SOCIAL WORK WITH DIALYSIS PATIENTS: INCREASING SOCIAL SUPPORT, TREATMENT ADHERENCE AND REDUCING BARRIERS

Shabu Varghese, Ph.D., LCSW
University of Central Florida
US has the highest rates for End-stage Renal Disease (ESRD) in the world
750,000 prevalent counts of ESRD in the United States in 2018
$120 billion in Medicare fee-for-services spending for ESRD in 2017
Causes of Kidney Failure

- Diabetes
- High Blood Pressure
- Family History
- Age
- Race
- Ethnicity
- Other causes:
  - Polycystic kidney disease: a genetic disease that causes many cysts to grow in the kidneys
  - Glomerulonephritis: a disease that causes irritation to the tiny blood vessels (glomeruli) in your kidneys
  - Acute kidney injury: kidney failure that happens very quickly, often because of injuries, major blood loss or reactions to medicines
  - Autoimmune diseases (such as lupus and IgA nephropathy): diseases that cause your immune system to attack your body
  - Kidney cancer

(United States Renal Data System, 2020)
Treatments for ESRD

- Developments in immunology and technology contributed to the innovation of different treatment models in renal replacement therapies (RRT) for ESRD patients
  - Other than kidney transplantation the RRT available for ESRD patients include hemodialysis and peritoneal dialysis.

- Adherence in ESRD treatment includes adherence with medication, dialysis treatment regimen, diet and fluid restriction

References: Kammerer, Garry, Hartigan, Carter, & Erlich, 2007; Mazzuchi, Fernandez-Cean, & Carbonell, 2000
Impact of ESRD on Patients and Families

- Treatment is Lifelong
- Treatment Adherence is a major Factor
- Treatment Adherence Impacts Quality of Life and Survival
- Psychosocial Factors Influencing Treatment Adherence: Knowledge, Barriers to Treatments, Self-efficacy, Support from Loved One’s & Healthcare teams, Access to Healthcare, Immigration Status, Substance Abuse, Psychiatric Disorders, Social & Economic Status
- Non-adherence is Directly Related to Increased Hospitalizations & Mortality Rates
Psychosocial Impact of ESRD on Patients and Families
Biopsychosocial Impact (White, Y., & Grenyer, B., 2001)

Patient

Anger
Depression
Hopelessness
Overwhelmed
Lifestyle changes
Financial problems

Family

Loss
Guilt
Resentment
Overwhelmed
Lifestyle changes
Pervasive sadness

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2008 End-stage Renal Disease Facility Conditions for Coverage
(Centers for Medicare and Medicaid Services standards for delivering safe, high-quality services to dialysis patients)

- Social Worker as a part of the interdisciplinary team
- MSW accredited by the Council on Social Work Education
- Meet the licensure requirement in the state of practice
- Evaluation of Psychosocial Needs by a Social Worker
- Patient Assessment & Plan of Care
- Counseling Services to Patients and their Families
- Use of Standardized Mental and Physical Assessment Tool
The facility must have a social worker who:

(1) Holds a master’s degree in social work with a specialization in clinical practice from a school of social work accredited by the Council on Social Work Education; or

(2) Has served at least 2 years as a social worker, 1 year of which was in a dialysis unit or transplantation program prior to September 1, 1976, and has established a consultative relationship with a social worker who qualifies under § 494.140(d)(1).
The facility’s interdisciplinary team consists of:
the patient or the patient’s designee (if the patient chooses), a registered nurse, a
physician treating the patient for ESRD, a social worker, and a dietitian. The
interdisciplinary team is responsible for providing each patient with an individualized
and comprehensive assessment of his or her needs. The comprehensive assessment
must be used to develop the patient’s treatment plan and expectations for care.
The interdisciplinary team as defined at § 494.80 must develop and implement:

a written, individualized comprehensive plan of care that specifies the services necessary to address the patient’s needs, as identified by the comprehensive assessment and changes in the patient’s condition, and must include measurable and expected outcomes and estimated timetables to achieve these outcomes. The outcomes specified in the patient plan of care must be consistent with current evidence-based professionally-accepted clinical practice standards.
The interdisciplinary team must develop a plan of care for each patient:

The plan of care must address, but not be limited to, the following: Psychosocial status. The interdisciplinary team must provide the necessary monitoring and social work interventions. These include counseling services and referrals for other social services, to assist the patient in achieving and sustaining an appropriate psychosocial status as measured by a standardized mental and physical assessment tool chosen by the social worker, at regular intervals, or more frequently on an as-needed basis.
Role of Nephrology Social Worker

- Pre-dialysis Education & Assessment
- Ongoing Biopsychosocial Assessment
- Counseling and conferences with patients, families, and support networks; crisis intervention goal-directed counseling; discharge planning
  - Group work (education, emotional support, self-help)
  - Mediation
  - Information and Referral
  - Facilitation of community agency referrals
- Interdisciplinary care planning and collaboration
- Advocacy on patients’ behalf within the setting and with appropriate local, state and federal agencies and programs
  - Patient and family education
Psycgosal Problems Addressed by Social Workers

- Adjustment to chronic illness and treatment as they relate to the patient’s quality of life
  - Physical, sexual, and emotional relationship problems
  - Educational, vocational, and activity of daily living problems
  - Conflict resolution
- Problems related to treatment options and setting transfers
- Resource needs, including finances, living arrangements, and transportation
  Decision making with regard to advance directives
**Summary of Social Work Role**

- **Improve Treatment Adherence**
- **Work with patient & family to reduce stress & interpersonal issues**
- **Work with the interdisciplinary team to improve HRQOL of the patient.**
- **Work with patients to overcome barriers**
Biopsychosocial Assessment

- Biological
- Psychological
- Social
- Spiritual

Screening Tools

- KDQOL-36
- CESD-10
- PHQ-2
- Perceived Stress Scale
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Needs Assessment

- Coping strategies of the patients & families
- Choosing the treatment model
- Patient and family knowledge about the disease and treatments
- Medical insurance needs
- Financial needs
- Patient and family support
- Behavioral adjustment
- Outpatient dialysis setup (hemodialysis or peritoneal dialysis)
- Transportation to dialysis

- Advance directive
- Do Not Resuscitate (DNR)
- End-of-life discussions and planning among healthcare providers, patient, and family
- Pain control
- Spiritual support
- Bereavement support
- Caregiver support to families
- Shared decision making
- Care coordination with other providers
- Symptom management
Plan of Care

Enhance patient’s and family's knowledge about kidney disease and treatment options

Fact: The treatment selection for ESRD depends on patients’ knowledge and access to different RRT’s and factors such as survival, morbidity and quality of life

Social Work Impact:

- Identify patient’s and family’s understanding about the kidney disease, causes for the disease and what procedure to accomplish once discharged from the hospital
- Increase patient and family’s knowledge about kidney disease and treatments based on medical facts
- Identify and disseminate information about the disease and treatments that is accessible to the patient and family.

References:
Plan of Care

Treatment Adherence for Improved Patient Outcomes

Fact: Non-adherence was associated with an increased rate of hospitalization and higher mortality risk among dialysis patients.

Social Work Impact:

- Work with patient & interdisciplinary team to reduce psychosocial barriers for permanent access placement for dialysis
- Increase patient adherence to treatment recommendations and Dialysis Lab Values
- Identify & resolve barriers to treatment recommendations
- Improve patient's awareness of Dialysis Lab Values in collaboration with the interdisciplinary team

References:
Plan of Care

Improve support and reduce fears regarding loss of independence, changes in lifestyle, loss of income

Fact: Psychosocial factors such as knowledge, barriers to treatment, self-efficacy, and support from family and healthcare provider have a greater impact on treatment adherence among ESRD patients.

- Increase expression of empathy by identifying patient and family’s feelings and emotions and verbalize the understanding of their dilemma
- Identify services in the community that is accessible for the patient and family that will alleviate barriers to increase patient’s independence
- Discuss treatment options that improve the quality of life and identify resources to alleviate financial difficulties

References:
Oh HS, Park JS, Seo WS. Psychosocial influencers and mediators of treatment adherence in hemodialysis patients. Journal of Advanced Nursing. 2013; 69(9), 2041-2053
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Treatment Models

When all you have is a hammer, everything looks like a nail.

www.sidewaysthoughts.com
Bronfenbrenner’s Ecological Systems Theory
Microsystem, Mesosystem, Exosystem, Macrosystem & Chronosystem
Person-in – Environment Approach
Interprets individual and individual behavior in light of the environment
Strength Based Approach
More emphasis on strengths, skills and potentials
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Treatment Approach

Motivational Interviewing

- Engagement
- Listening
- OARS
- Exploring Goals
- Developing Discrepancy
- Rolling with Resistance
- Empathy
- Improving Self-Efficacy
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Treatment Approach

Solution Focused Approach

Focus on Solutions
Identify Goals & Resources
Problem Talk to Solution Talk
Aim for Change that Snowball
Problem is Separate from Individual
What resources does your family have right now?
What would be the first sign that family is moving in that direction?
What will you notice when things are getting better?
Psychoeducational Family Therapy

- Evidence-based Practice Model
- Help family to cope with major changes/illness/trauma
- It provides the ways the family members can cope and help the person with the problem
- Empowering family to take advocacy role
- Provide families with skills to carry out responsibilities

- Coping and adaption will create self-efficacy
- Help to reduce/control emotion
- Families can respond to the unique needs
- Focus is not on the patient itself but also include the family
- Uses resiliency-based approach
- Empower patient to cope up with the trauma