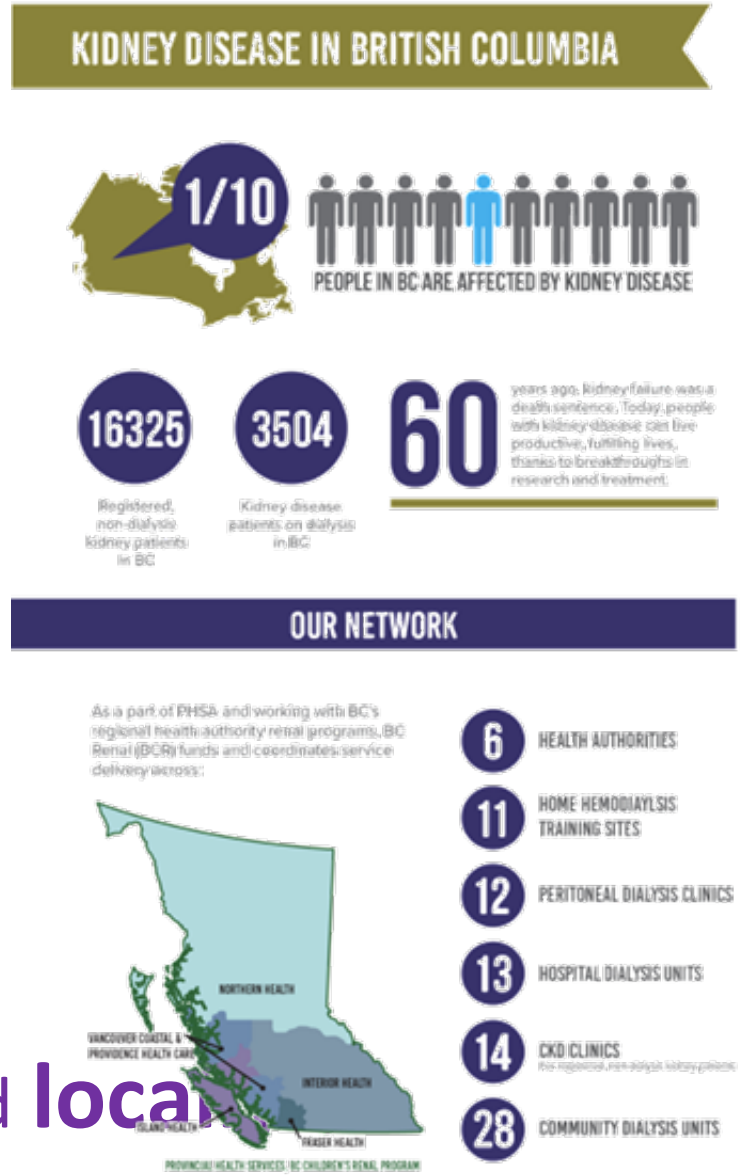
Renal care in BC

- Non dialysis patients
  - In office settings, shared care with GPs
  - KCCs: General CKD care, specific add-on services (e.g. GN, PKD, conservative pathway)
- Dialysis modalities
- Renal transplants

- Within different health care structures
  - In hospital, out of hospital: HA clinics, private offices

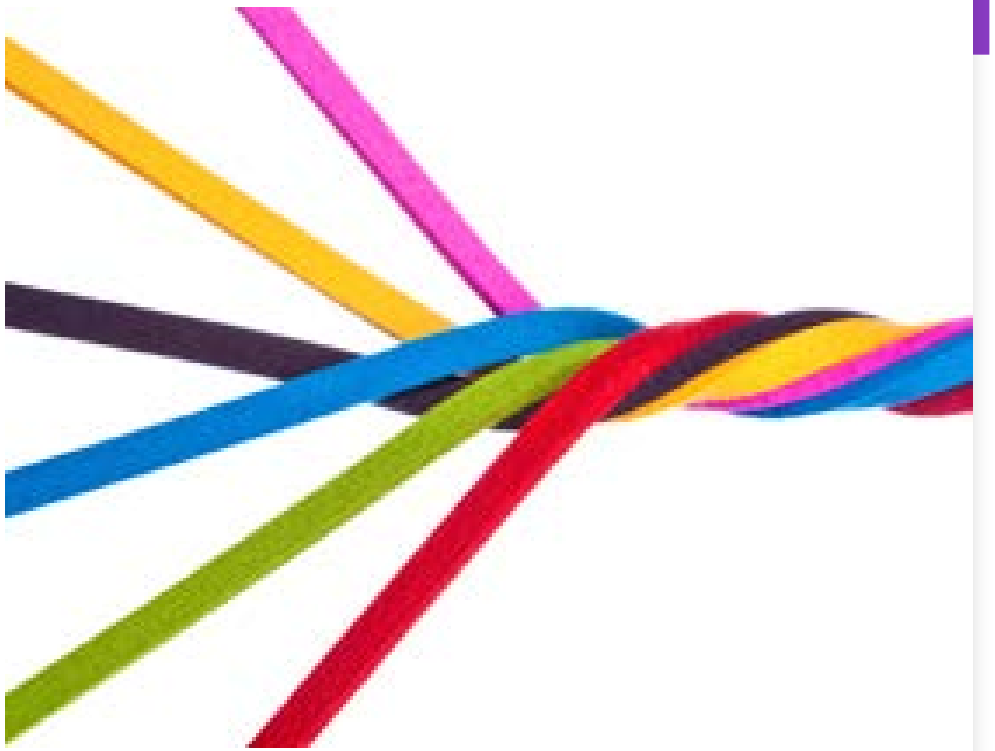
Coordinated **provincially**, implemented and delivered **local**



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



Renal care is delivered as an **integrated team**, not **sequential** or **parallel** services

Components of Renal Care

Longitudinal care with intermittent events

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

Not discrete interactions with single providers

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 needs

Formal and informal education sessions

- In person, group and webinar

Documentation between team members and external providers

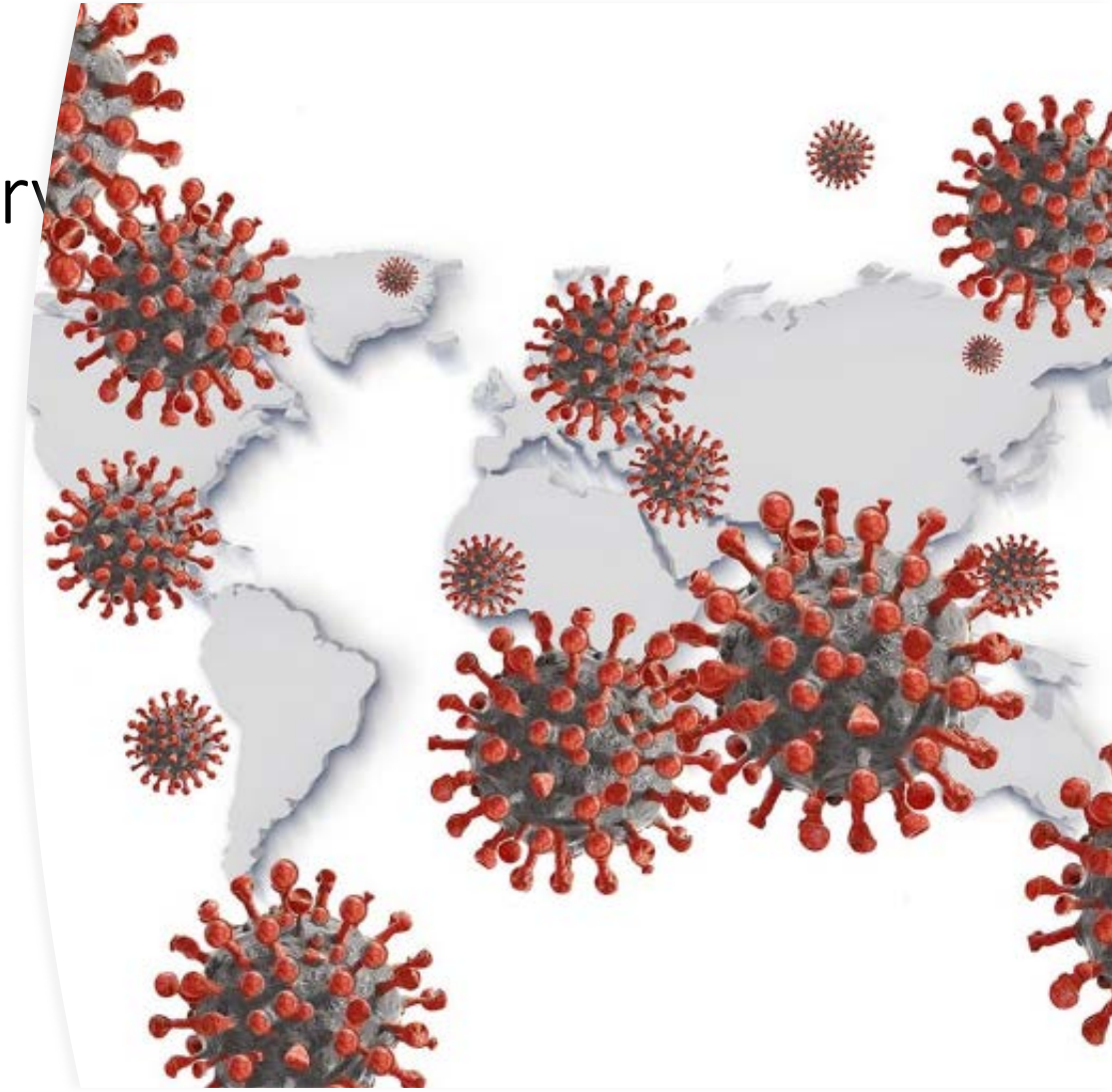
- Paper charts
- EMRs, Hospital systems, PROMIS

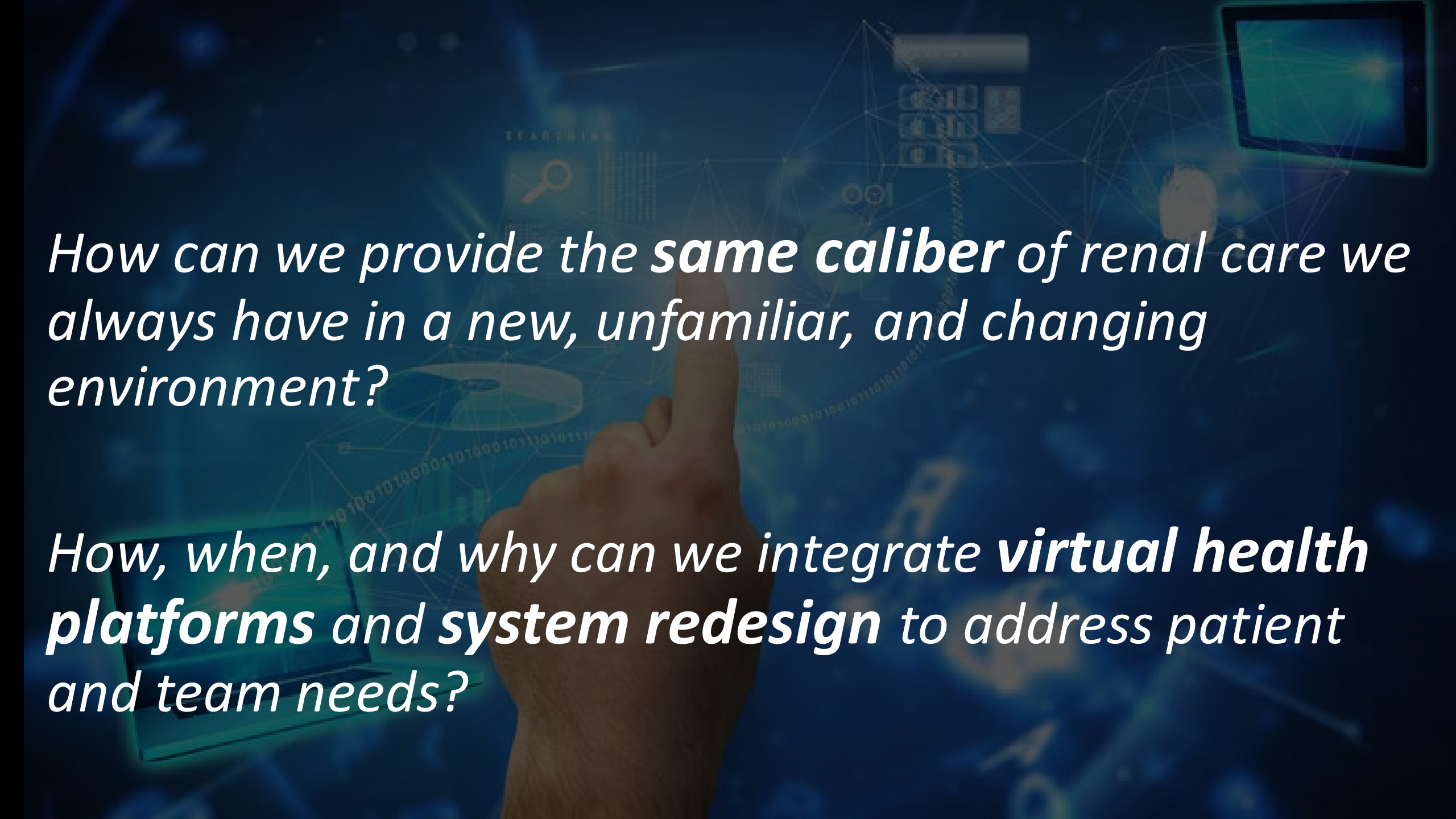
COVID-19 impacts on renal care delivery

- Physical distancing
  - Change in configurations, capacities
  - Team members dispersed

- Reduced ‘access’ to clinical care teams
  - Reduced in-person visits
  - Changes to virtual care methods
    - Telephone, Visual Platforms
  - Barriers, checkpoints, masks, gloves and gowns

- Human factors
  - Patients are diverse in terms of language, culture, health literacy, comfort and access to technology
  - Team members are diverse in terms of skill set, comfort and access to technology
  - Patients and staff alike are anxious, fearful and uncertain





*How can we provide the **same caliber** of renal care we always have in a new, unfamiliar, and changing environment?*

*How, when, and why can we integrate **virtual health platforms** and **system redesign** to address patient and team needs?*