BCKD 2023

BC KIDNEY DAYS

Choosing the right visit for the right patient at the right time

Virtual kidney care in 2023 and beyond

Dr. Micheli Bevilacqua

Disclosures

I have accepted:

- Otsuka: honoraria, grant
- Sanofi: honoraria
- Bayer: honoraria
- Boehringer Ingelheim: honoraria
- AstraZeneca: honoraria
- Janssen: honoraria

To mitigate these conflicts: there is no discussion about use of pharmaceutical agents in this session

Objectives

- Understand the philosophy and benefits of interdisciplinary kidney care delivery and how this relates to virtual care
- Discuss results of the virtual health evaluation in BC KCCs
- Understand the advantages and disadvantages of virtual care in different clinical settings
- Understand a framework for determining ‘the right visit, for the right patient, at the right time’

BCKD 2023
BC KIDNEY DAYS

Remembering the before times

The philosophy of team-based kidney care

Team-based renal care

Renal care is multidisciplinary and team-based

- Renal team
  - Unit coordinators, nurses, dieticians, pharmacists, technicians, social workers, physicians, trainees, administrators
- Collaboration with external colleagues
  - Primary care, other specialists/services

Team-based care is **integrated**, not **sequential** or **parallel** services

Components of renal care

Education

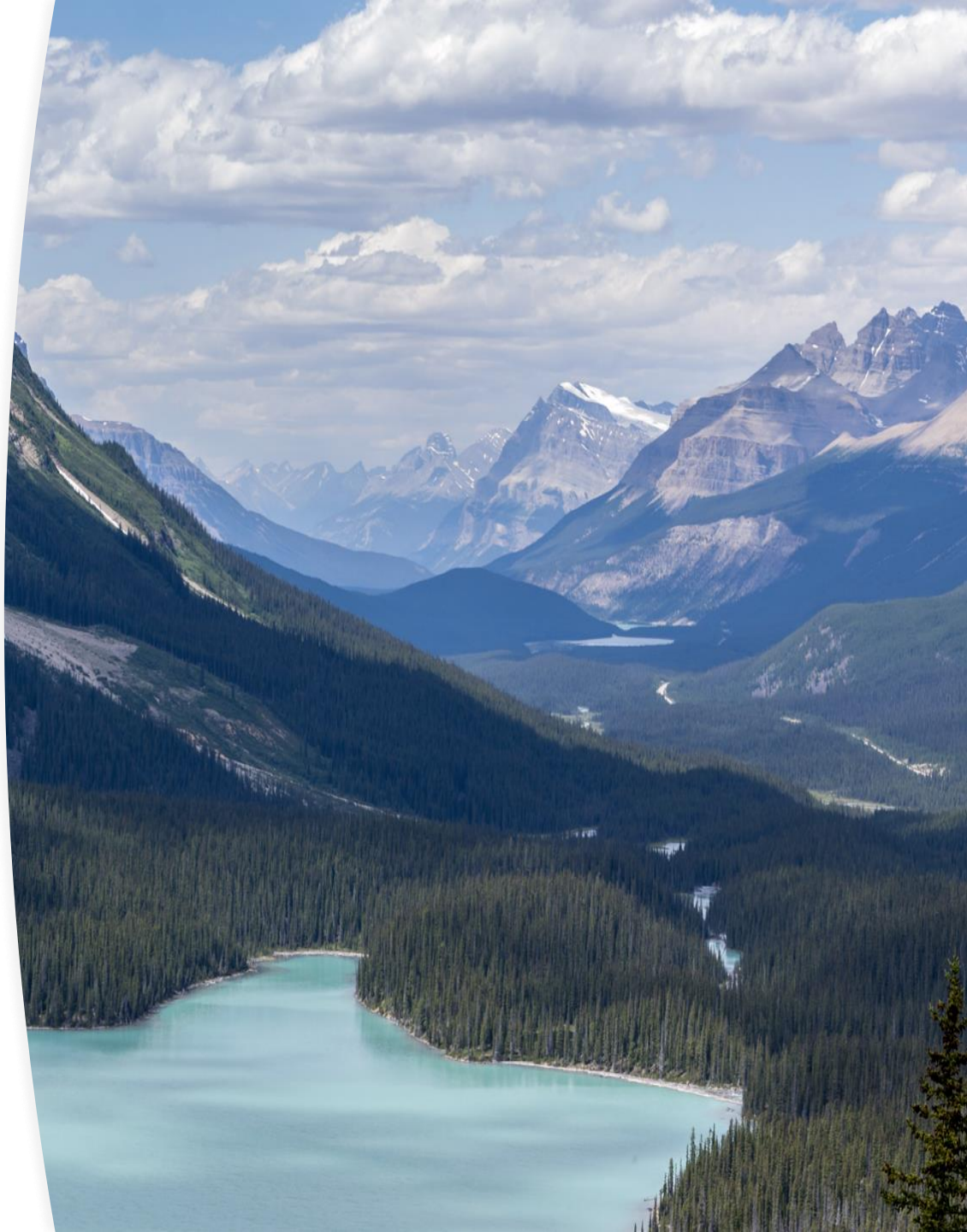
- General disease info to patients and families
- Self management
- Treatment modalities and decisions

Surveillance

- Blood work, imaging, other investigations
- Clinical encounters
  - Clinic visits and between clinics

Navigation

- Through the system: access to other specialists, procedures
- Transitioning to other treatment modalities, directions of care



Interacting with renal patients

A complex array of **multiple** interactions with **multiple** team members in **multiple** ways

Regular visits

- Targeted assessments with multiple providers, physical examinations, treatment decisions

Care between visits

- Supporting self management, treatment decisions
- Addressing issues between visits keeps patients out of hospital/reduces other care

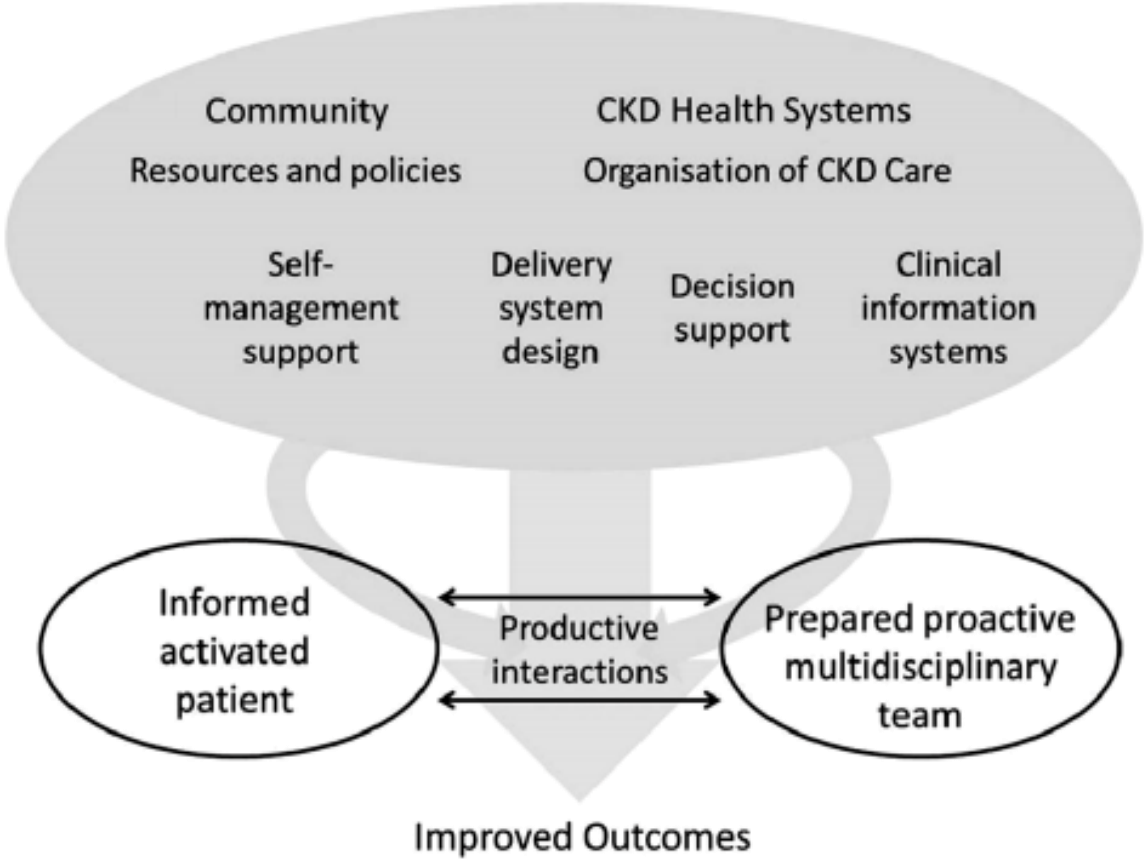
Formal and informal education sessions

- In person, group and webinar

Documentation between team members and external providers

- Paper charts
- EMRs, Hospital systems, PROMIS

Multidisciplinary CKD care improves outcomes



Johns, T.S., *BMC Nephrol* **16,** 161 (2015). https://doi.org/10.1186/s12882-015-0158-6

VOLUME 3 | ISSUE 1 | JANUARY 2013
http://www.kidney-international.org

COVID disruptions to proven renal care delivery models

Immediate response

- Clinics shifted from almost entirely in person to entirely virtual (phone and video) immediately following the lockdown
  - Variable depending on local factors, health authority support

Later response

- Reintroduction of in-person visits (often at reduced capacity)
  - Hybrid of virtual and in-person, requiring patient and task selection

Future responses?

- Some HA have set (arbitrary?) targets for virtual visits, planning clinic areas with reduced physical capacity

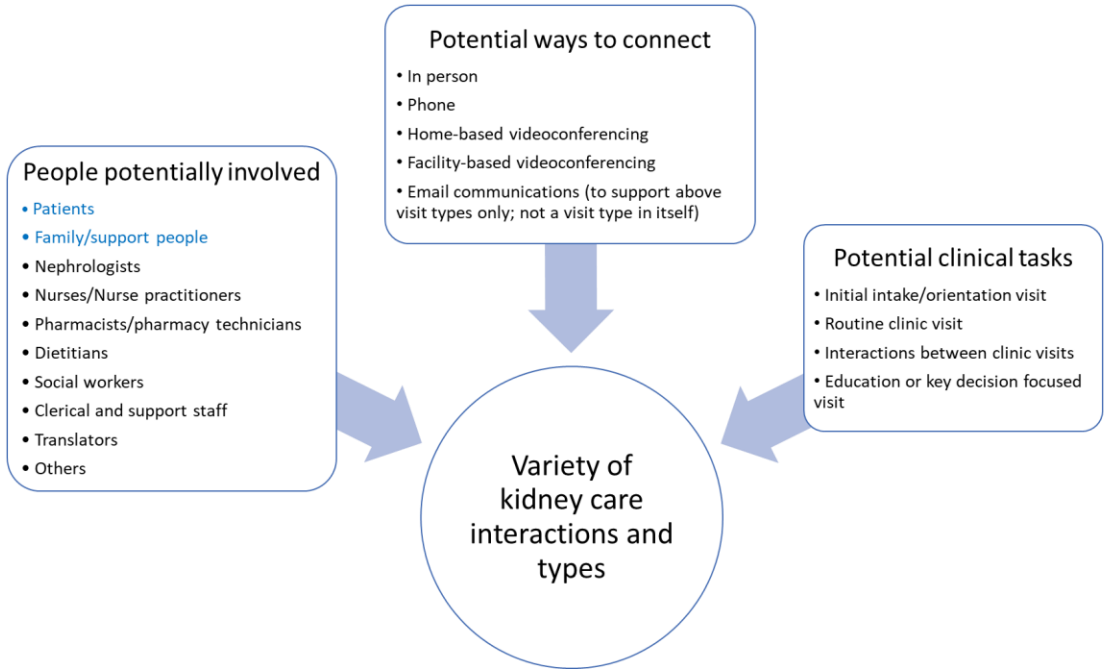
Evidence to guide integration of virtual care

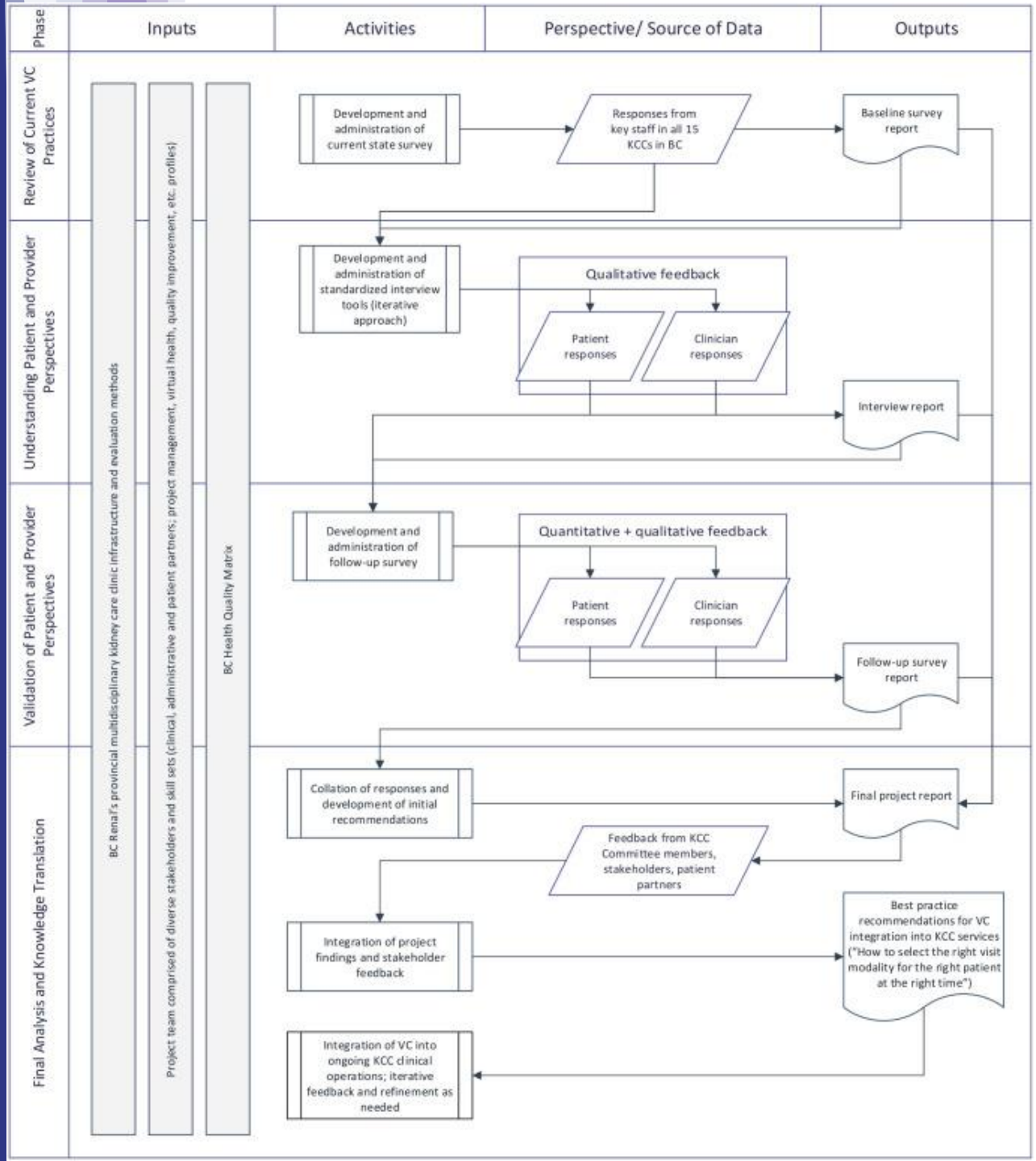
- Most VH evaluations are about use of the technology, not the care experience
- Various quality indicators exist for KCC care but designed without virtual care as a consideration
- No previously defined method to evaluate quality of care following changes in multidisciplinary care delivery models
- No guidance on how to select amongst different visit options

How do we select the right visit type, for the right patient and the right time?

Questions that have not been answered:

- Are patient and provider experiences and quality of care provided virtually the same as what is provided in person?
  - Is this different for different clinical tasks/types of visits?
- How can we equip our KCC teams to select between different visit types and support delivery of those visit types within a single clinic





Multiphase evaluation leveraging existing frameworks

- Clinic level feedback
- Semi-structured interviews
- Quantitative survey

Provincial Health Services Authority
Province-wide solutions. Better health.

Office of Virtual Health

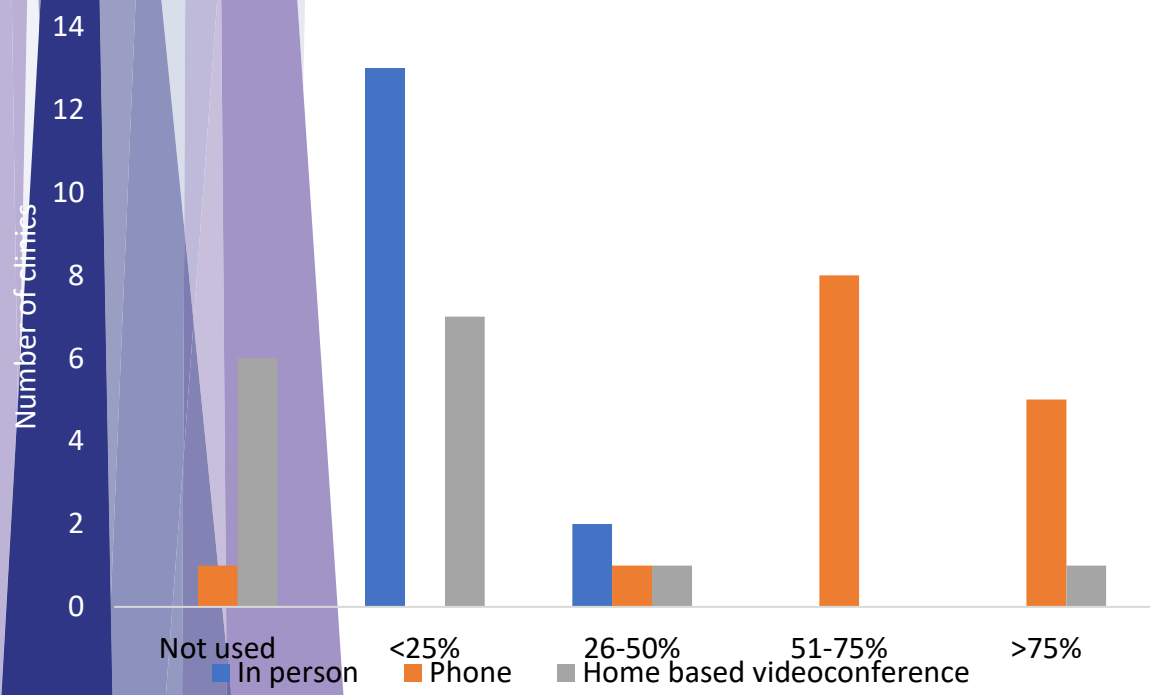
BCRenal

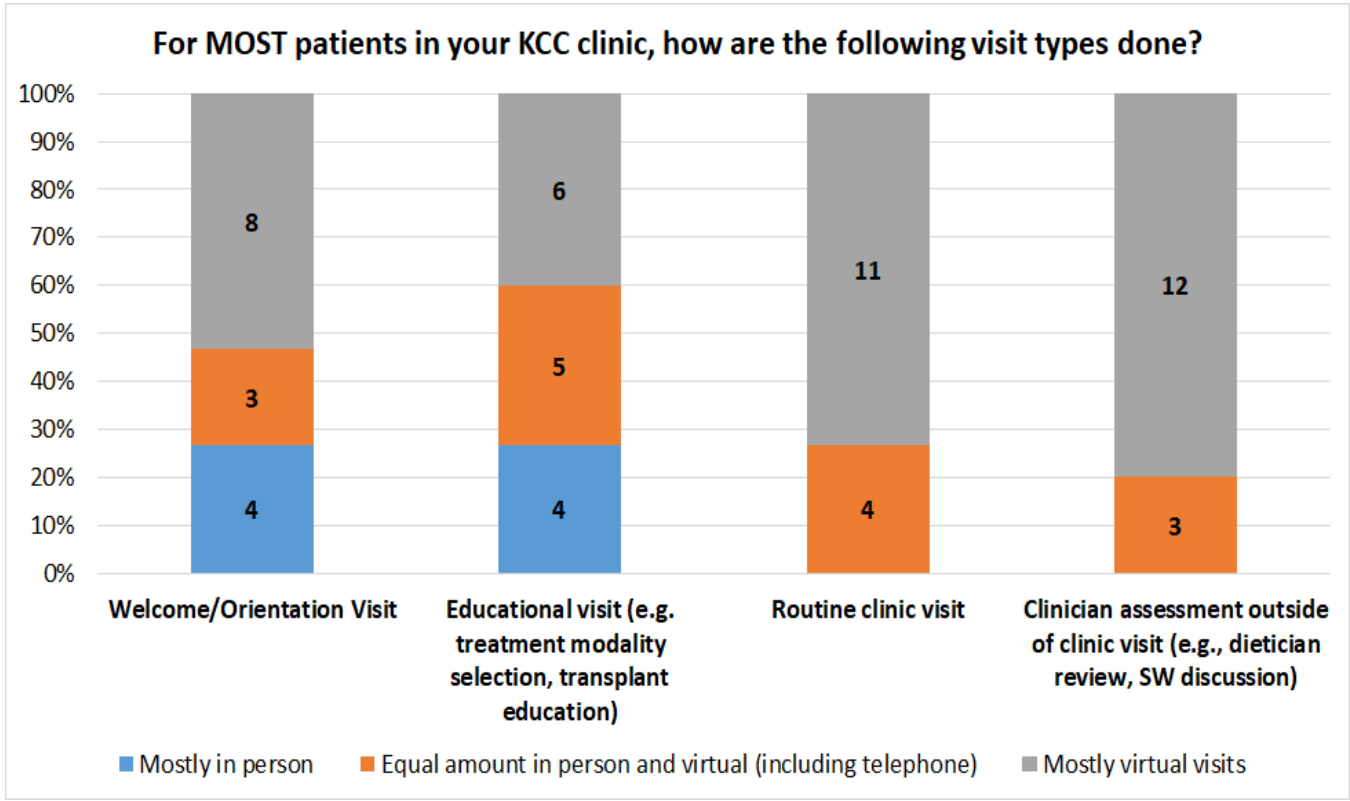
Figure 1:

7-Step Process for Project Planning and Evaluation

State of virtual visit integration in KCCs

Figure 2. Proportion of KCC visits conducted in each format





No clinics reported having a standardized method to select visit type; this was done on a case-by-case basis

Semi structured interviews

Patients/ Family Caregivers	Kidney Healthcare Provider
How have your kidney care clinic visits changed since the beginning of the pandemic?	How have patient visits changed for you since the beginning of the pandemic?
How has the combination of in-person and phone/ video visits affected your kidney care experience overall? What has been working well for you? What has been challenging?	How has the combination of in-person and virtual visits affected how you provide care to your patients overall? What has been working well for you? What has been challenging?
Are there times when you think in-person visits work better than visits by phone or video, and vice versa? Do you think there is any difference between phone and video visits? Please describe and compare.	How do you and your team decide whether to see a patient in person, by phone or by video?
What instructions and support have you received from your kidney care team to prepare you for your in-person, phone and/or video visits?	What instructions and support do you provide to your patients to prepare them for their in-person, phone and/or video visits?
How do you think we should best use in-person and phone/ video visits to support you in your kidney journey beyond the pandemic?	How do you think we should best use in-person and phone/ video visits in providing care for your patients in their kidney journeys beyond the pandemic?

Table 1: Components of the BC Health Quality Matrix

Dimension of quality care delivery	Perspective	Definition
Respect	Individual	Honoring a person's choices, needs and values
Safety		Avoiding harm and fostering security
Accessibility		Ease with which health and wellness services are reached
Appropriateness		Care that is specific to a person's or community's context
Effectiveness		Care that is known to achieve intended outcomes
Equity	System	Fair distribution of services and benefits according to population need
Efficiency		Optimal and sustainable use of resources to yield maximum value

Adapted from: BC Health Quality Matrix(17).

Key findings: Impact of VC on care experiences

- Generally positive feedback regarding convenience
- Tempered by some patients missing in person contact
- Staff report impact on workflows when integrating different visit types

"It's an hour and a half travel by public transit for me, and just to have a five-minute conversation saying you're stable… it doesn't seem like a good use of everyone's time." – patient (PP1)

"If they're used to seeing you and they notice a change in your personality, you can hide that very easily on the phone… So, if someone became depressed or something, they might miss it." –patient (PP5)

"How has it affected me as a clinician, I think it's been difficult, to be honest. I think it's not so much that any one way of seeing patients is particularly difficult, but I think the fact of doing the visits in so many different modalities, switching between them – often even within one clinic – it is taxing that there's a certain amount of added – let's call it – emotional load from just switching and that aspect of it." – social worker (HCP8)

Key findings: Impact of VC on care experiences

- Therapeutic relationships emerged as a key theme
  - Difficult to form new relationships virtually
  - Non-verbal cues can be missed when meeting virtually
  - Transition to VC felt to be easier where there was an existing relationship

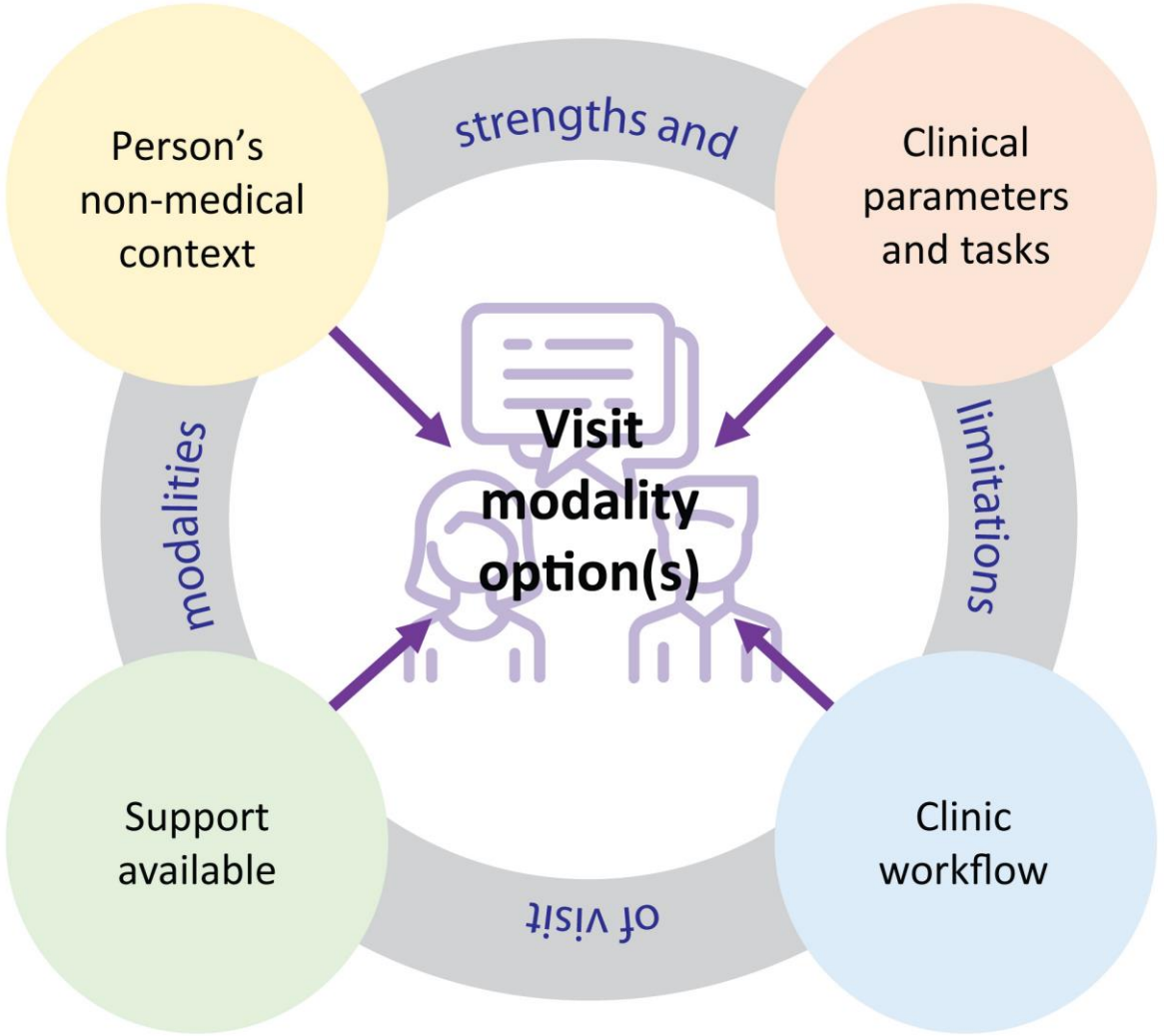
"If we already have a relationship established, then it seems to work okay with these virtual formats. I find that I can still get reasonable information if I'm asking questions in a different way and asking more questions." – nephrologist (HCP4)

"We don't know much about the patient, then we try to bring them in-person because we don't know them because we really want to see them in-person to read them so closely because over the Zoom, sometimes we can miss it, or you want to build the rapport with them." –nurse (HCP5)

- Communication and consistency is important

"How do we keep consistent with the same people getting the same information would be really helpful. Like when assigning a patient to a doctor in that clinic, you will always attend that clinic. Because we've seen all three [KCC team members], and we've got three different sets of answers and three different assessments." –family caregiver (FP1)

Key findings: Considerations when choosing a visit type



Okay, so the kind of person that you'd come in and you'd see for 15 minutes once a year or 15 minutes or half an hour once a year saying, 'Yeah, you're doing well. Carry on.' That type of person it <a virtual visit> is working well for. – nephrologist (HCP8)

"For the people that are a bit technology challenged, then they might be missing on that. Then the other part is, is that fair for them? Because they might be the one that would benefit the most from it." – pharmacist (HCP 3)

"I think that maybe every once in a while to pepper in an in person visit. It kind of just also gets me out of the house, and… people can actually see each other and see what's going on… It's sometimes hard to understand emotions over the Zoom or the phone." – patient (PP2)

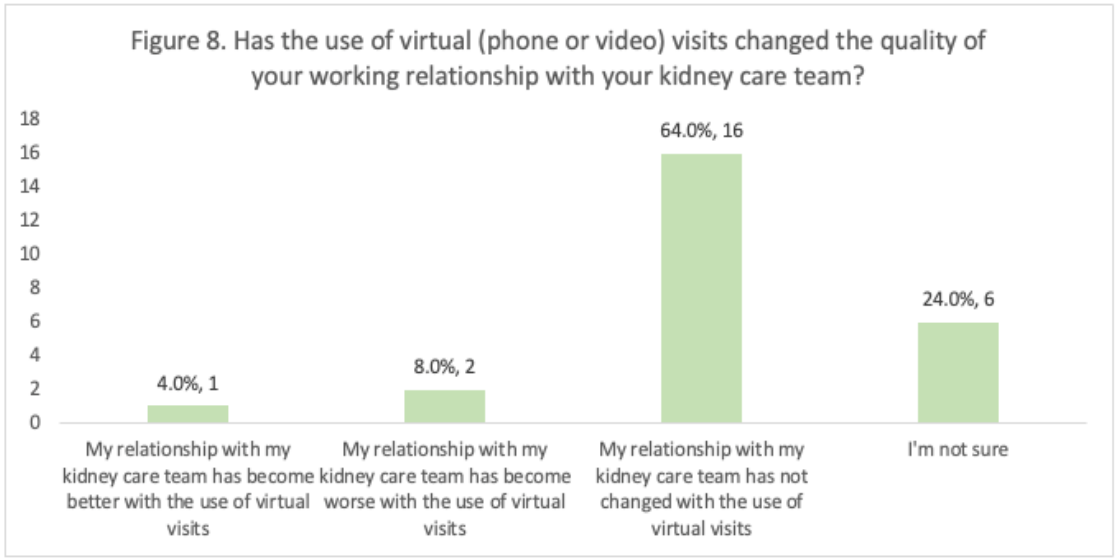
Quantitative validation of findings

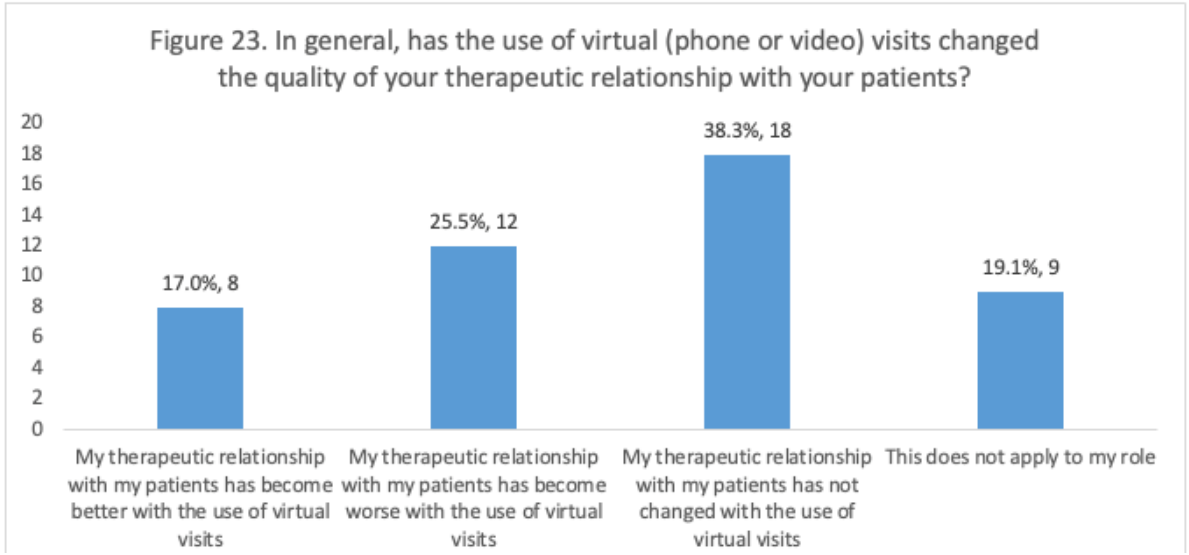
- Online survey, translated (Punjabi, traditional and simplified Chinese)
- 37 patients, 48 providers
  - Good representation of providers across BC, less so for patients
- Challenges in recruitment
  - Difficult time to recruit patients, fewer coming into clinics
  - Challenging time for project team bandwidth

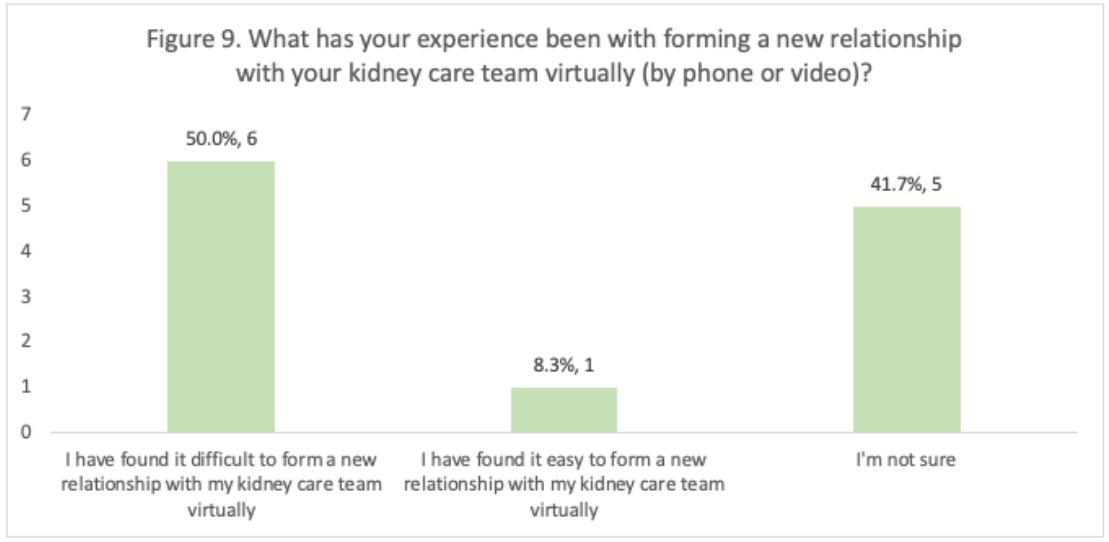
ਕੀ ਤੁਸੀਂ ਬੀ.ਸੀ. ਕਿਡਨੀ ਕੇਅਰ ਵਿਚ ਮਰੀਜ਼ ਜਾਂ ਪਰਵਾਰਕ ਸਿਹਤ ਸੰਭਾਲ ਕਰਨ ਵਾਲੇ ਹੋ?
ਭਵਿੱਖ ਵਿਚ ਬੀ.ਸੀ. ਵਿਚ ਗੁਰਦਿਆਂ ਦੀ ਦੇਖਭਾਲ ਬਿਹਤਰ ਬਣਾਉਣ ਵਿਚ ਸਾਡੀ ਮਦਦ ਕਰੋ - ਕਿਰਪਾ ਕਰ ਕੇ ਸਾਨੂੰ ਆਪਣੇ ਅਨੁਭਵ ਦੱਸੋ ਵਿਅਕਤੀਗਤ ਤੌਰ ਤੇ, ਫ਼ੋਨ ਜਾਂ ਵੀਡੀਓ ਰਾਹੀਂ।

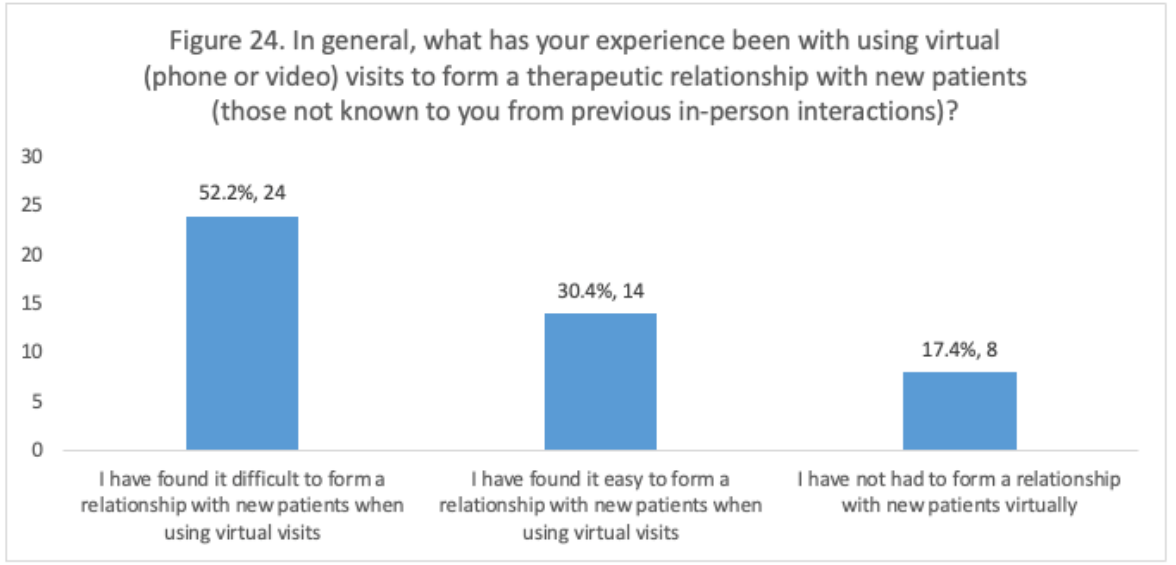
ਅੰਗਰੇਜ਼ੀ, ਟ੍ਰੈਡੀਸ਼ਨਲ ਚਾਈਨੀਜ਼, ਸਿੰਪਲੀਫ਼ਾਈਡ ਚਾਈਨੀਜ਼ ਜਾਂ ਪੰਜਾਬੀ ਵਿਚ ਉਪਲਬਧ ਹੈ।
ਕੋਈ ਸਵਾਲ? ਸਾਡੀ ਪ੍ਰੋਜੈਕਟ ਟੀਮ ਨਾਲ bcrenal@bcrenal.ca ਤੇ ਸੰਪਰਕ ਕਰੋ ਜਾਂ 604-875-7340 ਤੇ ਫ਼ੋਨ ਕਰੋ।
Punjabi

Key findings: Therapeutic relationships



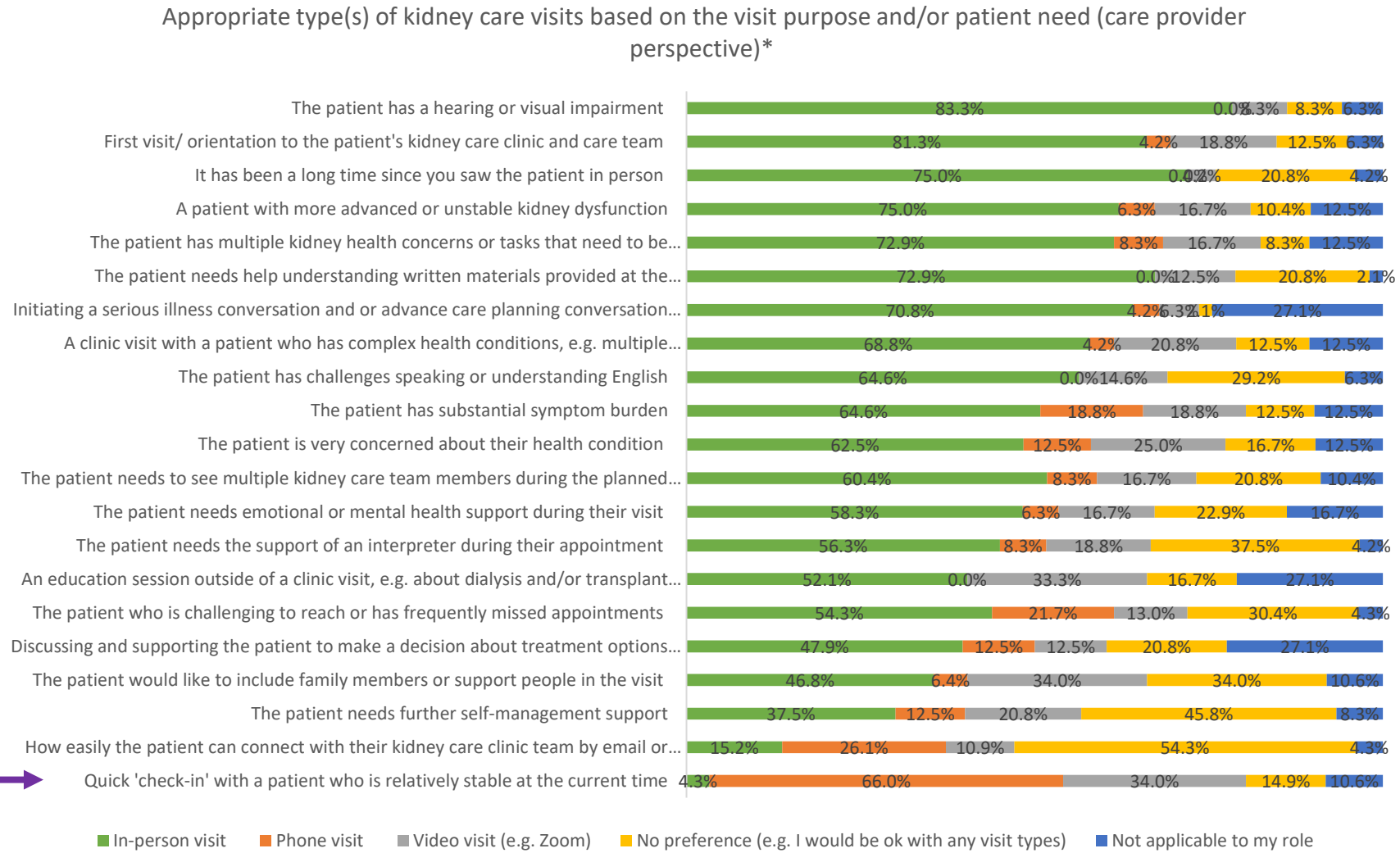






Care providers visit preferences

More complex tasks, situations = greater preference for in-person care



Patient visit preferences

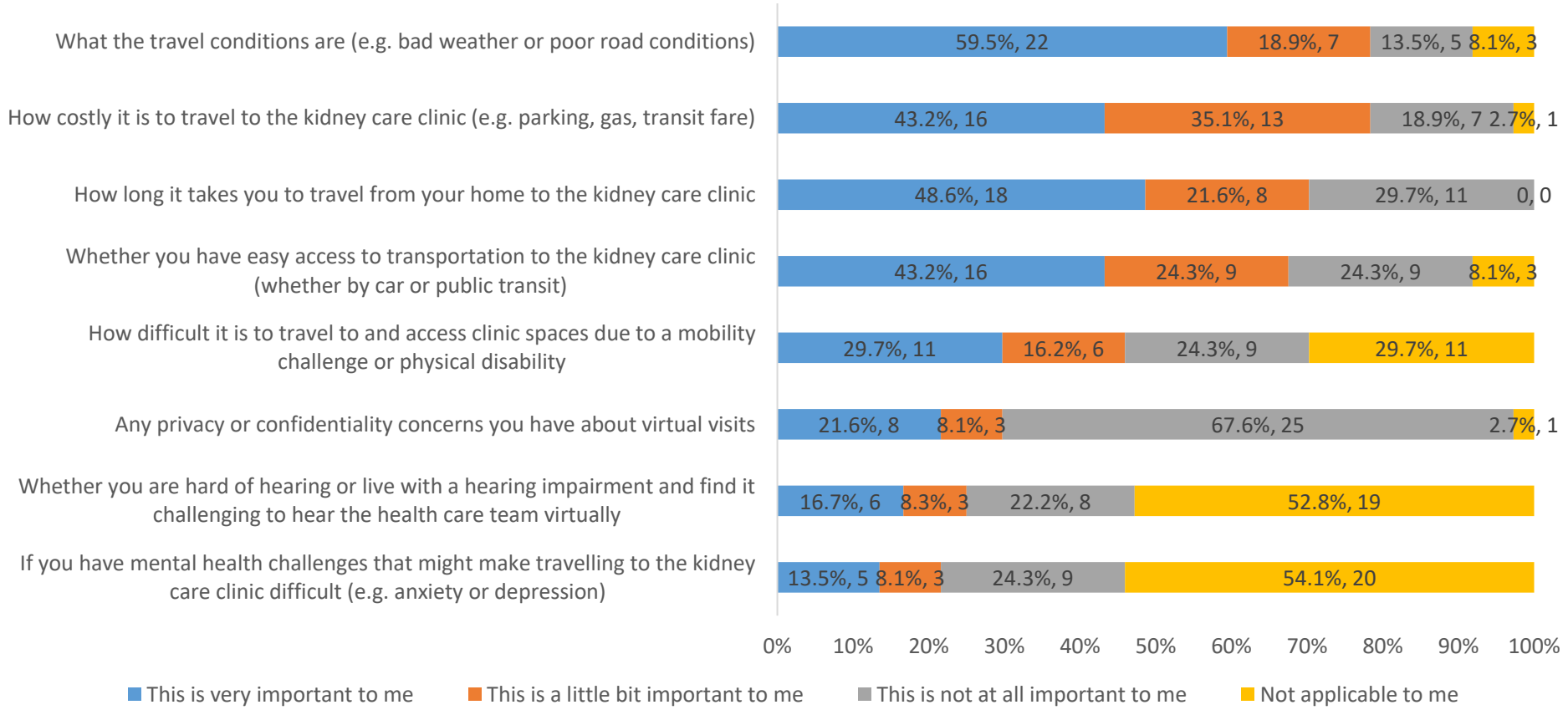
Almost identical to provider responses

Figure 5. Appropriate type(s) of kidney care visits based on the visit purpose and/or patient need (patient perspective)*

Non-clinical influences on visit selection

When there is no strong clinical indication one way or another, practical considerations predominate

Figure 4. Considerations that may influence the choice between in-person and virtual visits



Clinic operation considerations

Note that in the visit preference responses, in many situations, clinicians felt a video visit would be more appropriate than phone

Figure 19. In general, do you feel that the time it takes to prepare and set up for phone visits is the same as it is with in-person visits?

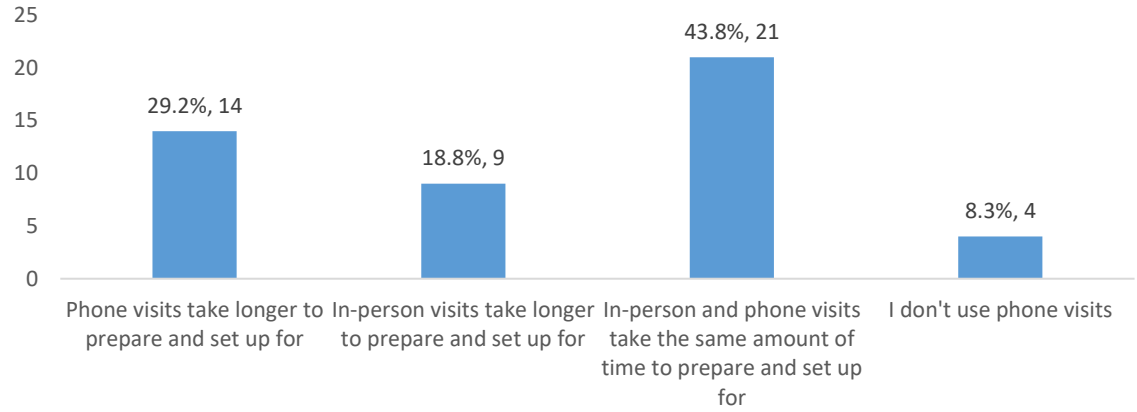
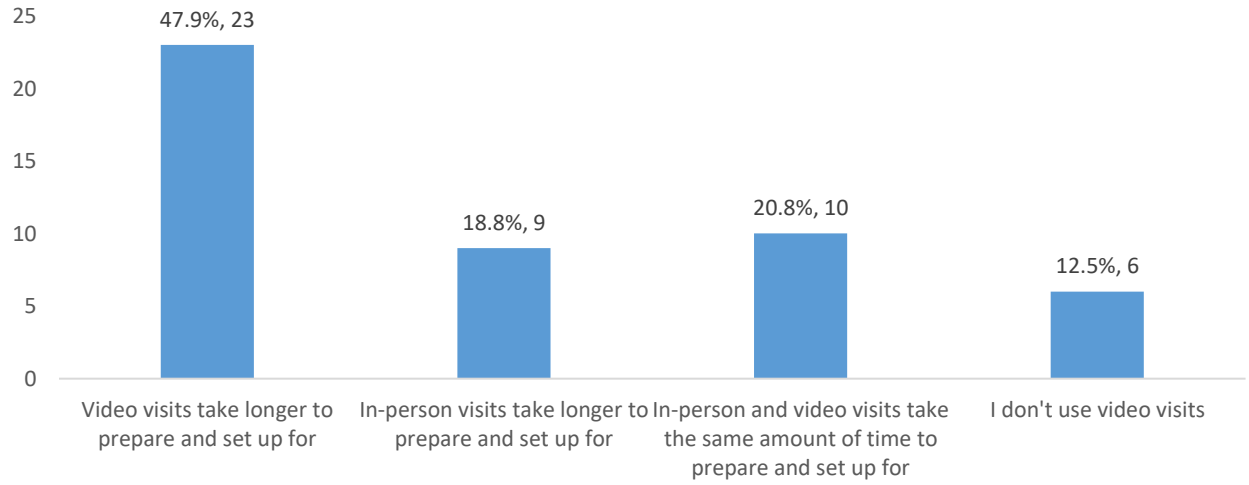


Figure 20. In general, do you feel that the time it takes to prepare and set up for video visits is the same as it is with in-person visits?

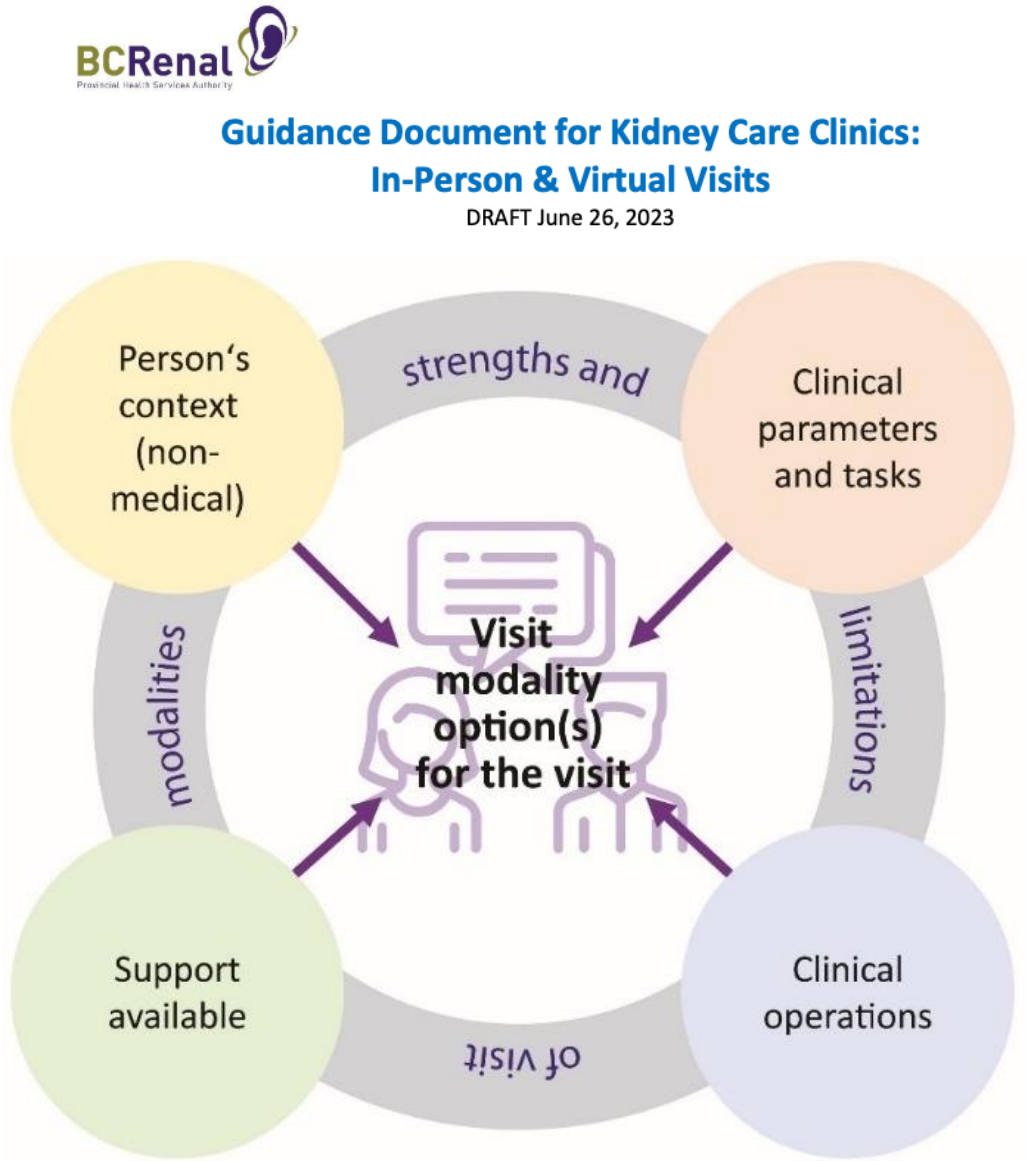


Putting it all together

Stepwise approach to visit selection suggested:

1) Determine ability to do virtual visits, document consent where needed
2) Assess if there is a clinical reason to see in person vs virtual
   - More complex visits, in person is the preference
   - ‘Quick check-in’ visits seem to be the ideal for virtual
3) Ensure patients do not go too long without being physically seen

Developed so that the KCC team can take the lead on much of this and ask for MD guidance where needed



1. **Assess all KCC patients for their consent and capacity to do virtual visits/education sessions. Record outcome in patient record/PROMIS (see Appendix 1 for screenshot).**

   Considerations:

   a) Phone:
      - Does the patient have a phone with connectivity?
      - Is the patient's hearing satisfactory?
      - Is the patient able to speak and understand English? Challenges have been identified in use of translators during virtual visits

   b) Videoconference:
      - Does patient have a device for videoconferencing (smartphone, computer, tablet)?
      - Does patient have a stable internet connection?
      - Does patient know how to use the device for videoconferencing?
      - Is the patient's vision and hearing satisfactory?
      - Is the patient able to speak and understand English?
      - Where feasible, it may be beneficial to do a 'test call' in advance of the clinic visit to avoid interrupting clinic flow due to technical issues

2. **Assess each patient in advance of their scheduled clinic visit for the clinical appropriateness of an in-person vs virtual visit.**

Considerations:

a) Situations where In-person visits may be preferred:
   i. First KCC visit/orientation to the KCC and care team
      - First visit/initial orientation to the KCC is appropriate to offer virtually in a group setting (e.g., focus of KCC, team members, basic kidney education, etc)
      - Follow-up patient-specific orientation is best done in-person and 1:1 (e.g., status of kidney function, goals, etc).
   ii. Physical examination needed. e.g., fluid status, dialysis access exam (PD or HD)
   iii. Developing transition plan for kidney transplant or dialysis
   iv. Initiating a serious illness conversation &/or advance care planning (ACP) conversation
   v. Rapidly worsening &/or unstable kidney function
   vi. Substantial symptom burden related to kidney disease
   vii. Patients with hearing impairments or language barriers
   viii. Nutrition/growth issues (pediatrics)

b) Situation where virtual visits may be preferred:
   i. Patient with stable kidney function requiring a "check in" visit (high proportion of KCC visits).

3. **Efforts should be taken to ensure that any one patient does not go too long without physically attending the clinic.**

   a) If visit frequency is more often than annual, attempt to schedule at least one in-person visit per year.
      - Consideration: Weather/travel may impact the preferred timing for the in-person visit.

   b) If visit frequency is annual, attempt to schedule at least one in-person visit every 2 years.

   If these timelines have been met and there is no clinical indication for an in-person visit, then patient preference is honored. If there is a clinical indication for an in-person visit but the patient requests a virtual visit, then further exploration of the barriers and an explanation of the rationale for an in-person visit is important.

4. Considerations around usage of virtual group education sessions:

a) First visit/initial orientation to the KCC and care team
b) Transplant education
   - Initial education is appropriate to offer virtually in a group setting (e.g., what is a transplant, how to go about living donor outreach, etc)
   - Follow-up patient specific education/discussion and assistance with decision-making is best done in-person and 1:1.
c) Dialysis and conservative care education
   - Initial education is appropriate to offer virtually in a group setting (e.g., what is dialysis? Conservative care?)
   - Follow-up patient specific education/discussion and assistance with decision-making is best done in-person and 1:1.

NOTES:
a) For group virtual education sessions, content will require adapting to encourage participant engagement, and staff guidance for effective delivery of virtual sessions
b) Capacity within the KCC to maintain individual, in-person education sessions will continue to be required for patients not appropriate for virtual and/or group education.

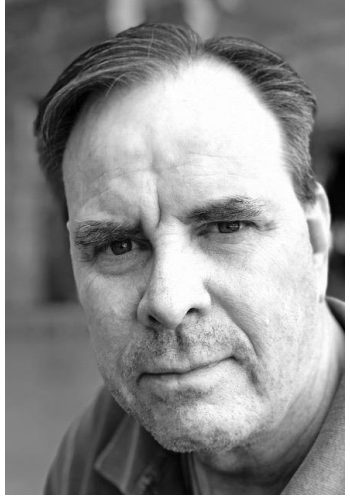
Although not a visit type *per se*, many clinics are finding this to be a great place to use virtual tools

Summary

- We now have an informed method to determine ‘The right visit for the right patient at the right time’ based on:
  - An understanding of the philosophy of team-based kidney care
  - Patient and provider feedback
  - Strengths and weaknesses of the visit types themselves
  - Clinical and individual situations where some visit types are better than others
- As we continue to use a hybrid of in-person and virtual care, we can make sure we are using both to their full potential so that the hybrid is better than either alone

- Anne Logie

Thanks to the Virtual Health Evaluation team and everyone who participated in our evaluation!



Paul Watson

Yuriy Melnyk

Helen Chiu

Dominik Stoll

Julie Wei

Janet Williams

Not pictured: Robin Chohan, Michele Fryer, Brenda Lee

Questions and discussion