

# Overview

- Renal Care Structure in BC
- Strategic Goals and Highlights 2005-6
- 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

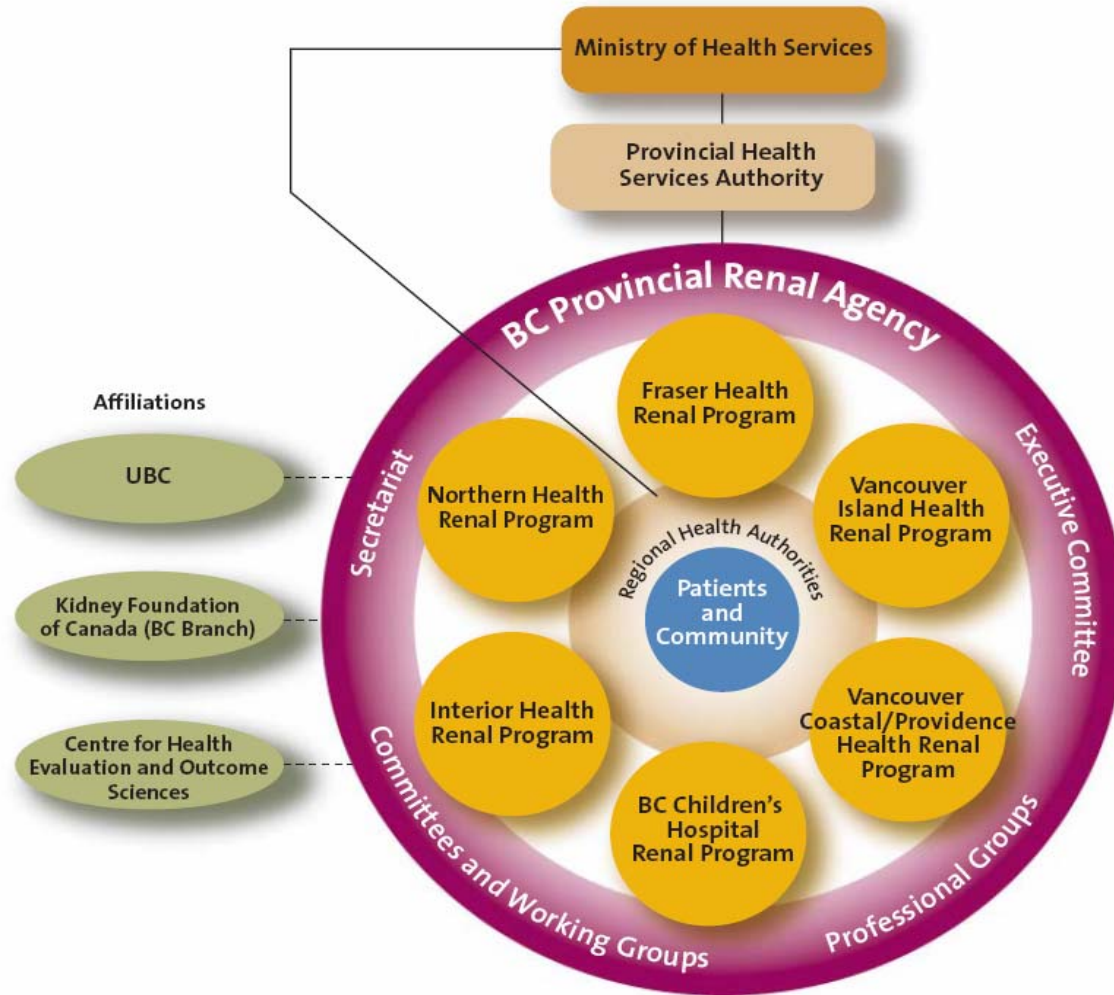


# Renal Care Structure in BC

- “Virtual provincial agency”
  - leadership, key functions and secretariat
- Health Authority Renal Programs
  - multidisciplinary representation
- Formal 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.*

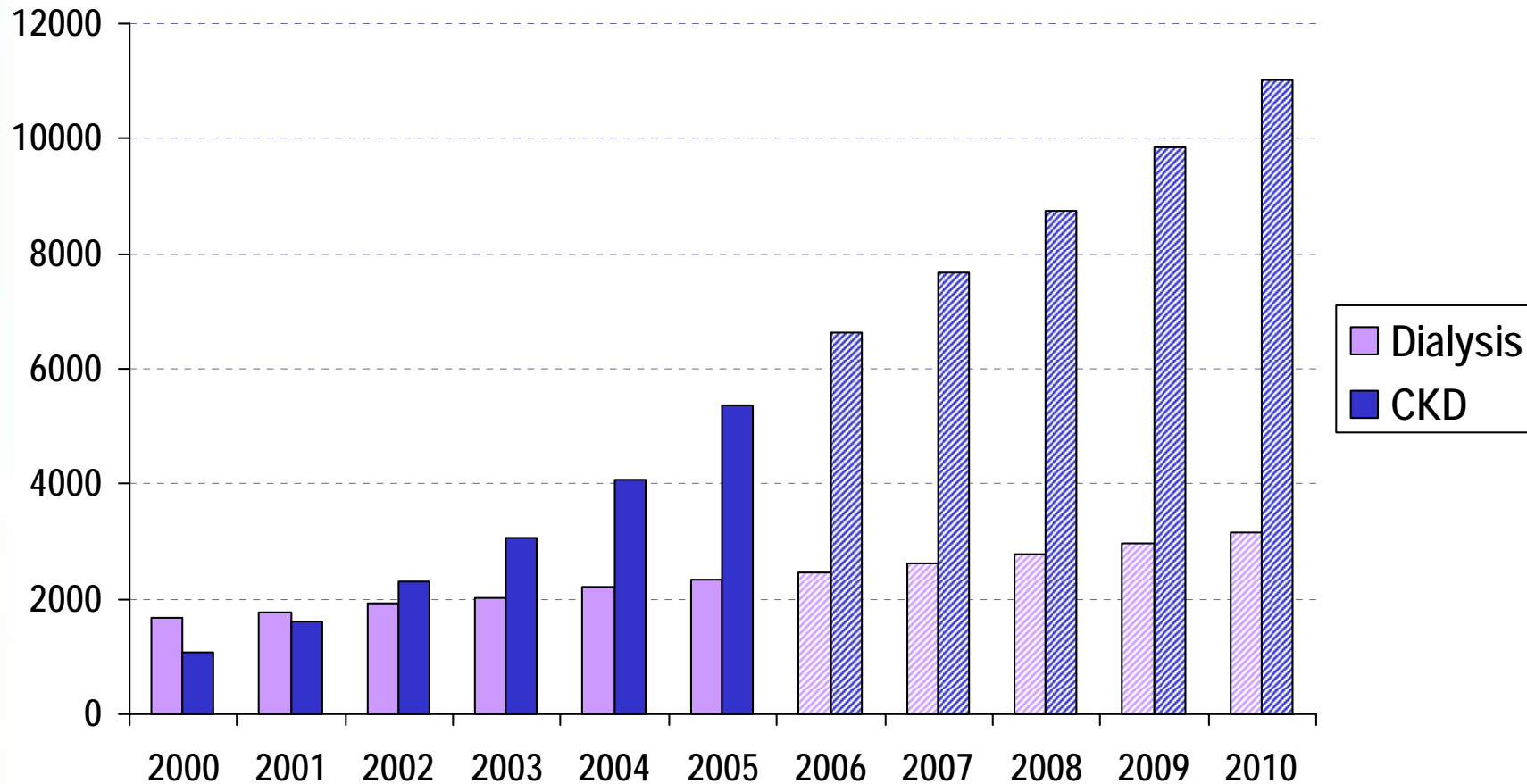


# Areas of Emphasis: 2006

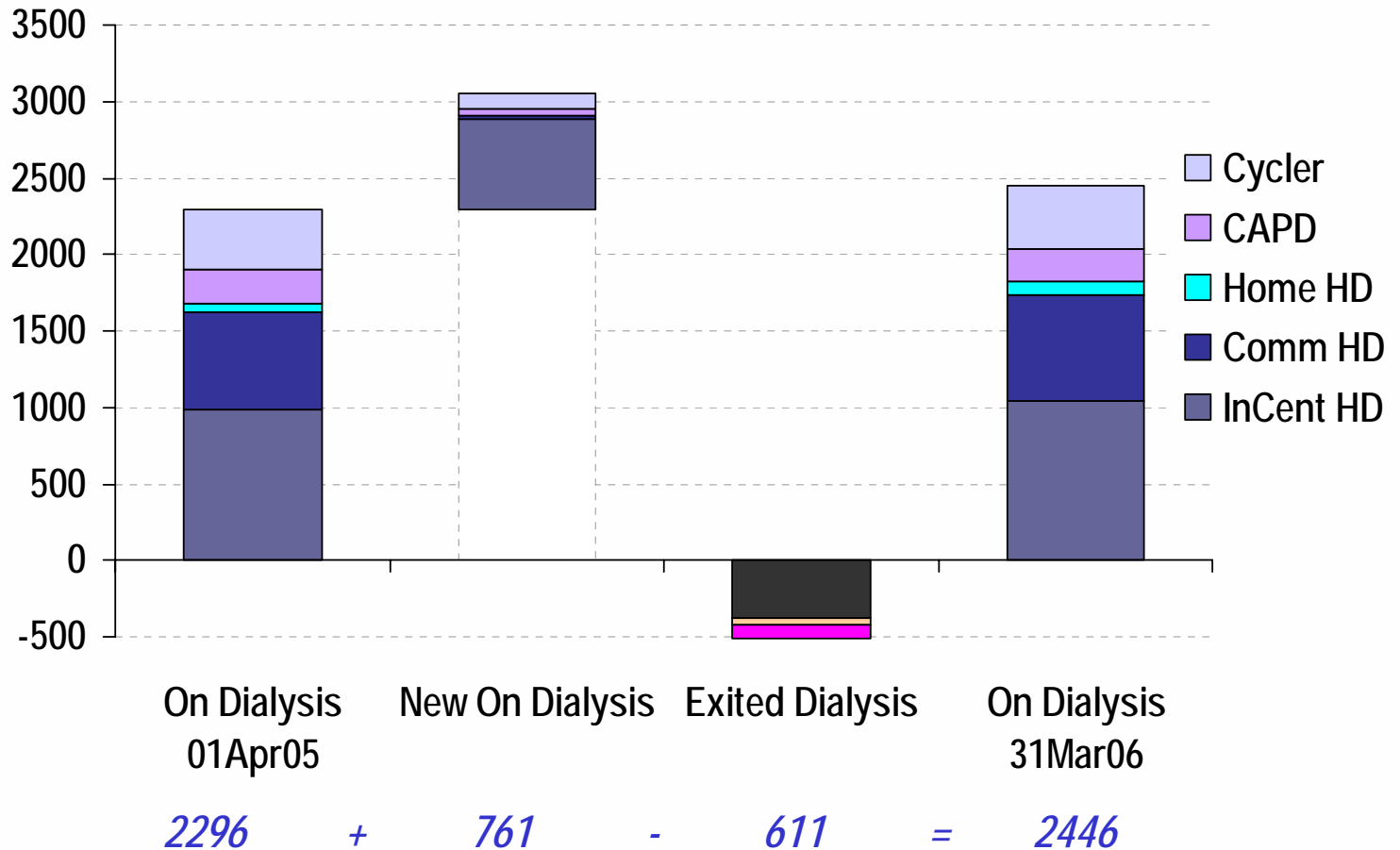
- Independent Dialysis
  - IAMHD
  - Peritoneal Dialysis
- Vascular Access Services, Phase II
- Innovations in Drug Management
- Collaboration and Integration Across Continuum and Disease
  - Information access
  - Kidney Summit Projects



# Despite exponential growth of CKD, dialysis growth remains constant



# High workload in order achieve 7% dialysis growth





# Independent Hemodialysis Program

- 178% growth in first year
- Revised governance structure
  - Provincial program steering committee
  - Operations group
  - Clinical educators group
  - Business group
- Strategic plan developed
- Emphasis on self mgmt alternatives / independence
  - Care objectives in and outside facilities
  - Exploring potential for alternatives within units for patients who cannot dialyze at home

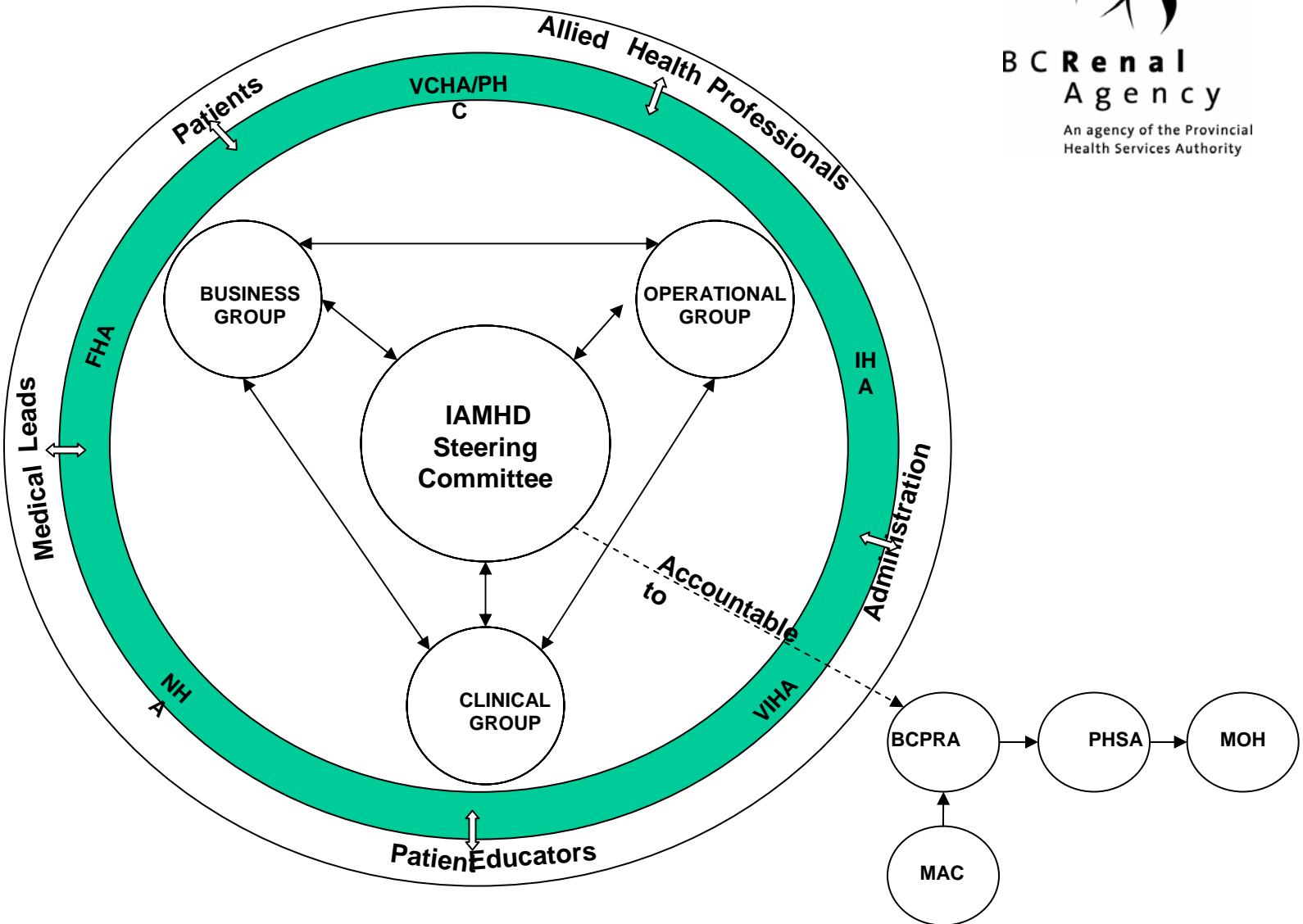


# BC Independent Hemodialysis Program (IAMHD): Governance Structure



**BC Renal Agency**

An agency of the Provincial Health Services Authority



# Independent Hemodialysis Program

Variable	Home HD Patients	Community HD Patients	In-Centre HD Patients
Sex (Female)	25%	35.2%	42.6%
Age	52.3±13.6	62.8±15.7	66.7±15.2
Diabetes	19.8%	32.9%	43.2%
Diagnosed CVD	49.3%	53.7%	57.5%
Ethnicity			
Caucasion	68.7%	71.1%	55.1%
Asian (Oriental)	13.4%	9.6%	25.9%
Asian (South)	6.0%	13.1%	12.7%
First Nations	9.0%	5.0%	4.6%
Other	3.0%	1.1%	1.8%

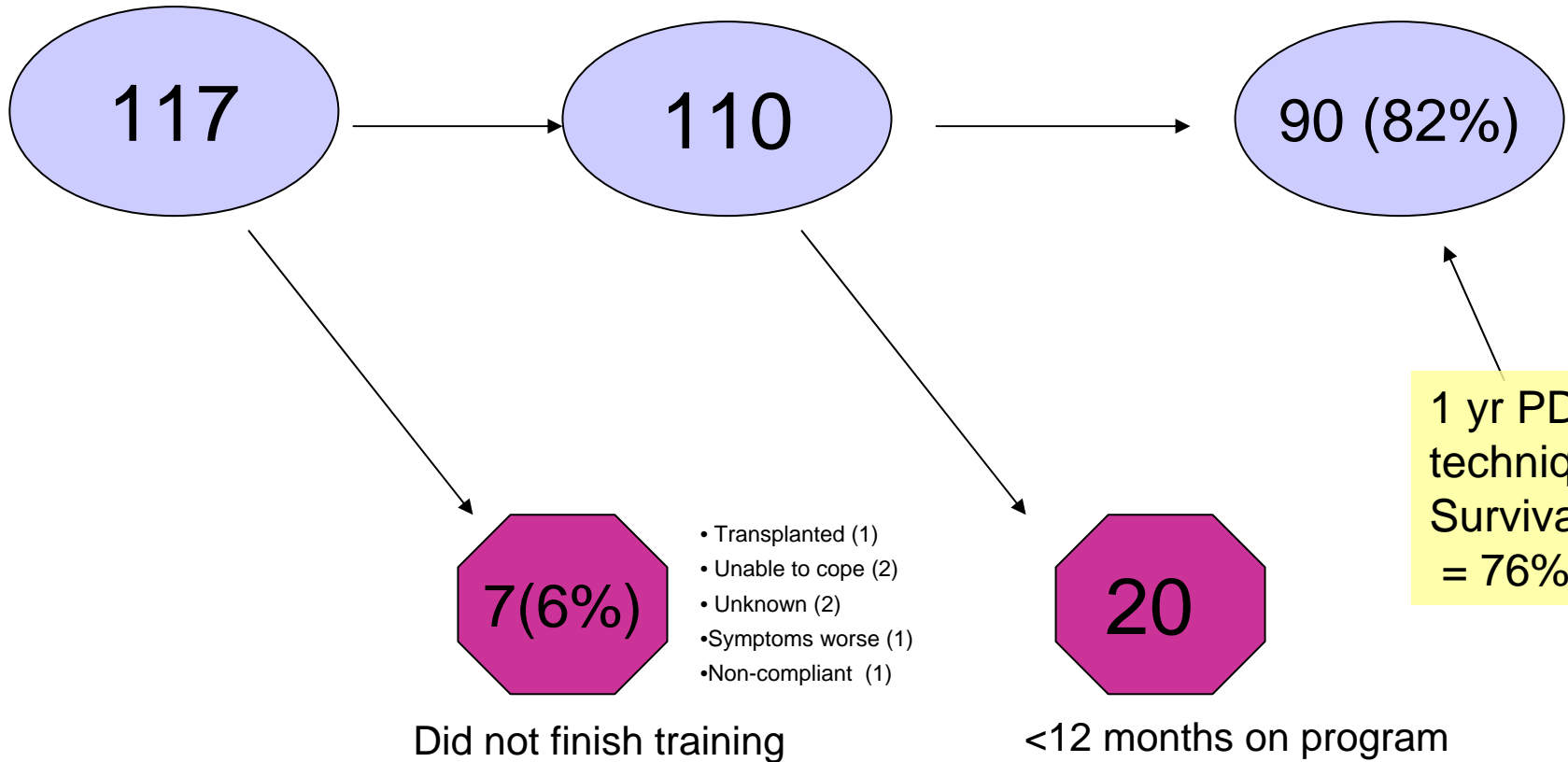


# Independent HD patient flow

Commenced Training

Completed Training

Still on program  
>12 months



# Current Outcomes

	2004-2005	<b>2005-2006</b>
# of Patients (end of year)	53	<b>113</b>
PY Home HD Delivered	12.36	<b>65.58</b>
PY Facility Runs Required	9.51	<b>17.52</b>
Total PY HD delivered (to pts on program)	21.87	<b>83.1</b>
% Runs In Facility	43%	<b>21%</b>
Hospitalizations (Total PY)	0.36	<b>0.77</b>
Hosp. Days/ PY (on program)	6.00	<b>3.38</b>

vs. ~7.7d average HD



# Independent Hemodialysis Program

- Costs for home HD compare favorably to facility-based care after 2<sup>nd</sup> year
- Additional savings:
  - reduced need to build dialysis units
  - societal savings: patients able to return to work
- Report describing these findings in detail in development



# Patient Survey re: Independent Dialysis

- Distributed in late March to:
  - all current BC HD and PD patients (excluding pediatrics)
  - CKD patients likely to need dialysis within 6 months
- **Purpose:** to determine
  - level of interest in independent therapies
  - patients' perceptions re: drawbacks or limitations of independent options
  - willingness to participate in research



# Patient Survey re: Independent Dialysis

- Preliminary survey results

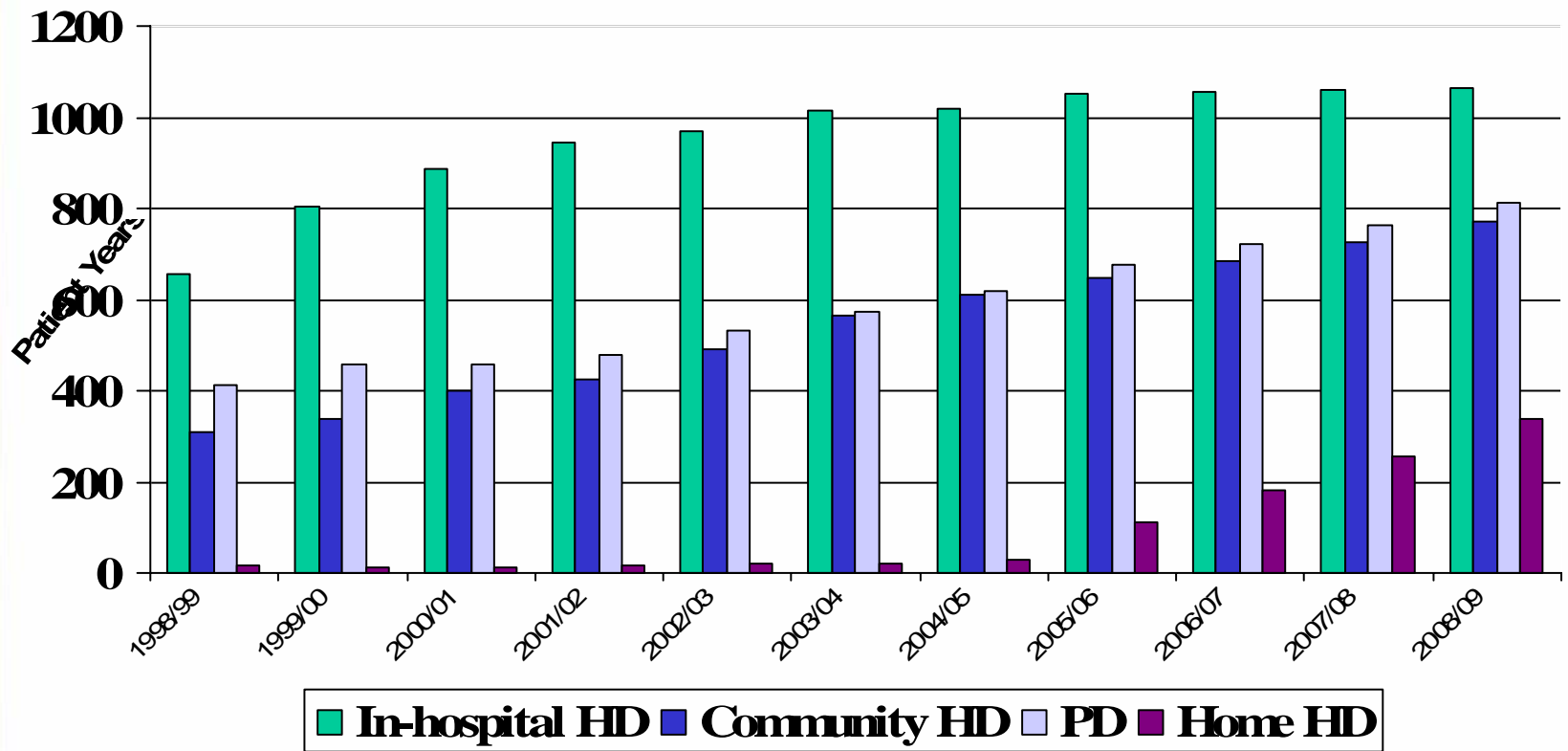
- Return rate of 46.7%
- Interest in independent therapies is strong:
  - 28.5% of CKD patients
  - 18.4% of PD patients (*interested in conversion to Home HD if no longer able to do PD*)
  - 11.2% of HD patients
- HA renal programs following up with pts who confirmed interest in independent therapies





# Dialysis Activity

## Dialysis Patient Activity (in Patient Years) by Dialysis Modality



# PD Clinicians' Group

- Objectives

- Develop standards of care specific to PD patients
- Increase PD rates in BC
- Ensure appropriate delivery of services through provincial contracts

- Progress

- Refined monitoring process for Baxter contract (clinical users' perspective)
- Completed PD lifestyles video/DVD
  - translated into Cantonese, Mandarin and Punjabi
- Hosting Western PD Day



# PD Clinicians' Group

- Ahead
  - new PD training video/DVD in development
    - translation into Mandarin, Cantonese, Punjabi and Tagalog planned
  - 1½ day interactive session to raise awareness about CQI initiatives within PD care across BC
    - Develop series of projects related to improved care of PD pts
  - Guidelines for use of expensive solutions in the adult population to support evidence-based practices in development

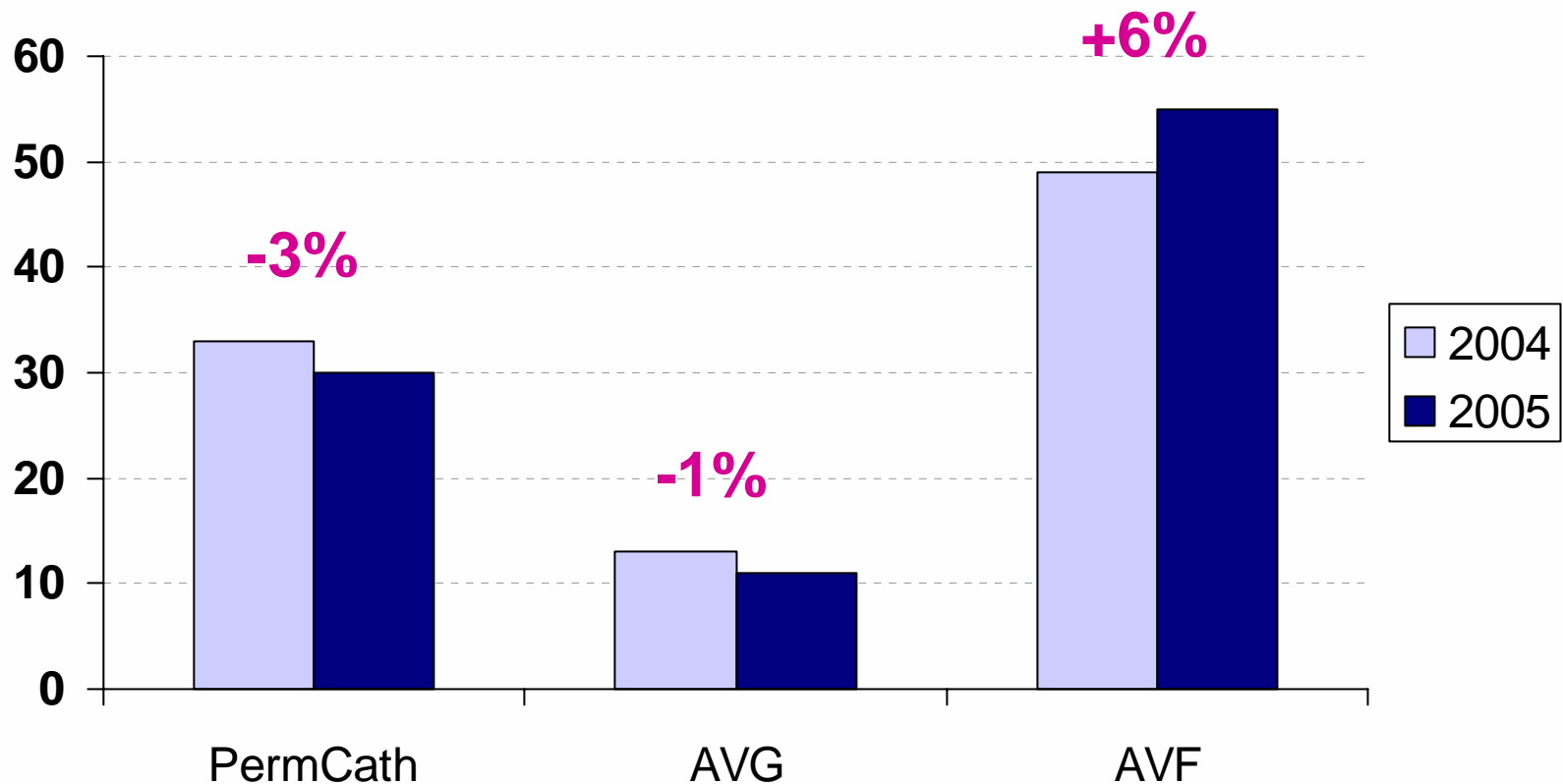


# Provincial Vascular Access Services Team

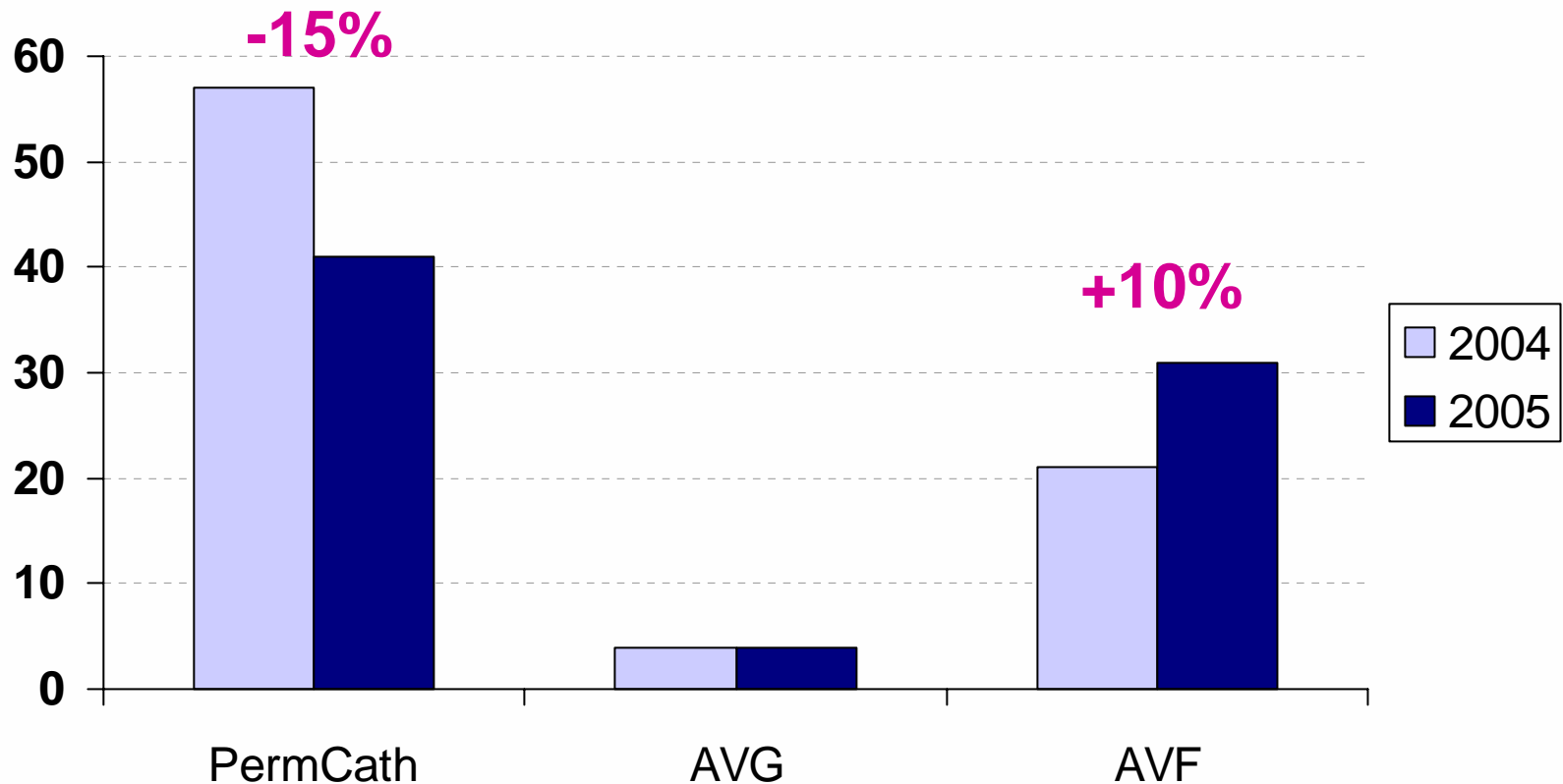
- **PVAST I 2004-6**
  - 3 pilot projects
  - Provincial standards developed
  - Multidisciplinary team
- **PVAST II 2006-7**
  - 4 working groups
    - IM-IS
    - Detailed guidelines for VA creation/ maintenance care
    - Best practices document draft
    - Guiding principles for VA referral and transfer processes between HA



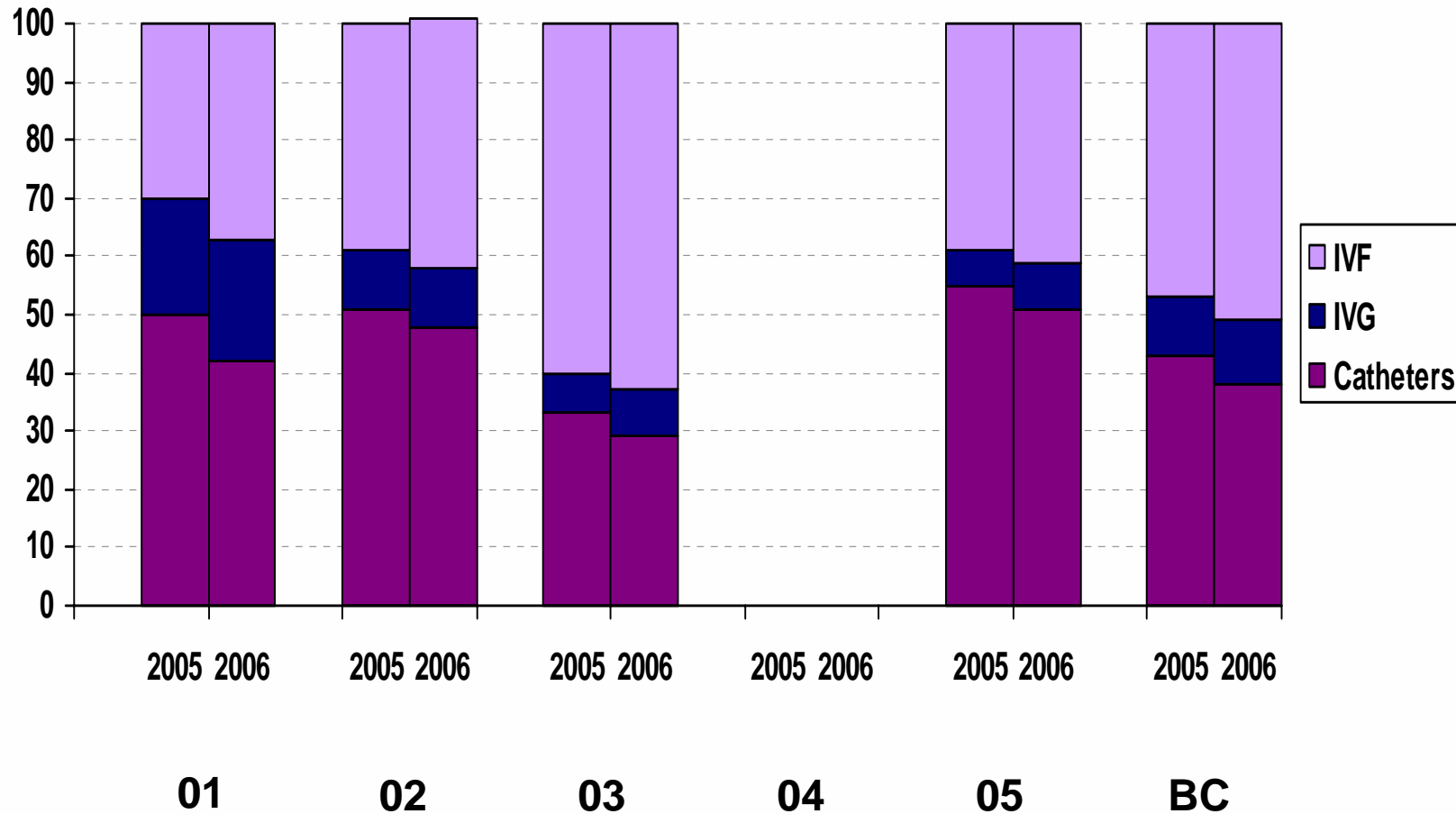
# Prevalent Access Type Rates, Pre-Post Pilot Comparison: BC



# Incident Access Type Rates, Pre-Post Pilot Comparison: BC



# The incidence and prevalence of catheters is decreasing across all HA



# Prov Vascular Access Services Team

- Phase Two: 2006 (4 working groups)

## I: IMIS related issues

- Updating of PROMIS module
- Cross–province analysis of VA-related data entry issues

Fall 2006

## II: Guidelines for VA creation, care and maintenance

- One completed, two in development





# Prov Vascular Access Services Team

- Phase Two: 2006

## III: Best practices document draft

- outlines best practices for VA clinics
- referral criteria, care goals, anticipated volumes, required resources, VA clinic flow, useful VA clinic tools

## IV: Guiding principles for VA referral & transfer processes **between** IHA/NHA and tertiary centres

- identifying desired levels of self-sufficiency within the Has
- agreement in principle



# Innovations in Drug Management

## Pharmacy Formulary Review Committee

- Implementation of best practices in management of expensive medications could save an estimated 5-10% of current \$29 million drug budget
  - Savings could be used to expand formulary list or provide more pts with current drugs at little added cost
- **Strategy**
  - Optimize drug utilizations; improve medication management; reduce variation in use of expensive drugs
- **Process: Pharmacy Formulary Committee**
  - expanded TOR to include facilitation role re: medication best practices
  - developed enhanced processes & list of priorities



# Kidney Summit Projects

- June 2005 event designed as starting point for health system redesign for care of diabetes, kidney and heart disease patients
- Four project teams formed:
  - Multidisciplinary, HA administrative and clinical

Focus on demonstrable results from work

- Project #1: Policy Initiatives
- Project #2: Interdisciplinary Collaboration
- Project #3: Clinical tools for Complex Patients
- Project # 4: Patient Self Management



# Kidney Summit Projects

- Project #1, Policy Initiatives:
- promote prevention-related policy initiatives and decisions
  - Workshop planned for March '07
    - MoH, HA decision-makers, policy-makers to discuss strategies that promote implementation of policies that promote care integration



# Kidney Summit Projects

- Project #2, Interdisciplinary Collaboration:
- encourage collaboration among kidney, heart and diabetes communities
  - meeting in Nov to discuss barriers and develop solutions to integration, collaborative solutions re Heart and Stroke, Kidney Foundation and Diabetes
  - Pharmacare, Chronic Disease Management, Resource Utilization, ADM Health, GSC etc



# Kidney Summit Projects

- Project #3 Clinical Tools for Complex Patients:
- identify and promote shared clinical tools for kidney, heart disease and diabetes health professionals
  - review key elements of integrated care at clinical level
  - template based on elements that can be adapted by HAs in preparation
  - refinement of set of tools for common use in preparation



# Kidney Summit Projects

- **Project #4, Patient Self-Management:**
- enhance and promote patient self-management strategies
  - produced a document aimed at engaging providers in supporting patients to self-manage
  - coordinated education program and roll out planned



# Information Systems/ Statistical networks: IM/IS Provincial Steering Committee

- Formed late 2005; senior renal & IM/IT reps from all HAs
- Objectives:
  - To support seamless clinical care, administrative and research activities of BC renal community
  - Align with strategic initiatives of BCPRA, HARPs, MOH
  - To strengthen partnerships with Health Authorities' IM/IS





# Information Systems/ Statistical networks: IM/IS Provincial Steering Committee

- **Three subcommittees** – clinical, administrative and research – identify needs and priorities re:
  - hardware/software requirements
  - database application and functionality
  - implementation
  - access and analysis



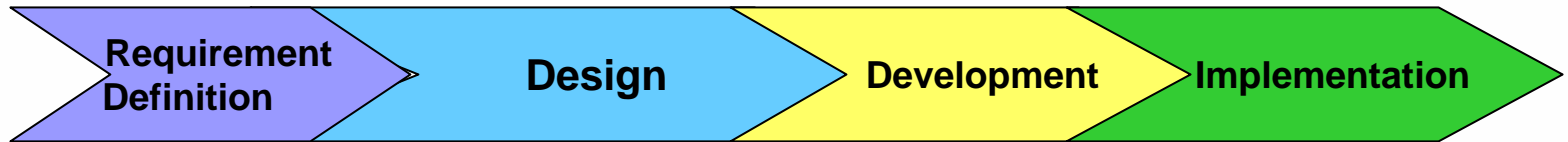
# IM/IS Provincial Steering Committee

- **Progress:**
  - Retreat held in April, development priorities identified
  - Current projects:
    - Patient Clinical Summary
    - Designer (Flexible) Reports
    - Requirements finalized, design phase started

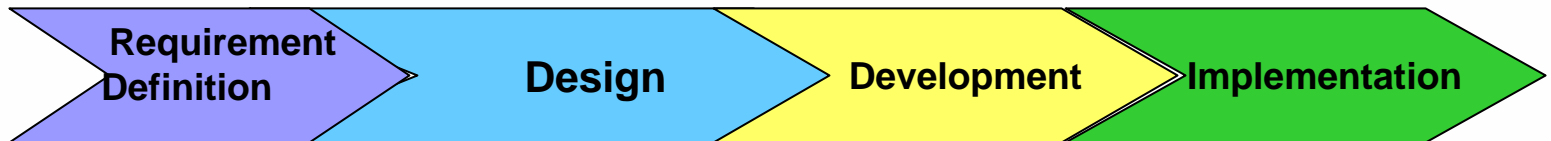


# Ongoing Projects 2006/07

## Patient Clinical Summary



## Flexible Reports



## Hardware and Software Updates, Version Control



October	November	December	January	February	March
<b>2006/07 Timeline</b>					



# IM/IS Accomplishments

- Ongoing system support and maintenance
- New module development
- Statistical support and methodology advice in all HA for
  - CQI initiatives
  - research projects
- Methodology advice to MOH and other groups re: database design & development



# Renal Resource Management/Planning Committee

- **Role**
  - Provides strategic direction, ensures co-ordination/integration of facilities, equip and supplies planning at HA and provincial levels
  - Key advocacy role re: common needs of renal cmty
- Marks a first in BC re: collaboration of all groups responsible for planning for a specific disease
- Facilities and Equipment Planning Group and Medical Supplies Advisory Group to report to RRMPS



# Renal Resource Management/Planning Committee

- **Provincial Planner** hired September 2006
  - In response to need for coordinated provincial plan and different resources available to different communities and HA
  - Supported by executive sponsors of all HA



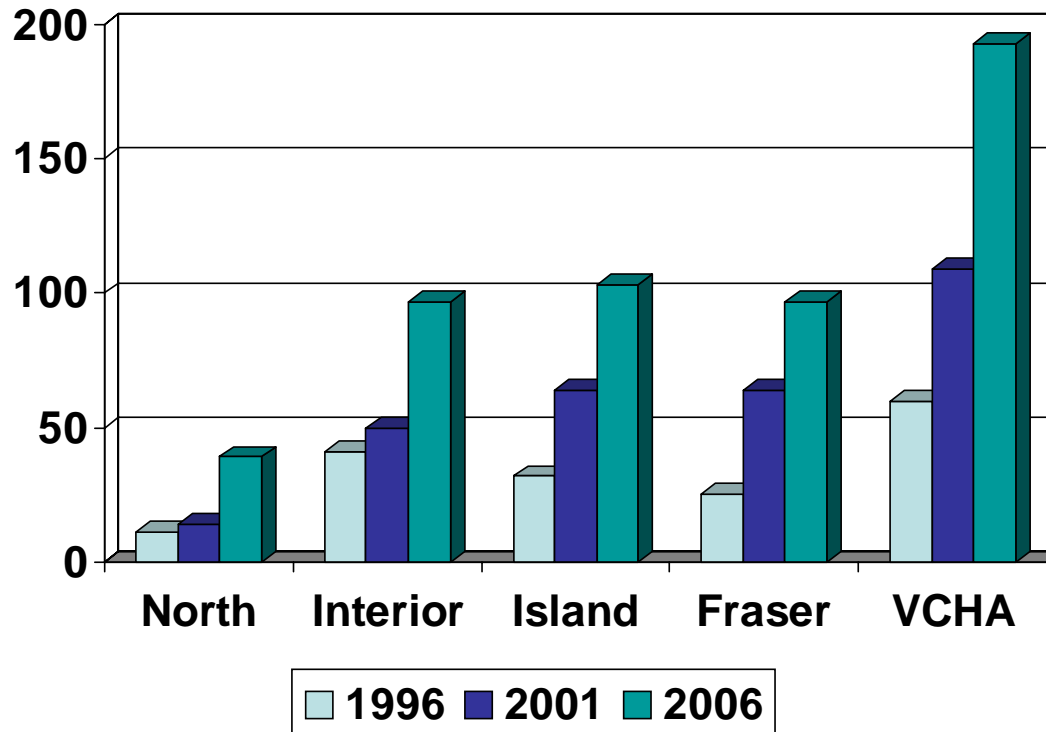
# Translating Resources into Care Capacity

## First, the positive news

- 66% increase in dialysis stations from 2001- 2005 (not counting home HD) in 18 communities:
  - North: more than doubled in capacity
  - Interior: nearly doubled in capacity
  - Island and Fraser: growth of > 50%
  - Vancouver Coastal/PHC: increase of 70%
- significant expansions to CKD clinics
- Home based therapies continue to ~ 30%
  - PD maintained ~25-28% provincially despite HHD



# Growing Dialysis Capacity In All Regions



**“Since health renewal began in 2001, your government has increased the number of dialysis stations by over 60% in communities across the province.”**

*-- Throne Speech*





# Translating Resources into Care Capacity

- **Then, the reality check:**
  - Growing patient population, geographically dispersed, increasing expectations for close-to-home care
  - Demand outstrips available resources
    - Increasing requests for dialysis units in remote areas
    - Lack of nursing positions/ sustainability
  - Need for creative solutions/approaches
    - Telehealth; mobile dialysis



# End of Life Care Working Group

- **Membership:**
  - reps across HAs from palliative care & nephrology; KFoC; UBC Faculty of Medicine
- **Goal:**
  - create BC model for EOL renal care based on best practices found locally, nationally, internationally



# End of Life Care Working Group

- Identifying potential initiatives:
  - refinement of guidelines, tools and protocols specific to EOL issues within renal care
  - review of EOL-specific education for nephrology fellows
  - development of a provincial system for case reviews of challenging situations



# Accreditation CCHSA Nov 2005

- CCHSA developed new standards called “Coordination and Partnerships” as a pilot
- Positive feedback re: PROMIS and Renal Formulary
  - *PROMIS listed as a “Leading Practice” in CCHSA’s annual Canadian Health Accreditation Report*
    - defined as “innovative and creative practices or processes that offer an idea or approach other organizations can replicate”
- Suggestions from accreditors
  - increase GP involvement;
  - work more closely with partner organizations to integrate all patients with kidney disease, including transplants into the existing processes



# Other Highlights: Health Outcomes and Evaluation Research

- 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)
    - 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: best practices
- .....*to name a few*



# Welcome Nephrology Fellows

## Post Clinical Training Research Fellows/Scholars

- Paul Komenda ( MHA)
- Monica Beaulieu (MHA)
- Catherine Weber (M Clin Epi)
- Tony Booth ( Post Doc)
- Jag Gill ( Transplant/ UCLA)

## Clinical Research Fellow, Transplantation

- Olwyn Johnston (Post Doc)

## 2<sup>nd</sup> Year Nephrology Residents

- Peter Guo (Chief Medical Resident)
- Khalid Al Tunaiji
- Fareen Din

## 1<sup>st</sup> Year Subspecialty Residents

- Elliott Chum
- Katherine Barraclough ( Australia)
- Ken McDonald ( UK)

## Pediatric Fellows

- Cherry Mammen
- Khalid Alsheikh
- Peter Trnka
- Rajiv Sinha



# Welcome New Nephrologists

- Dr. Peter Neufeld (VHA/ PHC)
- Dr. Nadia Zalunardo (VHA/ PHC)
- Dr. Mina Matsuda-Abidini (BCCH)



# 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 and professional groups
- All of you, the renal community makes renal care possible in BC





# Breakout Sessions

- Break out sessions
  - 2:15 – 5 pm
- Wine and Cheese reception
  - 5- 6 pm



Program



# Nephrology DAYS 2006

October 5–6, 2006  
Vancouver Convention  
and Exhibition Centre



**Attend**  
*leading edge learning sessions*

**Participate**  
*in interactive panel discussions*



**Connect**  
*with colleagues*



**Acquire**  
*information and tools you can use*

Enjoy the  
conference!



BC Renal  
Agency  
An Agency of the Provincial  
Health Services Authority