



PROGRAM OVERVIEW

My Dialysis Plan™ is an interdisciplinary plan of care program designed to align dialysis care with patient-identified priorities and improve the care planning experience. We developed the program in collaboration with patients, clinic personnel, and medical providers. My Dialysis Plan™ aims to:

- 1) individualize dialysis care by using patient-identified priorities as the foundation;
- 2) promote meaningful conversations and shared decision-making among care teams and patients;
- 3) help patients achieve their personal and health goals; and
- 4) improve engagement and satisfaction with dialysis care planning for all.

We created My Dialysis Plan™ with the Centers for Medicare and Medicaid Services (CMS) Conditions of Coverage in mind. Specifically, My Dialysis Plan™ provides a structure for care plan meetings to help dialysis care teams meet CMS' goal of individualized care (V541). As such, all care team members continue to complete their standard assessments (physician, nurse, social worker, and dietitian) and adhere to all conditions of coverage.

V541: Patient Plan of Care

"The patient's needs, wishes, and goals must be considered in making decisions about the plan of care. The written plan of care must be individualized for the patient, built on the comprehensive assessment (V502-V515) and include at a minimum: problem(s) identified at assessment/reassessment, measurable goals/outcomes, planned interventions for achieving the goals, timetables and reassessment date(s)."

After using My Dialysis Plan™ with over 50 patients, people said:

It enhances relationships when I round. Getting to know [patients] and understanding them, helping them see we are invested...that's a valuable endpoint. [Nephrologist]

It engages me...and refreshes me. I'm actually using my clinical skills. I think we are getting useful information we wouldn't normally get. [Social Worker]

I love talkin' just like we did in that meeting. I loved it. It showed that they care and they will do something to try to help. That's what matters to me...I know it's not always possible for things to go the way I want them to go. [Patient]



I look forward to doing dialysis more. I was gonna quit at one point, but the meeting actually showed me that y'all care about my feelings. [Patient]

It's more productive for patients and [the care team], compared to chairside [meetings] with just labs. I get to learn more about the patient. [Dietitian]



PROGRAM RESOURCES

Educational Resources

- [Patient brochure \(English\)](#): Explains why care plans are important; describes what to expect and how to prepare for the meeting
 - [Meeting preparation questions \(Spanish\)](#): A portion of the brochure translated for Spanish-speakers
- [Care team guide \(English\)](#): Provides a program overview, care plan meeting conversation guide, and potential challenges and solutions
- [3.5 minute video \(English with Spanish subtitles\)](#): Shares real patient experiences with dialysis care planning and how a different approach might improve care

Implementation Resources

- [Pre-meeting questionnaire \(English\)](#) & [\(Spanish\)](#): Captures patient preferences for meeting location, timing, and attendees
- [Care plan meeting introductory and closing scripts](#): Sample language for care teams
- [Care plan \(English\)](#) & [\(Spanish\)](#): Place to record patient priorities, barriers, and action items during the meeting
- [Use cases](#): 3 examples of person-centered care planning (2 abbreviated, 1 detailed)

All clinics are different, and we encourage you to modify My Dialysis Plan™ to meet your needs.

Have questions or need assistance?

We would be happy to speak with you.

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