

# #nephjc transcript

## Healthcare Social Media Transcript

From: Tue Apr 29 17:45:00 PDT 2014  
To: Tue Apr 29 19:15:00 PDT 2014  
*change time period*

What is [#nephjc](#)? Who were the influencers during this time period? [#nephjc analytics](#)

[Healthcare Conference](#) - [Healthcare Tweet Chats](#) - [Healthcare Analytics](#)

hswapnil

RT [@NephJC](#): 27 minutes [#NephJC](#)  
Tue Apr 29 17:46:07 PDT 2014

afternoonnapper

Interested in patient engagement & education on health outcomes (w/ a focus on kidney disease)? Join the chat at 9 p.m. ET. [#meded](#) [#NephJC](#)  
Tue Apr 29 17:47:02 PDT 2014

afternoonnapper

Tonight's chat will be the very first in a new chat dedicated to nephrology. Patients, med students, providers welcome. [#NephJC](#)  
Tue Apr 29 17:48:37 PDT 2014

jbbc

[@RePhew](#) patient engagement & education on health outcomes (w/ a focus on kidney disease) Join the chat at 9 p.m. ET. [#meded](#) [#NephJC](#)  
Tue Apr 29 17:49:01 PDT 2014

nephjc

One of the authors said he would join. Anyone want to put odd on it happening? [#NephJC](#)  
Tue Apr 29 17:50:32 PDT 2014

nephjc

RT [@AfternoonNapper](#): Tonight's chat will be the very first in a new chat dedicated to nephrology. Patients, med students, providers welcome...  
Tue Apr 29 17:50:59 PDT 2014

nephjc

RT [@AfternoonNapper](#): Interested in patient engagement & education on health outcomes (w/ a focus on kidney disease)? Join the chat at 9 p.m...  
Tue Apr 29 17:51:07 PDT 2014

hswapnil

RT [@AfternoonNapper](#): Tonight's chat will be the very first in a new chat dedicated to nephrology. Patients, med students, providers welcome...

**davitadoc**

RT @nkf: Twitter Docs - Tweetchat 9p EST tonight on CKD and dialysis education programs: <http://t.co/DMdgHIE2tF> follow at #NephJC

Tue Apr 29 17:57:24 PDT 2014

**hswapnil**

RT @JBBC: @RePheW patient engagement & education on health outcomes (w/ a focus on kidney disease) Join the chat at 9 p.m. ET. #meded #Nep...

Tue Apr 29 17:58:29 PDT 2014

**kidney\_boy**

Suit on. Foley in. Let's do this thing! #NephJC <http://t.co/Z2i4H7rZbj>

Tue Apr 29 18:00:28 PDT 2014

**nephjc**

I'd like to call the first #NephJC to Order! <http://t.co/zl5rsrF5z1>

Tue Apr 29 18:00:41 PDT 2014

**hswapnil**

RT @kidney\_boy: Suit on. Foley in. Let's do this thing! #NephJC <http://t.co/iUDMIDluGS>

Tue Apr 29 18:01:00 PDT 2014

**nephjc**

My name is Joel Topf. I will be the host & tweeting as @kidney\_boy. I'm a clinical nephrologist from Detroit. #NephJC <http://t.co/xS7D1o1w5S>

Tue Apr 29 18:01:12 PDT 2014

**nephjc**

Please tell us who you are, what you do and where you're from. Remember to add #NephJC so we can all see your tweets.

Tue Apr 29 18:01:38 PDT 2014

**afternoonapper**

RT @NephJC My name is Joel Topf—host & tweeting as @kidney\_boy. I'm a clinical nephrologist from Detroit. <http://t.co/ft9AJfAiu2> #NephJC

Tue Apr 29 18:01:54 PDT 2014

**hswapnil**

Swapnil Hiremath, Nephrologist from Ottawa, Canada. #nephjc

Tue Apr 29 18:02:17 PDT 2014

**nephjc**

Hello Swapnil, Welcome! #NephJC

Tue Apr 29 18:02:39 PDT 2014

**rx\_ed**

#NephJC Are we on?

Tue Apr 29 18:03:33 PDT 2014

**nephro\_sparks**

Matt Sparks here, nephrologist-scientist, Duke and Durham VA Med Centers, Durham, NC-thanks 2 Joel/Swapnil for starting #nephjc

Tue Apr 29 18:03:38 PDT 2014

**paulphel**

Paul Phelan, Nephrology Fellow Duke #nephjc

Tue Apr 29 18:03:47 PDT 2014

**nephjc**

@Rx\_Ed Yes we are live! #NephJC

Tue Apr 29 18:03:52 PDT 2014

nephjc

Hey Paul, thanks for making it! [#NephJC](#)

Tue Apr 29 18:04:06 PDT 2014

nephjc

Matt, nice to see you [#NephJC](#)

Tue Apr 29 18:04:14 PDT 2014

afternoonnapper

Greetings to all - one-kidney wonder tweeting in from the southern mountains. Interest in pt ed & much more. [#NephJC](#)

Tue Apr 29 18:04:19 PDT 2014

rx\_ed

Ed El Sayed, Clinical Pharmacologist. From Portland, OR [#NephJC](#)

Tue Apr 29 18:04:45 PDT 2014

kidney\_boy

Thanks for coming [@afternoonnapper](#). To everyone, she will be speaking at [@KidneyWeek14](#) on social media. [#nephjc](#)

Tue Apr 29 18:05:14 PDT 2014

nephjc

Thanks for joining us Ed [#NephJC](#)

Tue Apr 29 18:05:32 PDT 2014

caioqualunque

[#nephjc](#) ready even from Europe, still awake at 3 a.m. CET

Tue Apr 29 18:05:34 PDT 2014

nephro\_sparks

RT [@kidney\\_boy](#): Thanks for coming [@afternoonnapper](#). To everyone, she will be speaking at [@KidneyWeek14](#) on social media. [#nephjc](#)

Tue Apr 29 18:05:37 PDT 2014

nephjc

Use TChat.io or <http://t.co/SEeRXFqB7J>. It allows you to see all the [#NephJC](#) tweets and will add the hashtag to your tweets

Tue Apr 29 18:05:41 PDT 2014

nephjc

[@caioqualunque](#) that's some serious dedication! [#NephJC](#)

Tue Apr 29 18:05:58 PDT 2014

nephjc

Today's article is Tamura's study on [@NKF](#)'s KEEP program from KI. You can see some background and links at <http://t.co/9HcM99jMyJ> [#NephJC](#)

Tue Apr 29 18:06:22 PDT 2014

brownpa79

Pierre Antoine Brown, Nephrologist, Ottawa, Canada. thanks for setting this up Joel/Swapnil! [#nephjc](#)

Tue Apr 29 18:06:27 PDT 2014

nephjc

Hey Pierre, thanks for joining us! [#NephJC](#)

Tue Apr 29 18:06:43 PDT 2014

nephjc

The study purports to show that KEEP screening resulted in pts being better prepared for dialysis and better survival on dialysis [#NephJC](#)

Tue Apr 29 18:06:58 PDT 2014

nephjc	<p>We have three broad topics. We want to spend 15-20 minutes on each one. The first topic is coming soon. #NephJC</p> <p>Tue Apr 29 18:07:12 PDT 2014</p>
khbroderick	<p>Kathleen Broderick board member @Nephcure #NephJC</p> <p>Tue Apr 29 18:07:18 PDT 2014</p>
nephjc	<p>Great to see you Kathleen. #NephJC</p> <p>Tue Apr 29 18:07:42 PDT 2014</p>
afternoonnapper	<p>Very interested to discuss this article largely bc I am greatly hoping that it comes as no surprise that pt ed improves outcomes. #NephJC</p> <p>Tue Apr 29 18:07:57 PDT 2014</p>
urologymatch	<p>“@kidney_boy: Suit on. Foley in. Let's do this thing! #NephJC <a href="http://t.co/aktkM74bKM">http://t.co/aktkM74bKM</a>”</p> <p>Tue Apr 29 18:08:17 PDT 2014</p>
nephro_sparks	<p>eh hemm @NephJC #nephjc</p> <p>Tue Apr 29 18:08:22 PDT 2014</p>
nephjc	<p>#NephJC Topic 1: Are the results valid?</p> <p>Tue Apr 29 18:08:34 PDT 2014</p>
nephjc	<p>T1: Are the controls (patients who started dialysis) suitable to compare to the intervention group (motivated volunteers)? #NephJC</p> <p>Tue Apr 29 18:08:46 PDT 2014</p>
afternoonnapper	<p>@NephJC Starting right in on the scientific process rather than the abstract concepts are we? ;) #NephJC</p> <p>Tue Apr 29 18:09:26 PDT 2014</p>
nephjc	<p>@AfternoonNapper do you have an opening statement? #NephJC</p> <p>Tue Apr 29 18:10:11 PDT 2014</p>
nephro_sparks	<p>T1: this is important issue as even with controlling for all possible variables, motivation is hard to define #nephjc</p> <p>Tue Apr 29 18:10:21 PDT 2014</p>
hswapnil	<p>intervention are motivated - likely to be healthier, smarter, more likely to take better care of themselves -&gt; better outcomes #nephjc</p> <p>Tue Apr 29 18:10:21 PDT 2014</p>
nephjc	<p>@AfternoonNapper it's our first time. #NephJC</p> <p>Tue Apr 29 18:10:29 PDT 2014</p>
afternoonnapper	<p>@NephJC I'll be gentle. #NephJC</p> <p>Tue Apr 29 18:10:39 PDT 2014</p>

nephro_sparks	<p>T1 more motivated also means better support group. Often times family/friends are bringing the patient to KEEP <a href="#">#nephjc</a></p> <p>Tue Apr 29 18:11:25 PDT 2014</p>
rx_ed	<p>T1 Depends on the extent and method of motivation. <a href="#">#NephJC</a></p> <p>Tue Apr 29 18:11:29 PDT 2014</p>
nephro_sparks	<p>T1 i have volunteered for KEEP several time and very often friend family is what brings patient <a href="#">#nephjc</a></p> <p>Tue Apr 29 18:11:58 PDT 2014</p>
hswapnil	<p>BTW, if any of the authors are lurking around. Please declare themselves, we will be happy to hear your take on our coments <a href="#">#nephjc</a></p> <p>Tue Apr 29 18:12:01 PDT 2014</p>
rx_ed	<p>T1 Patients AND their families should be educated for optimum results. <a href="#">#NephJC</a></p> <p>Tue Apr 29 18:12:21 PDT 2014</p>
kidney_boy	<p>can motivation be quantified? Controlled? And if not, are retrospective analysis useless? <a href="#">#nephjc</a></p> <p>Tue Apr 29 18:12:33 PDT 2014</p>
hswapnil	<p>RT <a href="#">@Nephro_Sparks</a>: T1 i have volunteered for KEEP several time and very often friend family is what brings patient <a href="#">#nephjc</a></p> <p>Tue Apr 29 18:12:34 PDT 2014</p>
kwildnauerhaign	<p>RT <a href="#">@nkf</a>: Twitter Docs - Tweetchat 9p EST tonight on CKD and dialysis education programs: <a href="http://t.co/DMdgHIE2tF">http://t.co/DMdgHIE2tF</a> follow at <a href="#">#NephJC</a></p> <p>Tue Apr 29 18:12:48 PDT 2014</p>
paulphel	<p>Important to note that the headline difference of lower mortality was diluted with adjustment. Suspicious for residual confounding <a href="#">#nephjc</a></p> <p>Tue Apr 29 18:12:48 PDT 2014</p>
hswapnil	<p>RT <a href="#">@paulphel</a>: Important to note that the headline difference of lower mortality was diluted with adjustment. Suspicious for residual confou...</p> <p>Tue Apr 29 18:13:06 PDT 2014</p>
nephjc	<p>T1 Does propensity score matching correct for confounding and selection bias completely? <a href="#">#NephJC</a></p> <p>Tue Apr 29 18:13:32 PDT 2014</p>
afternoonnapper	<p>I'd ask this: pt care is falling short of recommendations due to deficiencies in care process—how can pt ed help fix that? <a href="#">#NephJC</a></p> <p>Tue Apr 29 18:13:35 PDT 2014</p>
kidney_boy	<p>RT <a href="#">@AfternoonNapper</a>: I'd ask this: pt care is falling short of recommendations due to deficiencies in care process—how can pt ed help fix t...</p> <p>Tue Apr 29 18:13:55 PDT 2014</p>

nephro\_sparks

T1 still important finding as KEEP is a great resource for patients with sometimes minimal medical interaction #nephjc

Tue Apr 29 18:14:11 PDT 2014

urologymatch

RT @kidney\_boy: can motivation be quantified? Controlled? And if not, are retrospective analysis useless? #nephjc

Tue Apr 29 18:14:47 PDT 2014

nephro\_sparks

@NephJC T1 I guess propensity score matching is the best we can get #nephjc

Tue Apr 29 18:15:00 PDT 2014

afternoonnapper

If an overall problem is in the care process, awareness of CKD, and that KEEP even exists, where's the breakdown in communication? #NephJC

Tue Apr 29 18:15:08 PDT 2014

hswapnil

as @paulphel points out, there will almost always be residual confounding from unmeasured variables, such as SES and education #nephjc

Tue Apr 29 18:15:23 PDT 2014

kidney\_boy

Propensity scoring was a #NephMadness concept from 2013: <http://t.co/icYGAYEWdg> #nephjc

Tue Apr 29 18:15:30 PDT 2014

brownpa79

T1 matching was very well done. inherent bias of retrospective studies does not make them invalid #nephjc

Tue Apr 29 18:15:40 PDT 2014

afternoonnapper

@kidney\_boy Specifically in regards to motivation, found it interesting that authors mtned correlation of cardiac risk & engagement. #NephJC

Tue Apr 29 18:16:07 PDT 2014

nephro\_sparks

T1 @AfternoonNapper is correct- KEEP exists because of a break in education and medical outreach #nephjc

Tue Apr 29 18:16:13 PDT 2014

hswapnil

PS matching is good - but arguably not good enough. Say choose controls as patients from some other, non-kidney, study (NHANES?) #nephjc

Tue Apr 29 18:16:34 PDT 2014

nephjc

T1 Is this magnitude of benefit biologically plausible, given that most interventions in dialysis patients fail to show a benefit? #NephJC

Tue Apr 29 18:16:35 PDT 2014

hswapnil

RT @Nephro\_Sparks: T1 @AfternoonNapper is correct- KEEP exists because of a break in education and medical outreach #nephjc

Tue Apr 29 18:17:02 PDT 2014

afternoonnapper

@NephJC Most interventions are interventions — not preventions. #NephJC

Tue Apr 29 18:17:09 PDT 2014

(regardless of validity of the study) doing KEEP itself is a great achievement kudos to @nkf

hswapnil

for sponsoring this [#nephjc](#)

Tue Apr 29 18:17:47 PDT 2014

nephro\_sparks

RT [@paulphel](#): Important to note that the headline difference of lower mortality was diluted with adjustment. Suspicious for residual confou...

Tue Apr 29 18:17:54 PDT 2014

afternoonnapper

People can not get preventative care if they are unaware of the Dx, things they can do & that programs exist. [#NephJC](#)

Tue Apr 29 18:18:06 PDT 2014

nephro\_sparks

KEEP is a wonderful outreach program [@nkf](#) is commended for doing this [#nephjc](#)

Tue Apr 29 18:18:36 PDT 2014

zhendong

RT [@AfternoonNapper](#): People can not get preventative care if they are unaware of the Dx, things they can do & that programs exist. [#NephJC](#)

Tue Apr 29 18:19:14 PDT 2014

afternoonnapper

[@Nephro\\_Sparks](#) Indeed it's awesome that [@nkf](#) is doing KEEP—but do PCPs know about KEEP? (any PCPs out there?) [#NephJC](#)

Tue Apr 29 18:19:21 PDT 2014

kidney\_boy

[@AfternoonNapper](#) the problem has been showing that preventative care is useful in CKD. Lack of evidence [#nephjc](#)

Tue Apr 29 18:19:22 PDT 2014

caioqualunque

[#nephjc](#) obviously a motivated pt is the better pt you can find

Tue Apr 29 18:19:56 PDT 2014

paulphel

KEEP obviously an excellent programming but pts who benefit most may b those who'll do well regardless. Back to inherent motivation [#nephjc](#)

Tue Apr 29 18:20:09 PDT 2014

hswapnil

[@AfternoonNapper](#) Indeed. But acp recommends against screening: <http://t.co/14xMPJ64wc> [#nephjc](#)

Tue Apr 29 18:20:10 PDT 2014

afternoonnapper

[@kidney\\_boy](#) And THAT'S what I was afraid of — the duh moment. An educated patient is a more engaged patient. [#NephJC](#)

Tue Apr 29 18:20:14 PDT 2014

nephro\_sparks

every PCP should really be doing KEEP type education KEEP PCP [#nephjc](#)

Tue Apr 29 18:20:18 PDT 2014

nephjc

T1 What do you think of the end-point? We normally use doubling of serum Cr or dialysis for pre-dialysis CKD interventions. (1/2) [#NephJC](#)

Tue Apr 29 18:20:39 PDT 2014

nephjc

Does it make sense to look at dialysis endpoints? (2/2) [#NephJC](#)

Tue Apr 29 18:20:44 PDT 2014

**afternoonnapper** @hswapnil Even before screening comes awareness—how many ppl regularly contemplate their kidneys? #NephJC  
Tue Apr 29 18:20:57 PDT 2014

**hswapnil** Biological plausibility: very strong result in dialysis outcomes with predialysis education, knowing no dialysis RCT has been +ve? #nephjc  
Tue Apr 29 18:21:50 PDT 2014

**paulphel** @AfternoonNapper good point. I am slightly embarrassed to say I hadn't heard of it till I read the paper #nephjc  
Tue Apr 29 18:21:51 PDT 2014

**brownpa79** outcome chosen; pro- it's arguably the one most patient care about #nephjc  
Tue Apr 29 18:22:09 PDT 2014

**afternoonnapper** @paulphel EXACTLY! And I'm sure you're not alone — and it's not your \*fault\* for not knowing. #NephJC  
Tue Apr 29 18:22:34 PDT 2014

**rx\_ed** All healthcare providers caring for dialysis patients must encourage and educate patients on KEEP. #NephJC <http://t.co/mgz3IY5rmM>  
Tue Apr 29 18:22:51 PDT 2014

**afternoonnapper** @Rx\_Ed Why not encourage & educate before it gets to the point of dialysis? #NephJC  
Tue Apr 29 18:23:27 PDT 2014

**paulphel** @AfternoonNapper aww thanks I feel better now :) #nephjc  
Tue Apr 29 18:23:50 PDT 2014

**kidney\_boy** its a community initiative and should work independently of doctors referring patients to it. #nephjc  
Tue Apr 29 18:24:26 PDT 2014

**nephro\_sparks** I think RRT is a very important end point T1 #nephjc  
Tue Apr 29 18:24:33 PDT 2014

**hswapnil** Outcomes: Perhaps a more plausible outcome would be: does screening and education result in less ESRD/Mortality? #nephjc  
Tue Apr 29 18:24:55 PDT 2014

**brownpa79** RT @Nephro\_Sparks: I think RRT is a very important end point T1 #nephjc +1  
Tue Apr 29 18:24:56 PDT 2014

**afternoonnapper** @kidney\_boy Oooooo.... gonna have to disagree with you there. Do pts attend diabetes ed classes outside a doc's referral? #NephJC  
Tue Apr 29 18:25:29 PDT 2014

**nephjc** @brownpa79 @Nephro\_Sparks but RRT was not looked at as an end-point here. #NephJC



Tue Apr 29 18:25:38 PDT 2014

**afternoonnapper**

RT @hswapnil Outcomes: Perhaps a more plausible outcome would be: does screening and education result in less ESRD/Mortality? #NephJC

Tue Apr 29 18:25:44 PDT 2014

**hswapnil**

All subjects were already on dialysis. #nephjc

Tue Apr 29 18:25:46 PDT 2014

**hswapnil**

So KEEP participants who died before dialysis got excluded #nephjc

Tue Apr 29 18:26:13 PDT 2014

**caioqualunque**

#nephjc early education is very common in Eu... this is one of the reason for the higher percentage of avf among hd pts

Tue Apr 29 18:26:21 PDT 2014

**kidney\_boy**

@AfternoonNapper @Nephro\_Sparks I wanted to ask the authors what were the results when they looked at rate of RRT in KEEP grads #nephjc

Tue Apr 29 18:26:43 PDT 2014

**nephjc**

Topic 2 coming up soon #NephJC

Tue Apr 29 18:26:55 PDT 2014

**nephjc**

Topic 2: Assuming validity, how do we think the intervention worked its effect? #NephJC

Tue Apr 29 18:27:21 PDT 2014

**afternoonnapper**

Loved this pro-KEEP line: "disease education is not dependent on provider time or crowded out by other health priorities." #NephJC

Tue Apr 29 18:27:47 PDT 2014

**nephjc**

Table 2 shows the influence they had on indicators of ESRD Prep. #NephJC  
<http://t.co/4ld42vigRH>

Tue Apr 29 18:28:09 PDT 2014

**afternoonnapper**

Wonder how many nephs are too busy trying to keep pts alive to really spend time educating them. #NephJC

Tue Apr 29 18:28:18 PDT 2014

**hswapnil**

Overall KEEP has > 90,000 patients, so 595 included here is a small portion:  
<http://t.co/KpEbRs7yRd> #nephjc

Tue Apr 29 18:28:32 PDT 2014

**hswapnil**

RT @AfternoonNapper: Wonder how many nephs are too busy trying to keep pts alive to really spend time educating them. #NephJC

Tue Apr 29 18:28:52 PDT 2014

**kidney\_boy**

kind of wish there were HR for the different outcomes. #nephjc

Tue Apr 29 18:29:08 PDT 2014

nephro\_sparks

AV Fistula or Graft in KEEPers was still quite low [#nephjc](#)

Tue Apr 29 18:29:32 PDT 2014

paulphel

[@AfternoonNapper](#) yes, we spend very little time on education and it's not b/c we don't want to. We rely on nurses, extenders [#nephjc](#)

Tue Apr 29 18:29:43 PDT 2014

caioqualunque

[#nephjc](#) t2: knowlndge is power...

Tue Apr 29 18:29:51 PDT 2014

kidney\_boy

RT [@Nephro\\_Sparks](#): "AV Fistula or Graft in KEEPers was still quite low" and not significant [#nephjc](#)

Tue Apr 29 18:30:05 PDT 2014

afternoonnapper

Re: socio/eco/health trends of KEEPers—interested in stats of more minorities, more unable to walk, more needing assistance. [#NephJC](#)

Tue Apr 29 18:30:36 PDT 2014

paulphel

I'm actually v impressed with 10% V 6% in PD take up. In the US context that's meaningful [#nephjc](#)

Tue Apr 29 18:30:53 PDT 2014

hswapnil

could difference in mortality be driven due to choice AVF, transplant, PD in KEEP compared to controls? [#nephjc](#)

Tue Apr 29 18:30:57 PDT 2014

hswapnil

Plausible that education -> better prep for dialysis (PD, AVF) [#nephjc](#)

Tue Apr 29 18:31:19 PDT 2014

nephro\_sparks

the shocking thing is that even with KEEP, re ESRD care is sub optimal. Low rates of transplant listing, PD usage, AV graft/fistula [#nephjc](#)

Tue Apr 29 18:31:37 PDT 2014

paulphel

[@hswapnil](#) presume modality and access was adjusted for? [#nephjc](#)

Tue Apr 29 18:31:52 PDT 2014

afternoonnapper

From my perspective, seems that if pt is to point of unable to walk, needing assistance for day-to-day...kind of late in the game. [#NephJC](#)

Tue Apr 29 18:32:04 PDT 2014

hswapnil

RT [@AfternoonNapper](#): From my perspective, seems that if pt is to point of unable to walk, needing assistance for day-to-day...kind of late ...

Tue Apr 29 18:32:24 PDT 2014

kidney\_boy

[@paulphel](#) If we think that KEEP influenced modality choiuce we probably shouldn't control for it [#nephjc](#)

Tue Apr 29 18:32:30 PDT 2014

nephjc

Table 3 shows an impressive survival benefit that becomes less significant as more factors are controlled. [#NephJC](#) <http://t.co/qjS8uSgVzW>

Tue Apr 29 18:32:41 PDT 2014

**hswapnil**

@AfternoonNapper Excellent point, and perhaps the reason why dialysis RCTs don't work. Too little too late #nephjc

Tue Apr 29 18:32:52 PDT 2014

**nephjc**

Which model do you like? #NephJC

Tue Apr 29 18:33:01 PDT 2014

**nephro\_sparks**

RT @AfternoonNapper: From my perspective, seems that if pt is to point of unable to walk, needing assistance for day-to-day...kind of late ...

Tue Apr 29 18:33:33 PDT 2014

**caioqualunque**

#nephjc an informed pt generally acts like a positive feedback on his nephrologist

Tue Apr 29 18:33:44 PDT 2014

**nephro\_sparks**

RT @caioqualunque: #nephjc an informed pt generally acts like a positive feedback on his nephrologist

Tue Apr 29 18:34:03 PDT 2014

**paulphel**

@kidney\_boy I can see a reason for doing it both waysways (adjusting or not for modality). Not sure what the authors did? #nephjc

Tue Apr 29 18:34:11 PDT 2014

**hswapnil**

Table 3: Transplant waitlist attenuates benefit away: is that improved by edu? Or represents a motivated, smarter healthier patient? #nephjc

Tue Apr 29 18:34:24 PDT 2014

**brownpa79**

RT @NephJC: Which model do you like? you to pick one that controls for transplant. that affects mortality #nephjc

Tue Apr 29 18:34:31 PDT 2014

**kidney\_boy**

on tavble 3 they controlled for PD in line 4 #nephjc

Tue Apr 29 18:34:37 PDT 2014

**afternoonnapper**

KEY statement: did KEEP activate pts to prepare for ESRD, prime physicians in follow-up, or motivated pts & physicians = results? #NephJC

Tue Apr 29 18:35:07 PDT 2014

**hswapnil**

RT @AfternoonNapper: KEY statement: did KEEP activate pts to prepare for ESRD, prime physicians in follow-up, or motivated pts & physicians...

Tue Apr 29 18:35:28 PDT 2014

**kidney\_boy**

I like the unadjusted model 1 because I think all of the other models adjust for factors influenced by KEEP. No reason to tie 1 hand #nephjc

Tue Apr 29 18:35:36 PDT 2014

**cottagepiper**

RT @Rx\_Ed: All healthcare providers caring for dialysis patients must encourage and educate patients on KEEP. #NephJC <http://t.co/mgz3IY5r...>

Tue Apr 29 18:35:49 PDT 2014

hswapnil

need for adjustment: was it education due to, say, more PD, or \*inspite\* of more PD [#nephjc](#)

Tue Apr 29 18:36:33 PDT 2014

hswapnil

\*beneficial effect of education [#nephjc](#)

Tue Apr 29 18:36:59 PDT 2014

nephro\_sparks

MT [@AfternoonNapper](#): KEY statement: did KEEP activate pts to prepare, prime MDs in follow-up, or motivated pts & MDs= results? [#nephjc](#)

Tue Apr 29 18:37:35 PDT 2014

kidney\_boy

It seems to me that the models try to show you where the survival benefit comes from [#nephjc](#)

Tue Apr 29 18:38:32 PDT 2014

rx\_ed

"[@kidney\\_boy](#): I like the unadjusted model 1 because I think all of the other models adjust for factors influenced by KEEP" [#NephJC](#) Agreed.

Tue Apr 29 18:38:42 PDT 2014

nephjc

In the discussion the authors put a lot of stock in the fact that KEEP involves patients. Is this testable? [#NephJC](#)

Tue Apr 29 18:39:14 PDT 2014

afternoonnapper

RT [@NephJC](#) In the discussion the authors put a lot of stock in the fact that KEEP involves patients. Is this testable? [#NephJC](#)

Tue Apr 29 18:39:25 PDT 2014

nephro\_sparks

[@kidney\\_boy](#): I like the unadjusted model 1 because I think all of the other models adjust for factors influenced by KEEP" +1 [#nephjc](#)

Tue Apr 29 18:39:28 PDT 2014

kidney\_doctor

RT [@NephJC](#): Today's article is Tamura's study on [@NKF](#)'s KEEP program from KI. You can see some background and links at <http://t.co/9HcM99jM...>

Tue Apr 29 18:40:12 PDT 2014

afternoonnapper

[@dhambrick63](#) Totally agree w/ you that it doesn't take an MD/DO to do it — but it takes someone to care that it's done. [#NephJC](#)

Tue Apr 29 18:40:42 PDT 2014

nephjc

One of the curious findings is summarized in table 4. there was an optimal time for screening & it is late. [#NephJC](#) <http://t.co/e3eNGtZ1pB>

Tue Apr 29 18:40:56 PDT 2014

kidney\_boy

RT [@NephJC](#): One of the curious findings is summarized in table 4. there was an optimal time for screening & it is late. [#NephJC](#) <http://t.co...>

Tue Apr 29 18:41:03 PDT 2014

hswapnil

[@paulphel](#) they did in table 2. Also supp table 2 is adjusted analysis in unmatched controls [#NephJC](#)

Tue Apr 29 18:41:24 PDT 2014

**paulphel**

The issue we KEEP getting back to though is would these patients have chosen PD, AVF etc. anyway. That's my prob with unadjusted [#nephjc](#)

Tue Apr 29 18:41:49 PDT 2014

**hswapnil**

MT [@paulphel](#): The issue - is would these patients have chosen PD, AVF etc. anyway. That's my prob with unadjusted [#nephjc](#)

Tue Apr 29 18:42:27 PDT 2014

**kidney\_boy**

We normally think earlier is better when it comes to screening but here you could be too early and not get a benefit. [#nephjc](#)

Tue Apr 29 18:42:47 PDT 2014

**afternoonnapper**

[@paulphel](#) Interesting question. Do you think what pts choose is based on knowledge of a procedure/device? [#NephJC](#)

Tue Apr 29 18:43:25 PDT 2014

**rx\_ed**

RT [@kidney\\_boy](#): We normally think earlier is better when it comes to screening but here you could be too early and not get a benefit. [#neph...](#)

Tue Apr 29 18:43:59 PDT 2014

**hswapnil**

I think early didn't show benefit because of a failure of statistical power. Too few events, I suspect in stage 1-2 CKD [#nephjc](#)

Tue Apr 29 18:44:17 PDT 2014

**afternoonnapper**

[@paulphel](#) What if pts are choosing a treatment not bc they understand it but bc they are afraid of, uneducated about other options? [#NephJC](#)

Tue Apr 29 18:44:22 PDT 2014

**paulphel**

[@AfternoonNapper](#) I think smart patients make smart choices. We need to concentrate on the others! [#nephjc](#)

Tue Apr 29 18:45:00 PDT 2014

**nephjc**

Previous studies have shown that PD is associated with better CKD care. [#NephJC](#)

Tue Apr 29 18:45:16 PDT 2014

**hswapnil**

Motivated, more educated patients -> better choices (and KEEP subjects may have been intrinsically so, not because of KEEP) [#nephjc](#)

Tue Apr 29 18:45:19 PDT 2014

**nephjc**

So since KEEP increased CKD awareness and Nephrol referral this is likely due to KEEP. [#NephJC](#)

Tue Apr 29 18:45:20 PDT 2014

**hswapnil**

RT [@paulphel](#): [@AfternoonNapper](#) I think smart patients make smart choices. We need to concentrate on the others! +1[#nephjc](#) [#nephjc](#)

Tue Apr 29 18:45:47 PDT 2014

**afternoonnapper**

[@paulphel](#) But who is to decide what's smart/better? What a pt may choose may not be what you choose, but is that wrong? [#NephJC](#)

Tue Apr 29 18:45:54 PDT 2014

jpharmon

Maybe #NephJC should be protected time away from solo OGH call. What do you think @hswapnil @brownpa79 ???

Tue Apr 29 18:46:05 PDT 2014

brownpa79

RT @paulphel: @AfternoonNapper I think smart patients make smart choices. We need to concentrate on the others! totally right!!! #nephjc

Tue Apr 29 18:46:21 PDT 2014

rx\_ed

@NephJC But does qualify as association? Or more like causation? #NephJC

Tue Apr 29 18:46:33 PDT 2014

paulphel

@AfternoonNapper my bias is that KEEPERS would make the 'correct' choices regardless #nephjc

Tue Apr 29 18:47:54 PDT 2014

nephjc

Patients who already knew they had CKD had better dialysis prep than KEEP patients who were not aware <http://t.co/SNNMI6AQAX> #NephJC

Tue Apr 29 18:48:17 PDT 2014

nephro\_sparks

the mortality difference cannot be ignored. the key issue is support network i believe #nephjc

Tue Apr 29 18:48:25 PDT 2014

hswapnil

RT @paulphel: @AfternoonNapper my bias is that KEEPERS would make the 'correct' choices regardless #nephjc

Tue Apr 29 18:48:27 PDT 2014

nephjc

doesn't this call into question the value of the screening. #NephJC

Tue Apr 29 18:48:52 PDT 2014

hswapnil

Would say these results are encouraging, hopeful, but still hypothesis generating at best #nephjc

Tue Apr 29 18:48:54 PDT 2014

nephro\_sparks

patients make better choices who have better social support. that is why they wen to KEEP in first place #nephjc

Tue Apr 29 18:49:03 PDT 2014

rx\_ed

@Nephro\_Sparks And educating the patient's family is as important. #NephJC

Tue Apr 29 18:49:12 PDT 2014

afternoonnapper

@NephJC Curious about time — how long did the CKD pts have btw Dx and dialysis vs. KEEPers Dx & dialysis? Could this account? #NephJC

Tue Apr 29 18:49:51 PDT 2014

paulphel

@AfternoonNapper being a (soft) paternalist, we know what's better for most. Up to pt to choose if it's right for them specifically #nephjc

Tue Apr 29 18:50:05 PDT 2014

nephro\_sparks

i agree that education is important... I'm just saying that the motivation factor cannot be ignored. #nephjc

Tue Apr 29 18:50:20 PDT 2014

**rx\_ed**

@NephJC Yes, but the issue gets harder when we have 2 panels recommending different screening guidelines. #NephJC

Tue Apr 29 18:50:32 PDT 2014

**nephjc**

Time from KEEP to Dialysis #NephJC <http://t.co/KYzGqhHz4v>

Tue Apr 29 18:50:36 PDT 2014

**hswapnil**

@AfternoonNapper We don't have that data - the two groups came from 2 separate cohorts #nephjc

Tue Apr 29 18:50:37 PDT 2014

**rx\_ed**

RT @Nephro\_Sparks: i agree that education is important... I'm just saying that the motivation factor cannot be ignored. #nephjc

Tue Apr 29 18:50:44 PDT 2014

**afternoonnapper**

@paulphel Thanks for that—I concur. Argue that pts have SO many factors to weigh i.e. \$, family, etc that complicate decisions. #NephJC

Tue Apr 29 18:51:15 PDT 2014

**nephjc**

Topic 3: What should happen next? #NephJC

Tue Apr 29 18:51:15 PDT 2014

**hswapnil**

and USRDS (control group) includes all dialysis patients, irrespective of Dx time #nephjc

Tue Apr 29 18:51:22 PDT 2014

**hswapnil**

the editorialists say there should be a randomized trial: is that ethical? #nephjc

Tue Apr 29 18:51:45 PDT 2014

**drmikesevilla**

RT @kidney\_boy: We normally think earlier is better when it comes to screening but here you could be too early and not get a benefit. #neph...

Tue Apr 29 18:52:17 PDT 2014

**hswapnil**

would you randomize your patients to \*not\* screening and \*no education\*? Is there equipoise? #nephjc

Tue Apr 29 18:52:17 PDT 2014

**afternoonnapper**

@Nephro\_Sparks Do you think that education can increase motivation? Or that motivation is needed for education? #NephJC

Tue Apr 29 18:52:18 PDT 2014

**nephro\_sparks**

how do you do that. Turn people away at the door in control group #nephjc

Tue Apr 29 18:52:21 PDT 2014

**kidney\_boy**

How do you bring a patient in, test them for CKD and if randomized to control not tell them? #nephjc

Tue Apr 29 18:52:25 PDT 2014

<b>xaviervel</b>	<p>What about making people healthy in the clinic to return them to the environment that make them sick? <a href="#">#NephJC</a></p> <p>Tue Apr 29 18:52:31 PDT 2014</p>
<b>kidney_boy</b>	<p><a href="#">@xaviervel</a> aminoglycosides in the drinking water! <a href="#">#nephjc</a></p> <p>Tue Apr 29 18:53:09 PDT 2014</p>
<b>afternoonnapper</b>	<p><a href="#">@kidney_boy</a> That's how much clinical research works—pts participate w/ no promise of results. It's a deterrent. <a href="#">#NephJC</a></p> <p>Tue Apr 29 18:53:13 PDT 2014</p>
<b>paulphel</b>	<p><a href="#">@hswapnil</a> <a href="#">#DreamRCT</a> anybody? Is that still going? ;) <a href="#">#nephjc</a></p> <p>Tue Apr 29 18:53:20 PDT 2014</p>
<b>kidney_boy</b>	<p>RT <a href="#">@paulphel</a>: <a href="#">@hswapnil</a> <a href="#">#DreamRCT</a> anybody? Is that still going? ;) <a href="#">#nephjc</a></p> <p>Tue Apr 29 18:53:34 PDT 2014</p>
<b>rx_ed</b>	<p>RT <a href="#">@kidney_boy</a>: How do you bring a patient in, test them for CKD and if randomized to control not tell them? <a href="#">#nephjc</a></p> <p>Tue Apr 29 18:53:35 PDT 2014</p>
<b>hswapnil</b>	<p>The mammogram study investigators did that: <a href="http://t.co/OXEmWozkfd">http://t.co/OXEmWozkfd</a> <a href="#">#nephjc</a></p> <p>Tue Apr 29 18:53:59 PDT 2014</p>
<b>nephjc</b>	<p>Should we just go ahead and start screening and educating the population? <a href="#">#NephJC</a></p> <p>Tue Apr 29 18:54:05 PDT 2014</p>
<b>xaviervel</b>	<p><a href="#">@kidney_boy</a> or increasing the awareness of kidney diseases along with public health strategies <a href="#">#NephJC</a></p> <p>Tue Apr 29 18:54:18 PDT 2014</p>
<b>kidney_boy</b>	<p>RT <a href="#">@NephJC</a>: Should we just go ahead and start screening and educating the population? <a href="#">#NephJC</a></p> <p>Tue Apr 29 18:54:20 PDT 2014</p>
<b>kidney_boy</b>	<p>YES RT <a href="#">@kidney_boy</a>: RT <a href="#">@NephJC</a>: Should we just go ahead and start screening and educating the population? <a href="#">#NephJC</a></p> <p>Tue Apr 29 18:54:31 PDT 2014</p>
<b>mdaware</b>	<p>RT <a href="#">@kidney_boy</a>: How do you bring a patient in, test them for CKD and if randomized to control not tell them? <a href="#">#nephjc</a></p> <p>Tue Apr 29 18:54:44 PDT 2014</p>
<b>afternoonnapper</b>	<p><a href="#">@NephJC</a> I would not necessarily say screen everyone (ahem, mammograms), but how would it hurt to teach abt CKD? <a href="#">#NephJC</a></p> <p>Tue Apr 29 18:54:47 PDT 2014</p>
<b>nephro_sparks</b>	<p><a href="#">@AfternoonNapper</a> my hope is that more education = motivation... i keep doing it everyday to my unmotivated patients. <a href="#">#nephjc</a></p> <p>Tue Apr 29 18:54:59 PDT 2014</p>



<b>rx_ed</b>	<p>“@kidney_boy: RT @NephJC: Should we just go ahead and start screening and educating the population? #NephJC” YES!</p> <p>Tue Apr 29 18:55:04 PDT 2014</p>
<b>paulphel</b>	<p>@kidney_boy @xaviervel don't tell the control group that we can do PD or transplant! #nephjc</p> <p>Tue Apr 29 18:55:28 PDT 2014</p>
<b>kidney_boy</b>	<p>@AfternoonNapper good point, KEEP isn't just about screening, but its screening and educating #nephjc</p> <p>Tue Apr 29 18:55:30 PDT 2014</p>
<b>afternoonnapper</b>	<p>@kidney_boy Agreed — just saying that KEEP doesn't need to be the one and only answer. #NephJC</p> <p>Tue Apr 29 18:55:53 PDT 2014</p>
<b>kidney_boy</b>	<p>@Nephro_Sparks that's why it's called KEEP #nephjc</p> <p>Tue Apr 29 18:56:03 PDT 2014</p>
<b>hswapnil</b>	<p>what about cost? Medicare is unsustainable in current form. We will screen Many, many patients to save small number of lives. #nephjc</p> <p>Tue Apr 29 18:56:06 PDT 2014</p>
<b>nephro_sparks</b>	<p>I think if PCPs would do some education after creat and U/A it would help a lot... #nephjc</p> <p>Tue Apr 29 18:56:08 PDT 2014</p>
<b>nephjc</b>	<p>We are getting to the end of the hour. Final thoughts? #NephJC</p> <p>Tue Apr 29 18:56:25 PDT 2014</p>
<b>afternoonnapper</b>	<p>I try to educate my community of fibromuscular dysplasia pts about kidney health via @FMDChat. #NephJC</p> <p>Tue Apr 29 18:56:30 PDT 2014</p>
<b>hswapnil</b>	<p>Cost is elephant in room. Preventive care is worth doing, but not cost saving: <a href="http://t.co/Csflr5g9yl">http://t.co/Csflr5g9yl</a> #nephjc</p> <p>Tue Apr 29 18:56:33 PDT 2014</p>
<b>rx_ed</b>	<p>@paulphel @kidney_boy @xaviervel Major ethical issues will arise! #NephJC</p> <p>Tue Apr 29 18:56:37 PDT 2014</p>
<b>xaviervel</b>	<p>Innovative forms of education also help, aren't mutually exclusive #NephJC</p> <p>Tue Apr 29 18:56:56 PDT 2014</p>
<b>brownpa79</b>	<p>agree with @hswapnil. who/how to pay to extend KEEP to all at risk? #nephjc</p> <p>Tue Apr 29 18:57:01 PDT 2014</p>
<b>kidney_boy</b>	<p>The authors wrote: "NNT 18 in 1.6 years for survival on dialysis" but they don't include the 100s (1000s) who never reach dialysis #nephjc</p>

Tue Apr 29 18:57:27 PDT 2014

**caioqualunque**

[#NephJC](#) Only informed pts make correct choices. Smart pts make terrible choices if uninformed, mainly bc of their intellectual presumption

Tue Apr 29 18:58:04 PDT 2014

**nephjc**

RT [@kidney\\_boy](#) Authors wrote: "NNT 18 in 1.6 years for survival on dialysis" but they don't include the 100s who never reach esrd [#nephjc](#)

Tue Apr 29 18:58:21 PDT 2014

**nephro\_sparks**

<http://t.co/2FoSeRvSQO> need to empower the community about CKD. I love this education intervention in hypertension [#nephjc](#)

Tue Apr 29 18:58:34 PDT 2014

**xaviervel**

[@Rx\\_Ed](#) [@paulphel](#) [@kidney\\_boy](#) it's good to arise the ethical discussion so new elements are added that previously weren't considered [#NephJC](#)

Tue Apr 29 18:58:41 PDT 2014

**hswapnil**

RT [@kidney\\_boy](#): The authors wrote: "NNT 18 in 1.6 years for survival on dialysis" but they don't include the 100s (1000s) who never reach d...

Tue Apr 29 18:58:45 PDT 2014

**paulphel**

Screening and managing CKD is beneficial from CVD standpoint even if pt would never reach ESRD. KEEP is a noble endeavour [#nephjc](#)

Tue Apr 29 18:58:57 PDT 2014

**nephjc**

Thank-you everyone for coming out. I had a great time. We will collect comments for the next 47 hours for the official archive. [#NephJC](#)

Tue Apr 29 19:00:01 PDT 2014

**hswapnil**

[@paulphel](#) Agree KEEP is a noble endeavour. Whether we think results are valid or not, it is successful just by itself. [#nephjc](#)

Tue Apr 29 19:00:13 PDT 2014

**paulphel**

RT [@hswapnil](#) [@paulphel](#) Agree KEEP is a noble endeavour. Whether we think results are valid or not, it is successful just by itself. [#nephjc](#)

Tue Apr 29 19:00:27 PDT 2014

**hswapnil**

thanks everyone for joining our first effort! [#nephjc](#)

Tue Apr 29 19:00:35 PDT 2014

**hswapnil**

RT [@NephJC](#): Thank-you everyone for coming out. I had a great time. We will collect comments for the next 47 hours for the official archive....

Tue Apr 29 19:00:53 PDT 2014

**kidney\_boy**

[@paulphel](#) CKD care can be harmful if you start putting in a lot of fistulas in people who never will need them. [#nephjc](#)

Tue Apr 29 19:01:01 PDT 2014

**kidney\_boy**

RT [@hswapnil](#): thanks everyone for joining our first effort! [#nephjc](#)

Tue Apr 29 19:01:16 PDT 2014

**paulphel**

Good work @kidney\_boy @hswapnil very enjoyable #NephJC

Tue Apr 29 19:01:35 PDT 2014

**brownpa79**

Final thoughts: KEEP is amazing program and it works (to a certain extent), KEEP it going #nephjc

Tue Apr 29 19:01:44 PDT 2014

**hswapnil**

@kidney\_boy @paulphel: maybe you read my thesis! <http://t.co/S1OFfYZjQt> #nephjc

Tue Apr 29 19:02:17 PDT 2014

**nephro\_sparks**

RT @paulphel: Good work @kidney\_boy @hswapnil very enjoyable #NephJC

Tue Apr 29 19:02:18 PDT 2014

**afternoonapper**

Education helps "catalyze adoption of healthy behaviors to reduce the risk of adverse outcomes." We all play a part. #NephJC

Tue Apr 29 19:02:28 PDT 2014

**caioqualunque**

#nephjc Eu community is currently investing in edugames for ckd and esrd pts in the more general context of telenephrology

Tue Apr 29 19:02:33 PDT 2014

**hildabast**

Missed the rip-roaring #NephJC Twitter chat about a new study on screening & ed in ESRD? @NephJC will collect comments for 2 days

Tue Apr 29 19:03:10 PDT 2014

**hswapnil**

"@caioqualunque: Eu community is currently investing in edugames for ckd?esrd pts in the more general context of telenephrology"+1 #nephjc

Tue Apr 29 19:03:18 PDT 2014

**nephro\_sparks**

thanks @hswapnil and @kidney\_boy for a great first of many #nephjc

Tue Apr 29 19:03:49 PDT 2014

**afternoonapper**

Thanks to Joel & Swapnil for bringing the kidney conversation to Twitter—and for an opportunity to speak "patientese." #NephJC

Tue Apr 29 19:05:00 PDT 2014

**hswapnil**

221 tweets in one hour! Great start and thanks everyone for joining in #NephJC <http://t.co/iFZq3bSRVu>

Tue Apr 29 19:05:36 PDT 2014

**hswapnil**

@AfternoonNapper Thanks for joining in and providing your unique perspective! #nephjc

Tue Apr 29 19:06:02 PDT 2014

**afternoonapper**

@hswapnil @kidney\_boy Have you guys registered with @symplur? #NephJC

Tue Apr 29 19:06:06 PDT 2014

**xaviervel**

Tomorrow I will share another example on CKD screening in a developmental country #NephJC

Tue Apr 29 19:06:16 PDT 2014

**nephro\_sparks**

KDSAP is another great screening education program which is run by Students  
<http://t.co/NzVVtA1E6i> #nephjc

Tue Apr 29 19:06:23 PDT 2014

**nephro\_sparks**

KDSAP Kidney Disease Screening and Awareness Program <http://t.co/NzVVtA1E6i> this is  
now spreading around the US #nephjc

Tue Apr 29 19:07:19 PDT 2014

**hswapnil**

@AfternoonNapper @kidney\_boy Yes we did: <http://t.co/BVq3I7fae9> #nephjc

Tue Apr 29 19:07:49 PDT 2014

**nephjc**

RT @hildabast: Missed the rip-roaring #NephJC Twitter chat about a new study on  
screening & ed in ESRD? @NephJC will collect comments for 2...

Tue Apr 29 19:08:20 PDT 2014