

# TREATMENT GUIDANCE OF DIFFICULT CHRONIC KIDNEY DISEASE

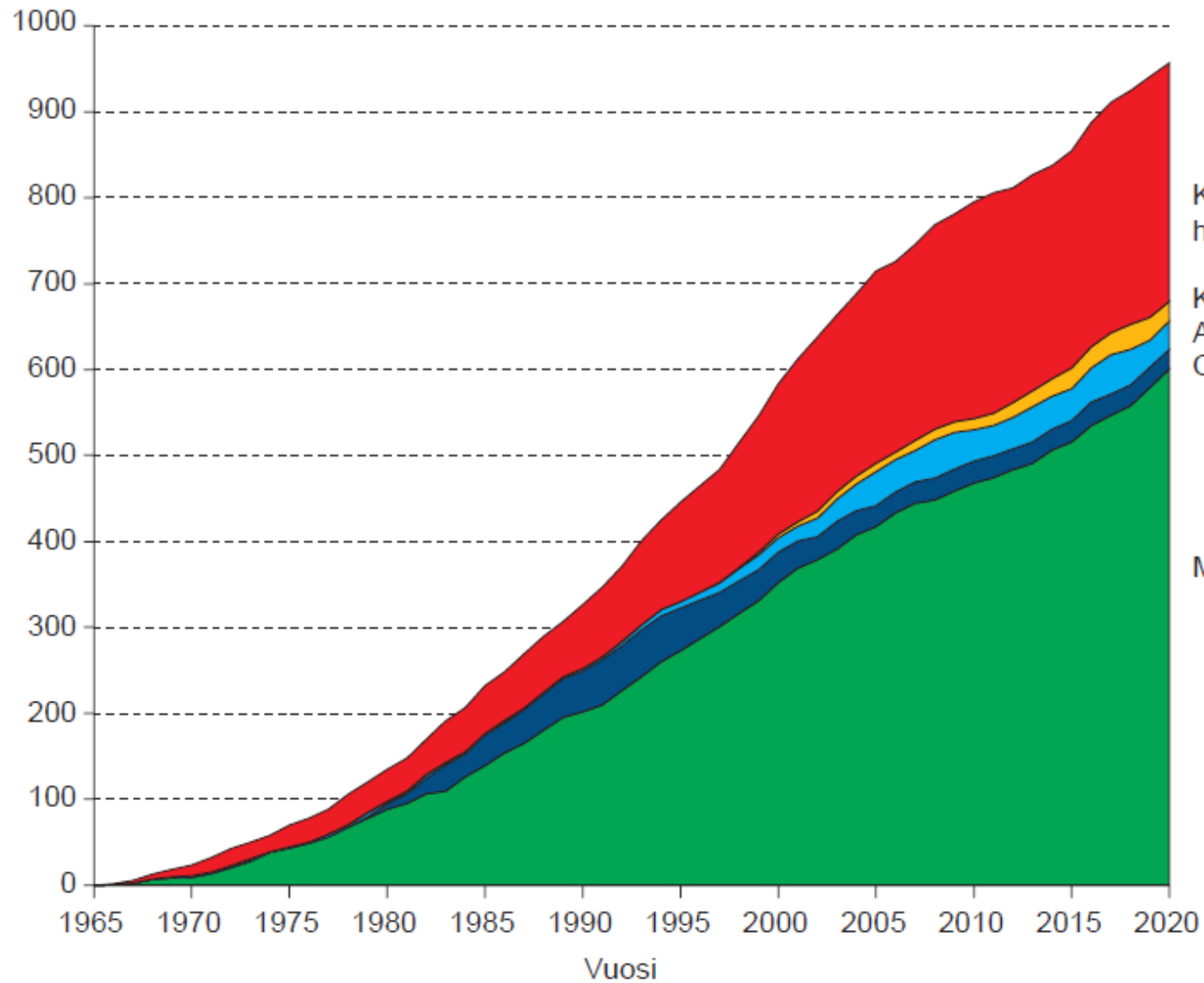
Finland's strategy



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Vallitsevuus/1 miljoona asukasta



5296 patients 31.12.2020  
Transplanted 60 %, dialysis 40 %

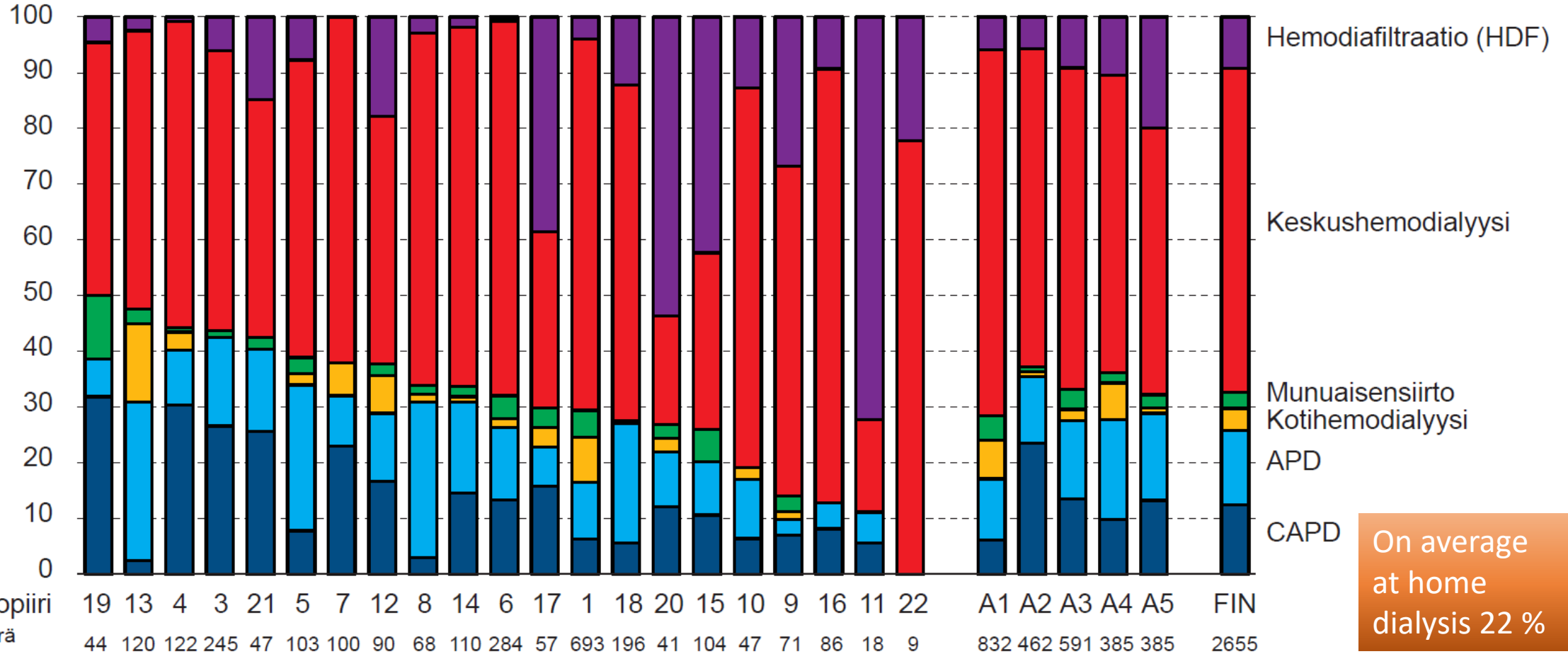
Keskus-hemodialyysi

Kotihemodialyysi  
APD  
CAPD

Munuaisensiirto

## Suomen munuaistautirekisteri 2016–2020

Osuus potilaista (%)



On average  
at home  
dialysis 22 %

## 6 TARGETS FOR FINLAND

Monitored variable	Situation in 2019	Target 2023	Target 2025
Patient on the kidney transplant list or with completed kidney transplantation prior to initiating dialysis	7%	≥ 10%	≥ 15%
Patient on the kidney transplant list or with completed kidney transplantation 90 days after initiating dialysis	12%	≥ 15%	> 20%
Share of dialysis patients on home dialysis 90 days after start of treatment	26%	≥ 35%	≥ 45%
Share of dialysis patients on home dialysis at the end of the year	22%	≥ 30%	≥ 40%
Share of patients beginning dialysis who have been monitored by a nephrologist and for whom dialysis initiation has been planned	Not known	≥ 65%	≥ 70%

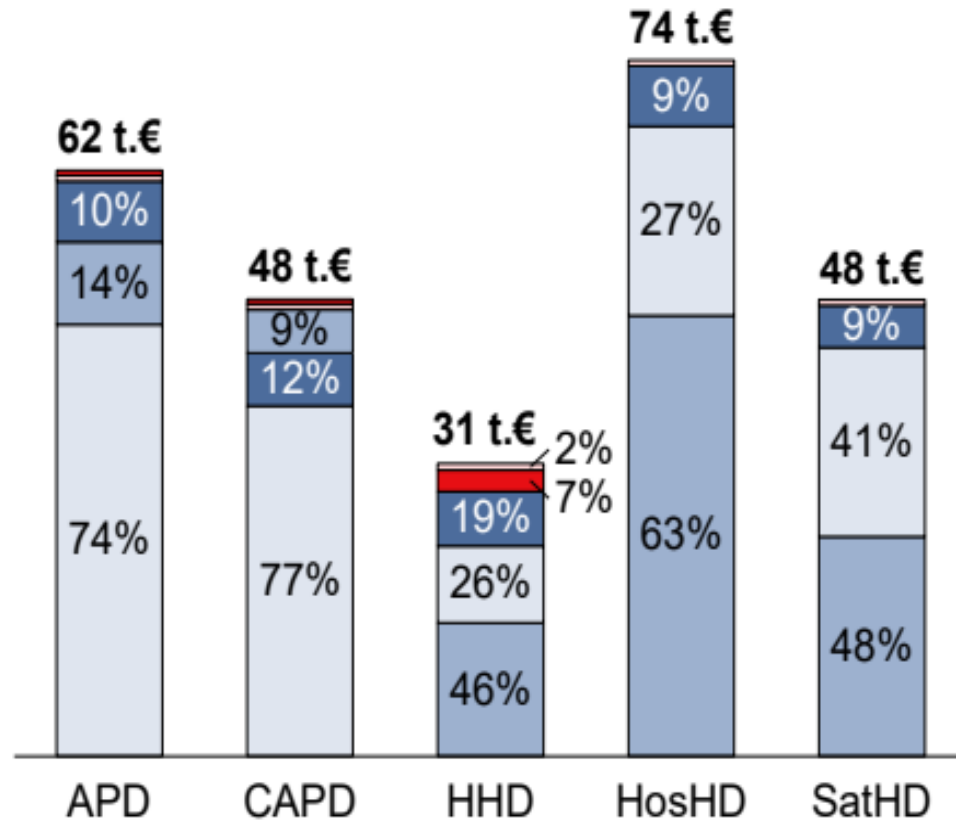
**Table 3. Future targets in Finland**

The targets for the future have been set on the basis of the latest data from the Finnish Registry for Kidney Diseases compared to the situation in 2019.

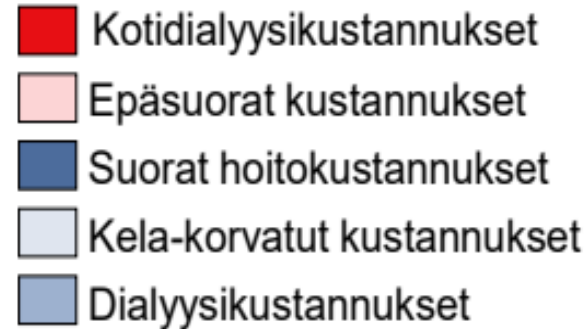


# Tulokset: Keskimäärin kotihemodialyysi on edullisin hoitomuoto

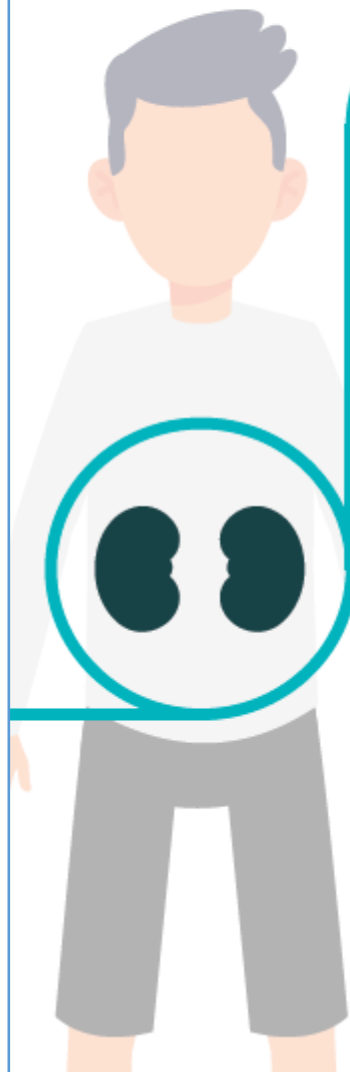
Keskimääräiset vuosikustannukset eri dialyysimuodoissa  
(Diskontattu, t.€/potilas)



- Peritoneaaldialyysissä (APD, CAPD) on korkeat lääkekustannukset
- Keskushoitomuodoissa (HosHD, SatHD) on korkeat hoito- ja sosiaaliturvakustannukset



# National best practice guidelines: increasing kidney transplantations and home dialysis



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Chronic kidney disease is a significant global public health issue from which

ca **10 %**

of the population is suffering according to recent estimate.

THERE ARE THREE AVAILABLE CHOICES FOR RENAL REPLACEMENT THERAPY:

- 1 Dialysis (home or incenter)
- 2 Kidney transplant
- 3 Palliative care with symptom control

Every year in Finland ca **500** PATIENTS

start renal replacement therapy (dialysis/transplantation).

The number of patients has increased with a quarter in ten years.

*There are now about **5200** of them and the number of patients is estimated to increase **significantly** over the next 10-15 years.*



**PATIENTS OVER 75 YEARS** will soon make up nearly a third of all new patients.

*This is mainly due to increased survival.*

**60 %** / **40 %**  
of patients live with a kidney transplant / are in dialysis



As the choice of treatment greatly affects costs and quality of life, health care personnel and patients need to be educated further.

The management of nephrological unit has a significant responsibility to make this successful.

**The resources in nephrological units must be guaranteed.**



The information should be given individually so that the patient understands the meaning of dialysis care, is able to participate in choosing the treatment option and understands kidney transplantation effects

**INCREASING HOME DIALYSIS COMPARED TO INCENTER DIALYSIS WILL SIGNIFICANTLY REDUCE THE COSTS TO SOCIETY.**



Incenter haemodialysis is the most expensive of the replacement therapies.

**60-70 KEUR/ year**

The most cost-effective therapies for society are home haemodialysis and peritoneal dialysis at home

**30-50 KEUR/ year**



Cost differences are due to resources needed for incenter dialysis and related transportation costs for care. Average annual traveling costs for a patient treated with incenter haemodialysis are

**€11 000**

Kela/Fpa

**Target for 2025**

Patient on kidney transplant list or transplantation before starting dialysis / Share of home dialysis patients of all dialysis patients at the end of the year

2019 7 % 22 %  
2025 **15 %** **40 % +**

!

## Actions needed now:

### ADEQUATE RESOURCES:

- Increasing kidney transplantations and home dialysis requires adequate personnel resources to identify, inform, train, and monitor patients
- Digital patient management solutions must be available everywhere

### LEGISLATION NEEDS TO BE CHANGED:

- Different therapy modalities need to be treated equally; with KELA reimbursements home dialysis is the most unequal to a patient (KELA grants lower reimbursement to a person in home haemodialysis than to a person in peritoneal dialysis).
- Differences in patient payment practices between hospital districts should be eliminated
- The payment ceiling policy must be changed or, alternatively, a treatment series fee must be charged for home care; assisted dialysis at home involves home nursing fees that do not affect the payment ceiling

### MONITORING IS IMPORTANT:

- The Finnish Registry for Kidney Diseases monitors quality; its position must be regularized, and its finances secured.

There are three available choices for renal replacement therapy: dialysis (home or in-centre), kidney transplant, and palliative care with symptom control.

Dialysis is a procedure to remove waste products and excess fluid from the blood when the kidneys stop working properly. There are 2 main types of dialysis: haemodialysis and peritoneal dialysis.

### HOME DIALYSIS

Home dialysis is a suitable option for most of the patients. Home dialysis can be performed safely and flexibly after patient has received the appropriate training. Even elderly patients can be treated with assisted home dialysis.

#### PERITONEAL DIALYSIS

Peritoneal dialysis uses the inside lining of patient's abdomen (*the peritoneum*) as the filter, rather than a machine.

It is easier to travel in peritoneal dialysis.

#### HOME HAEMODIALYSIS

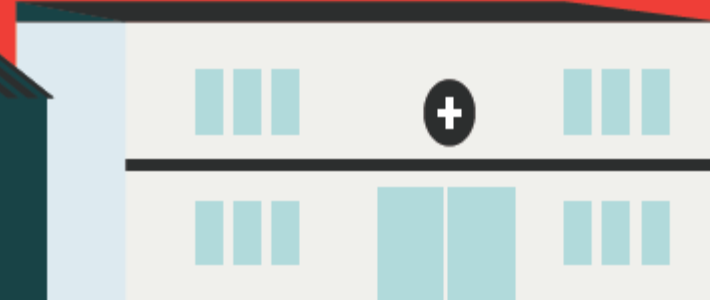
In home hemodialysis blood is cleaned by removing waste products, toxins and excessive fluid using a dialyzer and a dialysis machine.



### IN-CENTRE DIALYSIS

#### ASSISTED HAEMODIALYSIS BY A CLINICIAN

In-centre haemodialysis is suitable for many patients but is the most binding treatment option for patient and the most expensive for society. Possibilities considering individual wishes, e.g., treatment schedules, are limited. It may also increase the risk of infections compared to home treatment.



### KIDNEY TRANSPLANT

Organ transplant is carefully considered for each patient. Transplants are possible from both living and brain-dead donors.

The suitability of a donor candidate for kidney donation will be determined in a hospital in their area. The best results in kidney transplants are obtained when the transplant is performed from a living donor, as well as when the transplant can be performed pre-emptively without prior dialysis treatment.

### PALLIATIVE CARE WITH SYMPTOM CONTROL

Patient suffering renal insufficiency may refrain from dialysis treatment and choose palliative care controlling symptoms. Sufficient control of symptoms is a right for every patient, regardless of the severity of the disease.

The treatment decision is made individually in mutual understanding with the patient and her/his nearest, who must be informed adequately on the estimated impacts of different treatment options on survival and quality of life.

**Kidneys are important to survival as they remove waste and extra fluid from your body and help to regulate blood pressure.**