

VIRTUAL CARE EVALUATION IN BC'S MULTIDISCIPLINARY KIDNEY CARE CLINICS: STUDY RESULTS



Office of Virtual Health
Connecting for health

Yuriy Melnyk¹, Helen Chiu¹, Anne Logie¹, Paul Watson¹, Robin Chohan³, Marlee McGuire³, Michele Fryer³, Brenda Lee¹, Julie Wei³, Dominik Stoll³, Janet Williams¹, Micheli Bevilacqua^{1,2}

¹BC Renal; ²UBC Division of Nephrology; ³Office of Virtual Health, Provincial Health Services Authority; British Columbia, Canada



a place of mind



Introduction and Objectives

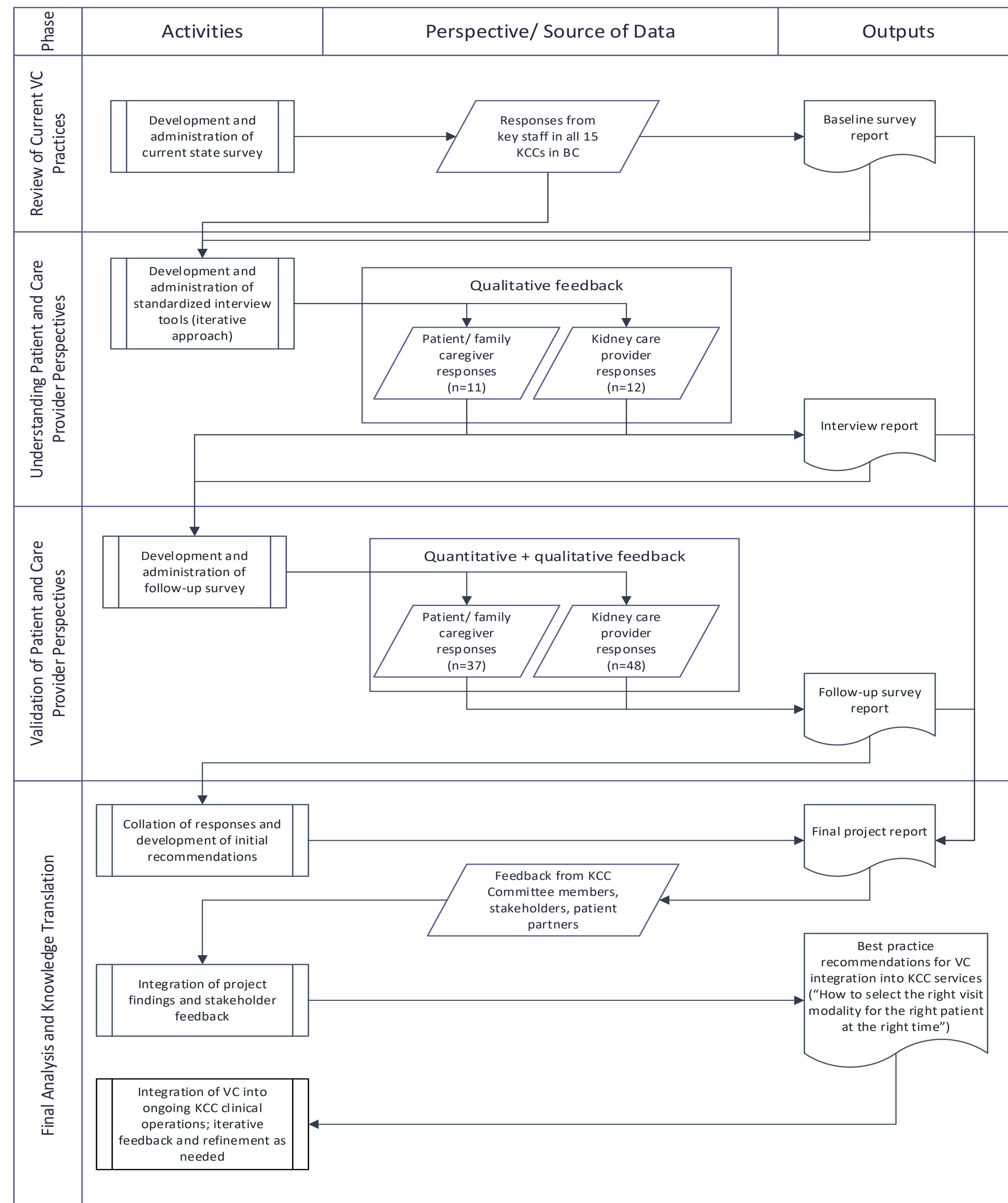
- Kidney Care Clinic (KCC) activities depend on a strong longitudinal relationship between the KCC multidisciplinary care team and the patient.
- The onset of the COVID-19 pandemic necessitated a rapid shift away from in-person care to mostly virtual delivery (by phone and video link), and then ultimately a hybrid of the two thereafter.

Objectives of this study included:

- To understand how virtual care options have impacted the quality of care interactions in BC KCCs.
- To identify key aspects that inform visit selection in order to identify the “right visit type for the right patient at the right time”.

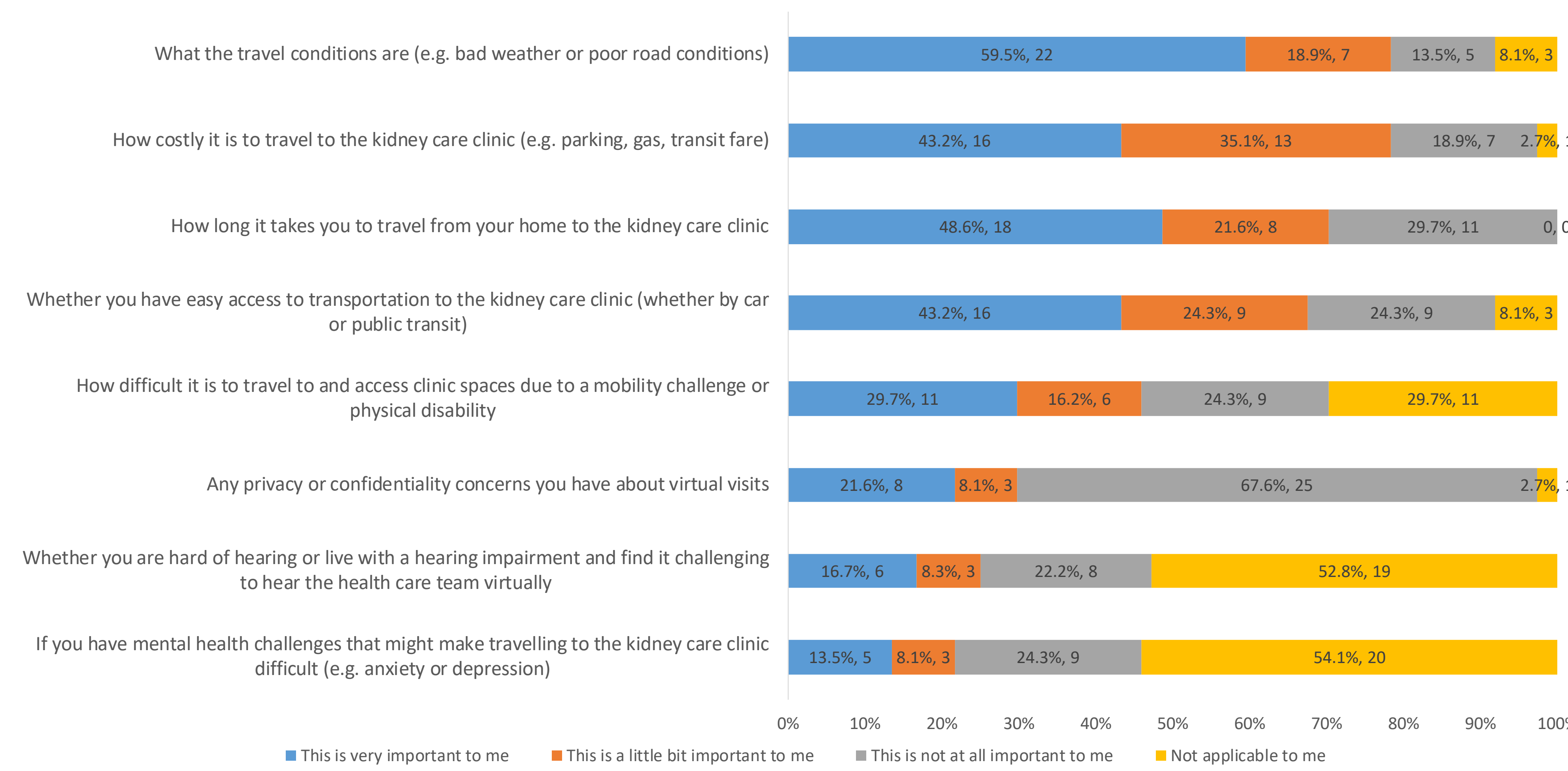
Methods

- Multiphase, multimodal evaluation in all BC KCCs.



Results

Considerations that may influence the choice between in-person and virtual visits (patient perspective)



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



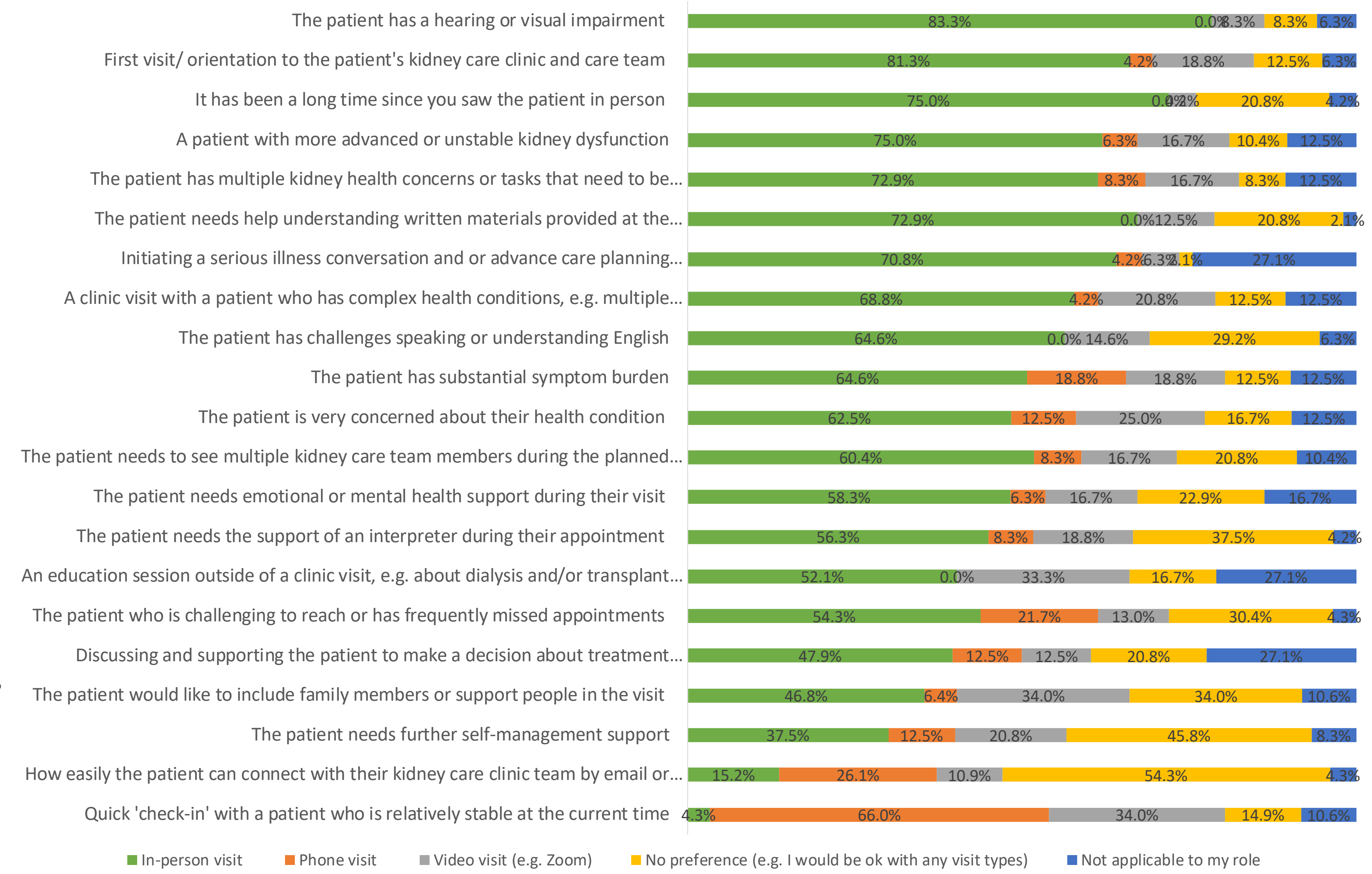
Acknowledgements and Contact

- The project team expresses its gratitude to the kidney patients, family caregivers and KCC care providers who participated in the project surveys and interviews.
- This work is made possible by BC Renal and PHSA Office of Virtual Health and is funded by BC Renal.
- Contact: Yuriy Melnyk E: yuriy.melnyk@bcrenal.ca



Results

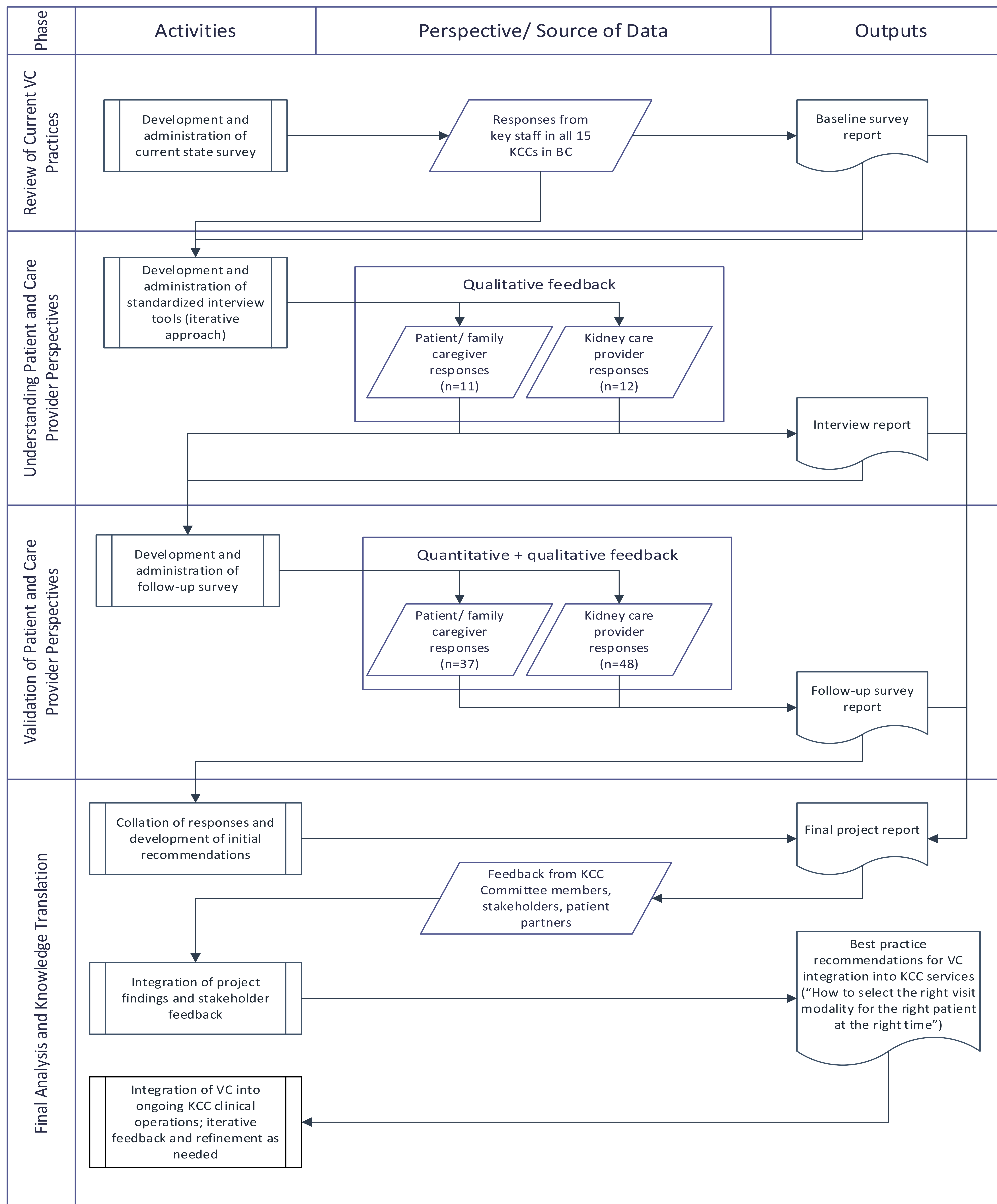
Appropriate type(s) of kidney care visits based on the visit purpose and/or patient need (care provider perspective)



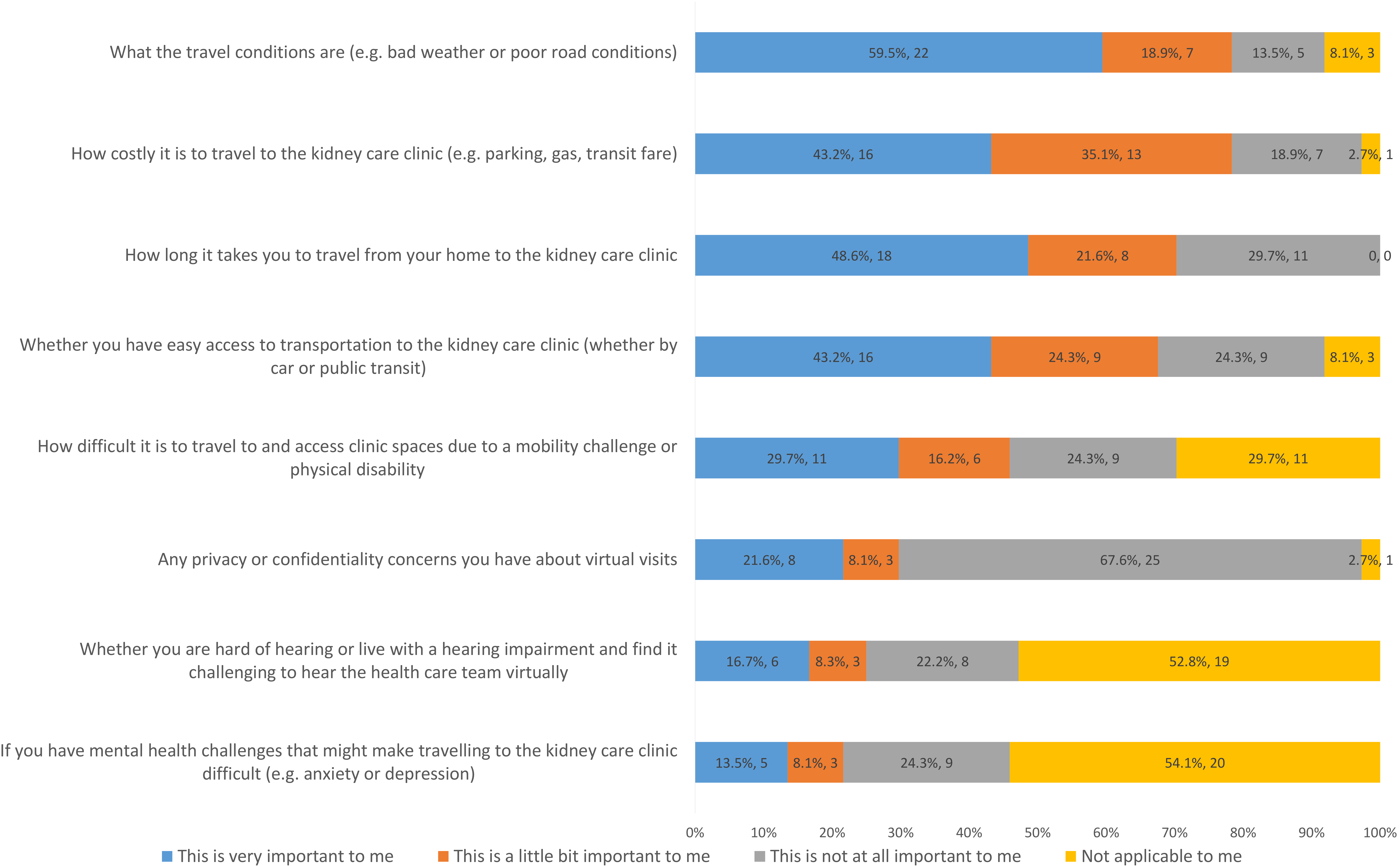
Discussion and Conclusion

- Virtual visits generally did not negatively impact **established** patient-care team relationships but were **not** conducive to building **new** trusting patient-care team relationships
- Overall, respondents felt that in-person visits may be a better visit modality in most situations and for most clinical tasks, especially more complex ones
- Virtual visits may be helpful in specific situations in selected patients, including quick “check-in” visits with stable patients, and considering patient factors such as those who live in rural and remote areas or suffer from mobility issues.
- Individual context of both patients and providers should be a key consideration.

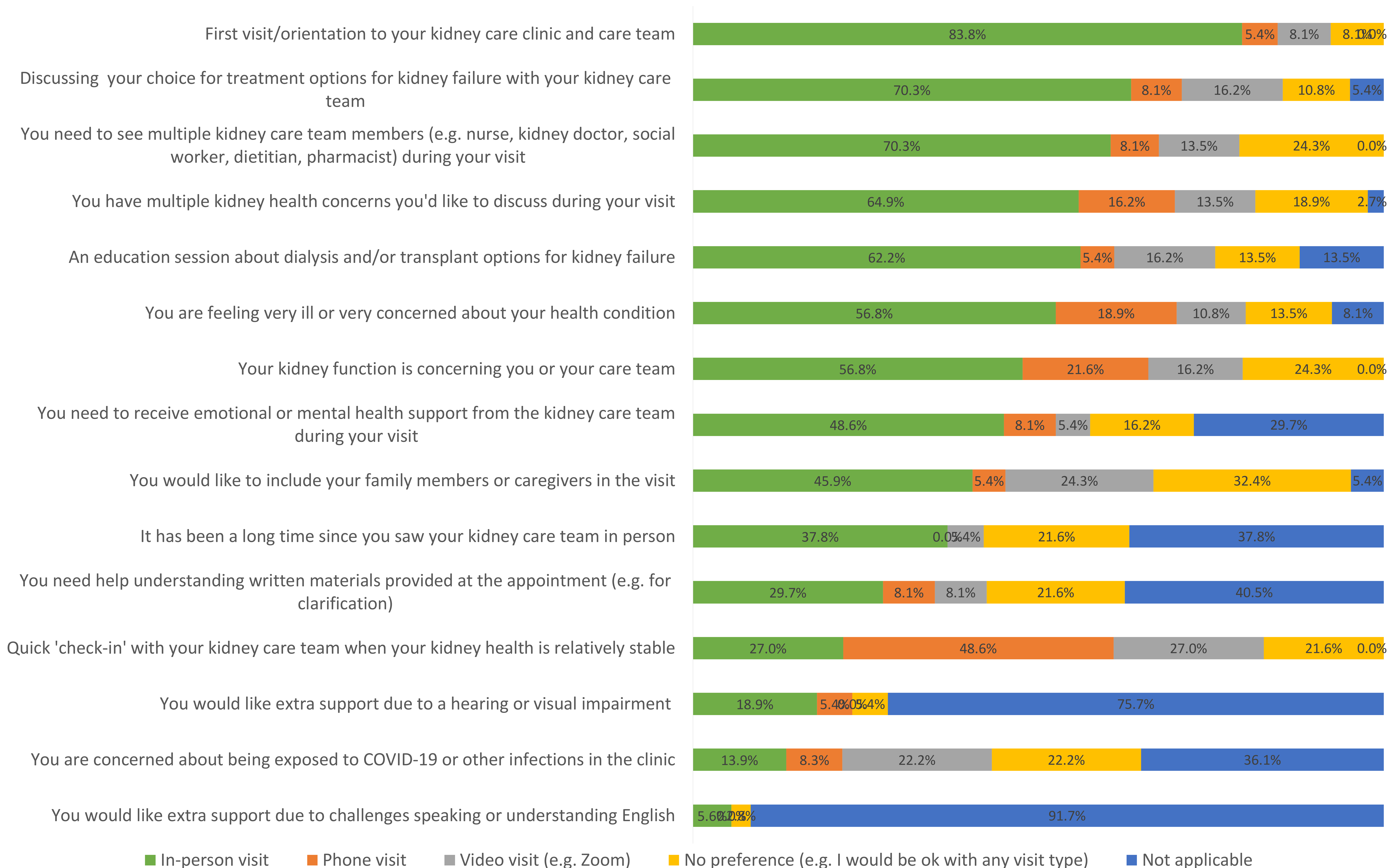
- **Conclusion: Overall, our findings support combined use of in-person and virtual visit modalities in BC's KCCs beyond the pandemic and provide a framework for visit selection to achieve the balance of the “right visit modality, for the right patient, at the right time”.**



Considerations that may influence the choice between in-person and virtual visits (patient perspective)



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



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

