



Nephrology DAYS 2005

October 20–21, 2005

Vancouver Convention
and Exhibition Centre

*Connect with BC's renal community
and share the latest information on
kidney care.*



***Focus on the
Patient***



***Focus on
Solutions***



**BC Renal
Agency**
An agency of the Provincial
Health Services Authority

BC Provincial Renal Agency Update

Oct. 20, 2005

Dr. Adeera Levin,
Executive Director

Overview

- Renal Care Structure in BC
- Strategic Goals and Highlights from Past Year
- New Faces



Roles and Functions of BCPRA

- The BCPRA serves as the engine for the renal network. Critical functions include:
 - Planning for population health & growth
 - Developing provincial standards of care
 - Determining best methods of implementation
 - Managing system performance
 - Research strategy development

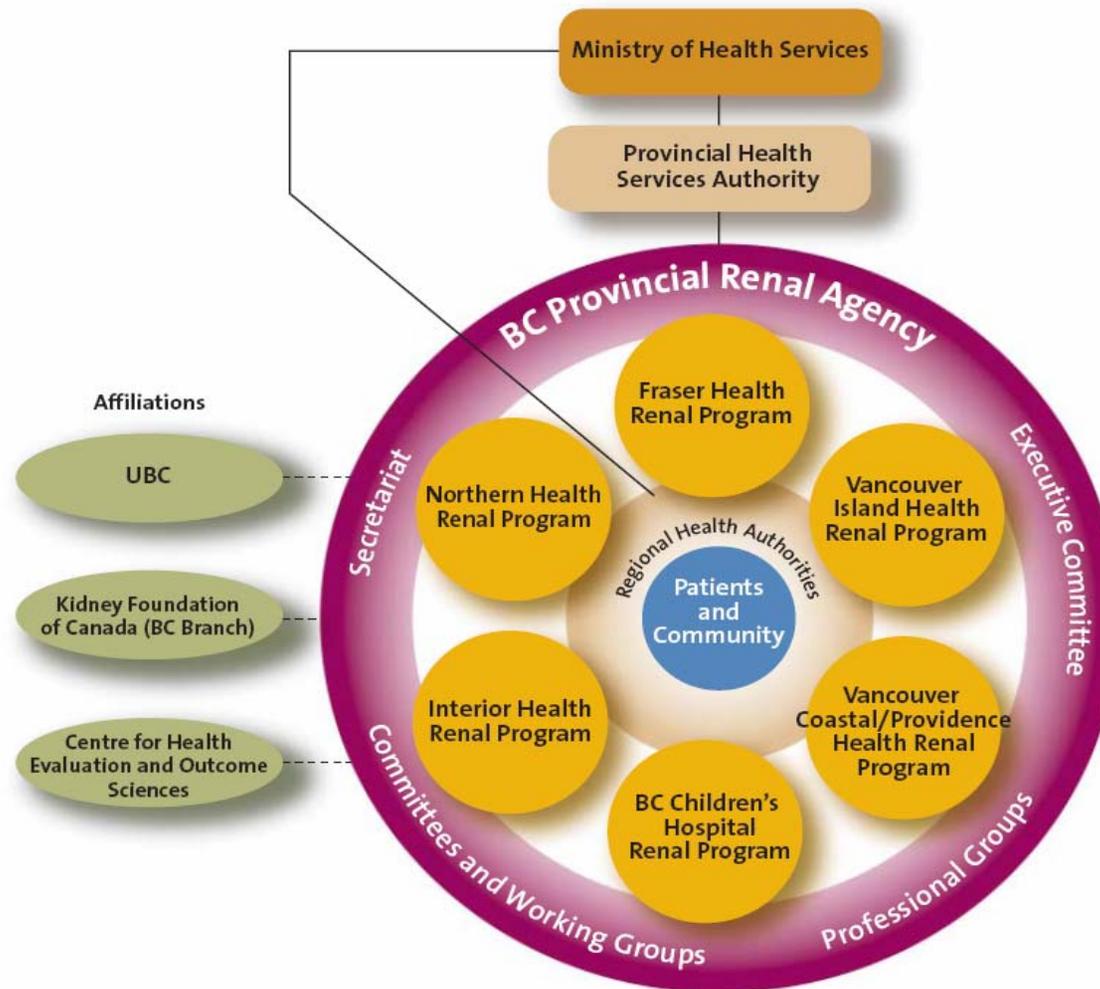


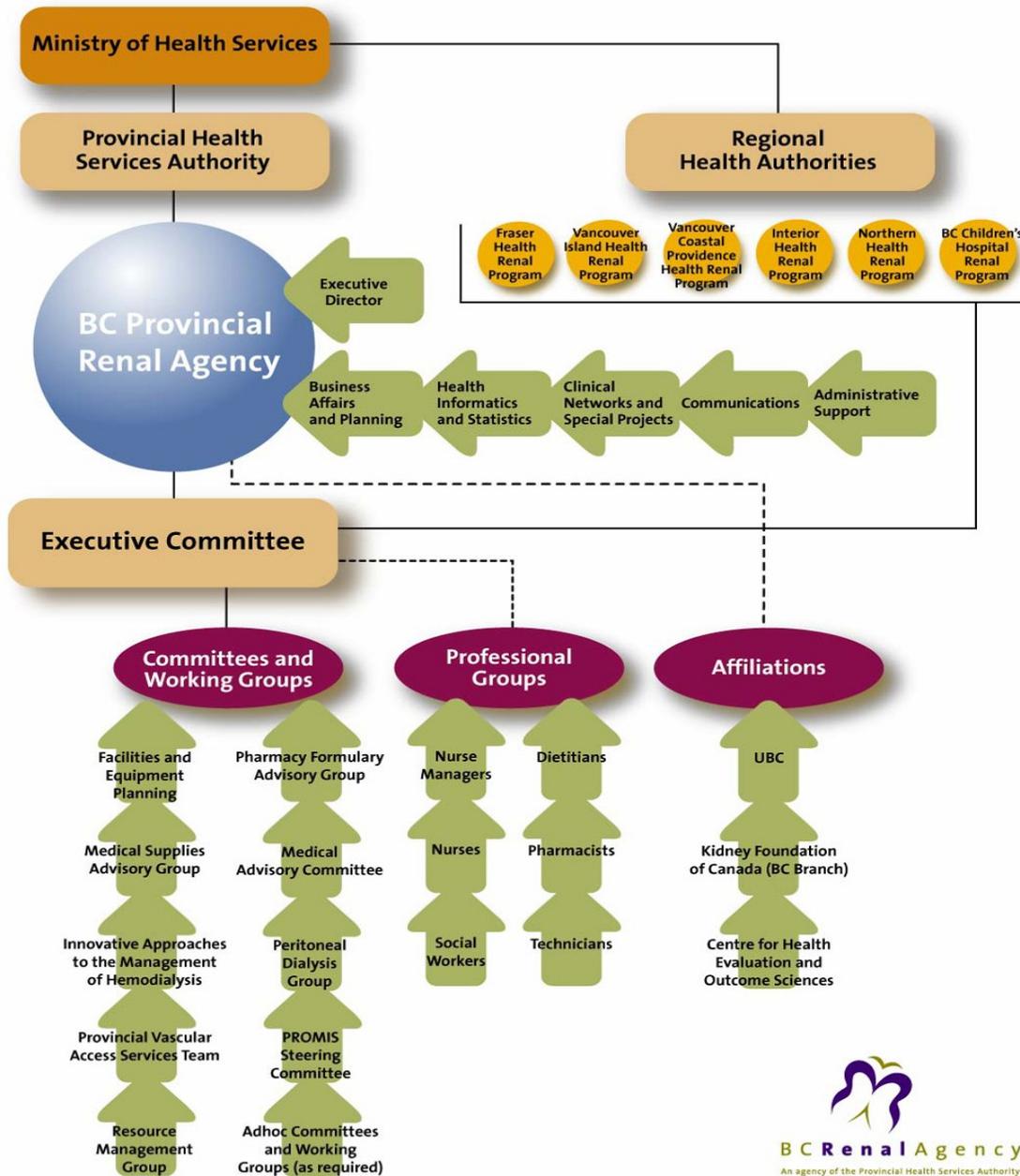
Renal Care Structure in BC

- “Virtual provincial agency” – leadership, key functions
- Health Authority Renal Programs (multidisciplinary representation)
- Formal BCPRA Committees & Working Groups
- Professional Groups
- Formal collaboration with UBC, CHEOS, MOH, Kidney Foundation and others



Multiple Accountabilities: BC Renal Networks





Key Strategic Goals (3-year)

1. Improve the continuum of kidney care
2. Provide cost efficient and cost effective care
3. Integrated access to information
4. Strengthen relationships with regional health authorities

Also critical: support for research/education

BCPRA is working on a range of initiatives with a host of partners to achieve these goals.



Areas of Emphasis: 2005

- Independent Dialysis (IAMHD)
- Vascular Access Services
- Drug Management
- Contract Management

Improving the Continuum of Care

Highlight: Provincial CKD Initiative

- Designed to improve patient identification, evaluation and management
 - standardization of lab testing
 - clinical practice guidelines for physicians
 - patient self-management support
 - development of best practice networks



Improving the Continuum of Care:

Highlight: Provincial CKD Initiative

(MOHS, BCPRA and renal care community)

2001...

Funding for
CKD clinics

2002...

CKD recognized as
important
component of
Chronic Disease
Mgmt

GP educ't'n strategy
re: early ID

2003...

Develop clinical
practice guideline
for GPs; patient
self mgmt support

Lab initiative
(standardized
testing/reporting)

2004...

Guideline
dist'n

Ongoing physician education
strategy

Improvements to lab strategy

2005

Kidney Summit

Multifaceted support for Chronic Kidney Disease
Management Initiatives across HAs



Improving the Continuum of Care:

Highlight: Lab Initiative

- First collaborative approach of its kind in North America
- Standardized measurement and reporting of GFR all BC labs
- Now ensure consistent measurements between clinical labs
- *Why this is so important?*
 - Clinical laboratories trigger 75% of medical decisions
 - Inaccurate test results and interpretation = incorrect diagnoses, incorrect or no treatment
 - Early diagnosis CKD requires accurate interpretation of laboratory tests by non specialists

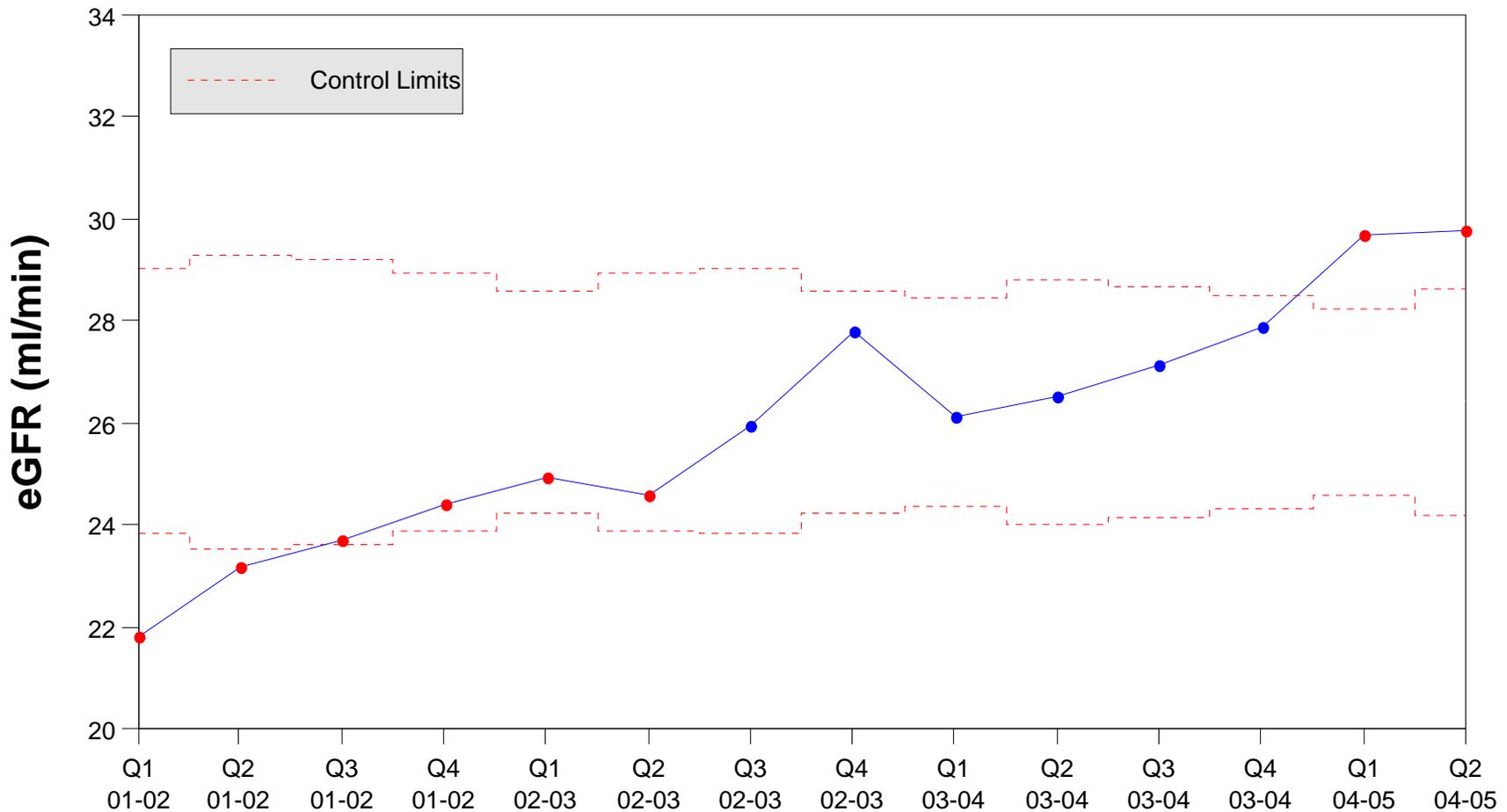


Improving the Continuum of Care

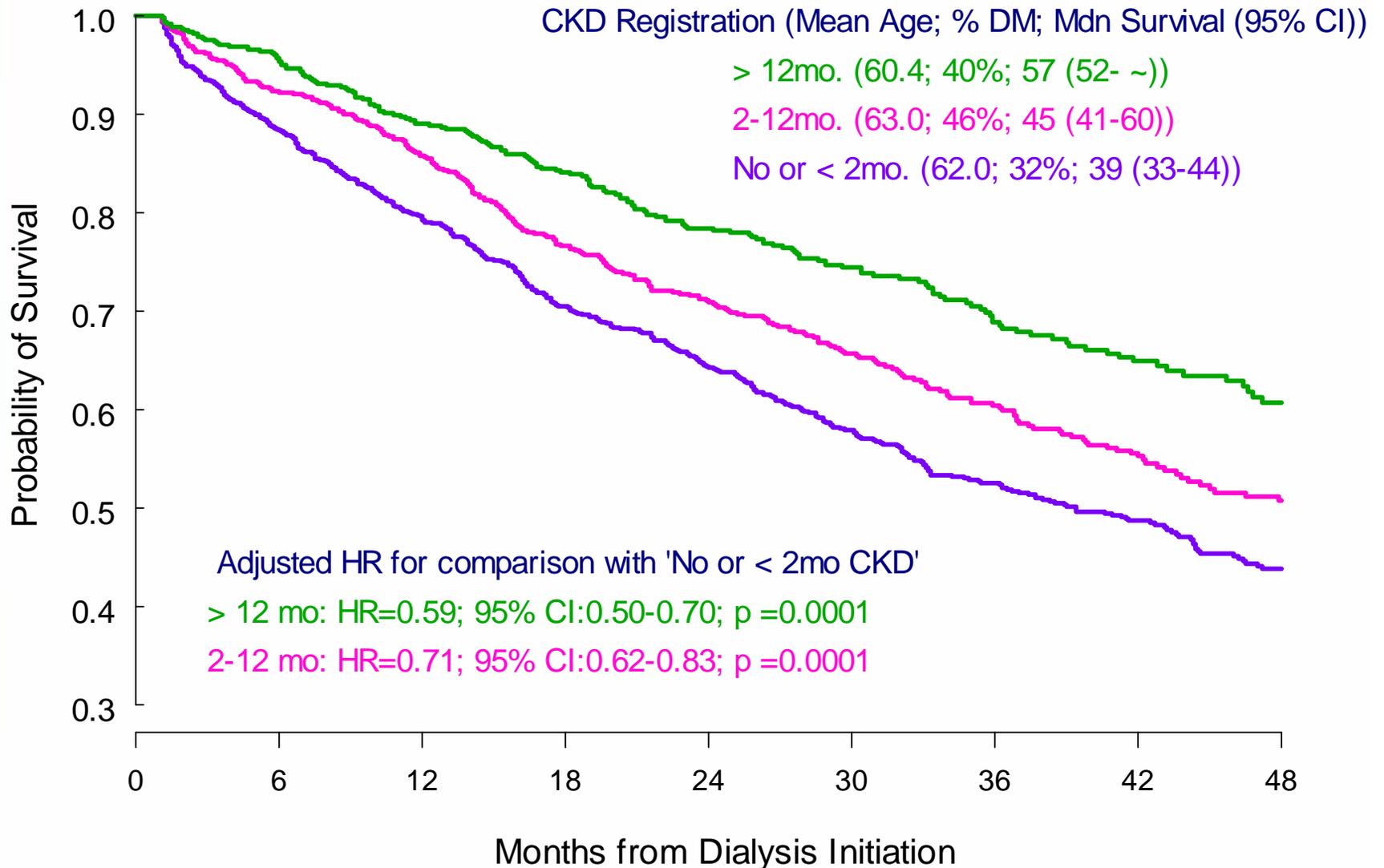
Highlight: Data Indicate Lab Strategy Impact

Kidney function at first registration is higher

Mean eGFR at CKD Registration



Early Intervention = Longer Survival Rates (as measured by CKD registration)



Improving the Continuum of Care

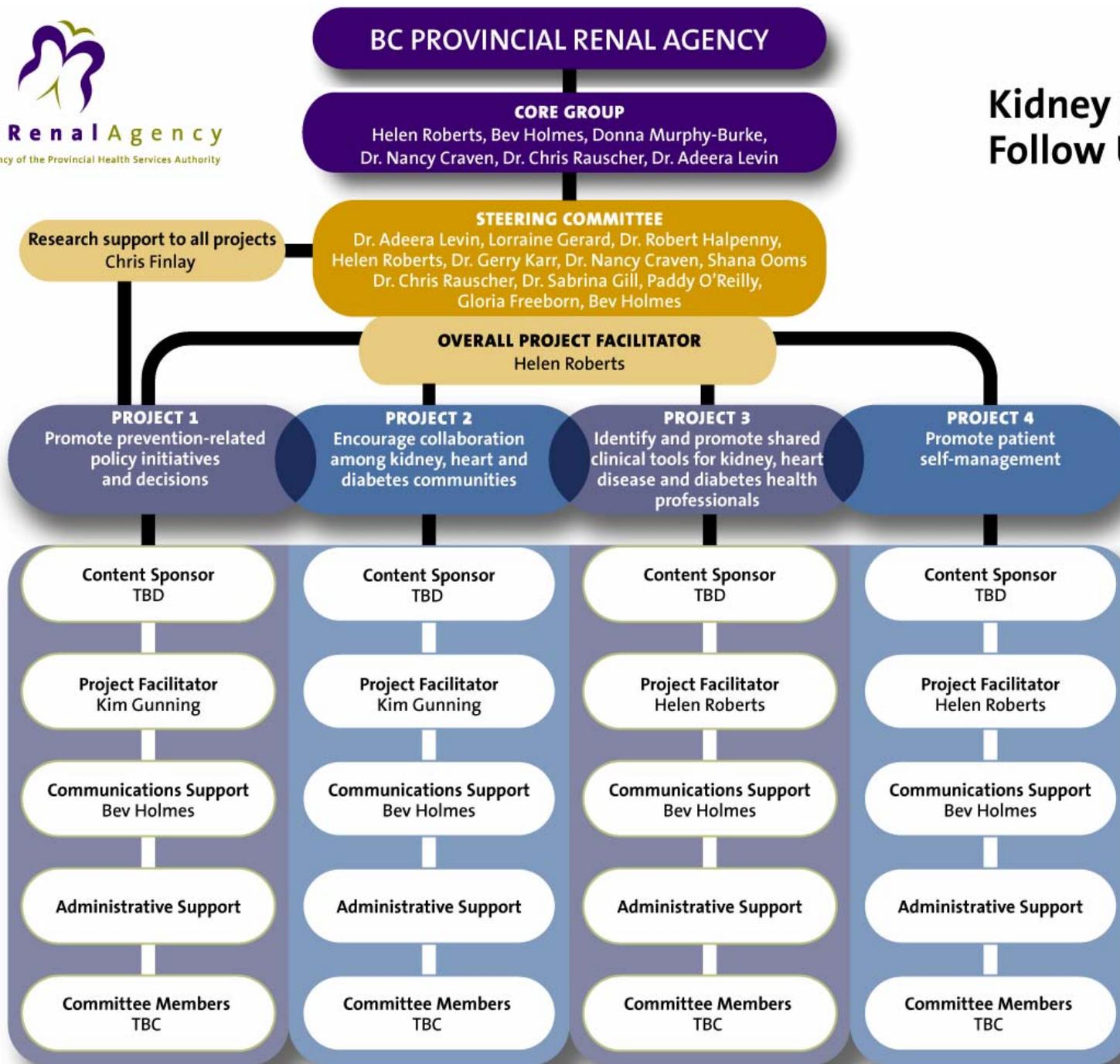
Kidney Summit Held June 2005

- Attended by 250 health professionals, administrators, patients
- Designed as starting point for health system/research redesign for care of diabetes, kidney and heart disease patients
- Four projects moving forward:
 - *Policy Initiatives*: promote prevention-related policy initiatives and decisions.
 - *Interdisciplinary Collaboration*: encourage collaboration among kidney, heart and diabetes communities.
 - *Clinical Tools for Complex Patients*: identify and promote shared clinical tools for kidney, heart disease and diabetes health professionals.
 - *Patient Self-Management*: enhance and promote patient self-management strategies



Your participation is welcomed!

Kidney Summit Follow Up Projects



OUR PARTNERS



**PHSA
Cardiac Services**

A program of the Provincial Health Services Authority



Improving the Continuum of Care: *CKD Report Card*

- Working with Ministry of Health on a “Report Card” for Chronic Kidney Disease for non-specialists
- Guidelines and Protocols Advisory Committee (MOH)
 - exploring concept of SINGLE flow sheet for patients with hypertension, CVD, DM and CKD



Improving the Continuum of Care:

Position Paper: End of Life Care

- Provincial working group
 - outlines international, national, and provincial trends in end of life (EOL) care
- Goals:
 - assist Health Authority Renal Programs to develop and implement strong EOL care in the renal setting;
 - enhance the level of education/understanding among and between health care practitioners re: Advanced Care Planning (ACP) and EOL care;
 - enhance training of nephrology fellows in the area of EOL care through advanced work in areas such as pain and symptom relief.



Cost efficient/cost effective care

Long-Range Facilities/Equip Planning

- Collaborative planning process
 - BCPRA & 5 health authority renal programs (HARPs)
 - Rigorous process to rank proposals using objective/equitable criteria
- FEPEG now developing a ten-year capital plan for submission to the Ministry of Health
 - Collaboration with individual HA plans
 - Provincial planner as resource



Cost Efficient/Effective Care

Highlight: Independent Dialysis Program

- Only province with provincially coordinated program with local implementation
- 2005/06, estimate 140 pts on some form of independent dialysis,
 - annual cost savings of approx. \$1.2 million
- New program structure in development to support ongoing growth
- Participation in NIH study on nocturnal (overnight) hemodialysis.
 - first major randomized control trial in North America
 - BC renal community well positioned to enroll large number pts
- Long term goal to establish a nocturnal dialysis clinical research network within BC (and Canada)



Cost Efficient/Effective Care *PD Clinicians Group*

- Multidisciplinary group
- Collaboration and integration
 - Principles, processes
 - Terms of reference and allotment for use of contract's educational monies
 - Refine monitoring process for Baxter contract (from the clinical users' perspective)
- Educational Tool: Development of new video/DVD
 - emphasize the independent aspects of peritoneal dialysis
 - Age, gender and ethnic distribution



Cost Efficient/Effective Care

Highlight: Vascular Access Project

- Provincial VA Services Team has achieved :
 - Cross-province distribution of guidelines for creation, maintenance and repair of vascular access (first in Cda)
 - Redesign of VA module on PROMIS,
 - Vascular Access Coordinator RNs in each region
- Next steps:
 - Final evaluations of three pilot projects
 - Redesign of the committee's organizational structure for longer term sustainability



Integrated Access to Information

Highlight: IM/IS Prov. Steering Committee

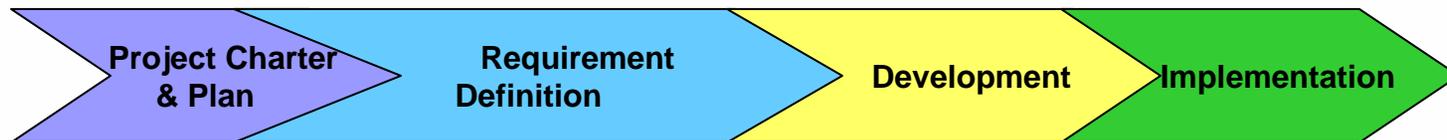
- New committee struck to develop long-term strategy:
 - To support seamless clinical care, administrative and research activities of BC renal community
 - Will align with strategic initiatives of BCPRA, HARPs, MOH
 - To strengthen partnerships with Health Authorities' IM/IS
- Three subcommittees – Clinical, Administrative and Research – will identify needs and priorities with respect to:
 - hardware/software requirements
 - database application and functionality
 - implementation
 - access and analysis



Integrated Access to Information

Highlight: Current PROMIS Projects

CKD and Integrated Clinics



IAMHD clinical follow-up charts



Dialysis Access (HD and PD), Redesign



August	September	October	November	December
2005 Timeline				



Strengthen relationships with HAs

Highlight: Health Authority Renal Programs

- New terms of reference template (replaces regional renal programs)
 - Individual HARPs will reflect the unique character of local services, but will share same formalized structure to help ensure effectiveness of renal services across BC
- Each HARP to have a Medical Director and Administrative/Executive Sponsor
- Balanced scorecard reporting
- Coordinator of Clinical Networks and Special Projects to assist in enhancement of BC renal programs
 - key role designed to facilitate ongoing growth in a number of different areas of renal care



Other Highlights

- Expanded access to services
 - Increased chairs (>25% since 2001), expanded CKD clinics
- Regular review of BCPRA Drug Formulary and expenses;
- Analysis and action planning for clinical practice variation (in partnership with HARPs)
- Expanded partnerships for leading edge research
 - Use of BCPRA-generated data (PROMIS)
 - For publications/ presentations
 - Development of business cases for change
 - To improve patient outcomes
 - Grant applications for discrete projects



Other Highlights *cont...*

- Partnerships
 - Kidney Foundation to provide physician education re: early ID
 - Ministry of Health
 - Shared Care initiatives
 - Local institutions



Other Highlights *cont...*

- Ongoing support of health outcomes and evaluation research
 - Chronic Disease Management Evaluation (FHA)
 - Anemia protocols evaluation (Pharmacists, Nurses and MD)
 - GP Extended model of Kidney care (VIHA)
 - Study of Renal and Heart Protection (SHARP)
 - Request for participation in NIH (US) randomized trial of nocturnal HD
 - Mechanisms of cardiovascular disease in early CKD
 - Vascular access: optimizing strategies and resource utilization
 - Dietitian studies
 -to name a few*



Thank you for your energy and commitment!

- Approximately 200 people are actively involved in the renal network by participating on one or more BCPRA committees
- Plus professional groups



Welcome New Nephrologists:

- Dr. Aaron Cass (FHA, 2004)
- Dr. Gerald DaRoza (FHA, 2004)
- Dr. Caroline Stigant (VIHA, 2004)
- Dr. Gerardo Carpenito (FHA, 2003)
- Dr. Susan Cooper (IHA, 2003)



Welcome Fellows:

Post Clinical Training Research Fellows

- Debbie Rosenbaum
- Nadia Zalunardo

Clinical Fellow, Transplantation

- Bhanu Prasad

2nd Year Subspecialty Residents

- Catherine Cherneski
- Monica Beaulieu
- Paul Komenda
- Jag Gill

1st Year Subspecialty Residents

- Fareen Din
- Peter Guo

Subspecialty Resident (starting December)

- Khalid Al Tunaiji





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Enjoy the
conference!



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