

# Guidance Document for Kidney Care Clinics: In-Person & Virtual Visits

November 8, 2023

## Introduction

The emergence of the COVID-19 pandemic in Spring 2020 drove a sudden shift from in-person care to broader reliance on virtual care in BC's Kidney Care Clinics (KCCs). Early in the pandemic, care was almost exclusively virtual but as the impact of the pandemic subsided, a shift back to more in-person care has been noted. Most KCCs currently utilize a combination of in-person and virtual care (i.e., hybrid model).

The move to virtual care during the pandemic provided a novel opportunity to evaluate the use of different visit modalities (in person or by phone or videoconference) for non-dialysis kidney care. The evaluation was completed between 2021 and 2023 and included a current state survey and interviews and surveys of KCC staff, physicians, patients, and family caregivers. The goal was to identify key considerations in determining an appropriate mix of in-person and virtual care in KCCs – i.e., care delivered via “the right visit modality for each patient at the right time.”

Key points arising from the evaluation included:

- Most patients and KCC staff and physicians foresaw a future of multiple visit modalities (in person, phone, and videoconference).
- While in-person visits were identified as the foundation of KCC care and the best option in most situations, virtual visits were reported to be helpful in specific situations, most notably “check in visits” for patients without specific active concerns and relatively stable kidney function.
- Limitations of virtual visits noted by both patients and staff included:
  - More difficult to establish rapport, especially in new patient-provider relationships.
  - Harder to address health concerns. Many felt that health concerns were addressed more thoroughly with in-person visits (none felt the opposite was true).
  - More difficult to meet with all required care team members during the same visit.
  - Technology barriers exist for a sizable number of patients, especially for videoconferencing.
  - Switching between in-person and virtual visits in the same clinic presents operational challenges for clinics to address, and these challenges are reported as greater for video compared to phone visits.
- If there is no strong clinical indication for one choice over another, patient factors to consider include patient preference, travel distance to the Kidney Care Clinic, travel conditions and cost implications for the patient. Patients who live in rural and remote areas or suffer from mobility issues were noted to particularly benefit from virtual visit modalities.
- Regardless of the visit modality, patients must have equal opportunity to access the team.

- Phone was utilized much more often for virtual visits than videoconference. The logistics of videoconferencing was overwhelming and time consuming for many patients and KCC staff. Individual KCCs/HA virtual health departments may wish to consider ways to manage the logistics when promoting videoconference usage.
- Videoconferencing in group settings was identified to be beneficial for group education with appropriately selected patients.

## Recommendations

### 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.

***Helpful On-Line Resources:***

[Resources for KCC Patients](#) (BC Renal)

[Wellness Hub](#) (Kidney Foundation of Canada)

[My Kidneys My Health](#) (CanSolve)

**References**

1. [Best Practices: Kidney Care Clinics](#), BC Renal, 2019.

## Appendix 1: PROMIS Screen to Document Consent & Capacity for Virtual Visits

[Pt Info](#) ▾ [Meds/Other](#) ▾ [Med Hx](#) ▾ [Renal](#) ▾ [Transplant](#) ▾ [Post COVID-19](#) ▾ [Results](#) ▾ [Assessments](#) ▾ [Documents](#) [Reports](#)

Pt Info > Demographics

**Patient Demographics** Patient entered on 11-Dec-2006

Identification

**Patient Contact**

Pharmacy and Laboratory

Contact List

**Patient Contact**

Home Phone (444) 444 4444

Cell Phone (250) 444 6666

Alt. Cell Phone

Work Phone (604) 444 4444

Work Phone Ext.

Preferred Contact Self

**Email Address**

(i) Communication Consent	Not Specified
Consent for Virtual Visits	Not Specified
(i) Capacity for Virtual Visits	Not Specified
Virtual Visit Assist Required	Not Specified

**Address**

HOME	MAILING	DELIVERY	TEMPORARY	LEGACY	ALTERNATE	PREVIOUS
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