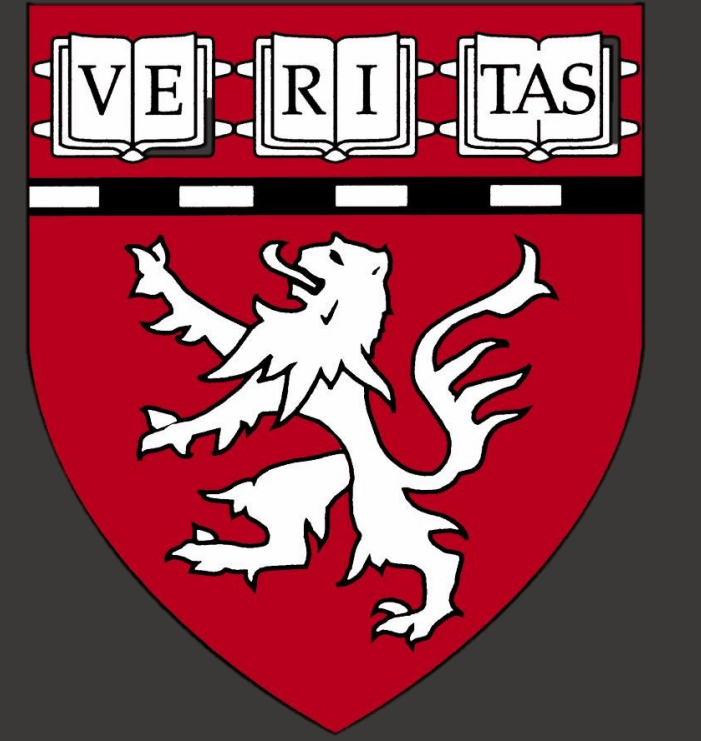




K-POP is Popular: A Novel Collaborative Care Approach in the Kidney Palliative Care Outpatient Psychiatry Clinic



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BACKGROUND

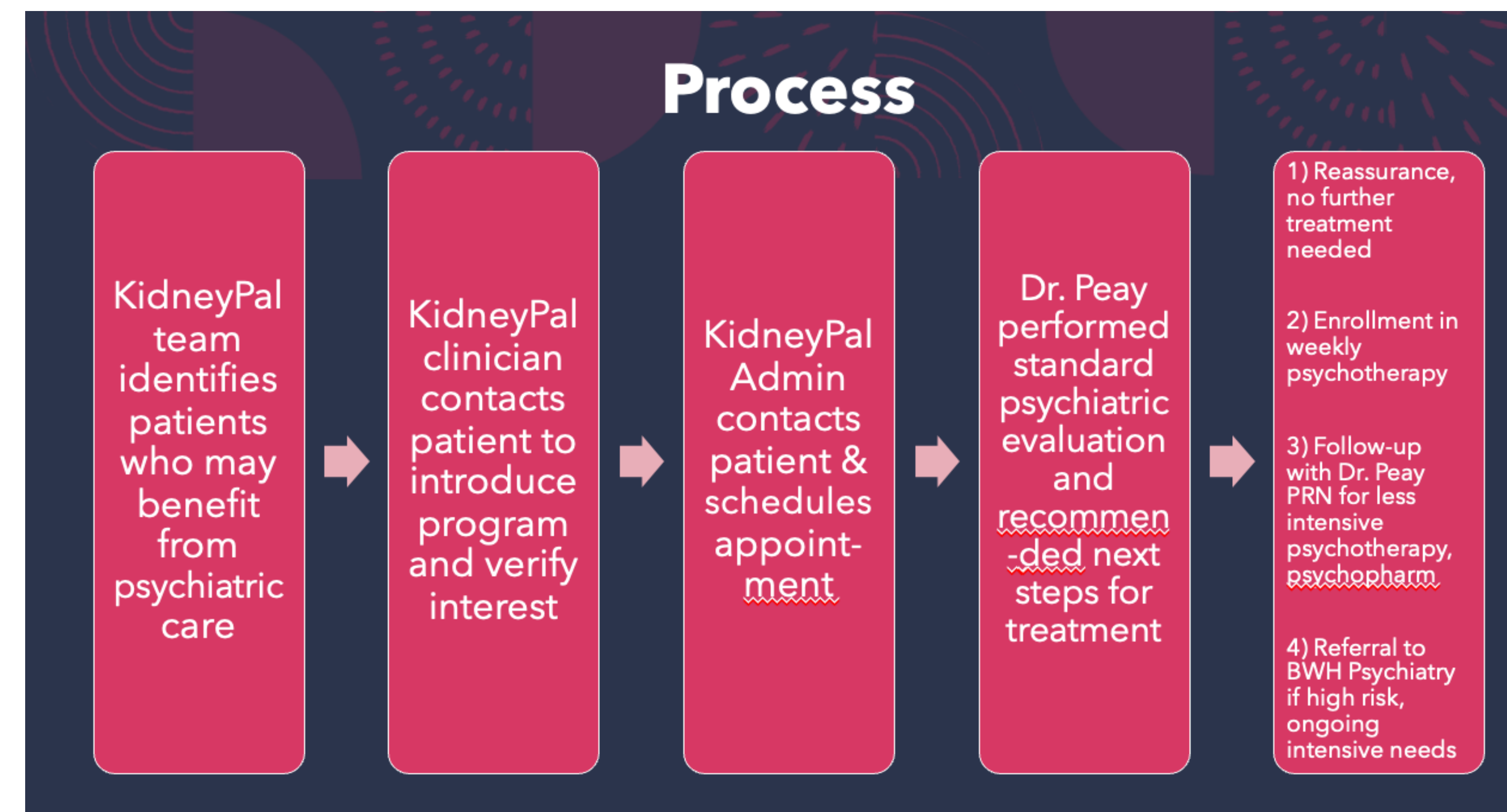
- ~790,000 individuals live in the United States with End Stage Renal Disease (ESRD), with ~70% on dialysis and ~30% with a kidney transplant.¹
- ESRD is an expensive disease, with Medicare spending for beneficiaries with ESRD totaling close to \$50 Billion.
- ESRD population carries a significant psychiatric symptom burden, with up to 25% of patients suffering from depression, which has been associated with an increased risk of death.²
- Despite the prevalence of psychiatric symptoms in the ESRD population, to date there has been little research into specific psychotherapeutic interventions that target key symptoms.

METHODS

- Pilot collaborative care clinic was established within the Brigham and Women's Hospital Kidney Palliative Care Clinic to provide selected patients with virtual short-term psychotherapy and medication management over the course of 10 months.
- The Kidney Palliative Care Outpatient Psychiatry Clinic (K-POP clinic) was staffed by a PGY4 psychiatry resident with supervision from a CL-trained attending.
- Following an initial psychiatric evaluation, the resident determined appropriateness for therapy intervention or need for outside referral.
- If deemed appropriate, patients completed seven sessions of individual meaning-centered psychotherapy (MCP) following the MCP protocol developed by William Breitbart and colleagues.³



RESULTS



Referral Process	Number of Patients
Total Referrals during July 2022-May 2023	13*
Completed Intakes	6^
Started Manualized MCP	4#
Completed Manualized MCP	3

* 7 patients declined full intakes for various reasons: medical decompensation, technological barriers, lack of interest, already connected to care, death

^ 2 patients were deemed not suitable for MCP due to cognitive issues

1 patient unable to complete full MCP course due to technological challenges

Patient Feedback

"Our work together gave me a framework to think about my whole life and changed the way I think about being sick."

"At first it scared me to talk about death. I don't usually go there. But I am really glad I did and felt better afterward."

DISCUSSION/IMPLICATIONS

- Despite significant interest from clinicians and patients in this treatment resource, we encountered barriers that would need to be addressed if the pilot were to be scaled.
- Challenges to successful implementation included:
 1. limited intake slots and conflict with dialysis schedules
 2. technological barriers
 3. frequent medical decompensations requiring hospitalization
- MCP has been validated in terminal cancer populations, but has not been studied in ESRD populations. In terms of psychiatric symptom burden, there is significant overlap between advanced cancer patients and ESRD patients, and this pilot provides an illustration for MCP's use in ESRD patients.

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DISCLOSURE

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