PATIENT ADHERENCE

Vantive

Sharesource
Remote Patient Monitoring

EVIDENCE SERIES: POSTER

Discrepancy between prescribed and actual APD prescription delivery:

Identification using cycler remote management technology

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BACKGROUND

Historically, clinicians have been unable to proactively identify patients missing or shortening PD treatments.

NON-ADHERENCE TO >10% of the Peritoneal Dialysis (PD) prescription is associated with

TECHNIQUE FAILURE
PERITONITIS
HOSPITALISATIONS
& MORTALITY[1,2]

1. J Bernardini, M Nagy, B Piraino. Pattern of Noncompliance with Dialysis Exchanges in Peritoneal Dialysis Patients. *Am J Kidney Dis* 2000; 35: 1104–1110.
2. J Bernardini, B Piraino. Compliance in CAPD and CCPD Patients as Measured by Supply Inventories During Home Visits. *Am J Kidney Dis* 1998; 31: 107–107.

Automated Peritoneal Dialysis (APD)

cyclers embedded with Remote Patient Management (RPM) technology can detect early treatment-related issues, allowing intervention to potentially prevent clinically significant events.

OBJECTIVES

Evaluate actual APD treatment time compared with prescribed treatment time, using an APD device with embedded RPM technology (**Homechoice Claria** with **Sharesource**). Determine if Clinicians using APD with **Sharesource** have greater visibility to patient adherence patterns to allow early intervention.

ENDPOINTS

Patient adherence and early intervention

PATIENT ADHERENCE

METHODS

DATA ON 399 European APD PATIENTS WERE ANALYSED

> Patients with ≥ 3 months on the **Homechoice Claria** with **Sharesource** were examined for weekly treatment frequency and actual versus prescribed treatment time.

> An assumption was made that patients perform APD therapy 7 days per week.

> Patients with gaps in treatment > 30 days were omitted/excluded.

> Any treatments occurring in the first 14 days from the very first available treatment were considered as training time and were excluded.

> Time (days) on treatment was determined from the first treatment after the training period to the last available treatment for a patient.

> Weekly treatment frequency was the number of treatments in **Sharesource**/30 × 7.
Eg., if a patient had 27 treatments out of 30 days, then Weekly rate = (27/30) × 7 = 6.3.

> Treatment differences were treatment time prescribed – actual treatment time performed.

RESULTS

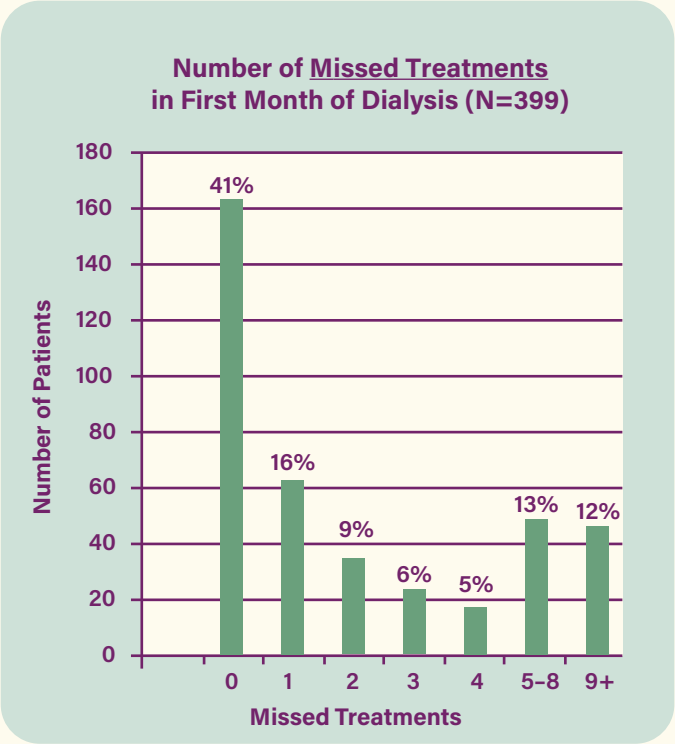
During the 1st month of therapy:

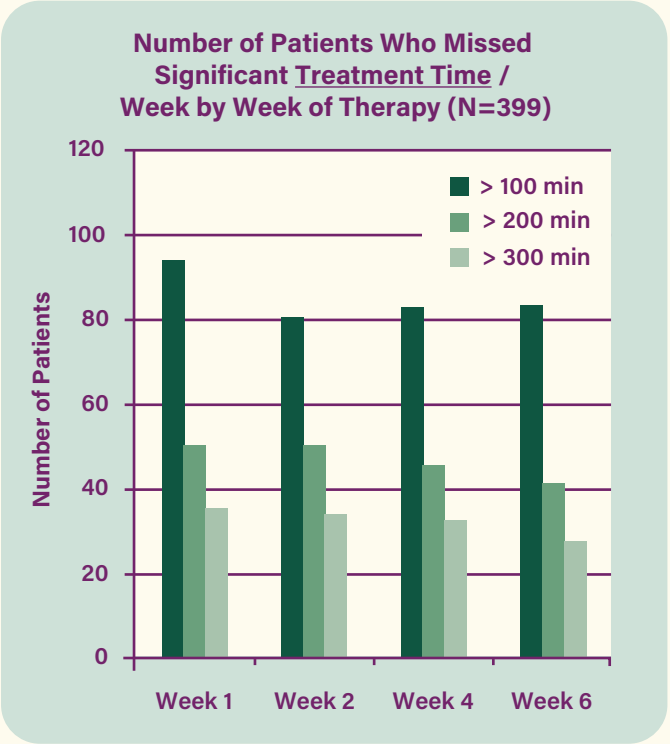
> 30% (115) of patients missed > 4 treatments (> 10% of prescribed therapy)

> 12% (47) of pts missed > 9 treatments

In the first week of therapy:

> 24.3% (97) and 9.5% (38) of patients had > 100 minutes and > 300 minutes, respectively, less actual therapy time than prescribed





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RESULTS

In combined results of weeks 1,2,4 and 6:

> 43% of pts missed > 5% of prescribed dwell time

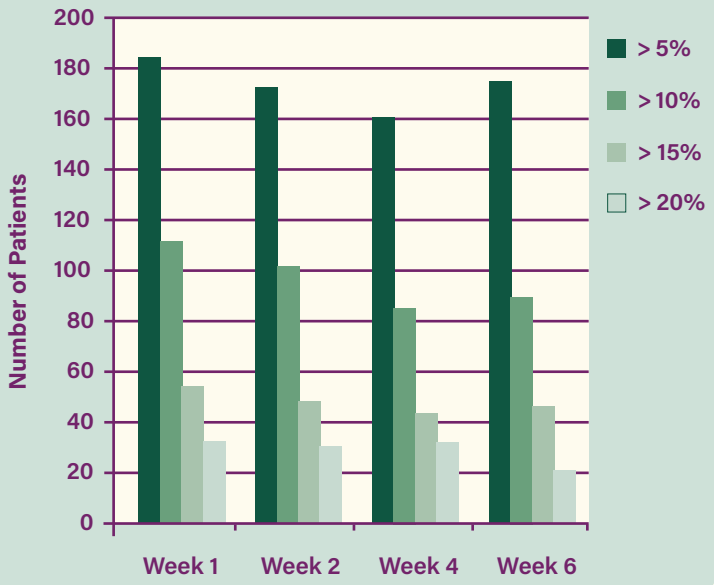
20.6% OF PATIENTS MISSED >10%

OF PRESCRIBED DWELL TIME

> 11.9% missed > 15% of prescribed dwell time

> 7% missed > 20% of prescribed dwell time

Number of Patients With at Least 3 Months of Treatment Who Missed Significant Dwell Time by Week of Therapy (N=399)



CONCLUSIONS

> Current standard of care does not allow visibility to determine adherence to prescribed PD therapy.

> **Sharesource** remote patient management platform allows clinicians to securely view their patients' daily home dialysis treatment data.

> Visibility to adherence patterns may provide opportunities for clinicians to intervene, educate or retrain the patient in a more timely manner.

> Clinicians using APD with **Sharesource** have greater visibility to

PATIENT ADHERENCE PATTERNS WHICH MAY ALLOW EARLY INTERVENTION

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For safe and proper use if products mentioned herein refer to the operator manual.

Reference: Firanek C et al, MP557 Discrepancy between prescribed and actual APD prescription delivery: Identification using cycler remote management technology *Neph Dial Trans* 2017; 32 (suppl 3): iii633.

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