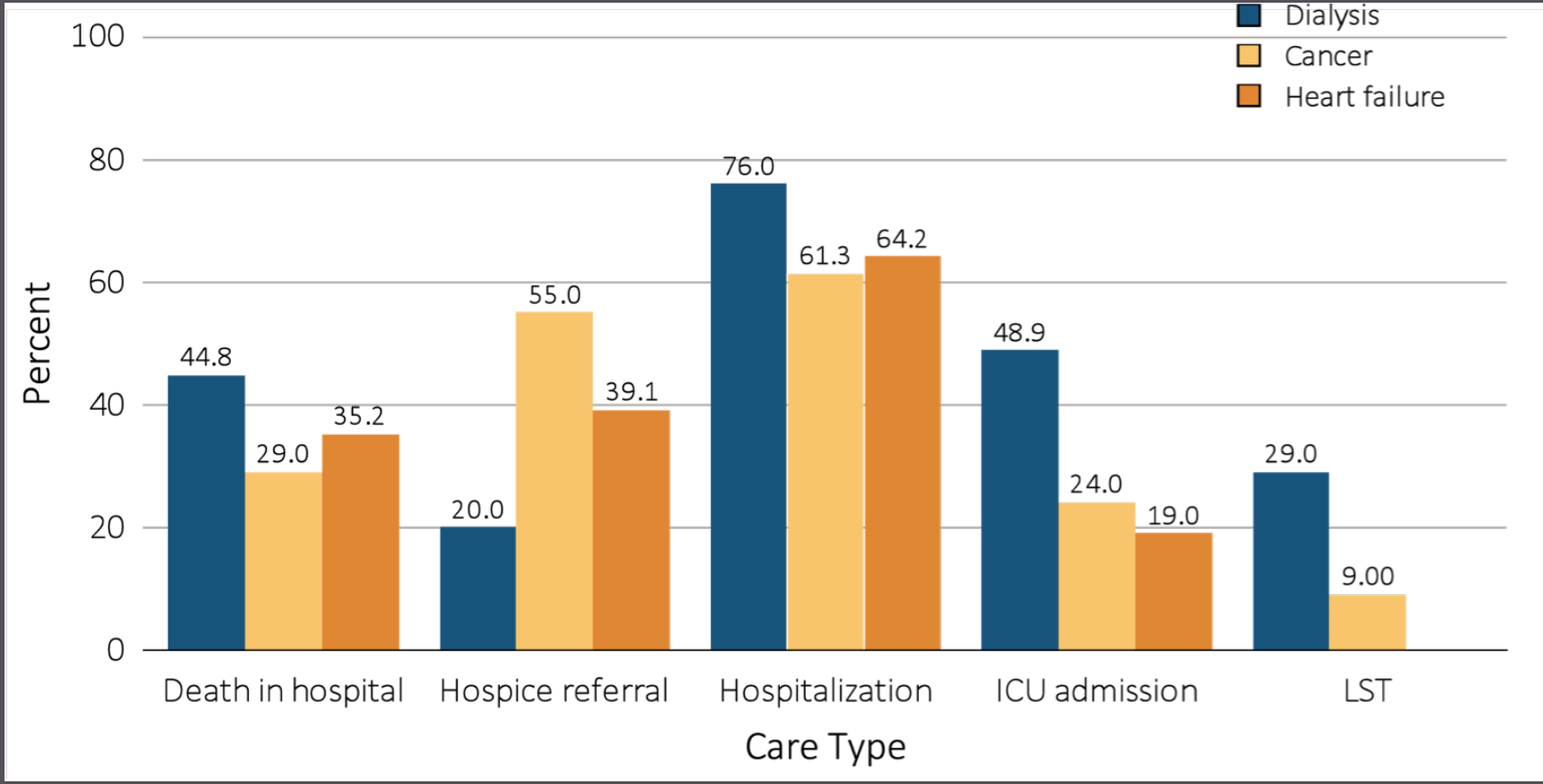
Ischemic heart disease



Without ischemic heart disease

Nephrol Dial Transplant (2007) 22: 1955–1962

Intensity of care during the final month of life among older Medicare beneficiaries



Wong et al. Arch Intern Med 2012;172(8):661-663.

Abbreviations: ICU, intensive care unit; LST, life-sustaining treatment

Nephrologists feel unprepared to help patients at end of life

39% of 360 Nephrologists surveyed perceived themselves as very well prepared to make end-of-life decisions

Characteristic	Very well prepared (n=143)	Less than very well prepared (n=211)
Use time-limited trials	87 (61%)	74 (35%)
No. pts referred to hospice in last year	3.9	3.3
Practice in units in which CPR discussed routinely	93 (65%)	85 (40%)
Year fellowship completed	1985	1992

Davison et al. CJASN 2006; 1(6): 1256

Choosing Wisely®

An initiative of the ABIM Foundation

American Society of Nephrology

ASN LEADING THE FIGHT AGAINST KIDNEY DISEASE

Five Things Physicians and Patients Should Question

5

Don't initiate chronic dialysis without ensuring a shared decision-making process between patients, their families, and their physicians.

The decision to initiate chronic dialysis should be part of an individualized, shared decision-making process between patients, their families, and their physicians. This process includes eliciting individual patient goals and preferences and providing information on prognosis and expected benefits and harms of dialysis within the context of these goals and preferences. Limited observational data suggest that survival may not differ substantially for older adults with a high burden of comorbidity who initiate chronic dialysis versus those managed conservatively.

Hypotheses

- Fellows receive little training in palliative and end-of-life care during fellowship

- Despite advances in palliative medicine over the last decade, the amount of training in palliative and end-of-life care during nephrology fellowship has not improved.

AIMS

1. Measure:
   - fellows' education in
   - attitudes towards
   - perceived preparedness in
   - and knowledge of

   palliative and end-of-life care relevant to nephrology.

2. Compare the findings to a similar survey performed in 2003.

Holley et al, AJKD 2003; 42 (4): 813

Methods: survey tool

1. National survey of second-year US nephrology fellows
   - Administered January through April 2013 through online survey
2. Survey tool modified from and compared to similar survey performed in 2003
3. Changes were iteratively piloted on 10 fellows and faculty to assess for understandability and face validity

Methods: survey population

- Obtained fellows' contact info via:
  - Fellowship directors
  - Division websites
- Of 147 Accreditation Council for Graduate Medical Education (ACGME) certified nephrology fellowships, able to verify 71% of programs' trainees.

Results

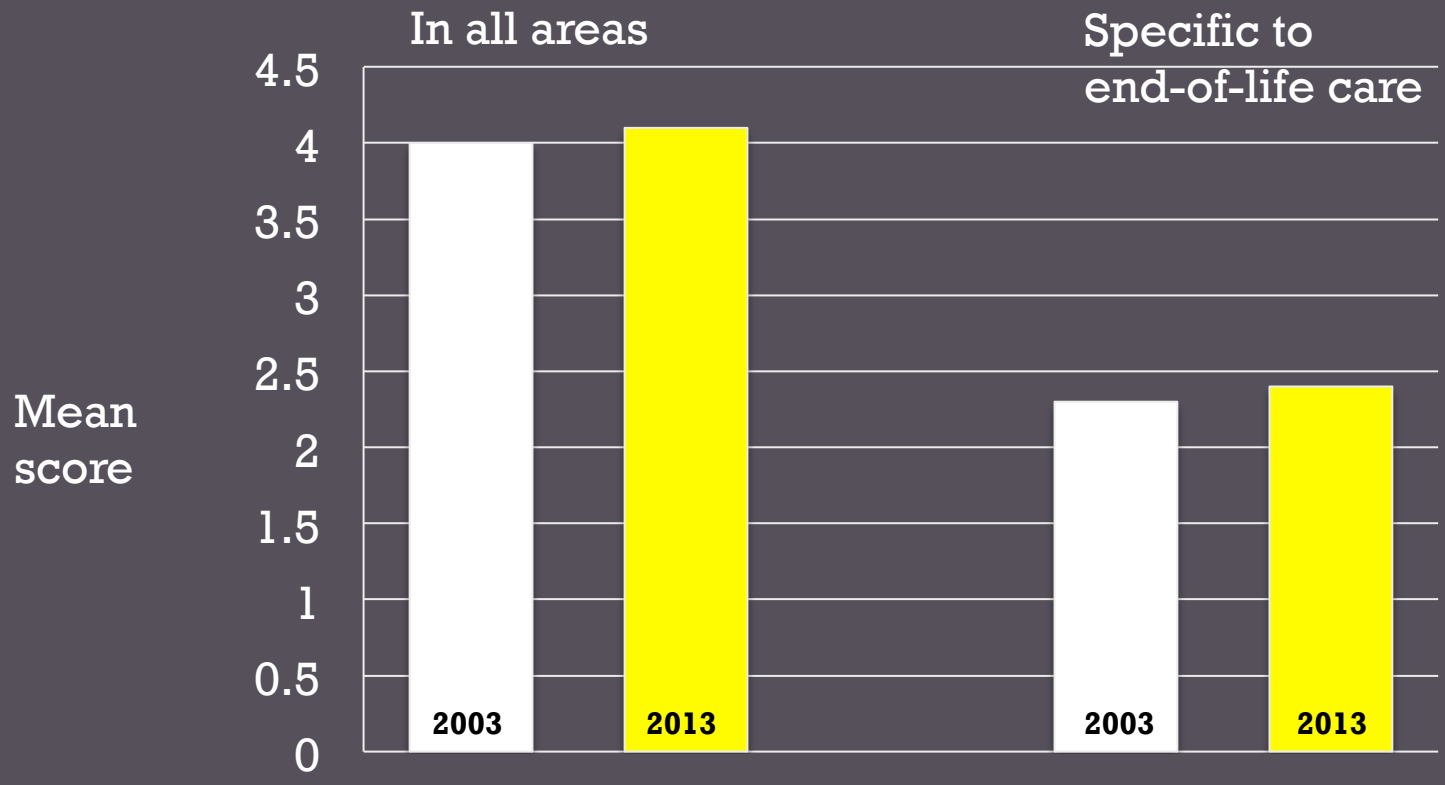
- 319 fellows surveyed
- 65% response rate
- 204 fellows included for analysis

Respondent characteristics

	2003	2013	p value
Total respondents	173	204	
Male (%)	68	57	0.037
Ethnicity (%)			
White	46	35	
Asian	36	40	
Other	12	15	
Religion (%)			
Catholic	24	22	
None	17	10	
Hindu	16	26	
Muslim	10	16	
Foreign Medical Graduate (%)	17	61	<0.001

Education

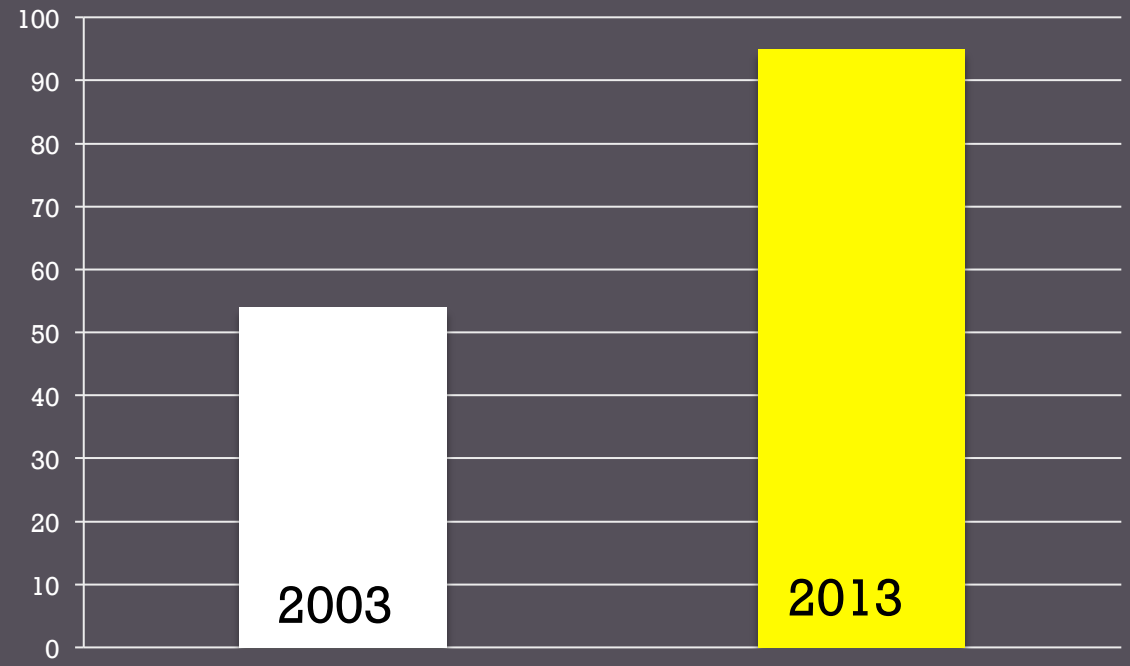
On a scale from 0 to 5 (0=poor, 5=excellent), rank the quality of teaching during fellowship…



Attitudes

How important is it to learn to provide care to dying patients?

Percent of fellows who answered moderately/very important

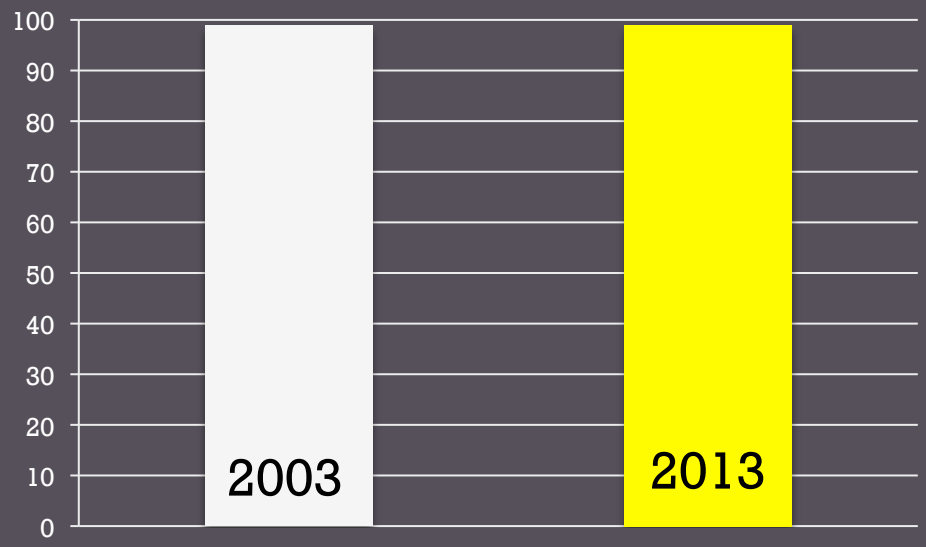


$p < 0.001$

Attitudes

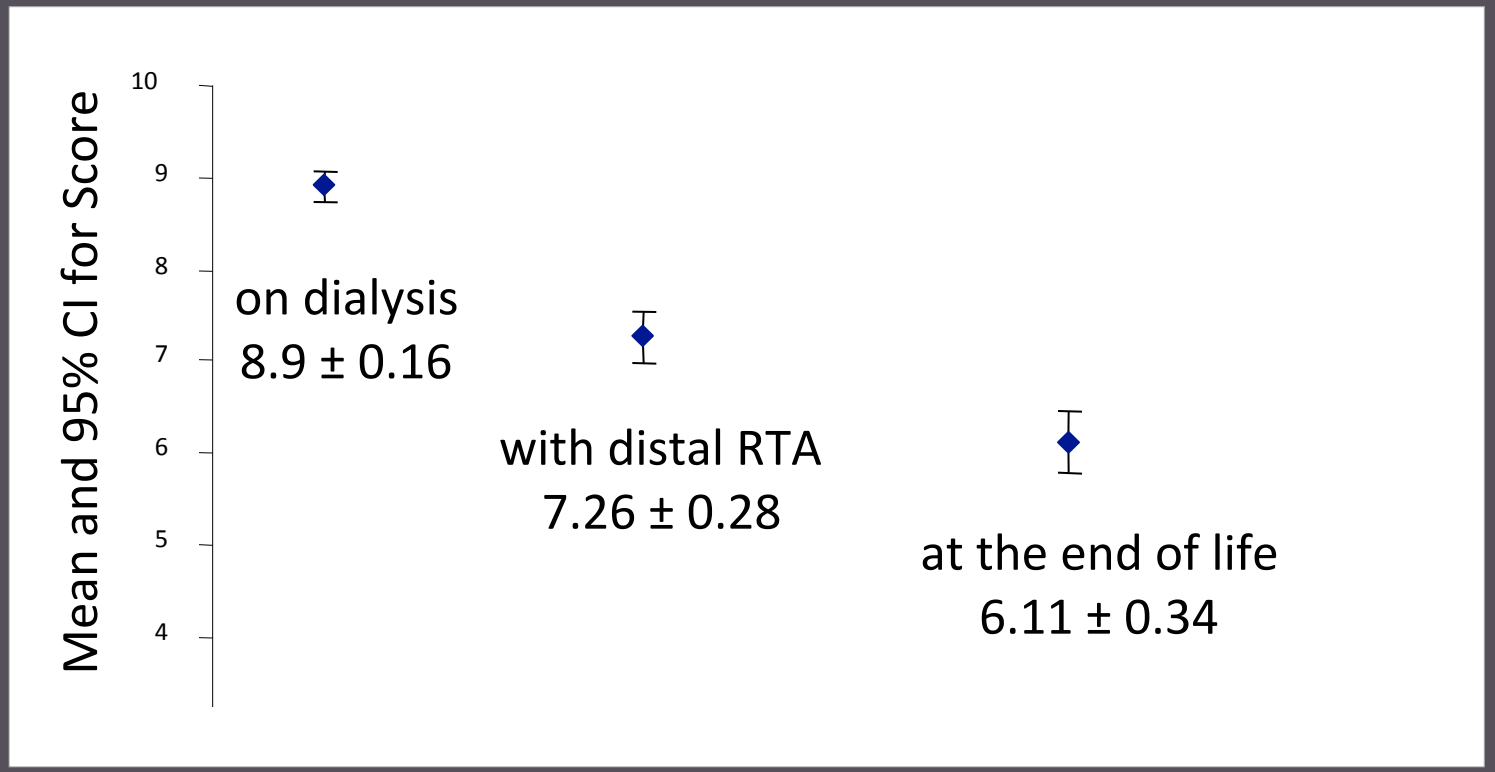
Physicians have a responsibility to help patients at the end of life prepare for death

Percent of fellows who answered generally/completely agree



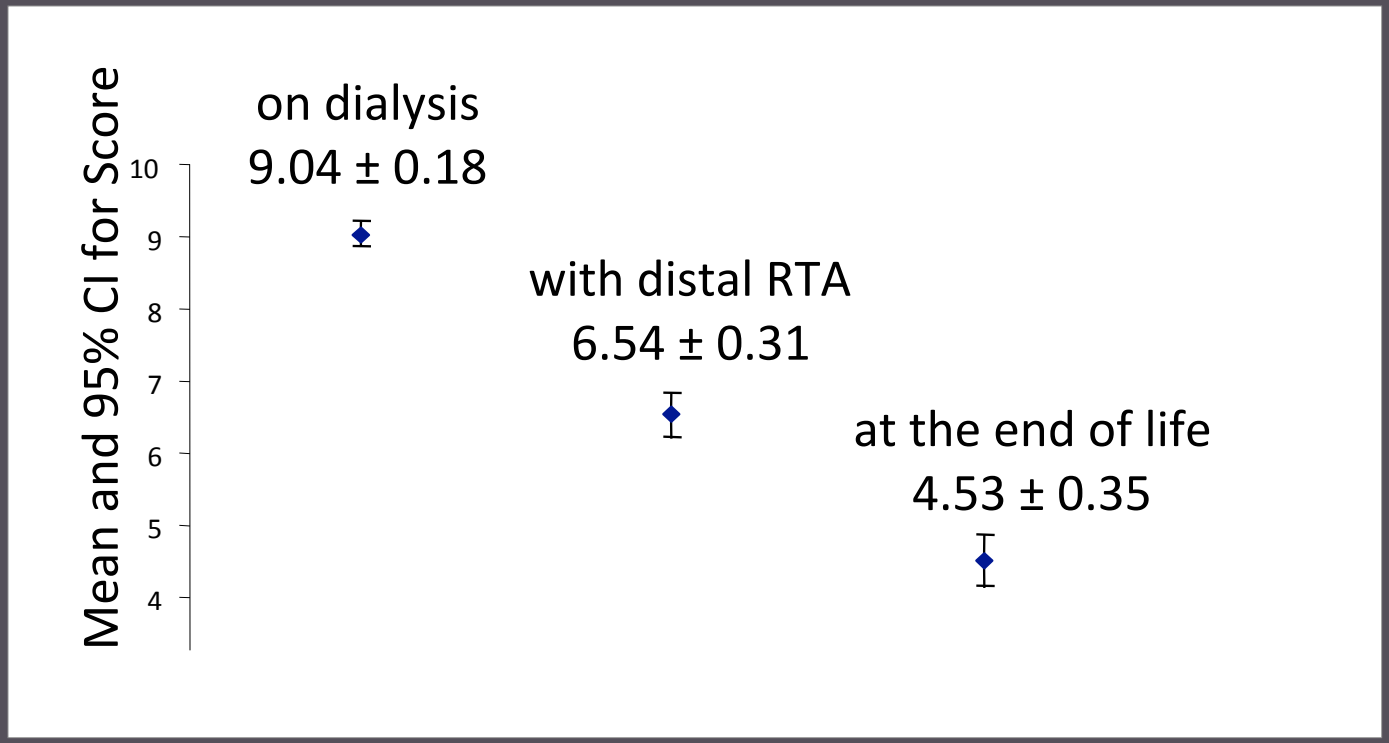
Preparedness (2013)

On a scale from 0 to 10 (0=completely unprepared, 10=as prepared as you can be), how prepared do you feel to manage a patient…

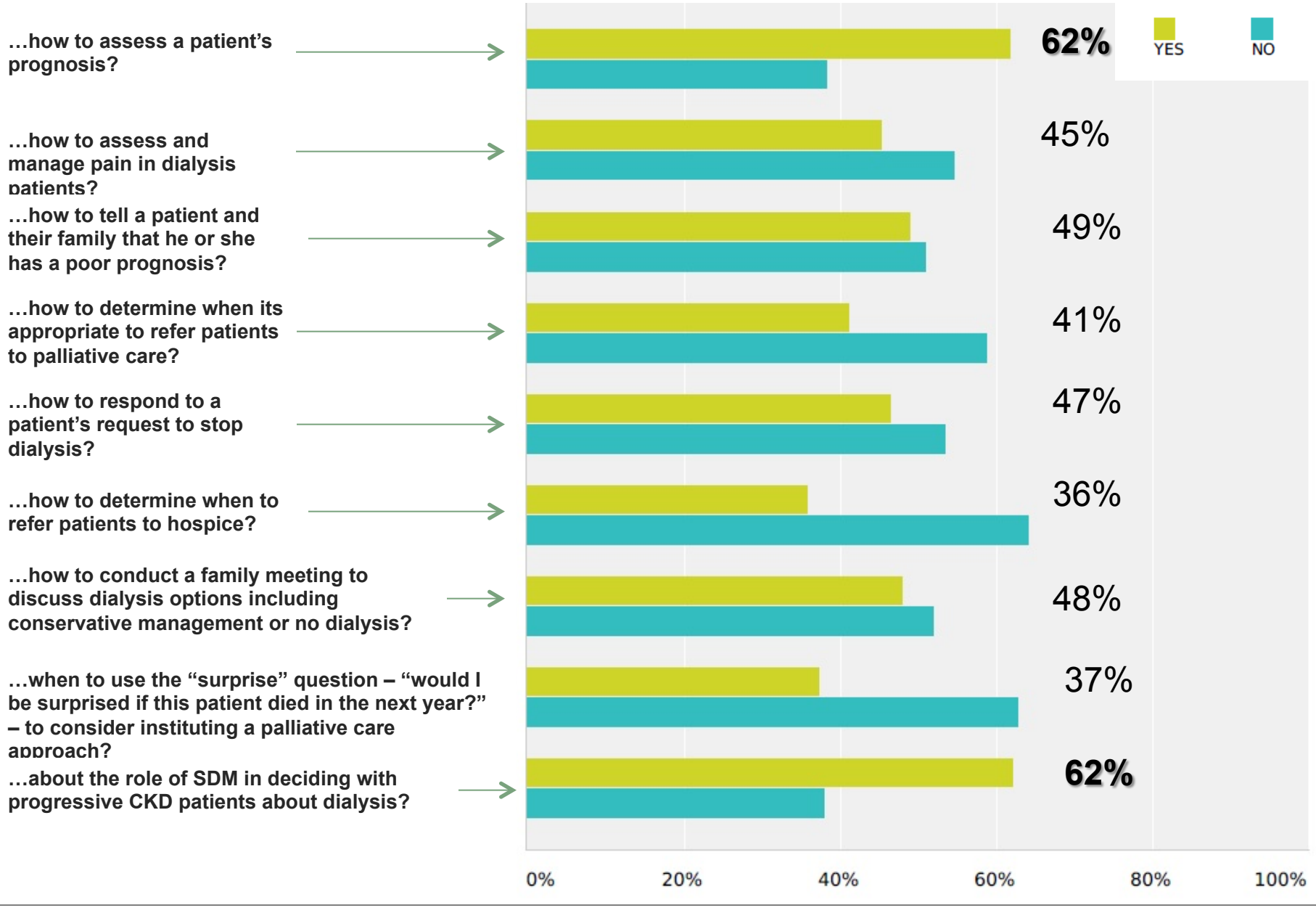


Teaching (2013)

On a scale from 0 to 10 (0=no teaching, 10=a lot of teaching), what would you rate the amount of **teaching** you've received that addressed managing a patient …

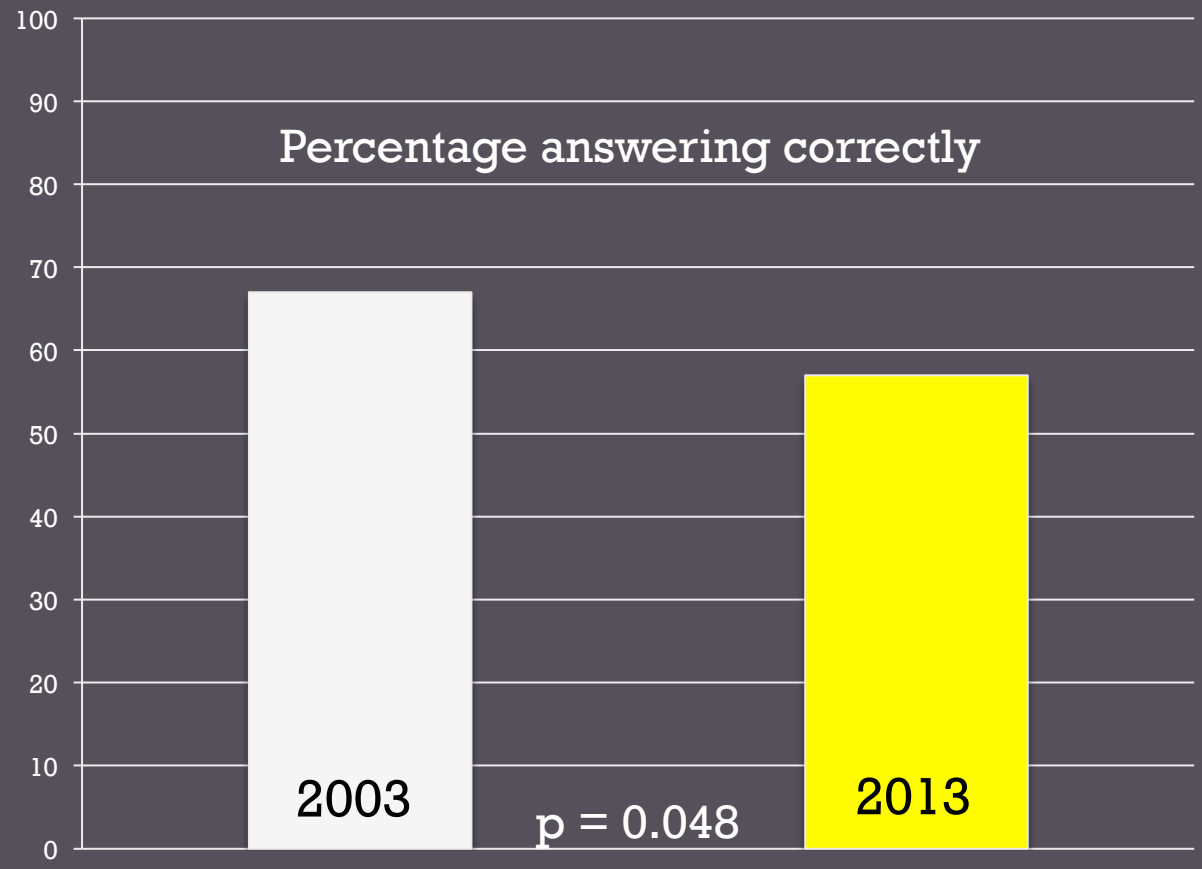


In your fellowship were you EXPLICITLY TAUGHT…



Knowledge

What is the annual gross mortality of patients on dialysis?
(correct answer 20-29%)



* 33% of fellows in 2013 overestimated patient mortality.

Fellows' suggestions for improving end-of-life care education during fellowship (2013)

1. Incorporate a palliative medicine rotation into fellowship (29%)

2. Introduce formal didactics given by specialists in geriatric nephrology or palliative medicine (14%)

Summary

- The quantity and quality of education in palliative and EOL care has not improved over the past decade
- Fellows increasingly believe this education is important
- Fellows' preparedness to take care of patients at the end of life appears be associated with the amount of teaching they receive

Limitations

- Results rely upon participants' self-evaluation
- All data not available from 2003 for comparison

Conclusion

- Training in palliative and end-of-life care should be incorporated into nephrology fellowship curricula.
- Fellows recommend
  - Palliative medicine rotation during fellowship
  - Didactics in palliative and end-of-life issues

Acknowledgements

- **Jean Kutner, MD MSPH**
- **Daniel Matlock, MD MPH**
  - Department of Medicine, University of Colorado School of Medicine.
- **Jean Holley, MD**
  - Department of Medicine, Carle Physicians Group
- **Stacey Culp, Ph.D.**
  - Department of Nursing, West Virginia University
- **Alvin Moss, MD**
  - Department of Medicine, West Virginia University