Method to Assess Treatment Choices for Home Dialysis
(MATCH-D)

Background MATCH-D

The non-profit Medical Education Institute, Inc., developed the MATCH-D for Home Dialysis Central (HomeDialysis.org) to help nephrologists and dialysis staff identify and assess candidates for home dialysis therapies (PD and home HD).

Home treatments are under-used in the U.S. and most patients are not told about home options. Yet, the choice of modality affects every aspect of day-to-day life—what to eat and drink, how many drugs will be needed, and whether patients will be able to keep a job with a health plan or care for a loved one. Patients need and deserve to learn about all of their options.

Patients may change from one modality to another over time as their lifestyles or circumstances change. This is not a failure; it's an integrated care approach.

We urge you to refer all patients for transplant evaluation and encourage patients to do PD or home HD.

Home dialysis offers optimal care and can be done safely. Only after all home options are exhausted should patients be referred for in-center HD.

How to Use the MATCH-D

The MATCH-D tool was designed to sensitize clinicians to key issues about who can use home dialysis. The column in green creates triage criteria for patients who should be home. The column in yellow suggests solutions to common home dialysis barriers. The column in red presents contraindications for independent home treatment—though these patients may be able to go home with a very involved partner.

We do not recommend using a point system with the MATCH-D. Instead:

1. Go through each column and note factors that suggest good candidates or could be addressed to permit patients to do PD or home HD.
2. Discuss your findings with the patient and family. Research shows that a patient-led modality choice predicts significantly longer survival and a better chance of transplant than a team-led or even a joint decision.

PLEASE NOTE: Patients who have barriers to self home dialysis (PD or home HD) may still be able to successfully do home dialysis with a helper who is willing to take on primary responsibility for care.

MATCH-D Tool Reviewers

We would like to thank these home dialysis thought-leaders from around the world who provided their expert input:

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HomeDialysis.org/match-d

Suitability Criteria for *Self* Peritoneal Dialysis: CAPD or CCPD

Strongly Encourage PD

- ❍ Any patient who wants to do PD or has no barriers to it
- ❍ Employed full- or part-time
- ❍ Student – grade school to grad school
- ❍ Caregiver for child, elder, or person with disability
- ❍ New to dialysis or has had transplant rejection
- ❍ Lives far from clinic and/or has unreliable transportation
- ❍ Needs/wants to travel for work or enjoyment
- ❍ Has needle fear or no remaining HD access sites
- ❍ BP not controlled with drugs
- ❍ Can't or won't limit fluids or follow in-center HD diet
- ❍ No (required) partner for home HD
- ❍ Wants control; unhappy in-center

Encourage PD After Assessing and Eliminating Barriers

- ❍ Minority – not a barrier to PD
- ❍ Unemployed, low income, no High School diploma – not barriers to PD
- ❍ Simple abdominal surgeries (e.g. appendectomy, hernia repair, kidney transplant) – not barriers to PD
- ❍ Has pet(s)/houseplants (carry bacteria) – bar from room at least during PD connections
- ❍ Hernia risk or recurrence after mesh repair – use low daytime volume or dry days on cycler
- ❍ Blind, has no use of one hand, or neuropathy in both hands – train with assist device(s) as needed
- ❍ Frail or can't walk/stand – assess lifting, offer PT, offer CAPD, use 3L instead of larger bags for cycler*
- ❍ Illiterate – use pictures to train, return demonstrations to verify learning, tape recorders for patient reports
- ❍ Hearing impaired – use light/vibration for alarms
- ❍ Depressed, angry, or disruptive – increased personal control with PD may be helpful
- ❍ Unkempt – provide hygiene education; assess results
- ❍ Anuric with BSA >2 sqm – assess PD adequacy†‡
- ❍ Swimmer – ostomy dressings, chlorinated pool, ocean
- ❍ Limited supply space – visit home, 2x/mo. delivery
- ❍ Large polycystic kidneys or back pain – use low daytime volume or dry days on cycler†‡
- ❍ Obese – consider presternal PD catheter
- ❍ Has colostomy – consider presternal PD catheter
- ❍ Rx drugs impair function – consider drug change

May Not Be Able to Do PD (or will Require a Helper)

- ❍ Homeless and no supply storage available
- ❍ Can't maintain personal hygiene even after education
- ❍ Home is unclean/health hazard; patient/family won't correct
- ❍ No/unreliable electricity for CCPD; unable to do CAPD
- ❍ Multiple or complex abdominal surgeries; negative physician evaluation.†‡
- ❍ Brain damage, dementia, or poor short-term memory*
- ❍ Reduced awareness/ability to report body symptoms
- ❍ Malnutrition after PD trial leads to peritonitis†‡
- ❍ Uncontrolled anxiety/psychosis*

Suitability Criteria for *Self* Home Hemodialysis: Conventional, Daily, or Extended

Strongly Encourage Home HD

- ❍ Any patient who wants to do home HD or has no barriers to it
- ❍ Employed full- or part-time
- ❍ Drives a car – skill set is very similar to learning home HD
- ❍ Caregiver for a child, elder, or person with disability
- ❍ Lives far from clinic and/or has unreliable transportation
- ❍ Student: grade school to grad school
- ❍ Needs/wants to travel for work or enjoyment
- ❍ Wants a flexible schedule for any reason
- ❍ Has rejected a transplant
- ❍ Has neuropathy, amyloidosis, LVH, uncontrollable BP†‡
- ❍ Obese/large; conventional HD or PD are not adequate †‡
- ❍ Can't/won't follow in-center HD diet & fluid limits†‡
- ❍ Is pregnant or wants to be †‡
- ❍ Frail/elderly with involved, caring helper who wants home HD*
- ❍ Wants control; unhappy in-center
- ❍ No longer able to do PD

Encourage Home HD After Assessing and Eliminating Barriers

- ❍ No employer insurance – not a barrier to nocturnal 3x/wk home HD, which Medicare & Medicaid cover
- ❍ Unkempt – provide hygiene education; assess results
- ❍ Has pet(s)/houseplants (carry bacteria) – bar from room at least while cannulating/connecting access
- ❍ Frail or can't walk/stand – assess lifting ability, offer PT*
- ❍ Illiterate – use pictures to train, return demonstrations to verify learning, tape recorders for patient reports
- ❍ Hearing impaired – use light/vibration for alarms
- ❍ Depressed, angry, or disruptive – increased control with home HD may help
- ❍ No helper & clinic requires one – reconsider policy, monitor remotely, use LifeLine device to call for help
- ❍ Rents – check with landlord if home changes needed
- ❍ Can't/won't self-cannulate – use patient mentor, practice arm, local anesthetic cream, desensitization*
- ❍ No running water, poor water quality, low water pressure – assess machine & water treatment options
- ❍ Limited space for supplies – visit home, 2x/mo. delivery, consider machine with fewer supply needs
- ❍ Drug or alcohol abuse – consider after rehab
- ❍ Bedridden and/or has tracheostomy/ventilator – assess self-care and helper ability*
- ❍ Rx drugs impair function – consider drug change

May Not Be Able to Do Home HD (or Helper Must Do More)

- ❍ Homeless; consider PD if storage is available
- ❍ Can't maintain personal hygiene
- ❍ Home is health hazard, will not correct
- ❍ Unreliable or no electricity
- ❍ Brain damage, dementia, or poor short-term memory*
- ❍ No use of either hand*
- ❍ Uncontrolled psychosis or anxiety*
- ❍ Blind or severely visually impaired – consider PD*
- ❍ Uncontrolled seizure disorder*
- ❍ No remaining HD access sites – consider PD
- ❍ Reduced awareness/ability to report bodily symptoms
- ❍ Has living donor, transplant is imminent – consider PD

Check all the boxes that apply.
Keep a copy of the MATCH-D in the patient's record.

* May be able to do with a helper
† Consider extended home HD
‡ Consider daily home HD

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Developed by Dori Schatell, MS, and Beth Witten, MSW, ACSW, LSCSW, for Home Dialysis Central (HomeDialysis.org).

MATCH-D

Reasons to encourage PD or home HD	Barriers to PD or home HD and how to address them	Contraindications to independent PD or home HD

I have talked with my care team about whether PD or home HD is a good fit for me now.

Patient signature: _____

Keep copy in the patient's record.

Healthcare provider signature: _____ Date: _____

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