

The Power of **Connections** Enabling **Resilient** Performance : **Peer-to-Peer** Interactions of Peritoneal Dialysis Patients



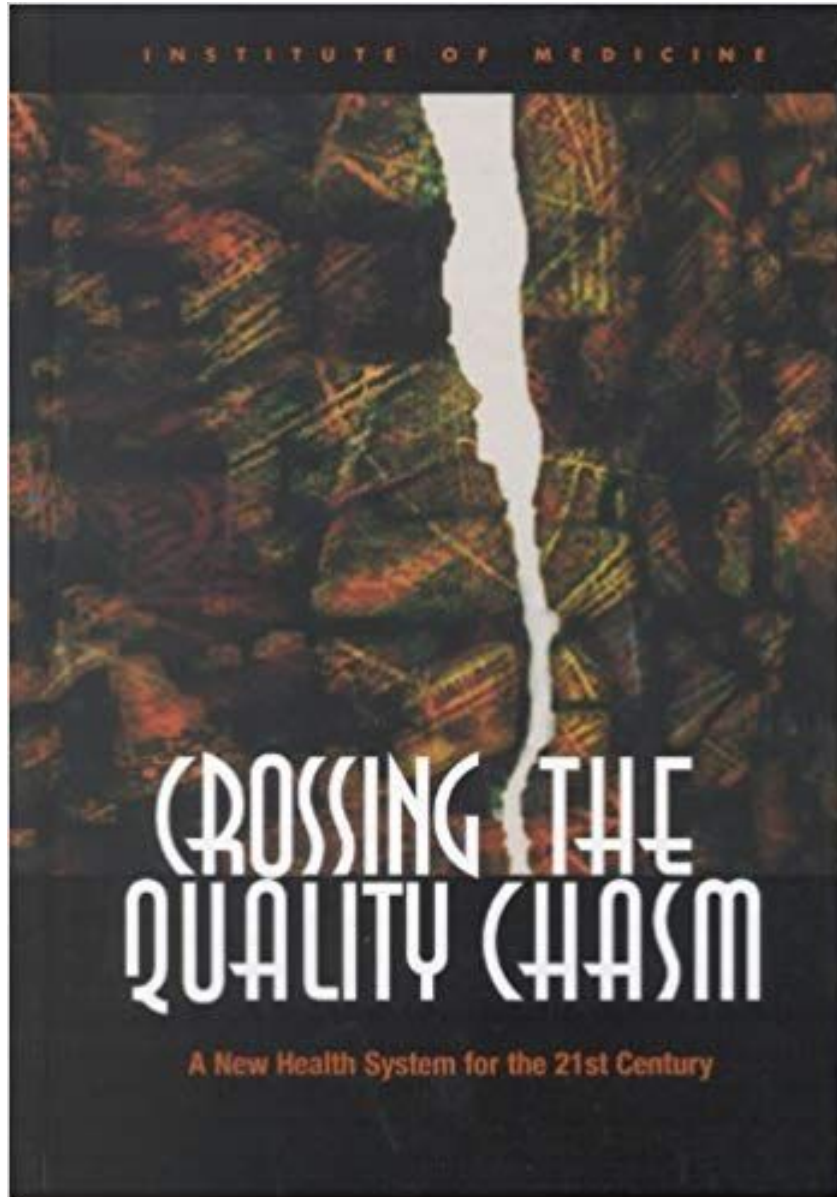
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Outline

- A brief history of patient engagement and co-creation
- Peer-to-peer activities among peritoneal dialysis patients
 - PD Café
 - Meet-the-Expert
- Lesson learned from P2P

⌘ I have no relevant financial relationship to disclose any COI for this presentation.



‘The Patient as the Source of Control’

Institute of Medicine, 2001

Patient Engagement to **Avoid Harm**



Twice, thrice or more
We simply don't mind
So ask, ask away
You are the center of our team

A hospital-wide patient engagement program
at Osaka University Hospital

Presented in IFQSH 2011(Amsterdam) & 2013(London)



Notice

5 February 2007

Following-up x-ray and scan reports

When you have an x-ray or scan done, it is important that the doctor or other health professional that requested it acts on the results.

The National Patient Safety Agency (NPSA) has advised the NHS and other healthcare organisations on ways to make sure that x-ray and scan reports are noted and followed up.

It is also important for patients to make sure that their doctor or other health professional has seen their image and report if appropriate, and have acted upon the results. You can help ensure this happens by:

- asking when you will be told about your results;
- asking how you will get your results;
- asking for details of who to contact if you do not hear anything;
- making sure that your contact details, and those of your next of kin, are accurate.

This advice is also relevant for other diagnostic tests.

Patient Engagement for Shared Decision Making

Ask 3 Questions

Normally there will be choices to make about your healthcare. Make sure you get answers to these three questions:



What are my **options**?

What are the **pros** and **cons** of each option for me?

How do I get **support** to help me make a decision that is **right for me**?

Your doctor or nurse needs you to tell them what is important to you

Shared Decision Making



To know “What Matters to Them” is difficult...

Time

The SHARE Approach: Model for Shared Decision Making

The SHARE Approach is a five-step process for shared decision making that includes exploring and comparing the benefits, harms, and risks of each option through meaningful dialogue about what matters most to the patient.



STEP 1

Seek your patient's participation.



STEP 2

Help your patient explore & compare treatment options.



STEP 3

Assess your patient's values and preferences.



STEP 4

Reach a decision with your patient.



STEP 5

Evaluate your patient's decision.

Shared decision making occurs when a health care provider and a patient work together to make a health care decision that is best for the patient. The optimal decision takes into account evidence-based information about available options, the provider's knowledge and experience, and the patient's values and preferences.



HRQ
Agency for Healthcare
Research and Quality

Experience

Gap

Dr

Pt

Mortality
Drop in blood pressure

Travel
Dialysis-free time

P2P

Peer-to-Peer

- PD Café
- Meet-the-Experts

Every Patient
is an
Expert Patient

Hemodialysis (HD)

- By medical staff
- At a hospital
- 3 times a week



Peritoneal Dialysis (PD)

- By patient
- At home
- Everyday





PD Café



Special Kyoto-style BENTO served at the Café.
The amount of salt was restricted to within 2.0 grams.

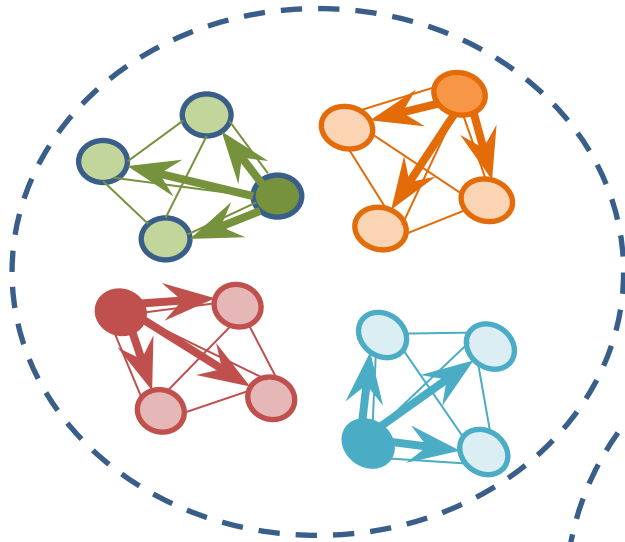
Lecture style (2008-2016)



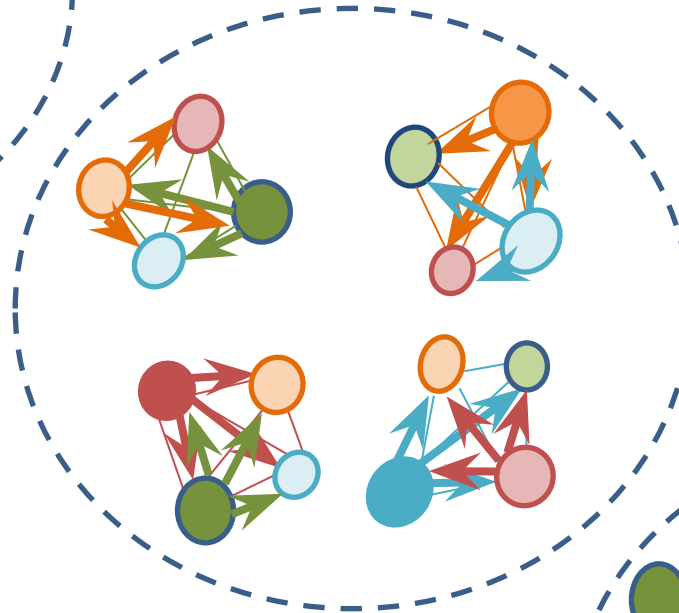
World Café style (2017-)

Café's Method

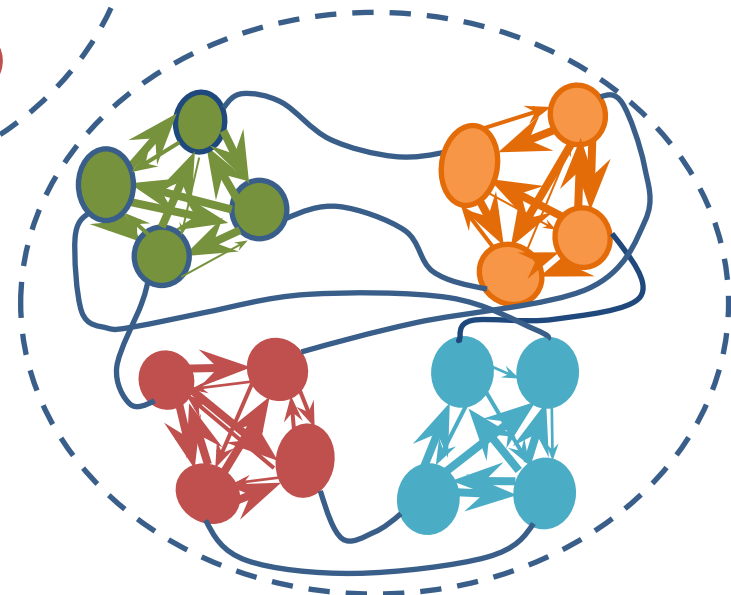
Session 1



Session 2



Session 3



Discussed 3 topics
(each topic 20 min x 3 sessions)

PD Café3topics

1 “ How did you decide the dialysis modality ? ”

2 “ I want to give some advice ! “

3 “ I want to live like this in the near future.”

2017

Pre-dialysis 1
PD patients 23
Families 14

Pre-dialysis 5
Patients 23
Families 15

2018

1 “ How do you manage your daily environment ? ”

2 “ Let’s talk about future plans. “

3 “ Have you tried this idea?”

Collective Learning

“PD-as-imagined”

“You can bathe
in a hot spring.”

“PD-as-done”

“I’m hesitant to bathe.”

Others’ knowledge and experiences

“Here is a good way to cover
the catheter.”

Collective knowledge to overcome the difficulties

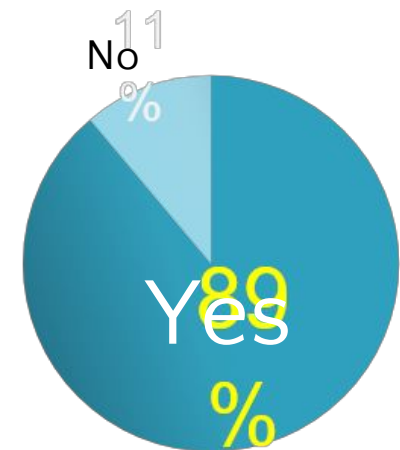
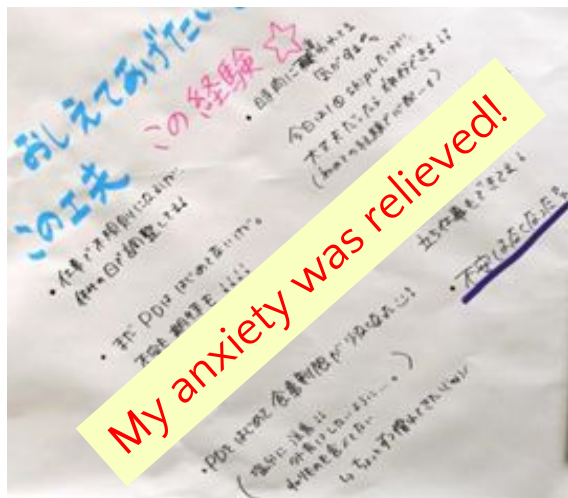
Anxiety
about the future

“I fear HD”

“Don’t worry!”

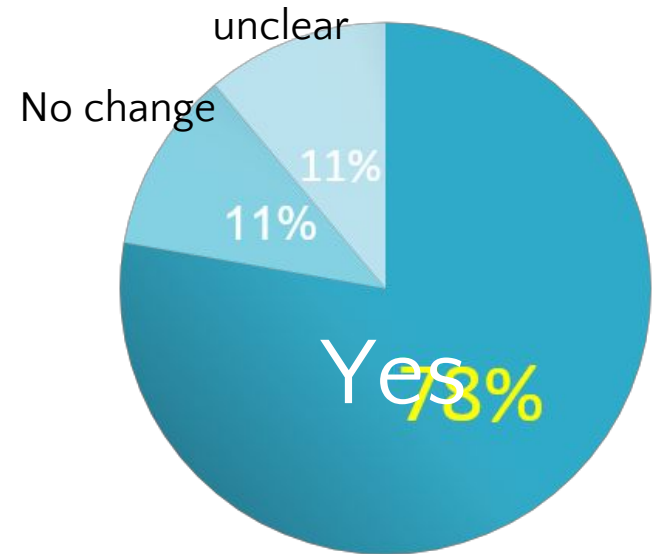
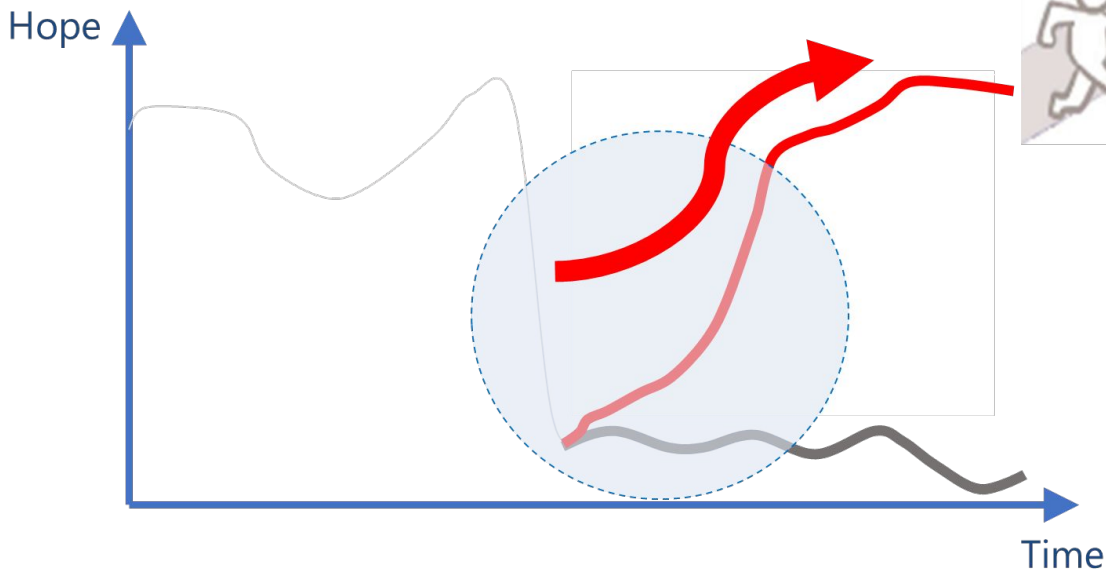
Empathy

a sense of
“Connection”



Could you feel
a sense of connection?

Knowing the possible path



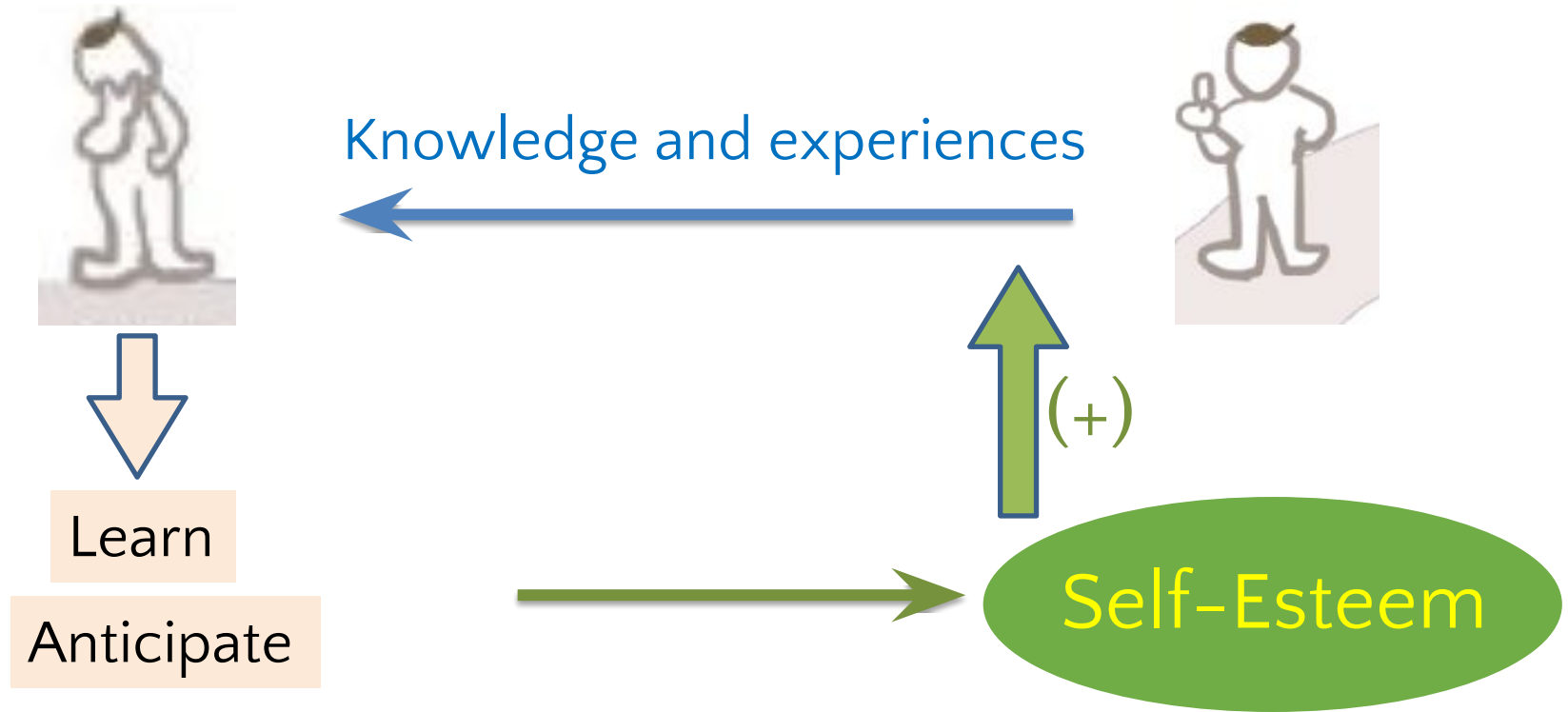
More **motivated** after the Café ?

Questionnaire to the participants of PD Café 2017

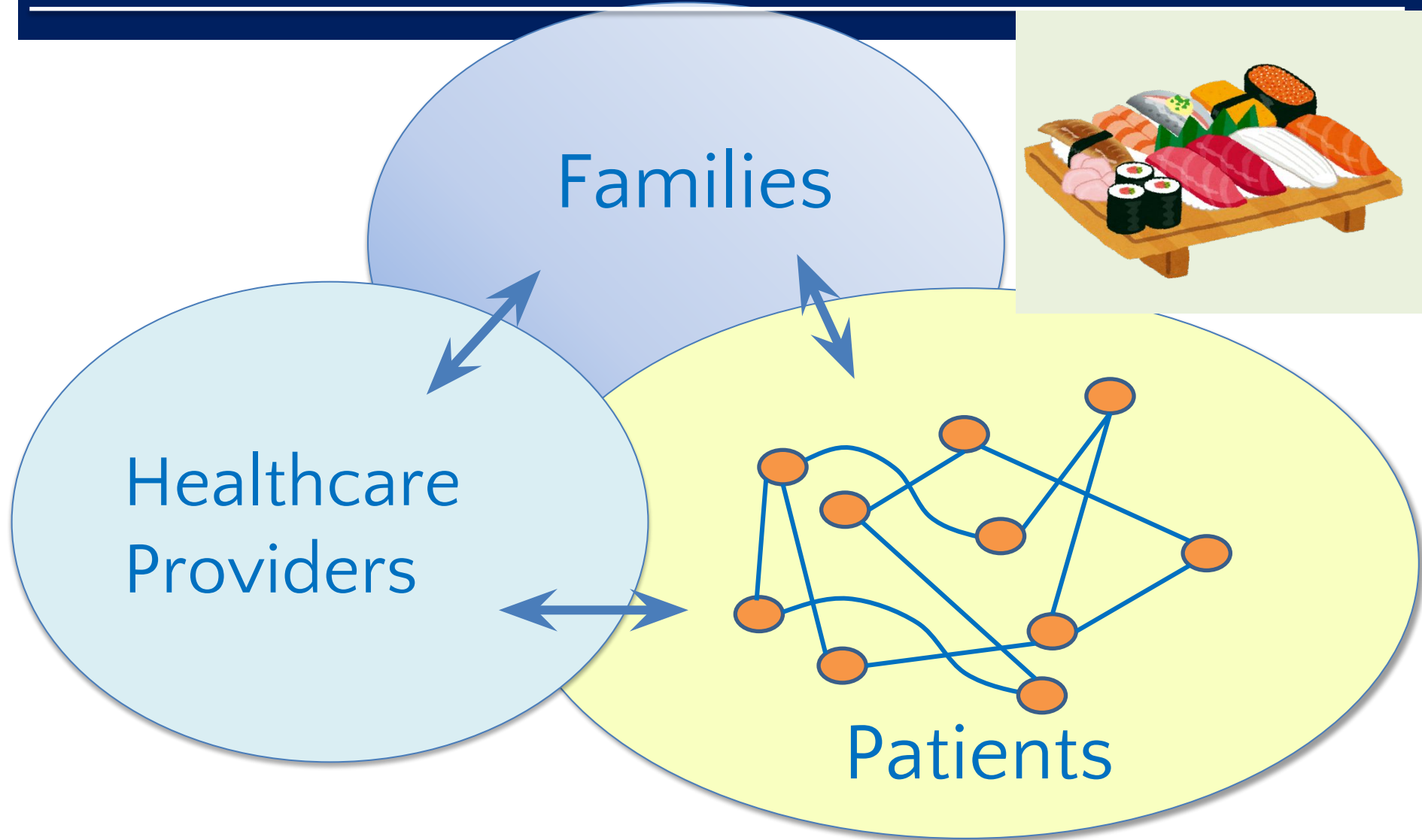
Anticipate the Future

Newly Diagnosed Pts

Experienced Pts



Peer-to-Peer networking could empower both experienced and newly diagnosed patients.

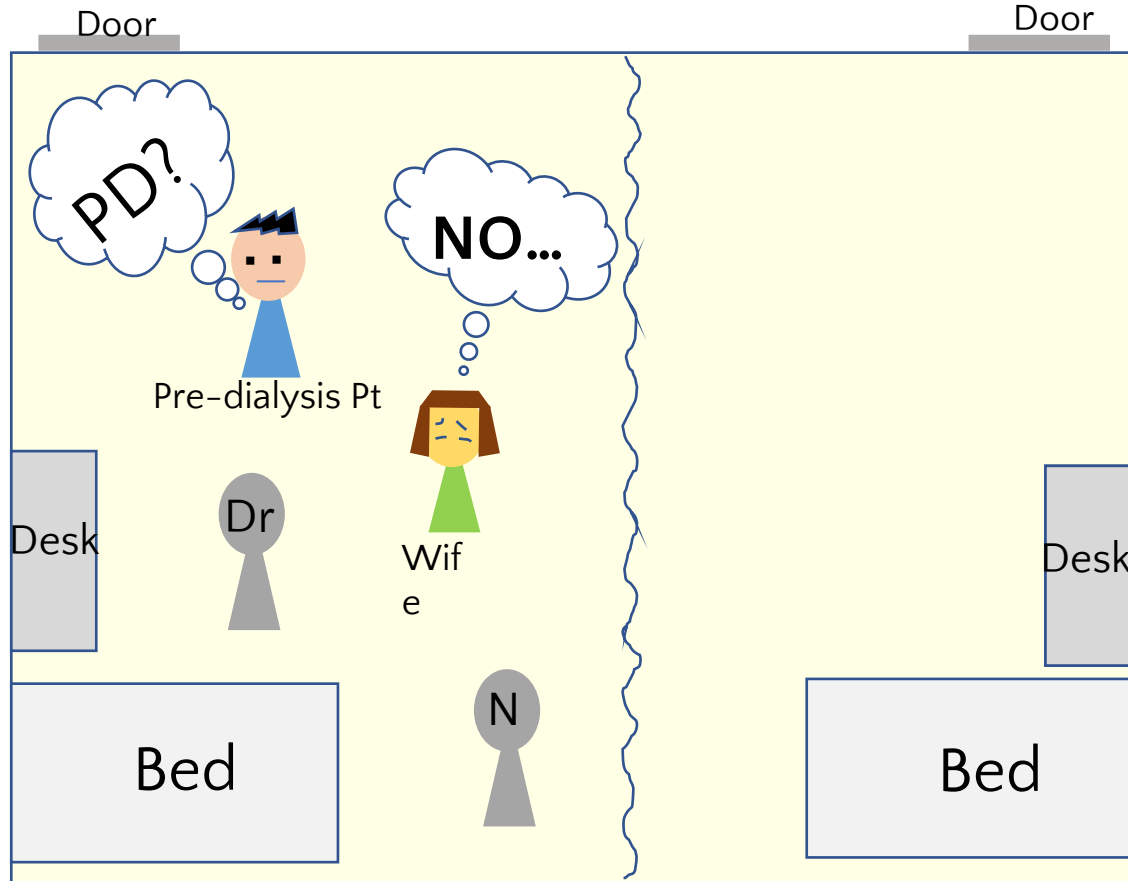


Meet-the-Experts



My outpatient PD consultation at Osaka University Hospital

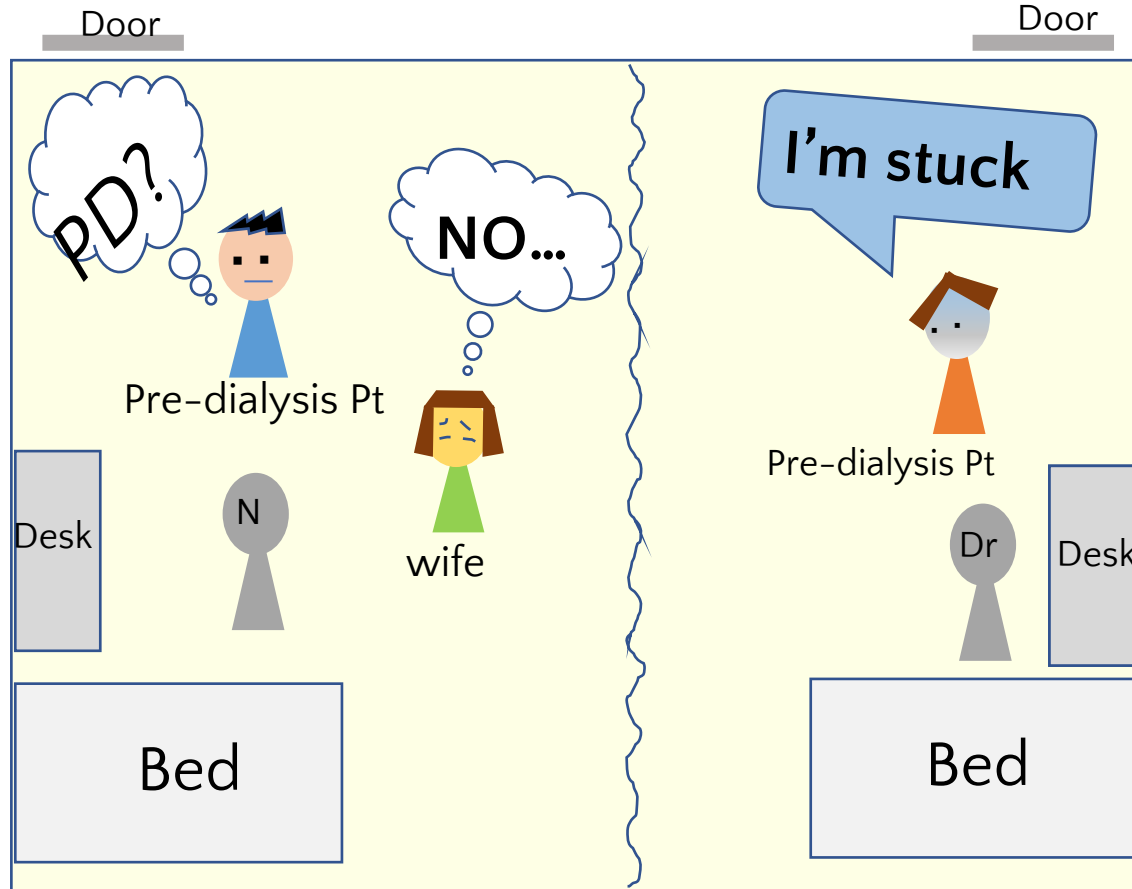
Trying to decide the modality



Examination Room

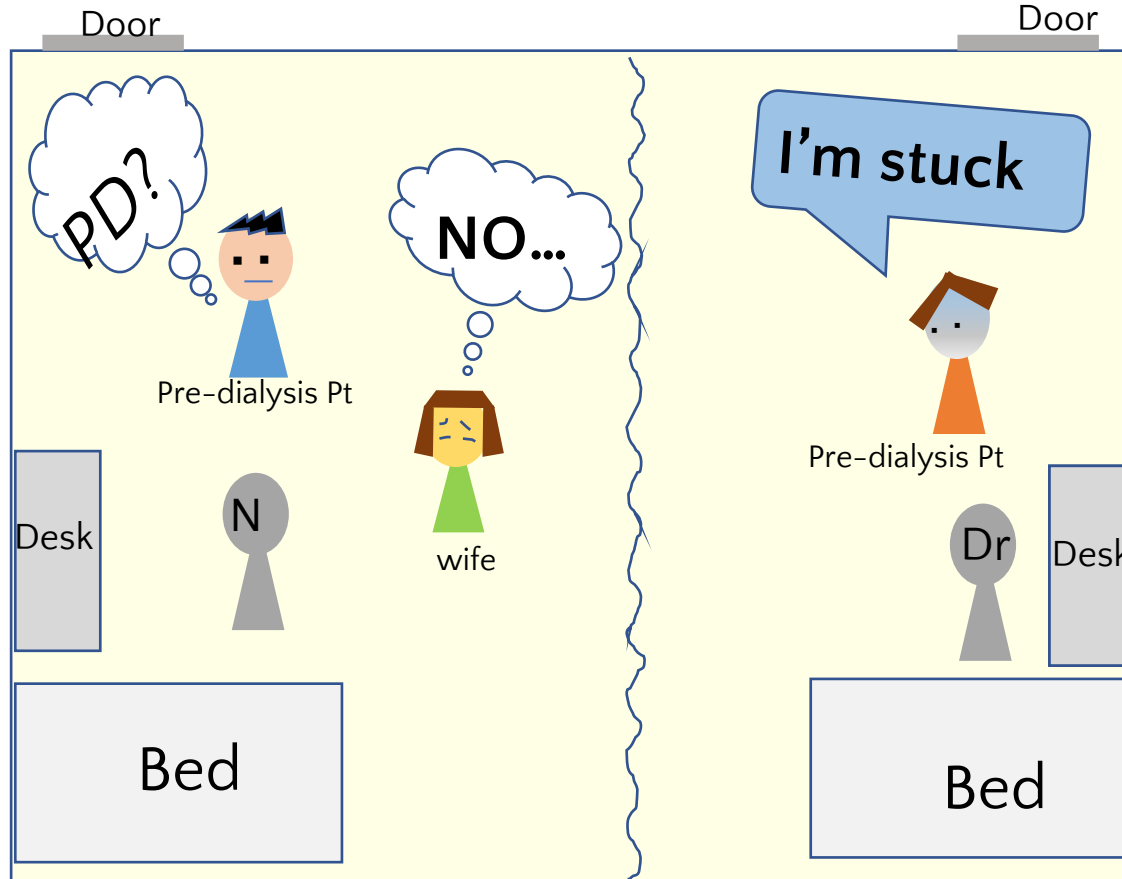
My outpatient PD consultation at Osaka University Hospital

Explanation of Dialysis

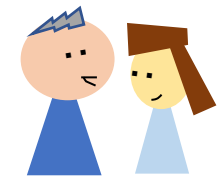


Examination room

My outpatient PD consultation at Osaka University Hospital

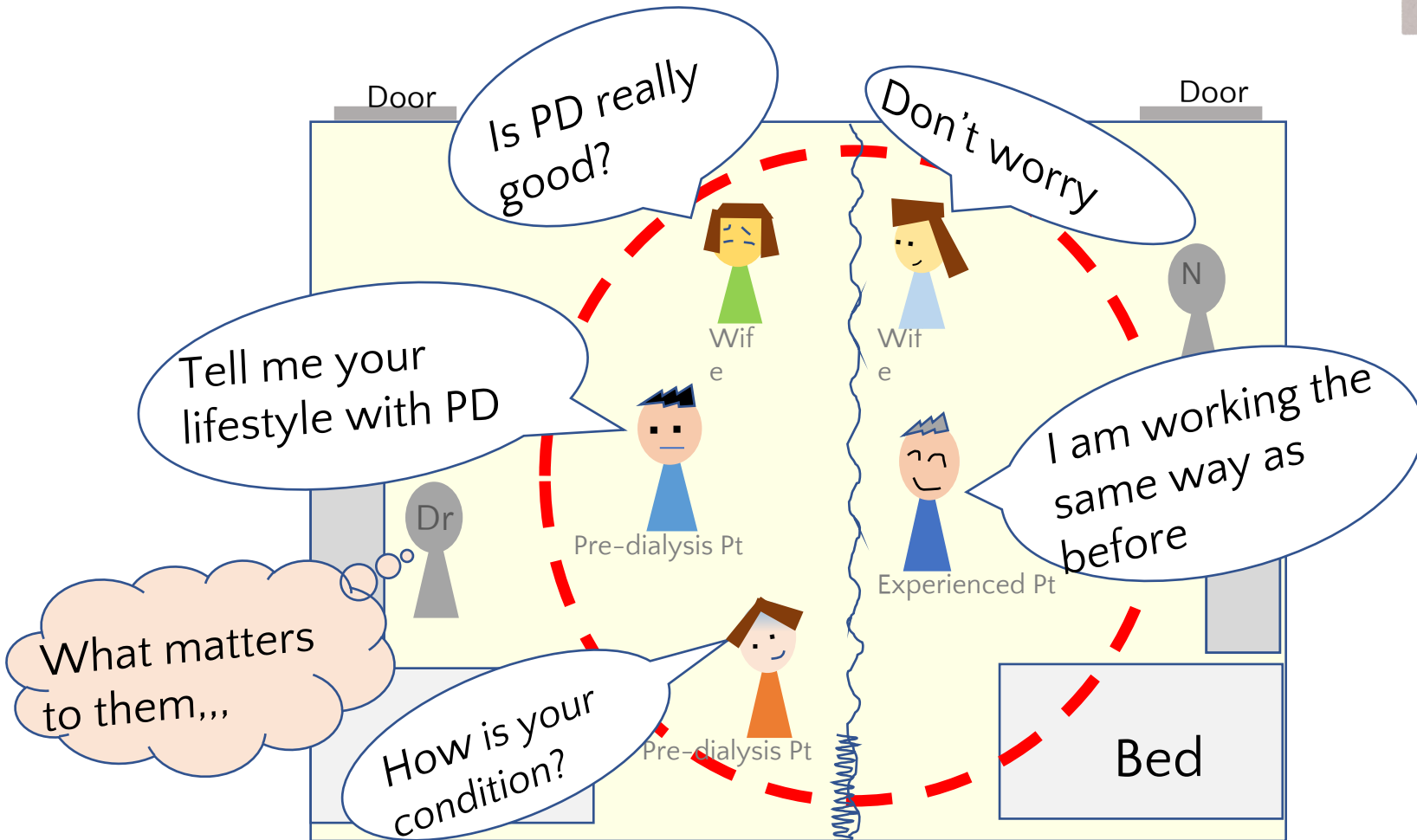


Examination room



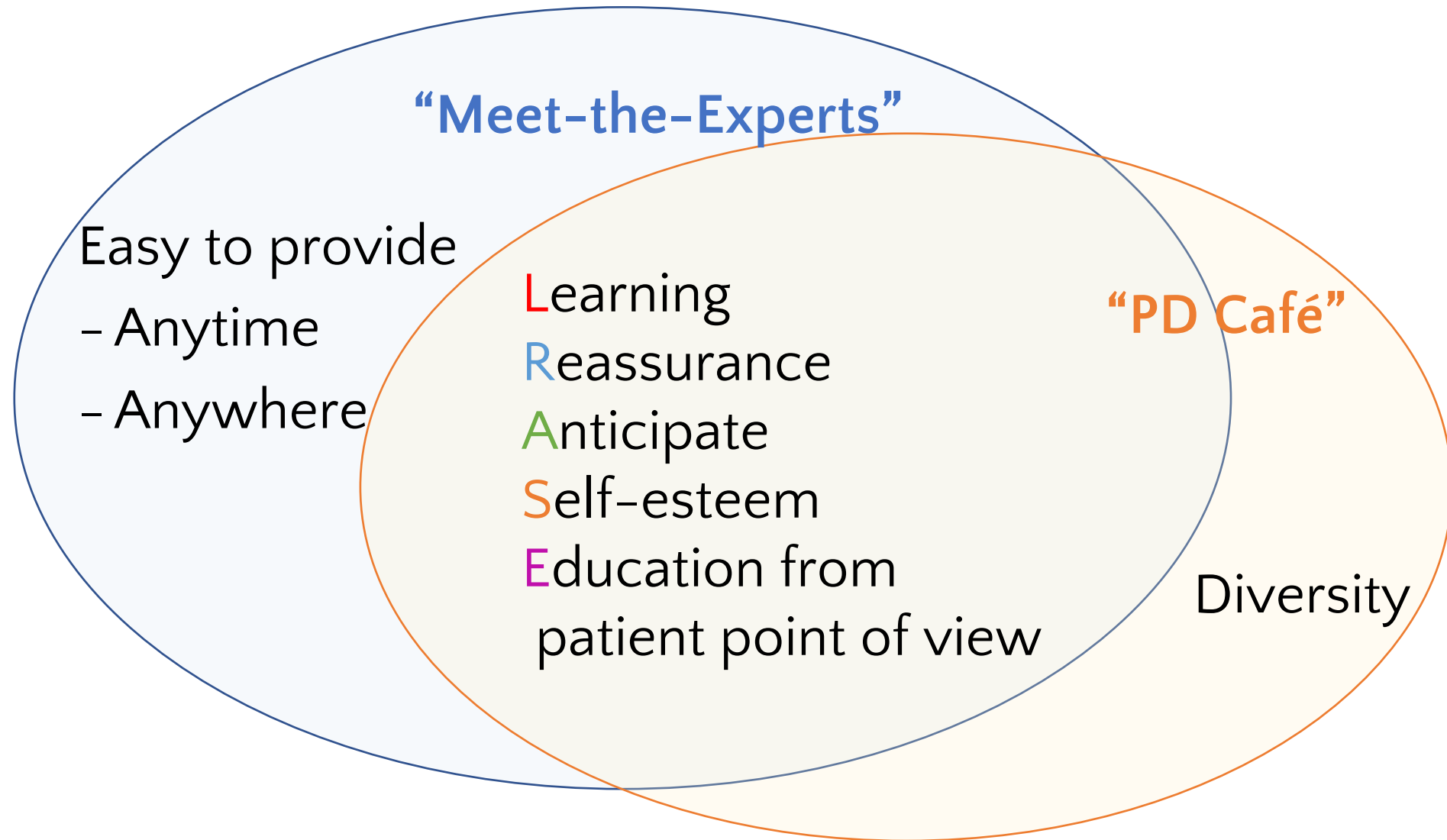
Experienced PD
patient and family

Meet-the-Experts !

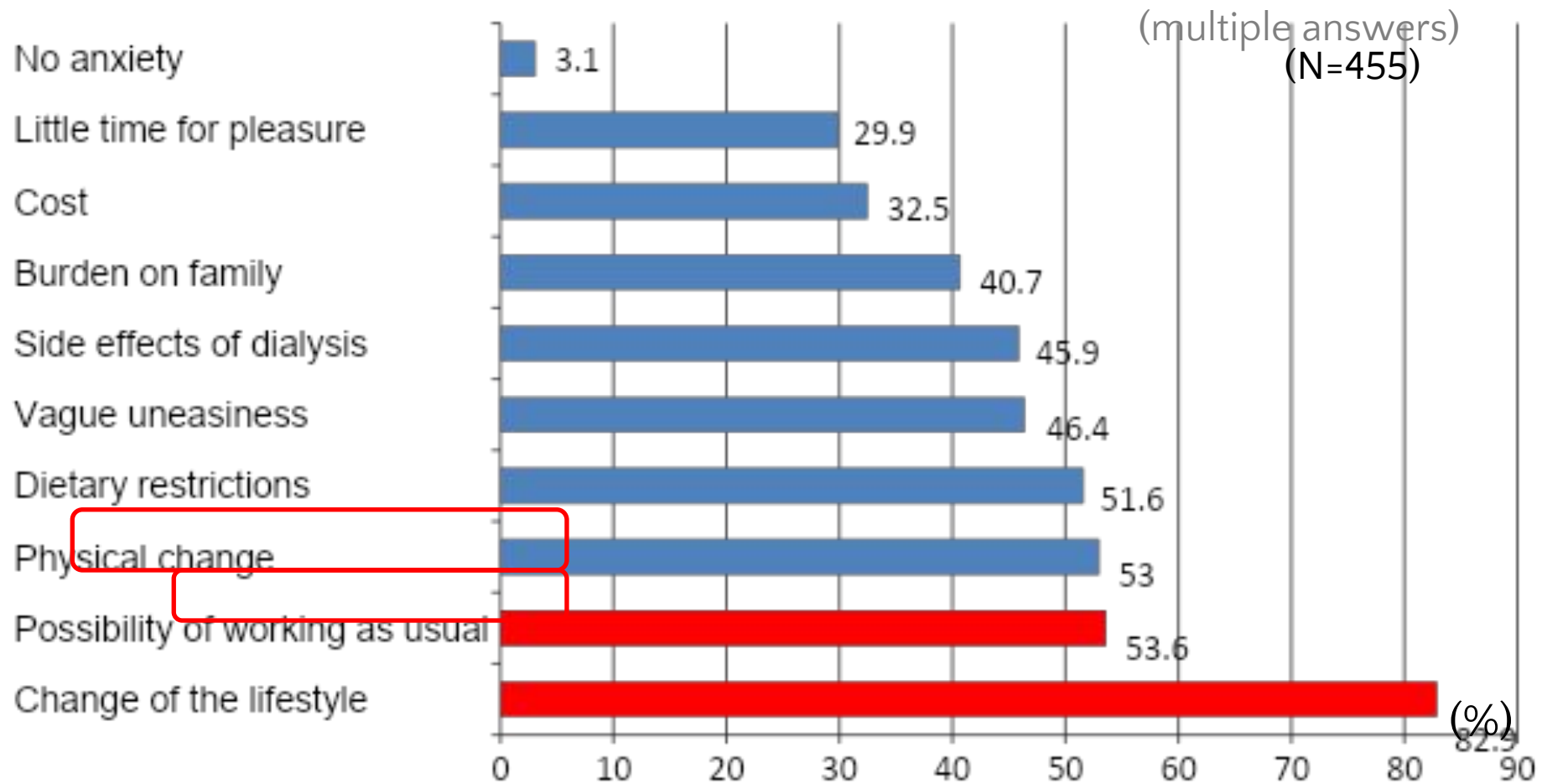


✓ Get patients together

Advantages of “PD Café” and “Meet-the-Experts”



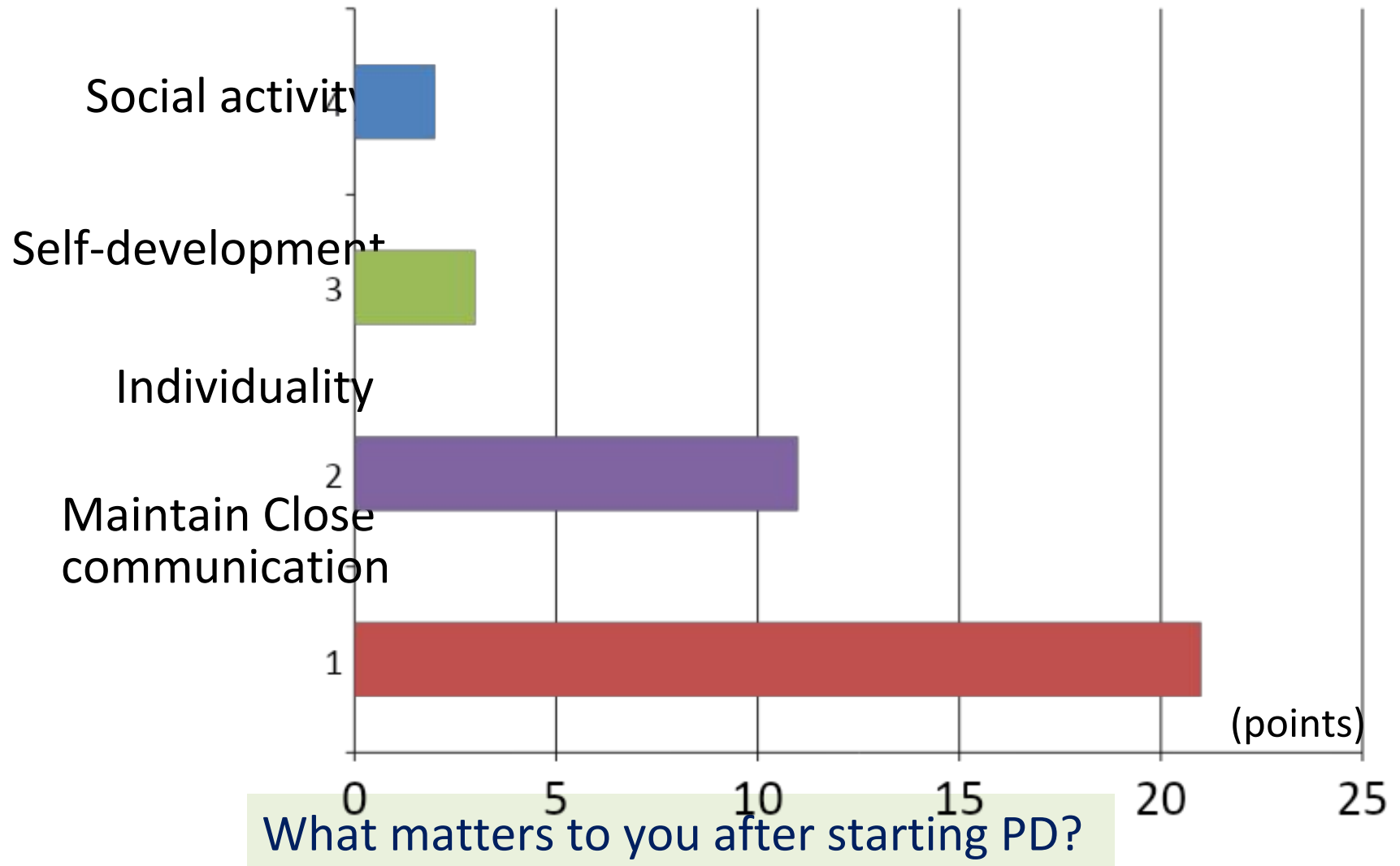
The major concern of pre-dialysis patients was “Change”



What was your major concern when starting dialysis ?

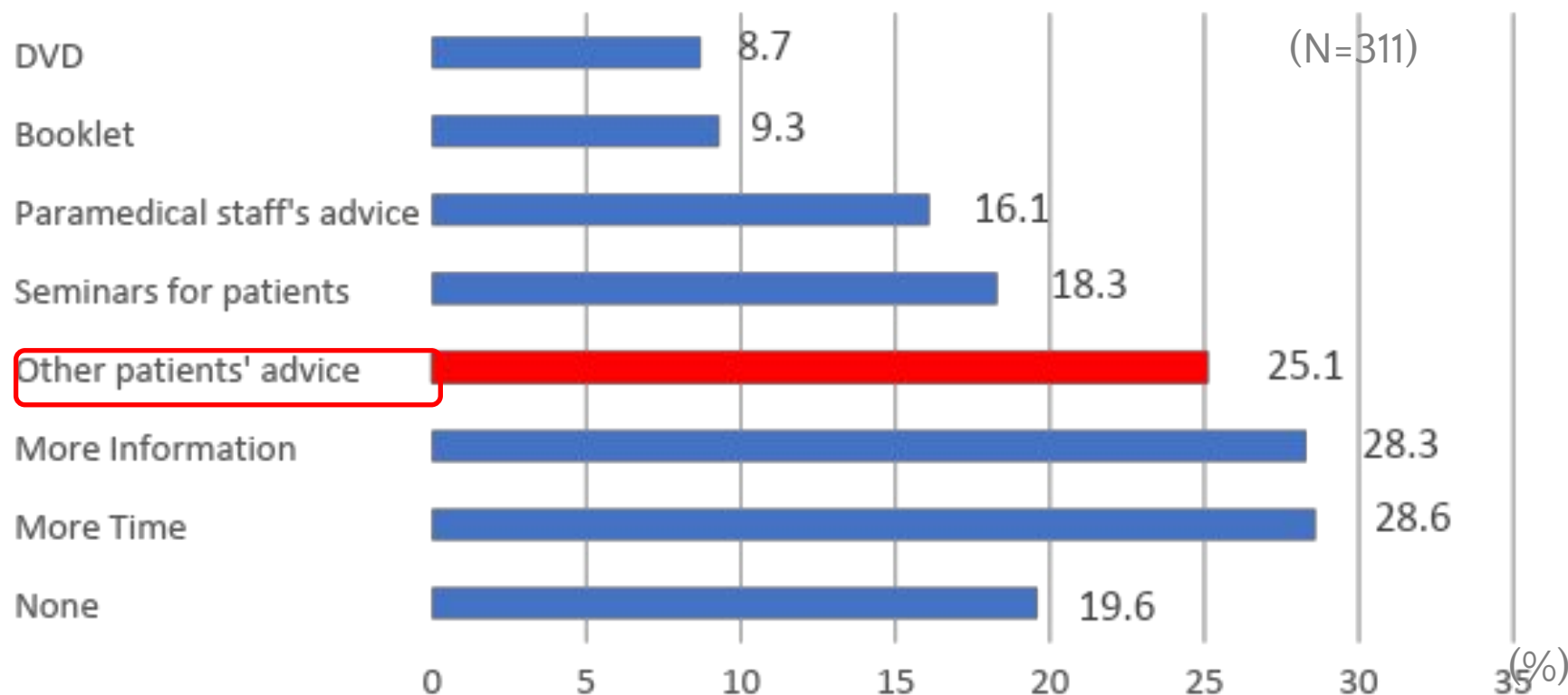
To Live One's Life the Same as Before

Questionnaire to PD patients at Osaka University Hospital 2017



Supports needed to make an **informed** decision

Questionnaire survey of patients starting hemodialysis in Japan in 2008



BMJ

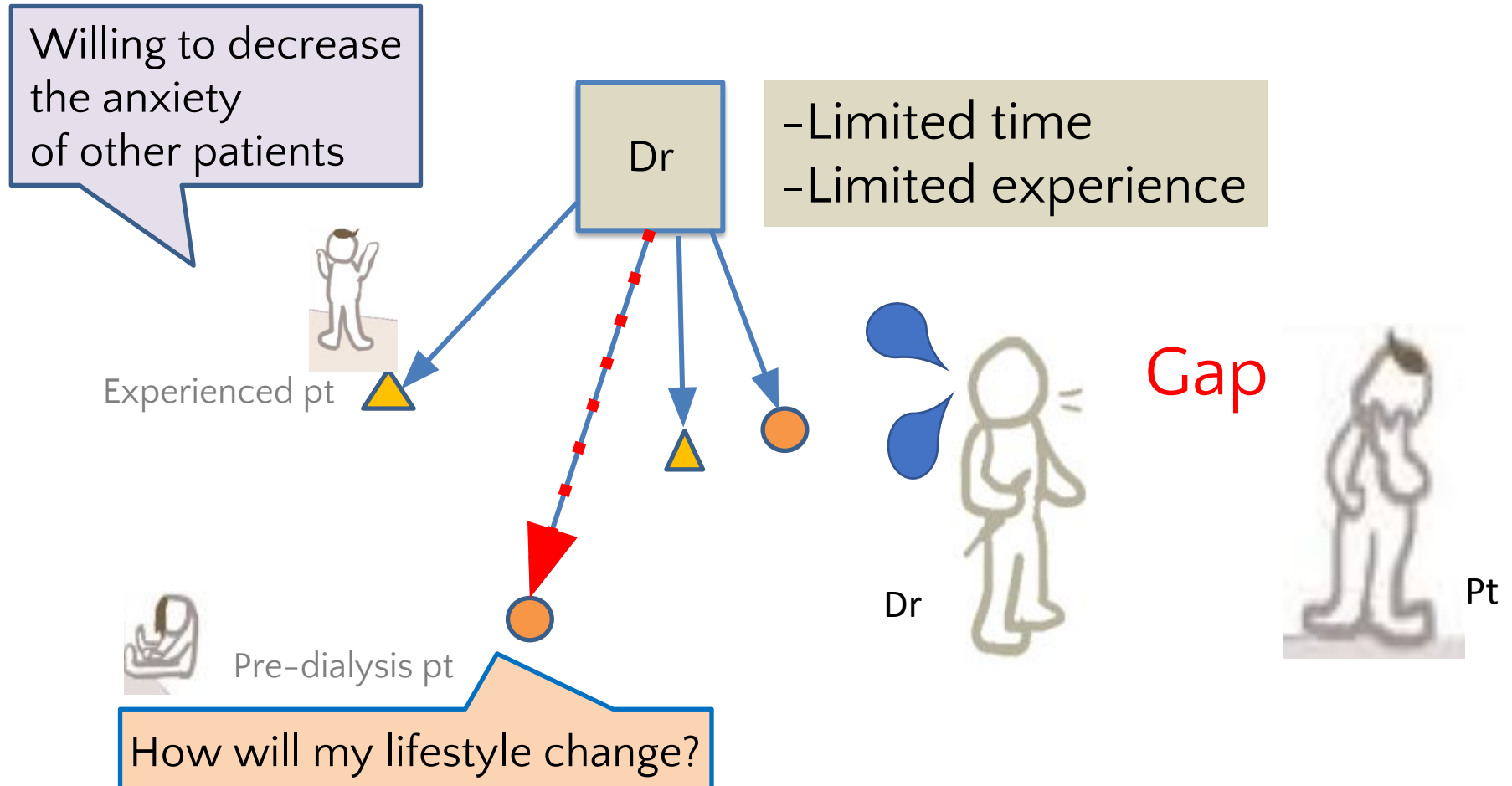
2010;340:c112

RESEARCH

The views of patients and carers in treatment decision making for chronic kidney disease: systematic review and thematic synthesis of qualitative studies

R L Morton, research fellow in health economics,¹ A Tong, research fellow in qualitative research,^{1,2} K Howard, senior lecturer in health economics,¹ P Snelling, director of dialysis, nephrologist,³ A C Webster, senior lecturer in clinical epidemiology, nephrologist^{1,2}

Limitations of Conventional Top-down system



P2P could facilitate more Effective and Efficient Care

Win!

Patient Engagement



Win!

Self-Esteem

Experienced pt

Autonomy

Pre-dialysis pt

Learn

Dr

Compensate
[Inexperience
Time Constraints

Win!

Practical
Information

Co-create a more Effective and Efficient
Healthcare System

Redesigning the healthcare system with P2P

Patients empower us!

