

### Q1 WHAT IS THE BEST WAY TO PROCEED?

- A. Reassure her about in-center HD
- B. Stop the in-center HD referral and start a home HD referral
- C. Stop the in-center HD referral and start a home PD referral
- D. Re-educate her on different dialysis modalities

The correct answer is D.

The United States Renal Data System showed in 2020, of the 109,107 incident ESRD patients, 83.9% initiated in-center HD, 12.7% initiated PD, and only 0.3% (about 400 patients nation-wide) initiated home HD (HHD). However, the initiation of HHD at 1 year after ESRD onset is rising (1.6% in 2020 from being about 1% for nearly a decade between 2010-2019).

The very low prevalence of HHD in the US can be attributed to several factors. The barriers can be divided into four main categories:

1. Environmental: Area of residence, insufficient space for supplies, shared bedrooms and bathrooms, housing insecurity, pets, utility expenses
2. Social: Lack of family support, limited time due to other medical or caregiving needs, language barriers
3. Knowledge: Limited pre-dialysis care, insufficient education, lack of self-confidence
4. Provider: Limited provider experience or comfortability of specific modality, limited staff and facilities

It is likely this patient is encountering some of these barriers, so the most appropriate course of action is to re-educate her on different dialysis modalities. By understand and having multiple conversations pertaining to the patient's potential barriers, both the patient and provider can develop a shared decision-making plan best suited for the patient.

Additional reading:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7380419/pdf/main.pdf>

[https://www.kidney.org/sites/default/files/v36a\\_a1.pdf](https://www.kidney.org/sites/default/files/v36a_a1.pdf)