

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

WORKING COPY Sept 8, 2021

These are general guidance points only and are intended to be considered in conjunction with ongoing HARP planning.

Contents

Definitions	1
Scheduling KCC Visits	2
Clinic Flow	3
Practical Considerations for Virtual Visits.....	4
Sample Evaluation Indicators.....	5
References	6
Appendix 1: KCC Scheduling & Clinic Flow: In-Person & Virtual Visits	7

Definitions

Virtual health (Telehealth): Use of information and communications technology (audio/audiovisual) to deliver health services and education over a distance. (adapted from PHSA Guideline, 2014).

Types of visits:

1. In-person
2. Virtual
 - a. Facility-based videoconference: Fixed room or mobile cart-based videoconferencing (special equipment required at both ends). Patient must go to a health care location where the special equipment is available.
 - b. Home-based videoconference: Desktop or mobile device software-based video conferencing (special equipment not required, other than computer or mobile device). Patient may be in a location of his/her choice (e.g., at home).
 - c. Telephone

Note about virtual visits:

While virtual visits are effective in many situations, they are not a complete replacement for in-person visits. Virtual visits work well in some situations, and they may reduce the number of in-

person visits required but not everything that can be done in an in-person visit can be done virtually. The challenges for KCCs are to:

- Determine the optimal combination of in-person and virtual visits to achieve KCC services that are safe, effective and efficient for patients and are feasible for clinic operations in the current environment.
- Provide the appropriate level of service/type of visit for every patient encounter. The goal is to select ‘the right visit type, for the right patient, at the right time.’

Considerations for in-person vs virtual visits are provided in the next section.

Scheduling KCC Visits

1. KCC visits will be a combination of in-person and virtual (videoconference/telephone) visits:
 - The **proportion of each type of visit** will depend on several factors including travel distance for patients to the KCC, physical capacity to provide in-person visits, and staff availability. The proportions will be reassessed regularly as patient volumes/needs and/or circumstances change.
 - Scheduling will attempt to maximize the continuity of providers/team members in a way that ensures ongoing involvement of all team members, as needed.
 - The experience of most KCCs is that it is most efficient to designate separate “blocks” of time for in-person vs virtual visits rather than interspersing the two (e.g., virtual visits in the morning and in-person visits in the afternoon).

2. Patients will be triaged in advance of their scheduled visit for an in-person or virtual visit. Considerations include:

- a. In-person visits

- i. First KCC visit (unless patient lives far away from the KCC and the patient and KCC team agree on a virtual option)
- ii. Need for physical examination. e.g., fluid status, dialysis access exam or follow-up (PD or HD)
- iii. Nutrition/growth issues (pediatrics)
- iv. Rapidly worsening renal function
- v. Initiation or follow-up discussion re renal replacement (RRT) options (1:1)
- vi. Nearing kidney transplant or dialysis
- vii. Patients with hearing impairments or language barriers requiring in-person interpretation
- viii. Patients who are not accessible by phone and who do not return calls of health care team after multiple attempts
- ix. Patient unable to self-report information for assessment (e.g., BP, weight).
- x. Patient preference
- xi. Unable to manage technology or without “in-home” or “community caregiver support to assist

b. Virtual visits

Efforts should be taken to ensure that any one patient does not go too long without physically attending the clinic. Below is a sample approach to alternating physical and virtual visits:

i. In combination with in-person visits (sample schedule)

Suggested follow-up frequency	Frequency of Virtual Visit (alternate with in-person)	Frequency of In-person Visit (alternate with virtual)
Q3 mo	Q6 mo	Q6 mo
Q6 mo	Q12 mo	Q12 mo
Q yr	Q24 mo	Q24 mo

ii. As an additional follow-up visit as requested by the KCC team

Note: If patient/family member is able, for most situations a videoconference visit is preferred to a phone visit (phone visits are suitable for patients requiring virtual follow-up but who are unable to manage or do not have access to video technology).

Use of virtual visits for visits other than typical clinic visits.
e.g., Welcome visit

Clinic Flow

Refer to Appendix 1 and the description below for an example of a KCC workflow which integrates in-person and virtual visits. This is **for illustrative purposes**. Each KCC will develop its own workflow which aligns with local needs, resources, etc.

2 possible formats (in-person or virtual visit):

1. Team meets with the patient at the same time (concurrently)
2. Team meets with the patient sequentially:
 - During the same appointment (i.e., multiple providers scheduled to the meet with the patient sequentially); OR
 - At different appointments on the same day or on a different day(s). To make it easier for patients, every effort should be made to minimize the number of appointments, ideally a maximum of 2, spaced within the same one-week timeframe.

Regardless of the format, try and do as much as possible in advance (ideally within 1 week of the appointment). If these tasks are being done remotely, minimize the number of calls or group the timing of calls to reduce the number of times and days that a patient is contacted. Tasks that can be done in advance include:

- Best possible medication history/medication reconciliation
- ESAS (eGFR<15 mL/min/1.73² &/or reporting significant CKD-related symptoms)

- Review of blood pressure (BP) log
- Assessments from the KCC Social Worker and Registered Dietitian

Potential workflows

1. In-person visits:
 - a. Book clinic appointment:
 - Nephrologist and RN will see each patient
 - Other team members will see patient as needed (e.g., discussion with member of allied health team, VA assessment).
 - b. Arrange time and complete pre-visit preparation with patient by phone (medication history/reconciliation, ESAS, review of BP log, update CORR symptom list)
 - c. Review the status of each patient in KCC team rounds (full interdisciplinary team).
2. Virtual visits:
 - a. Book virtual appointment(s):
 - a. Nephrologist will meet with each patient
 - b. Other team members will meet with patients as needed (on same or different day from nephrologist).

Try and keep the number of appointments to a maximum of 2 and spaced within the same one-week timeframe.
 - b. Arrange time and complete pre-visit preparation with patient by phone (medication history/reconciliation, ESAS, review of BP log, update CORR symptom list), Complete as close to the clinic appointment as possible (ideally within 1 week).
 - c. Review the status of each patient in KCC team rounds (full interdisciplinary team). Rounds may be in-person or virtual depending on where team members are working and the ability to maintain social distancing

Practical Considerations for Virtual Visits

Technology

- KCC staff require a computer, microphone/speakers (headset preferred) or telephone, web camera and, if possible, dual screens
- Patient requires a smartphone, tablet or personal computer with a web camera and microphone (or telephone)
- Software platform will depend on platform supported by the HA (e.g., Zoom, Doxy.me, MyVirtualVisit)

Staff education

- Training on virtual platform
- Education about virtual visits, differences between virtual and in-person visits, ethical/legal/privacy considerations, etc.

- Reminder for staff to enter the blood pressure into PROMIS (self-reported BPs are acceptable). This is important to maintain the patient as “active status” in PROMIS

Preparing for virtual visits

- Processes for KCC staff to access patient chart/information prior to and during the visit. Scenarios: (1) KCC staff on-site; and (2) KCC staff off-site
- Processes for KCC staff to document findings from the visit. Scenarios: (1) KCC staff on-site; and (2) KCC staff off-site
- Mechanism to send information/documents to patients before and after the visit (e.g., instructions on joining the visit, new lab requisitions, ESAS questionnaire, patient teaching materials, etc)
- Mechanism to follow-up on treatment changes after the visit, including prescriptions, changes in laboratory orders and referrals to other clinics/specialists. Scenarios: (1) KCC staff on-site; and (2) KCC staff off-site
- Mechanism for members of the KCC team working off-site to make phone calls to patients without patients being able to access their private phone number
- Mechanism for the KCC to review the status of patients prior to and after clinic appointments (e.g., patient rounds)

Relevant BC Renal/Kidney Foundation of Canada documents

Patients:

- Tips on Navigating a Virtual Medical Appointment (Kidney Foundation of Canada) (<https://kidney.ca/CMSPages/GetFile.aspx?guid=af13929a-f21d-430d-8d0a-b70296e80cd4>)
- Tips for your Virtual Appointment (Video by Kidney Foundation of Canada). www.youtube.com/watch?v=67beC0dHHvo&list=PL1xafqJq-rs3J_IRWBSmiBla-Ws_7TxSF

Staff:

- Toolkit for Kidney Care Clinics and Virtual Visits
- Script for Booking Virtual KCC Visits (Template)
- Clerical Workflow for Virtual KCC Visits (Template)
- Feedback About Your Virtual Visit (Template)

Sample Evaluation Indicators

In development as part of a BCR wide evaluation of the transition to virtual health

- i. Patient experience
 - a. Patient feedback re process
 - b. Patient perception of the quality of care provided
- ii. Team satisfaction & engagement

- a. Frequent check ins
 - b. Perceived ability to provide multidisciplinary care
 - c. Role satisfaction
- iii. KCC indicator report metrics
- a. Before & after adoption
- iv. Process measure
- a. # of patient visits saved, travel time, parking costs etc

References

1. Virtual Health COVID-19 Accessible Solution Toolkit, PHSA Office of Virtual Health.
<http://www.phsa.ca/health-professionals/professional-resources/office-of-virtual-health/covid-19-virtual-health-toolkit>
2. Best Practices: Kidney Care Clinics, BC Renal, 2019. [www.bcrenalagency.ca/resource-gallery/Documents/Best Practices-Kidney Care Clinics.pdf](http://www.bcrenalagency.ca/resource-gallery/Documents/Best_Practices-Kidney_Care_Clinics.pdf)

Appendix 1: KCC Scheduling & Clinic Flow: In-Person & Virtual Visits

Priority for in-person visits:

- i. First KCC visit (unless patient lives far away from the KCC and the patient and KCC team agree on a virtual option)
- ii. Need for physical examination. e.g., fluid status, dialysis access exam or follow-up (PD or HD)
- iii. Nutrition/growth issues (pediatrics)
- iv. Rapidly worsening of renal function
- v. Initiation or follow-up discussion re renal replacement (RRT) options (1:1)
- vi. Nearing kidney transplant or dialysis
- vii. Patients with hearing impairments or language barriers requiring in-person interpretation
- viii. Patients who are not accessible by phone and who do not return calls of health care team after multiple attempts
- ix. Patient preference
- x. Unable to manage technology or without "in-home" or "community caregiver support to assist

Goal: Alternate in-person and virtual visits, if schedule and space allow

