Integrating a Patient Values-based Dialysis Aid into Nephrology Care: Impact on Patient/Nephrologist Communication and Patient Preferences

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BACKGROUND AND SPECIFIC AIDS
METHODS
Recruitment: Women, age 250 years, reporting bladder or bowel incontinence in the 2016 Survey of the Health of Wisconsin (SHOW) were invited by letter, recruited via phone. They received a pre-interview packet with a fact sheet, descriptions of the proposed intervention formats, and the interview questions.

Data: 30-minute audio-recorded phone interview, transcribed verbatim, asked women how and why they would rank their preference for a...

RESULTS

Sample: 41 women were invited. 23 (56%) enrolled. The mean age was 67 (±11), range 51-93.

CONCLUSIONS AND PRACTICE IMPLICATIONS

Digital proponents noted low symptom distress, valued convenience, privacy, and self-direction over accountability. Some suggested a hybrid digital/in-person format. Workshop proponents noted high symptom distress, valued experiential/social learning, effectiveness, skill-building and accountability. Lecture proponents noted low symptom distress, valued convenience over effectiveness or social connection. Some suggested optional small-group breakout sessions.

CONCLUSIONS

The majority of women with bladder or bowel leakage would choose a digital format for continence self-management education. As the U.S. population age increases, so too will incontinence and comfort using the Internet. Digital formats hold promise to fill the growing gaps in access to primary healthcare and uncertain Medicare funding. To foster behavior change and accountability, a digital intervention should provide opportunities for experiential, social and guided learning; tools to build skills, goals and track progress, as well as tool, and...

REFERENCES

Blauthmann, Use of theory in behavior change interventions. Health Educ Behav 4(4), 245-253


