Shared haemodialysis care is associated with improved shared decision making amongst patients receiving in-centre haemodialysis

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INTRODUCTION

Shared haemodialysis care (SHC) empowers in-centre haemodialysis (ICHD) patients to undertake some of their own dialysis-related tasks. Benefits of SHC are increasingly recognised, however, data on SHC is not routinely reported and its impact on patient experience is less studied. **Shared decision-making (SDM)** is an important element of patient experience and is consistently rated poorly by patients with renal disease[1]. Strategies to improve SDM are not well defined.

AIMS

1. To examine the variation in SHC offered across UK kidney centres using the **UK Kidney PREM 2023 survey.**
2. To assess the association between SHC and SDM scores amongst ICHD respondents.

METHODS

- The **UK Kidney PREM** is an annual patient survey by UKKA and Kidney Care UK for those with renal disease across 67 UK kidney centres. All respondents receiving ICHD at the time of the survey were included in the analysis.
- SHC offer and acceptance were assessed by a single survey question.
- A measure of SDM was derived from three questions (scored between 1=low and 7=high) with the common stem "*Do your team…*"
  - SDM Q1: *"Talk with you about your treatment and life goals?"*
  - SDM Q2:"*Enable participation in decisions about your care?"*
  - SDM Q3:"*Talk about a more active role in managing your care?"*
- Associations between SHC and SDM scores were analysed at an individual-level using linear mixed models.
- Weighted linear regression was used with aggregate centre-level data to explore whether centres with higher SHC rates were associated with i) higher SDM scores and ii) larger differences in SDM score between those offered SHC and those not.

RESULTS

Proportion of patients being offered and participating in SHC

- 6,861 patients were included, largely nationally-representative.
- **SHC offered**: 53% respondents were offered SHC. Those more likely to be offered were aged 31-55 years, non-white and in satellite units (Table 1). Rates varied from 13% to 93% between centres (Fig 1).
- **SHC participation**: Participation in SHC increased to 35.8% of responders in 2023 from 29.2% in 2022. There was no difference in acceptance of SHC, once offered, between age groups.

Association between SDM scores and SHC:

- At an individual-level, those offered SHC have higher scores in all SDM questions, and an increase of 0.61 (95% CI 0.51 to 0.70, p<0.0001) for the mean SDM scores (Fig 2) with evidence of variation across centres (p<0.0001 for all questions).
- At the centre-level, there was evidence of a higher SDM score in high-SHC centres for Q3 only (p=0.026).
- The difference in SDM score between those offered vs not offered SHC was greater in low-SHC centres for Q1 only (Fig 3, p=0.009)

	Total	Offered SHC		p-value[1]
	N	N	%	
Total	6,861	3,652	53.2%	
Age (years)				
17- 21[1]	39	18	46.2	<0.001
22-30	203	112	55.2	
31-40	419	241	57.5	
41-55	1,286	736	57.2	
56-64	1,427	784	54.9	
65-74	1,640	862	52.6	
75-84	1,520	733	48.2	
85+	327	166	50.8	
Gender				
Female	2,625	1396	53.2	0.20
Male	4,169	2213	53.1	
Not say/Other[2]	67	43	64.2	
Ethnicity				
Asian	758	433	57.1	<0.001
Black	662	390	58.9	
Mixed	85	56	65.9	
Not say	127	75	59.1	
Other	100	61	61.0	
White	5,129	2637	51.4	
Dialysis location				
Main centre	3184	1476	46.4	<0.001
Satellite centre	3677	2176	59.2	

Table 1 Demographics of patients offered SHC
[1] from Chi-squared test. [2] Not say 57, Non-binary 5, Other 5

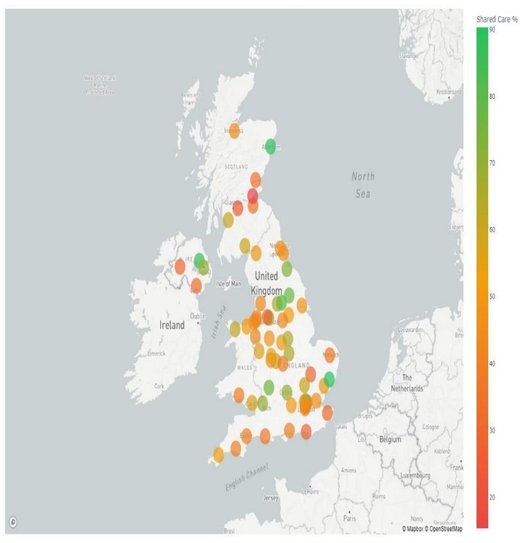


Fig 1. Centre and geographical variation of % responders being offered SHC by centre across the UK. Colour coded as per the key on right

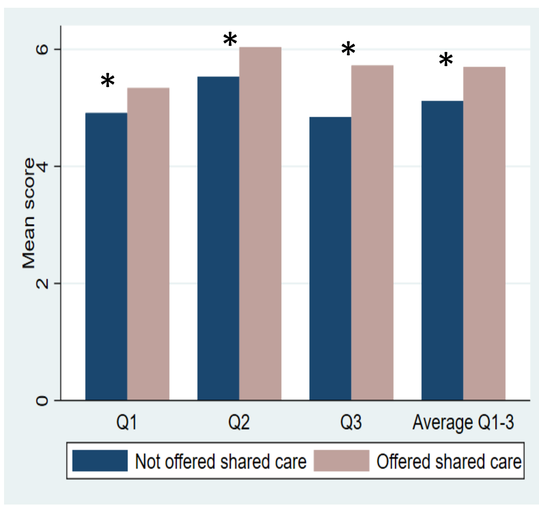


Fig 2. Bar graph comparing mean SDM scores for those offered vs not offered SHC. *denotes p-value <0.05 from linear mixed model.

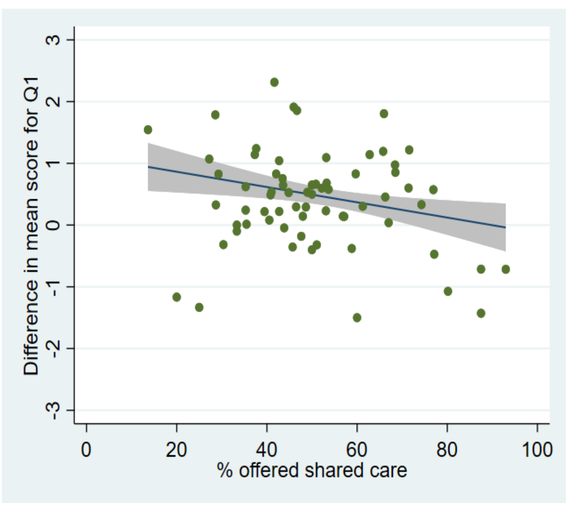


Fig 3. Centre mean difference in Q1 between those offered shared care and those not, against the centre percentage offered shared care, with regression line weighted by the number of patients

DISCUSSION AND NEXT STEPS

SHC participation in the UK is increasing but is not routinely offered to all patients despite GIRFT recommendations[2]. There is variation between centres, with inequitable access according to age, ethnicity and dialysis unit location. We report the first positive association between offering SHC and SDM, suggesting that offering SHC can enhance patient engagement and care experience. The association seems strongest in centres with low SHC rates, indicating that these centres are likely to gain most by increasing SHC opportunities for their patients.

Next Steps: Our findings highlight the potential for targeted improvement in SHC with continued local and national QIP initiatives such as Dialysis At Yours: Life Fulfilled (DAYLife)[3] which has recognised SHC as one of its key priority areas.

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