Who pays the ferryman
Part two

Aase Riemann

EDTNA/ERCA PD consultant

Ratio

- ”It is clear that when costs for medicine are rising, hospitals have to spare, mostly on staff
- Often this has as a consequence that unreasonable choices have to be made by professionals”

Line Gessø Storm Hansen, Denmark, 2016

What are we talking about?

- More or less hospitals or nursinghomes
- More medicines for cancer patients
- Numbers of dialysis nurses on a ward
- Or
- Who first to give care to?
    - a bleeding patient on the First Aid
    - a dying patient who needs to talk

In praxis

- “I was holding the hand of the patient who was afraid to die. In the meantime the other patient which I had to care for died. I could not be at the same place at the same time. It hurts.”

  Ulla Bøgh, Danish nurse, 2016

- “Because of workload 24 % of the nurses do not eat lunch during the day”

  Mads Kröll Christensen, Danish researcher, 2016

- “If district nurses do not get more time, Assisted PD cannot be done”

  Karin Lomholdt, Danish dialyse nurse, 2010

Praxis

- Mrs S
- was trained
- Homevisit was done
  - first bag change at home
- Despite request of patient no time for another homevisit
- Patient got peritonitis
- Patient lost her catheter

No spare…..

- Estimated costs for one homevisit
  - € 333,-
- Costs of 14 days of intraperitoneal antibiotics
  - one episode
  - € 492,-
  - only for the antibiotics

Ellis, E et al; Peritoneal Dialysis International 2012

Priorities in care

- We as professionals know something about care
- Together with our patients we should think about priorities and the money……”
- “To know our priorities we must discuss with our patient
  - what is important for them?
  - and do we understand what they want?”

Britt Borregaard, Danish nurse, 2016

- But do we speak the same language?

Discussion with patients

- Name: Michel Roden
- Age: 55 y
- Country: Belgium
- Working as a nurse since 1982
- EDTNA/ERCA Brand Ambassador since 2005
- Social situation: Married, 1 child (23y)
- Diabetes Mellitus Type 1 patient since 1975

Questions to Michel

- Do you know how much money is spent on you during your carreer as a diabetes Mellitus Type 1 patient?

Talking about costs

- Do docters talk to you about costs?
- Nurses?
- Others such as
  - Patients?
  - Neigbours?
  - Family?

Yearly costs D.M. Type 1 Continue infusion therapy,

Yearly Diabetes Mellitus costs patient 610327MRO18

		Day	Month	Total Cost	Soc. Sec.	My wallet
Convention Diabetes Mellitus Type 1 Selfregulation:			€ 118,42	€ 1.421,04	€ 1.421,04	**€ 0,00**
Convention Diabetes Mellitus Continue Insulin Infusion:		€ 7,46		€ 2.722,90	€ 2.722,90	**€ 0,00**
Medication:						
Insulin Humalog® 10 ml	x 35	€ 25,24		€ 883,40	€ 883,40	**€ 0,00**
Lipitor® 20 mg	x 365	€ 0,39		€ 134,50	€ 98,10	**€ 36,40**
Amlor® 5 mg	x 365	€ 0,12		€ 43,65	€ 33,90	**€ 9,75**
Cozaar plus Forte® 100 mg/25 mg	x 365	€ 0,26		€ 95,45	€ 68,55	**€ 25,90**
Asaflow® 80 mg	x 365	€ 0,06		€ 20,75	€ 16,95	**€ 3,80**
Visits a year Diabetesconsultation:	x 3			€ 244,75	€ 74,20	**€ 170,55**
Visit Ophtalmology/Diabetes	x 1			€ 81,65	€ 21,75	**€ 59,90**
Visit GP	x 1			€ 51,20	€ 44,00	**€ 7,20**
			Total	**€ 5.699,29**	**€ 5.384,79**	**€ 313,50**
						= € 26,1 / month

Are costs important?

- Do you as a patient think about money?

Questions to you

- Are you confronted with costreductions in your own country?
- Are you satified with your own praxis?

Priorities of care

- Ethical values
  - all patients must have the same access to health care
  - patients with the highest need must be helped first
  - the weak and old patients must not be let down
  - we must try to reach the greatest possible cost-efficiency, but the first three points are the most important

Danish Ethical Council, 1996

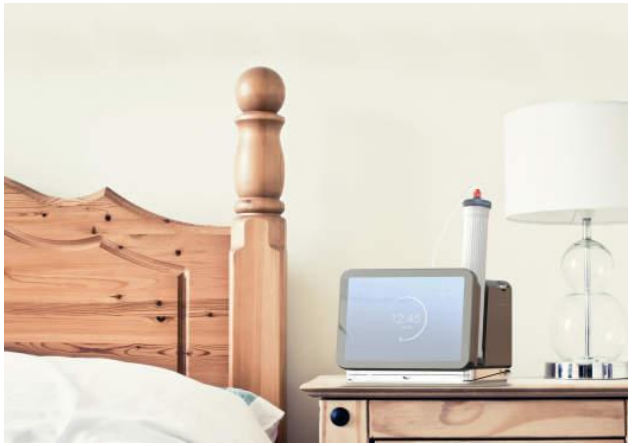
Conclusions

- Costs in care will rise in the future
- We as professionals have to discuss costs
- We must tell about our own praxis
- We must tell about our difficulties with priorities
- We must support new developments
- To improve our patients' life……..

Examples of new developments

- eHealth
  - videocommunication
  - eHealth-applications
- Technology
- Small dialysis machines
  - George Institute Australia
    - Vincent Garvey
  - University Quebec
    - Anya Pogharian
- Dutch Kidney Foundation
    - Portable Artificial Kidneys

NeoKidney
Portable Artificial Kidney 1.0



Designed for mobile hemodialysis

Joined development with

AWAK DEBIOTECH SWITZERLAND NEOKIDNEY A Dutch Kidney Foundation initiative

Initiated by the Dutch Kidney Foundation

- Flexible in use (daily and nocturnal dialysis)
- Dialysate recycling system

- Weight: ca. 5 kg (excl.disposables)
- Volume: max 14L
- Dialysate volume (ca. 4 L), delivered in bags.
- Extra filter for dialysate recycling
- 110/220V Powered
- Telecommunication facilities

Telecare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Conclusions

- New developments are necessary but will NOT be a substitute for staff
- Reductions in staff will always have implications on the care of your patients

Thanks