

CHRONIC KIDNEY DISEASE AND HOME AND COMMUNITY CARE IN BRITISH COLUMBIA

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BACKGROUND: Current focus on active aging emphasizes the support home and community care (HCC) provides to patients such as those with chronic kidney disease (CKD) that is common among older people who have comorbidities and functional limitations. There is limited information on HCC use among CKD. This study fills that void.

METHODS: Clinical (BC Renal Agency and BC Transplant-kidney transplants) and Ministry of Health (Consolidation, inpatient and HCC) data (2009/10) on 16,559 CKD patients (grouped into 'non-ESRD CKD', 'dependent dialysis' (in-center and community hemodialysis, HD), 'independent dialysis' (home HD and peritoneal dialysis), 'transplants and transitions' and 'other transitions' (all care transitions excluding transplantation)) were linked for a cross-sectional study with mixed modelling. HCC incorporated a wide range of services including home support, nursing and palliative care.

RESULTS: 'Non-ESRD CKD' was the oldest (mean=71.9±13.9), 'dependent dialysis' had the highest Charlson Comorbidity Index (CCI, mean=3.7±3.3), 'transplant' had the lowest deaths (2%), 'other transitions' had the highest hospitalizations (mean=2.9±2.3), 'independent dialysis' had the lowest proportion of patients with lower socio-economic status (SES, 42%). HCC use ranged between 26% ('dependent dialysis') and 4% ('transplant'). After adjustments (graph), CKD group variations in HCC use remained. The relative HCC use was not different across regions.

CONCLUSIONS: This study provides preliminary evidence that could support health authority decision-making for HCC service planning for a growing number of CKD patients in an aging society. Further studies are needed to explore the impact additional factors such as functional status and informal family support have on HCC use among CKD.