

Vantive

Sharesource

Remote Patient Monitoring

EVIDENCE SERIES: **POSTER**

**Discrepancy between
prescribed and actual
APD prescription delivery:**

Identification using cyclor
remote management
technology

Catherine A Firanek et al.



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.

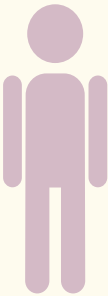


ENDPOINTS

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 $\times 7$.
Eg., if a patient had 27 treatments out of 30 days, then Weekly rate = $(27/30) \times 7 = 6.3$.
- > Treatment differences were treatment time prescribed – actual treatment time performed.

RESULTS

During the 1st month of therapy:

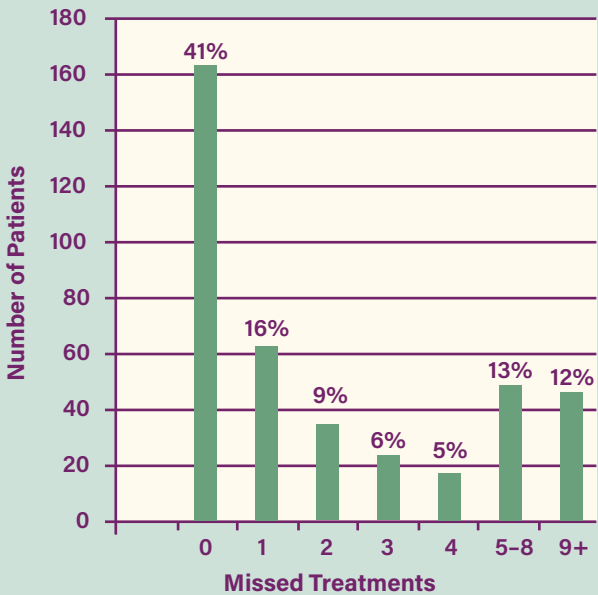
- > 30% (115) of patients missed > 4 treatments ($> 10\%$ of prescribed therapy)
- > 12% (47) of pts missed > 9 treatments

In the first week of therapy:

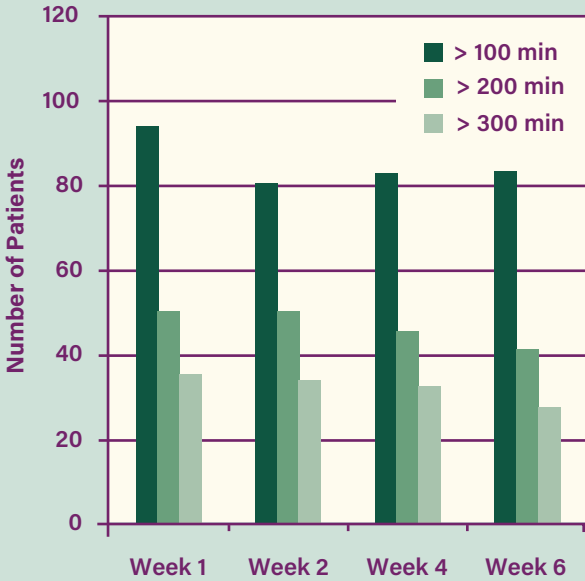
- > 24.3% (97) and 9.5% (38) of patients had > 100 minutes and > 300 minutes, respectively, less actual therapy time than prescribed



**Number of Missed Treatments
in First Month of Dialysis (N=399)**



**Number of Patients Who Missed
Significant Treatment Time /
Week by Week of Therapy (N=399)**





RESULTS

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

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

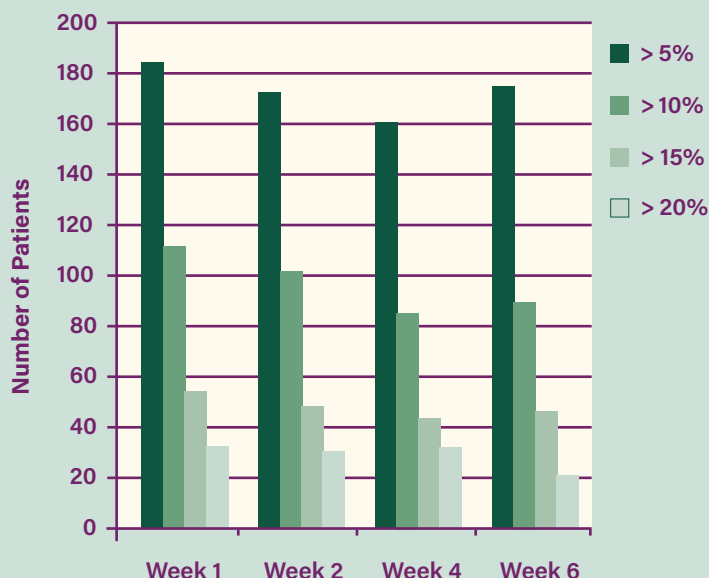
20.6% OF PATIENTS
MISSED > 10%

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**



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 cyclor remote management technology *Neph Dial Trans* 2017; 32 (suppl 3): iii633.

Vantive, Homechoice Claria, and Sharesource are trademarks of Vantive Health LLC or its affiliates.

CA-RC42-210045 (V2.0) 02/2025

Vantive

Vantive ULC

6675 Millcreek Drive, Unit 2

Mississauga ON L5N 5M4

Canada

www.vantive.com