



# 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

# ***British Columbia's Innovative Approach to the Management of Home Dialysis (IAMHD) Program:***

*Where we started and what we have achieved*

Michael Copland  
Tracy Hughes  
Andrew Archondous  
Hope Sison

## Review of the timeline to present

- PRA asked to bring together a group for Provincial rather than Regional implementation of the program

***First jurisdiction in North America to have  
this therapy recognized by Healthcare  
providers***



# Provincial IAMHD Task Group: Guiding Principles

- To provide the highest quality dialysis possible in the most appropriate setting, promoting independent care to the degree that is appropriate for the individual patient.
- Independence may include **home-based** treatments, or treatments within **existing facilities** with the patient managing his or her dialysis with (appropriately) reduced staff input.
- Equitable access to care, with preservation of regional autonomy.



## Provincial IAMHD group

- *Equipment Selection*
- *Education Committee*
- *Ongoing Program Evaluation and Development*



# Current Program Status

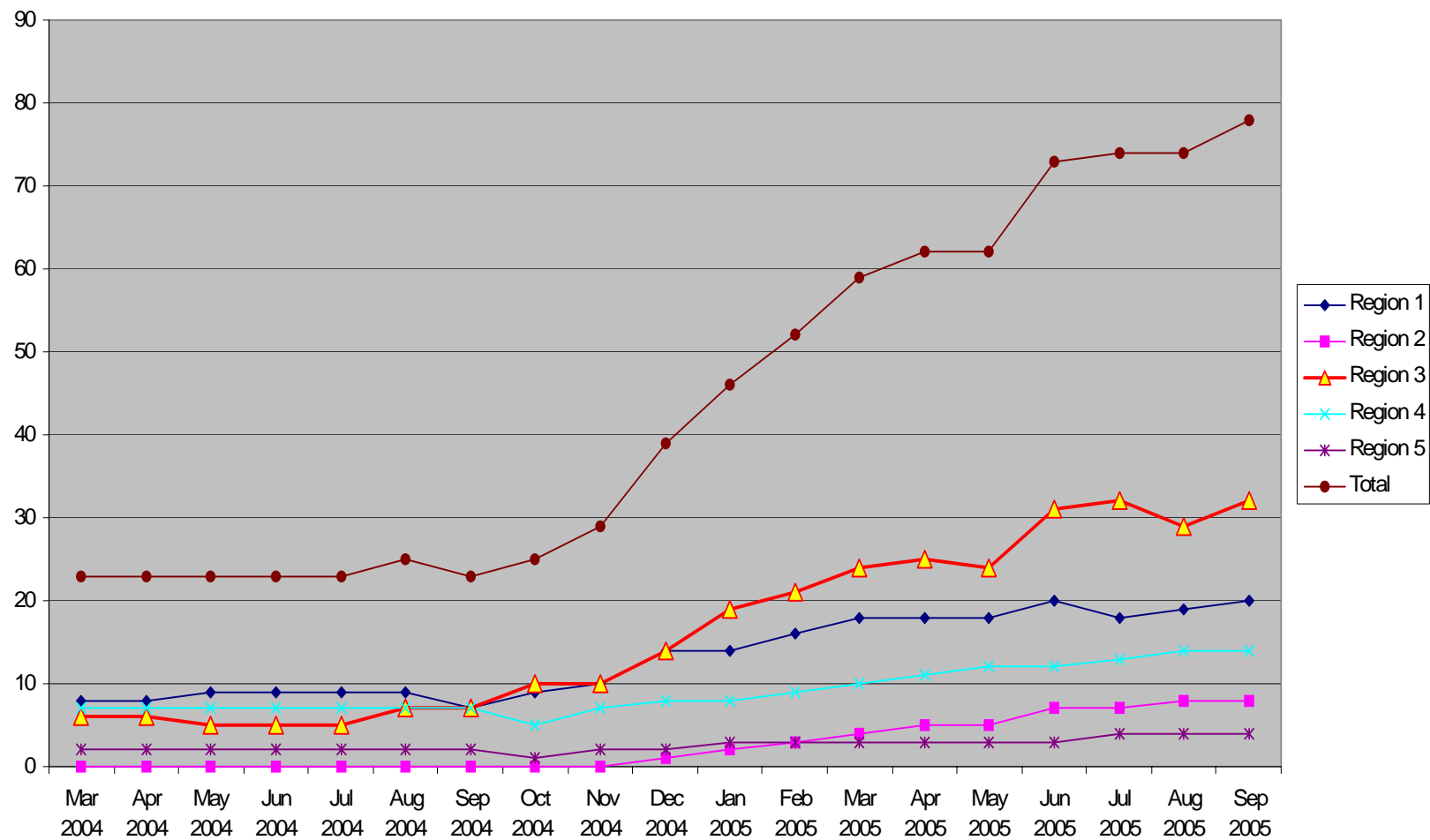


# Staff support

- 10 patient trainers hired around British Columbia for multiple training sites:
  - Fraser Health 1 site
  - Interior Health 4 sites
  - Northern Health 1 site
  - Vancouver Coastal 3 sites
  - Vancouver Island 1 site
- Provincial Medical Director
- Provincial Project Manager
- PRA Administrative support



# Home Hemodialysis Training (2004 - 2005)



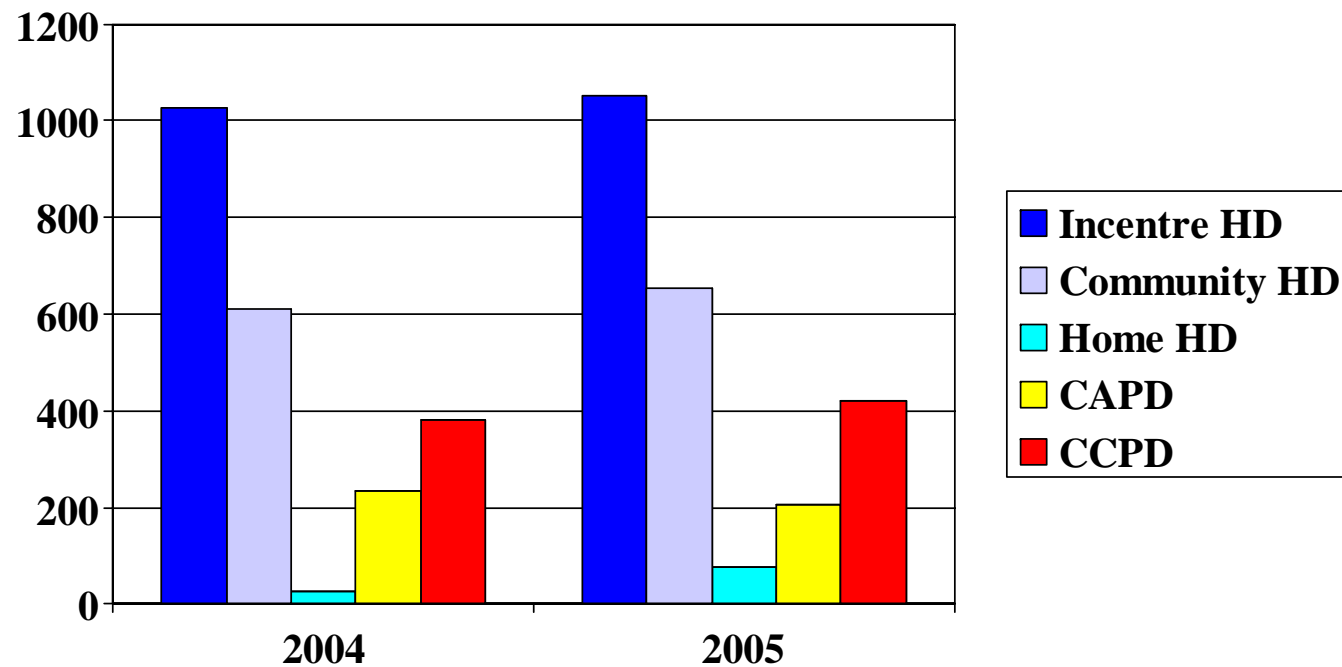


## Modality Distribution (September 8, 2005)....

<i>Modality</i>	<i>Number</i> <i>(Home or Training)</i>
Nocturnal	53
Short Daily	12
Conventional	18
<i><b>Total</b></i>	<b>83</b> <i>(includes 10 from pilot)</i>



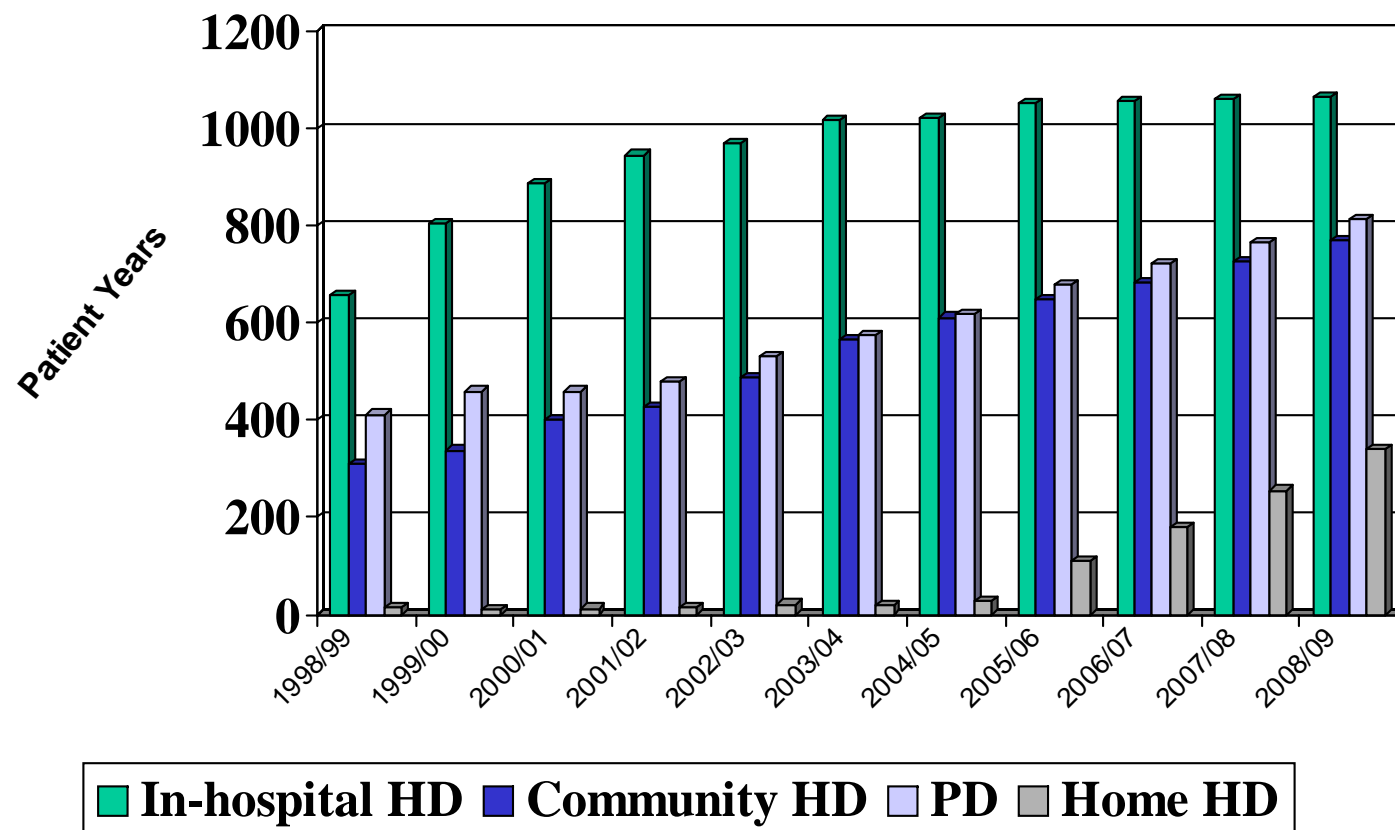
# Programs Growth 2004 vs 2005



\*Point Prevalence October 15, each annum



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



# Characteristics of the IAMHD Patient Population: Region 3



# IAMHD Population

Total number of patients assessed	130
Number Trained	49
Trained patient off program*	7
Training approved and pending	8
Assessed and declined (medical instability)	16
Assessed and declined (social issues)	14
Assessed and declined (home situation inappropriate)	14
Declined by patient	19
Assessed and declined (psychiatric instability)	5
Transplanted	3
Died	2



# IAMHD Population

- Baseline Demographics (N=49):

Average age	48.3	range 20 – 79
Gender		
Male	35	
Female	14	28.6%
Diabetic	11	22.4%
Access type		
• AVF	32	65.3%
• AVG	5	10.2%
• Permcath	12	24.5%



# IAMHD Population

- Co morbidities include:
  - Limb Amputee 2
  - Seizures 3
  - Amyloidosis 2
  - Symptomatic CAD 13
  - Significant vascular disease:
    - Aortic aneurysm 2
    - Stroke 1
  - Visual impairment 2
  - Functional impairment 3



# IAMHD Population

- Patient withdrawals from our program:
  - Total of 7 withdrawals
    - 2 deaths
      - 1 felt to be directly as consequence of treatment complication
    - 1 patient moved to different jurisdiction
    - 4 patients returned to incentre programs due to medical or social deterioration
      - 1 never dialyzed at home – withdrew on last day of training





# Cost Utility of Home Nocturnal Hemodialysis: British Columbia IAMHD Program



## Cost Per Patient Year by Modality

Cost per Incentre HD PY	\$34,099
Cost per Community HD PY	\$26,626
Cost per Home HD PY	\$28,680
Cost per PD PY	\$24,765

\* Costs do not include any renal medications



## Annual Cost Savings with Projected Growth

- \$1.2 million provincially
- Put into other terms:
  - 75 patients = a 15 patient unit that hasn't been built

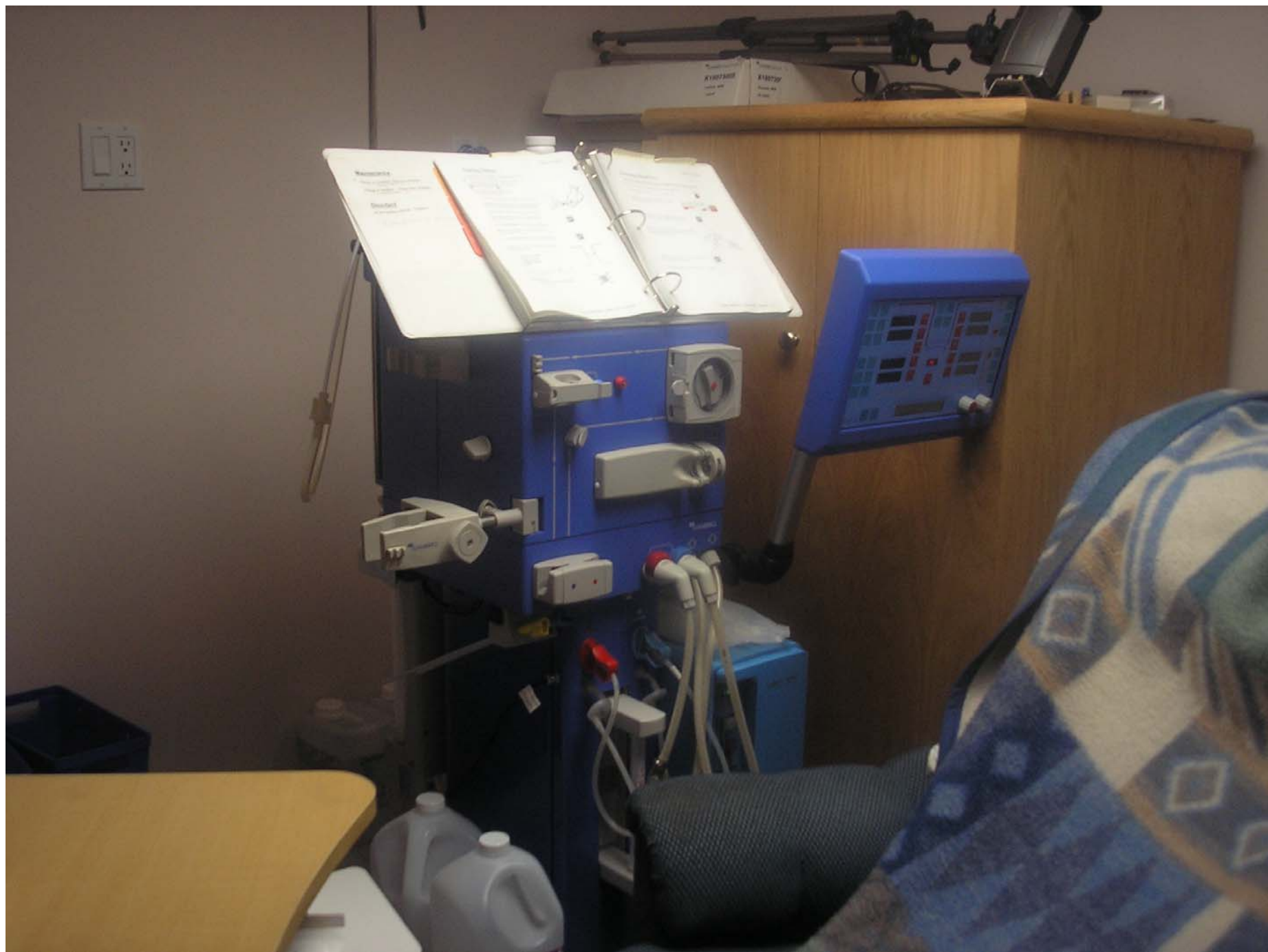


***Tracy Hughes***  
***Campbell River, BC***







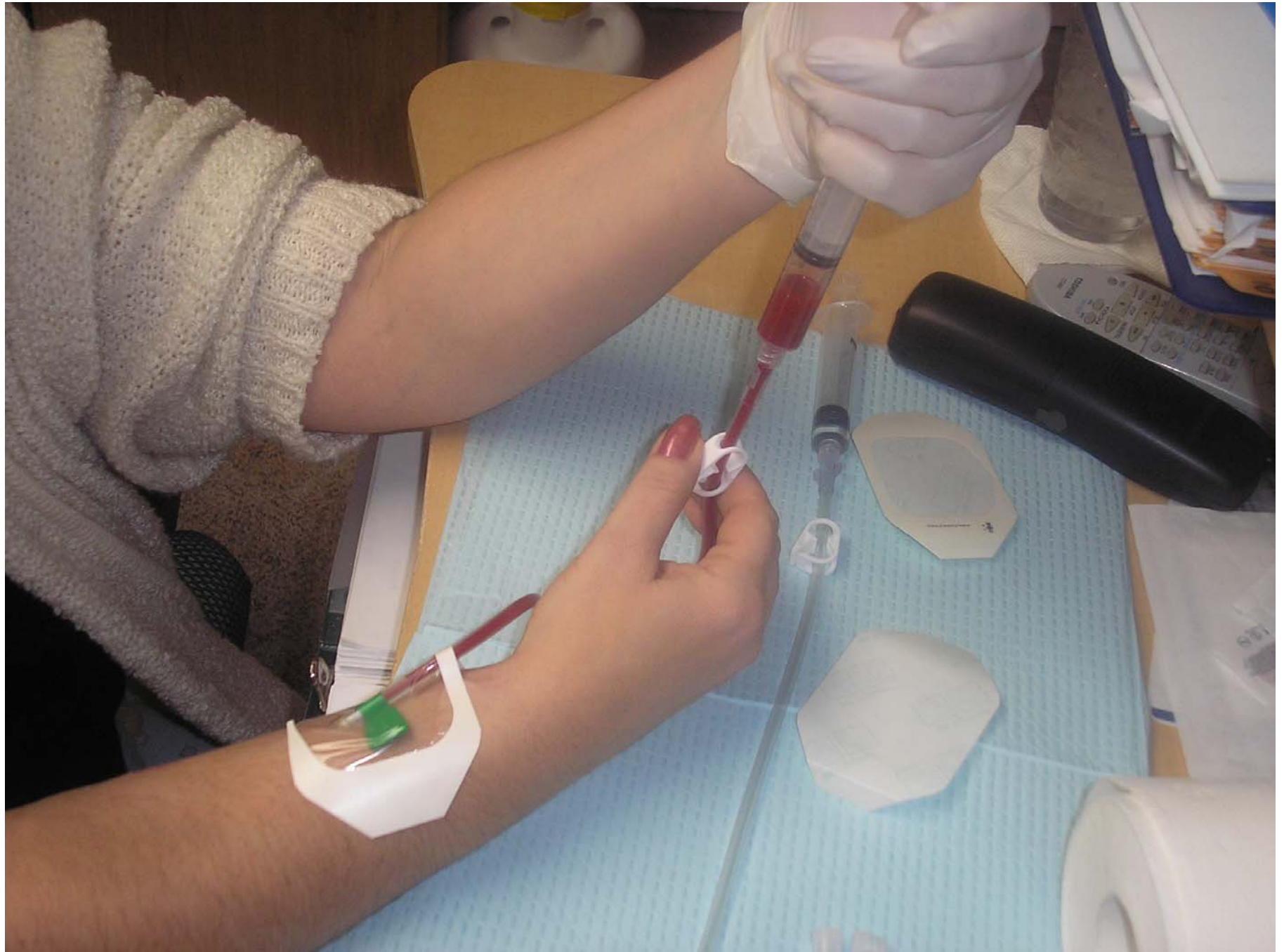






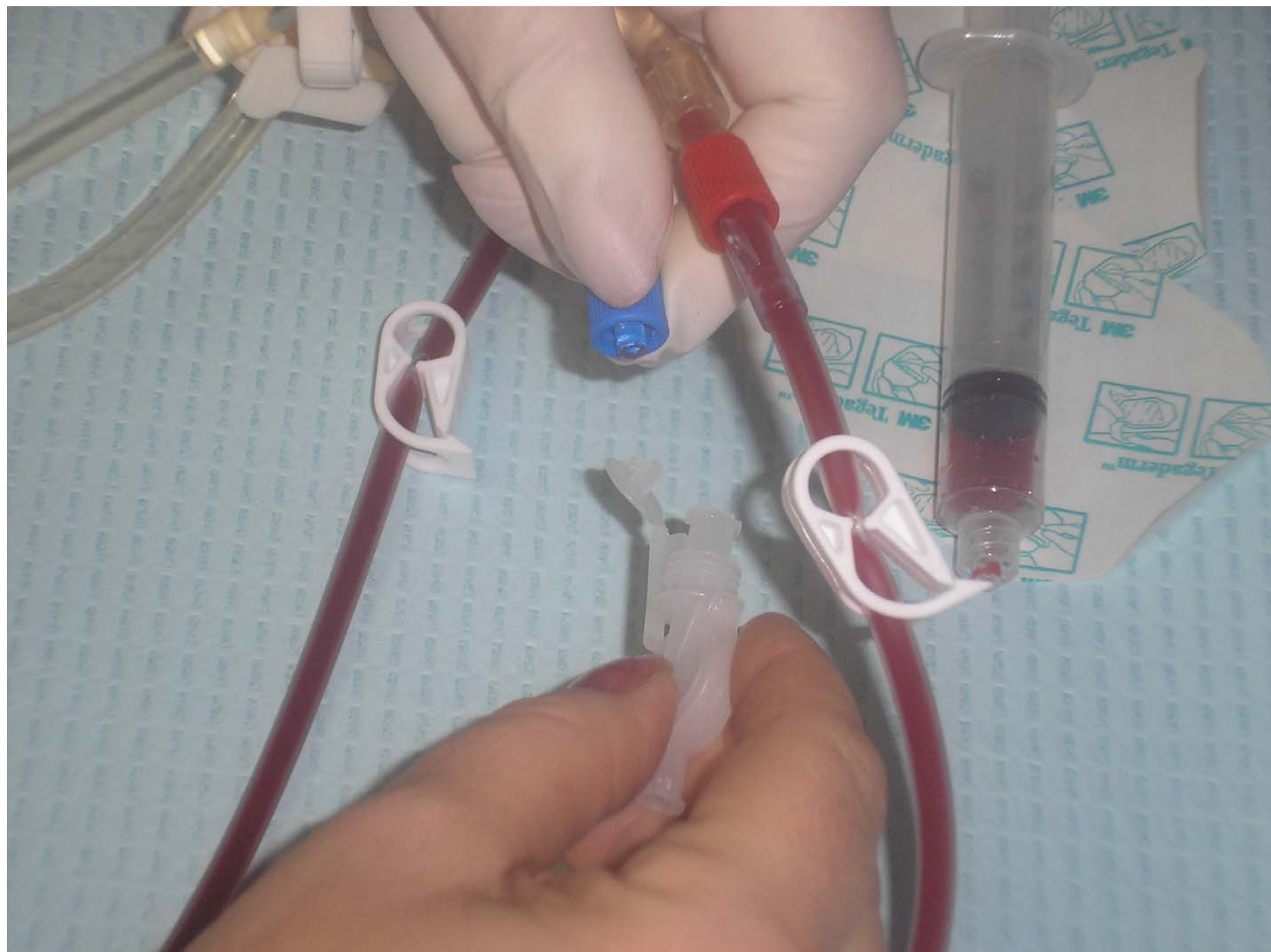


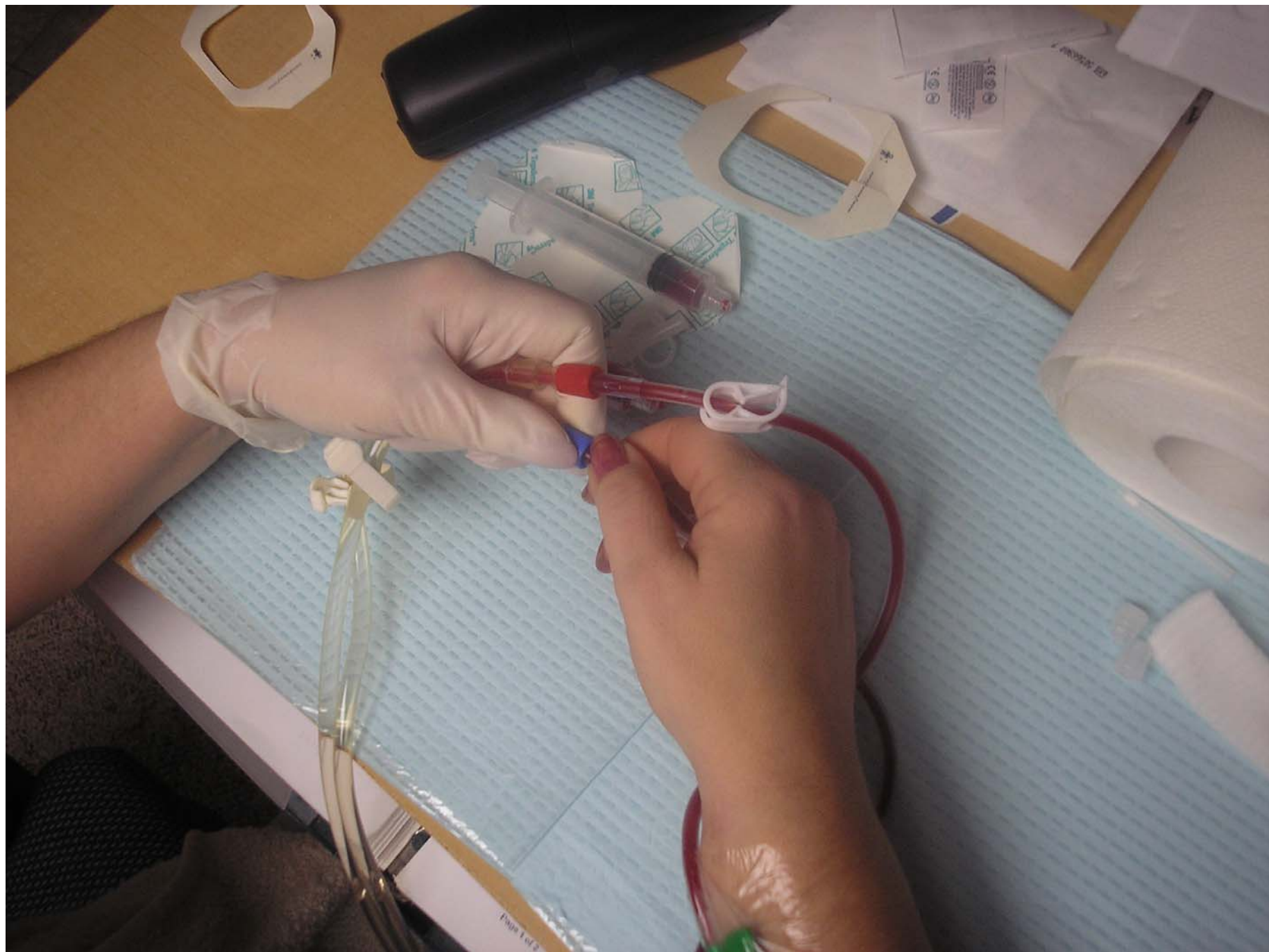




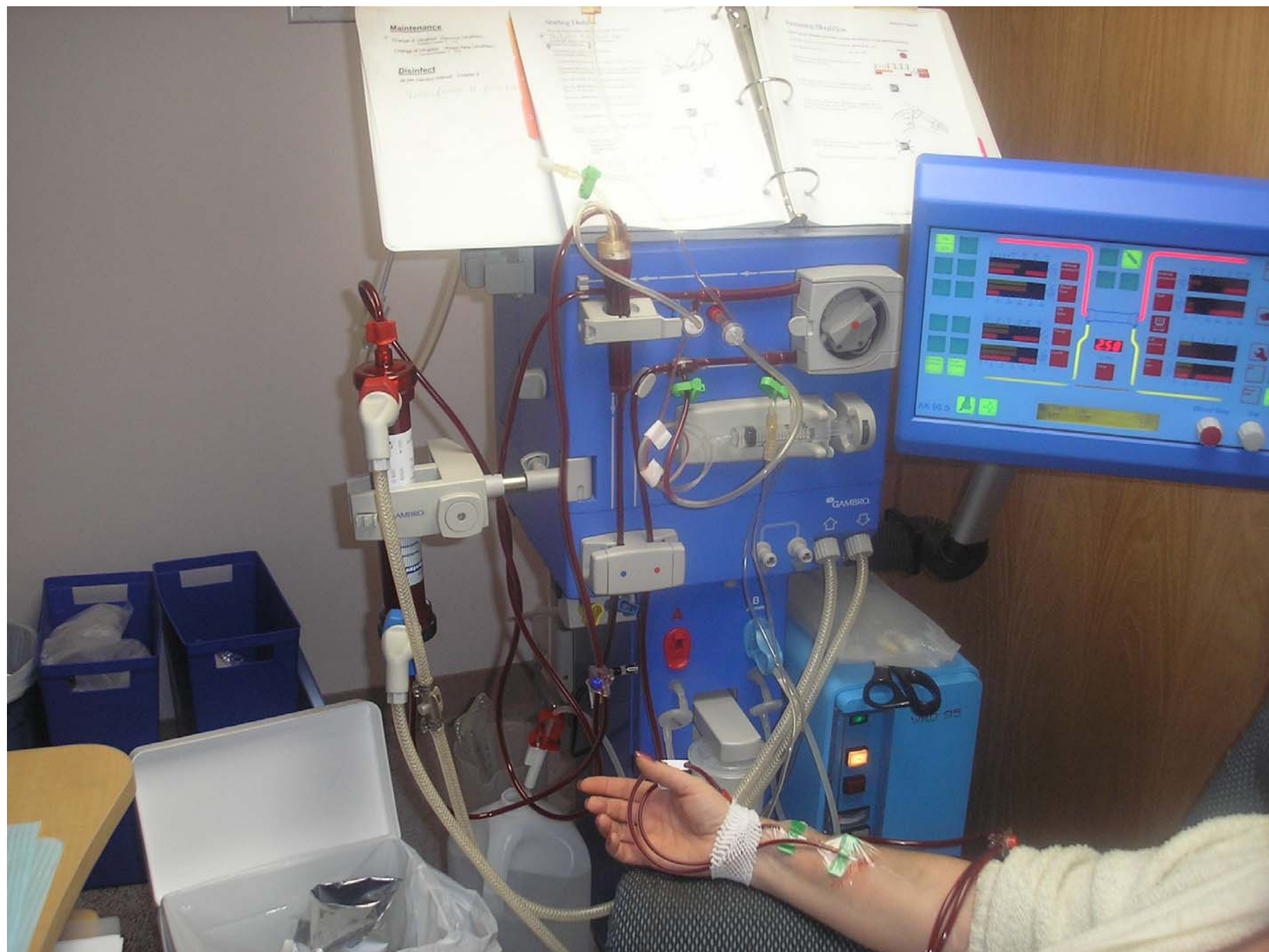














# ***Andrew Archondous***

## ***Westbank, BC***





# ***Hope Sison***

## ***Vancouver, BC***



## Concluding remarks / observations

- Have high expectations of your patients
  - More people than we give credit to can do home HD
  - Eyes, Ears, Fingers (or surrogate)
- I have learned a lot from the patients...
- Safety is paramount



## Next Steps...

- 2004 – 2005 has had emphasis on Home-based treatment
- Now we need to focus on independent dialysis within existing facilities
  - Independence may include home-based treatments, or treatments within existing facilities with the patient managing his or her dialysis with (appropriately) reduced staff input.



# Acknowledgements

- Provincial Renal Agency
- Ministry of Health / PHSA
- Patient Educators
- IAMHD Allied Healthcare Professionals
- British Columbia's Nephrologists
- Regional Administrators
- Gambro Healthcare Canada



