

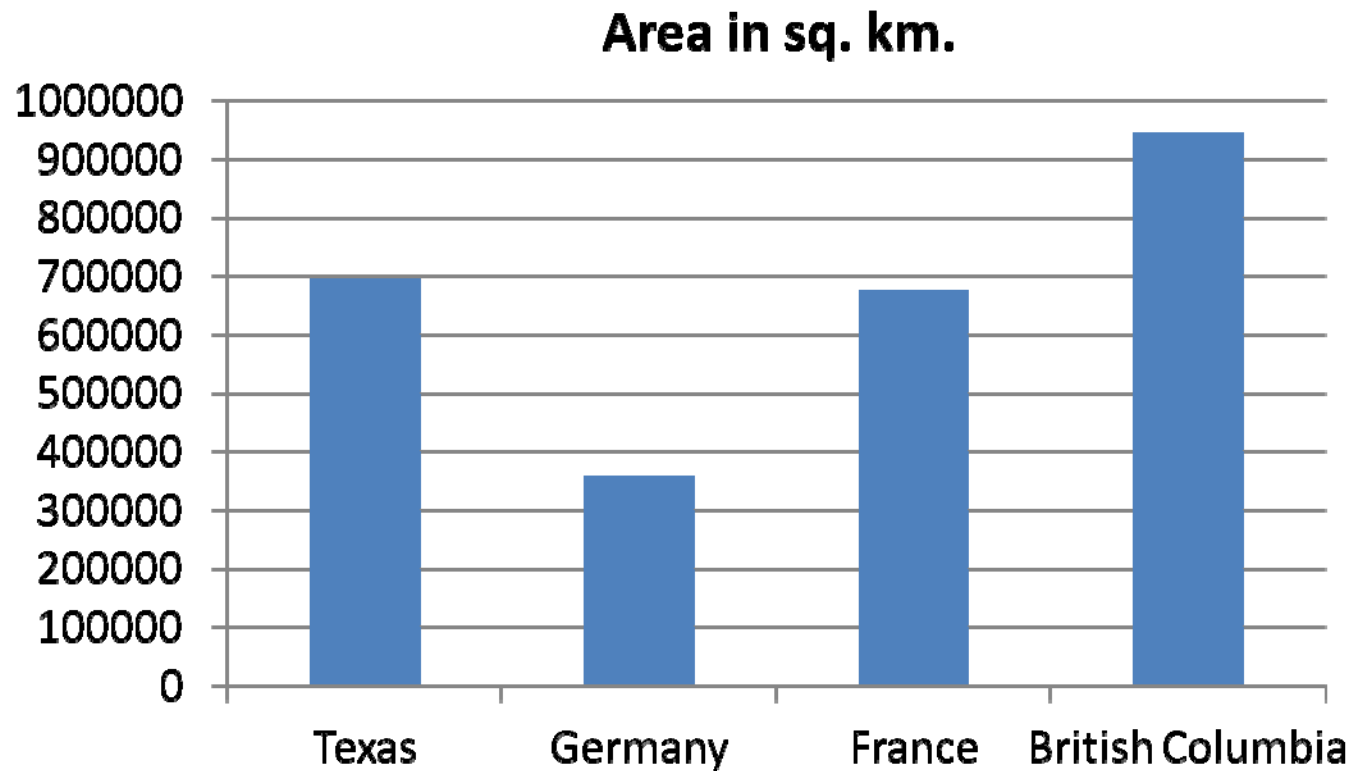
**Goin' Up
the Country:
Challenges in Delivering the
BCPRA Model of Care in Rural
and Remote Environments**



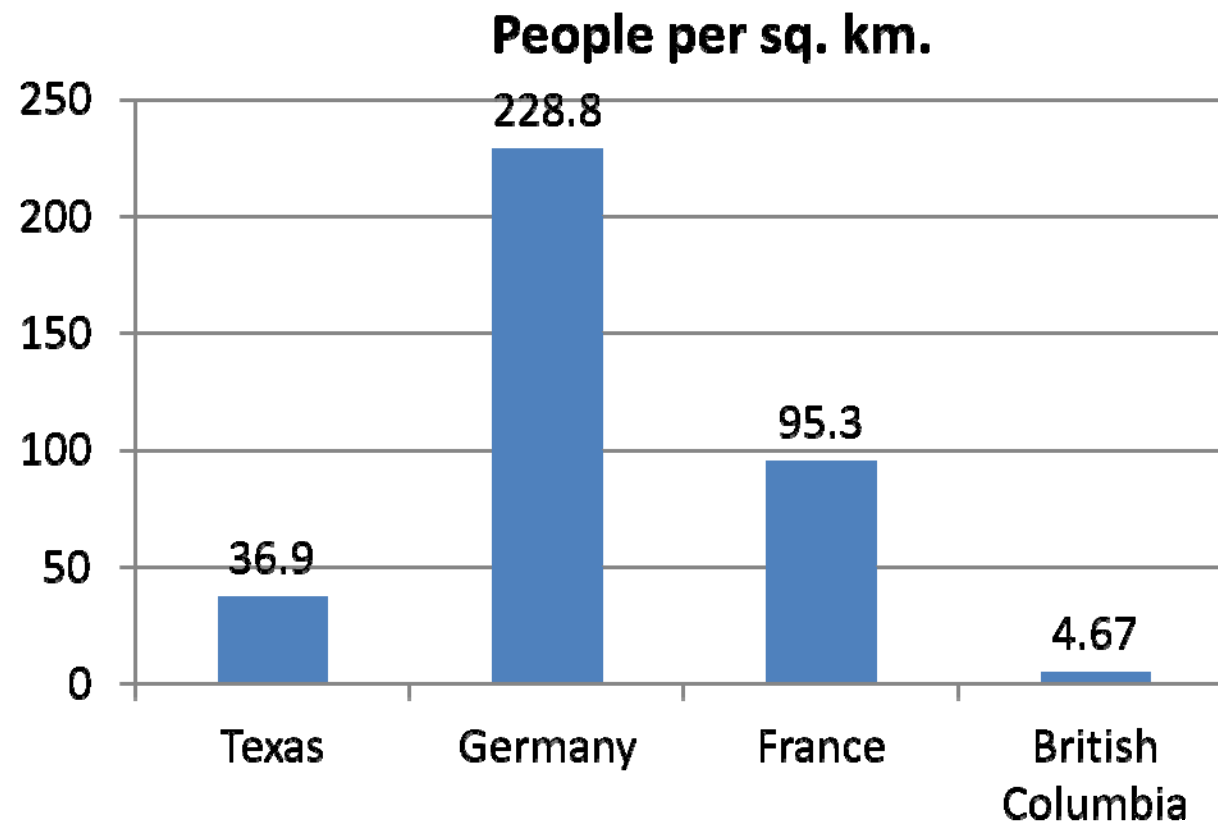
Objectives

- Understand the challenges of providing renal care in rural and remote BC
- Identify innovative solutions to improve access to renal care in rural/remote BC
- Learn how technology can assist health care providers in the care of the rural/remote renal patient

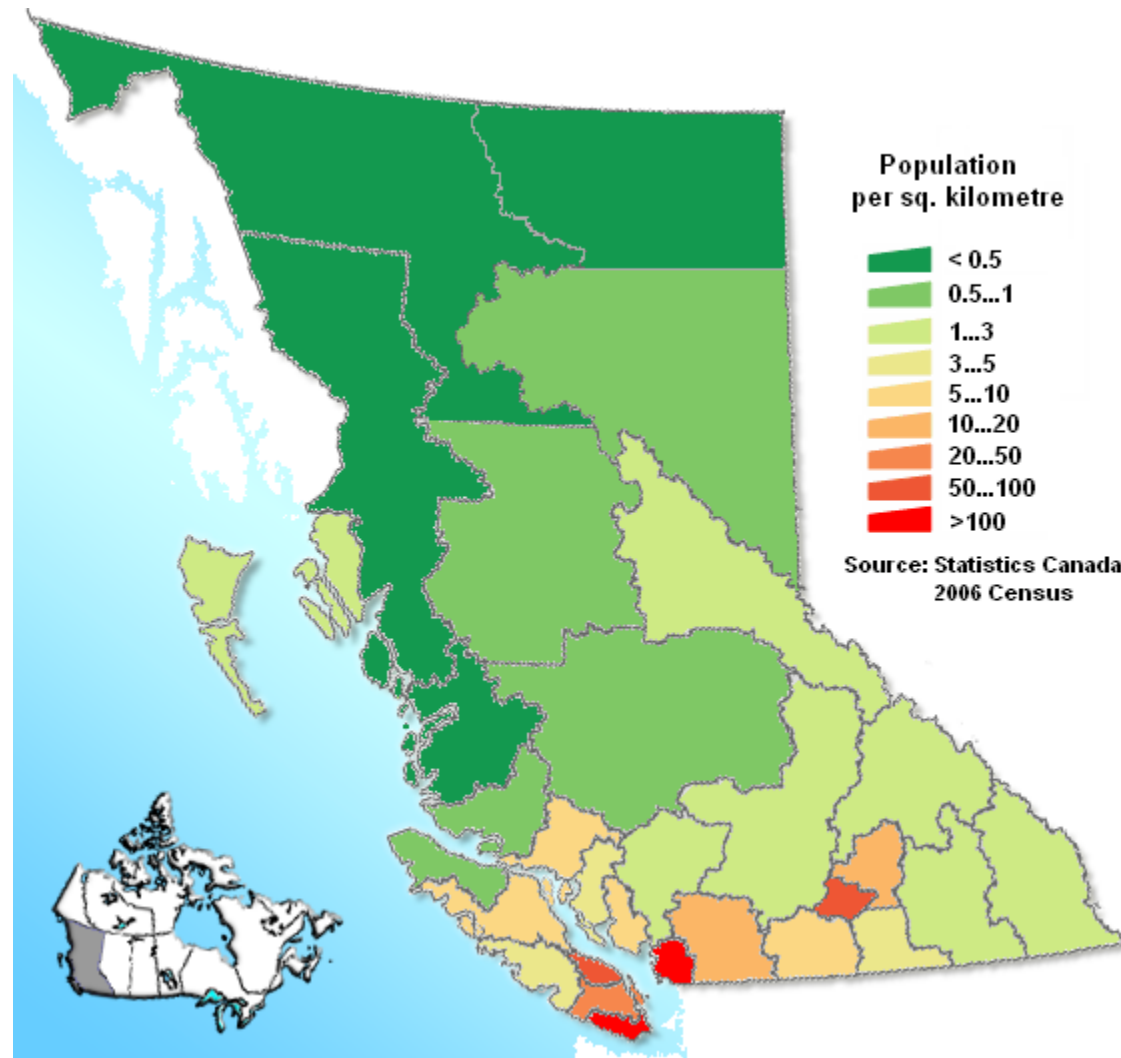
BC is big



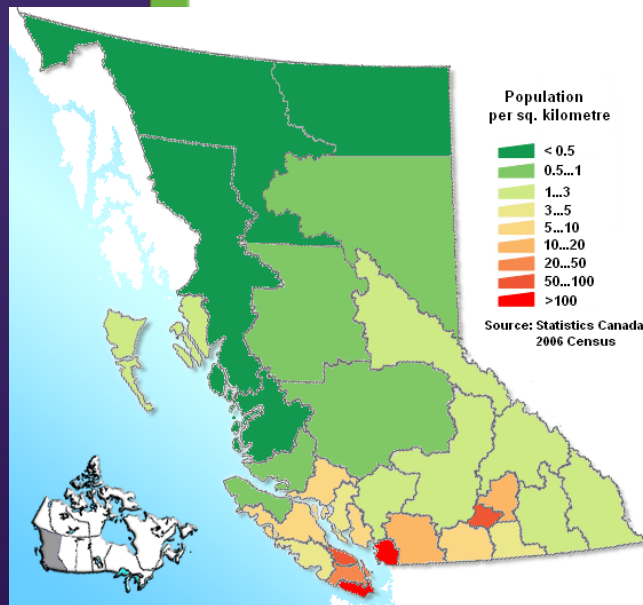
BC is under-populated




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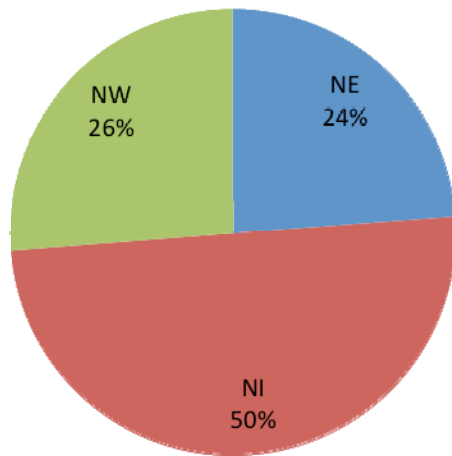


How well do we reach and serve rural patients?

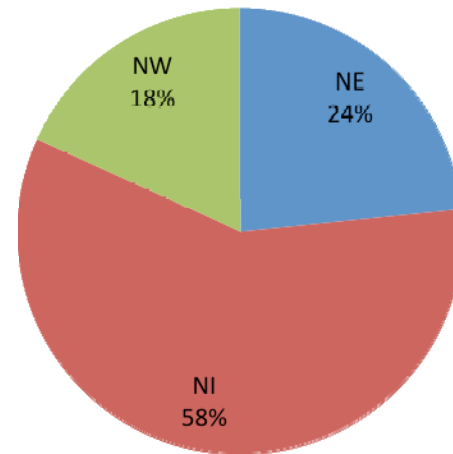
- Are people who live closer to BC's "renal" centres more likely to engage in CKD programs?
- Are people who live far from such centres more likely to be sudden dialysis starts?
- Do rural community dialysis units look after sicker patients than expected?

A Northern Observation.....

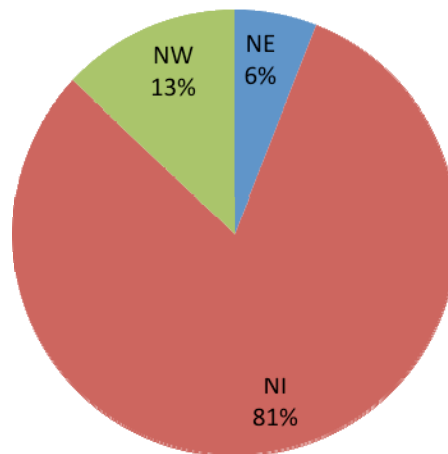
Population Northern BC by HSDA



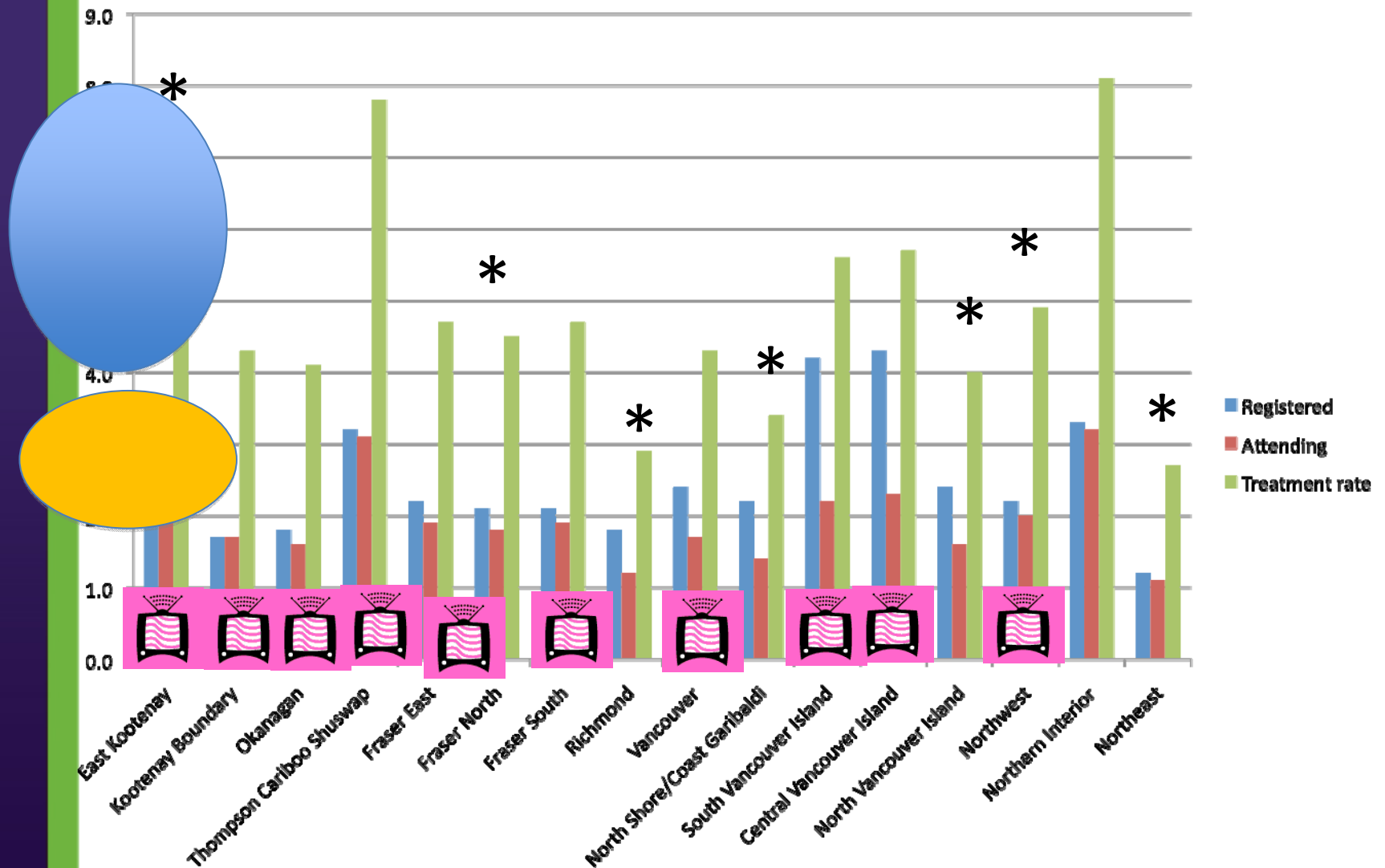
Referrals to nephrology



Followed in Northern CKD clinic



Province wide CKD stats by HSDA



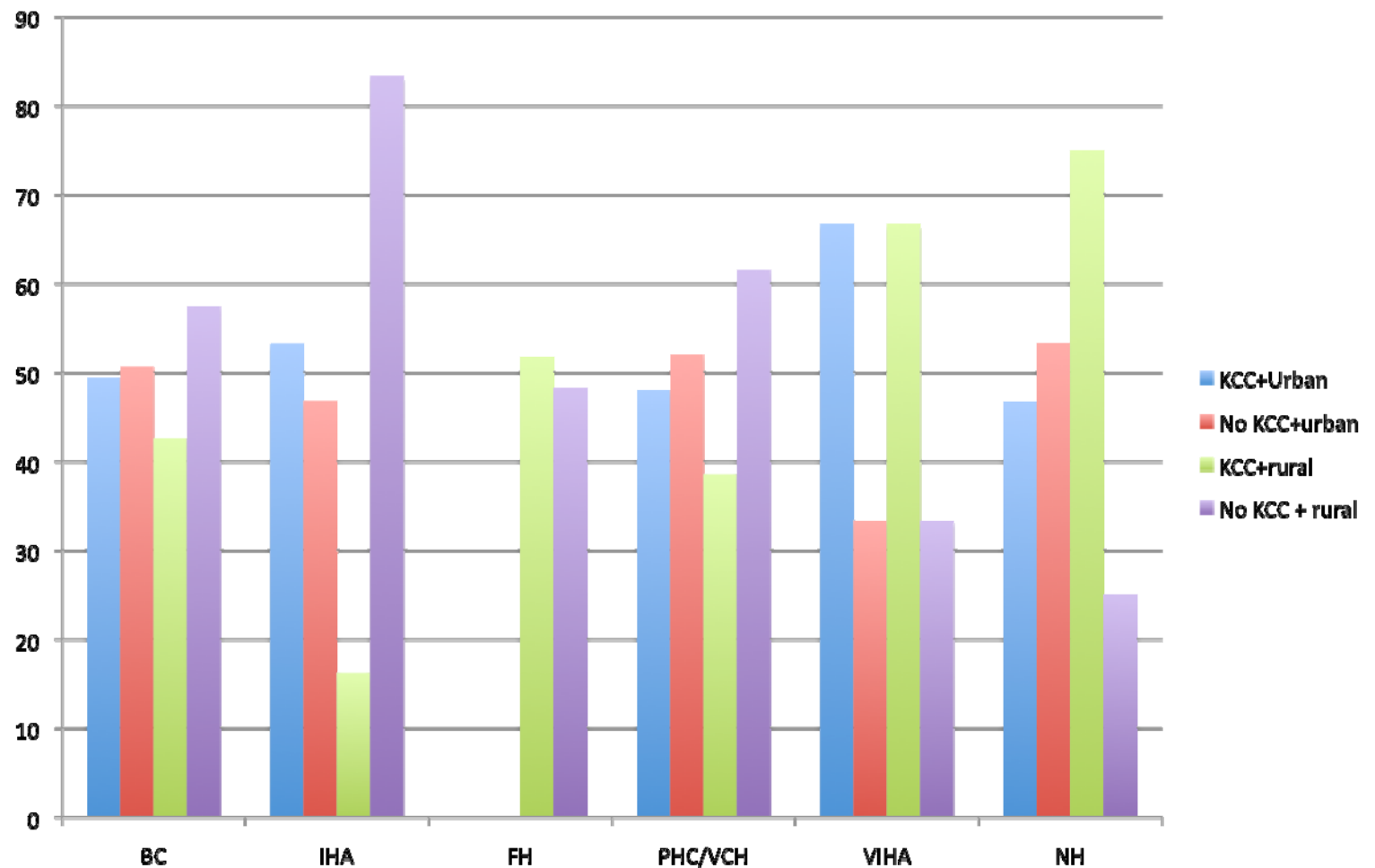


Impressions

- Lack of access to a CKD program in an HSDA or telehealth to one seems to be associated with a lower CKD treatment rate in BCPRA programs
- BUT this seems to urban and rural phenomenon
- Geography is likely a factor in penetration of the BCPRA program, although not the only factor

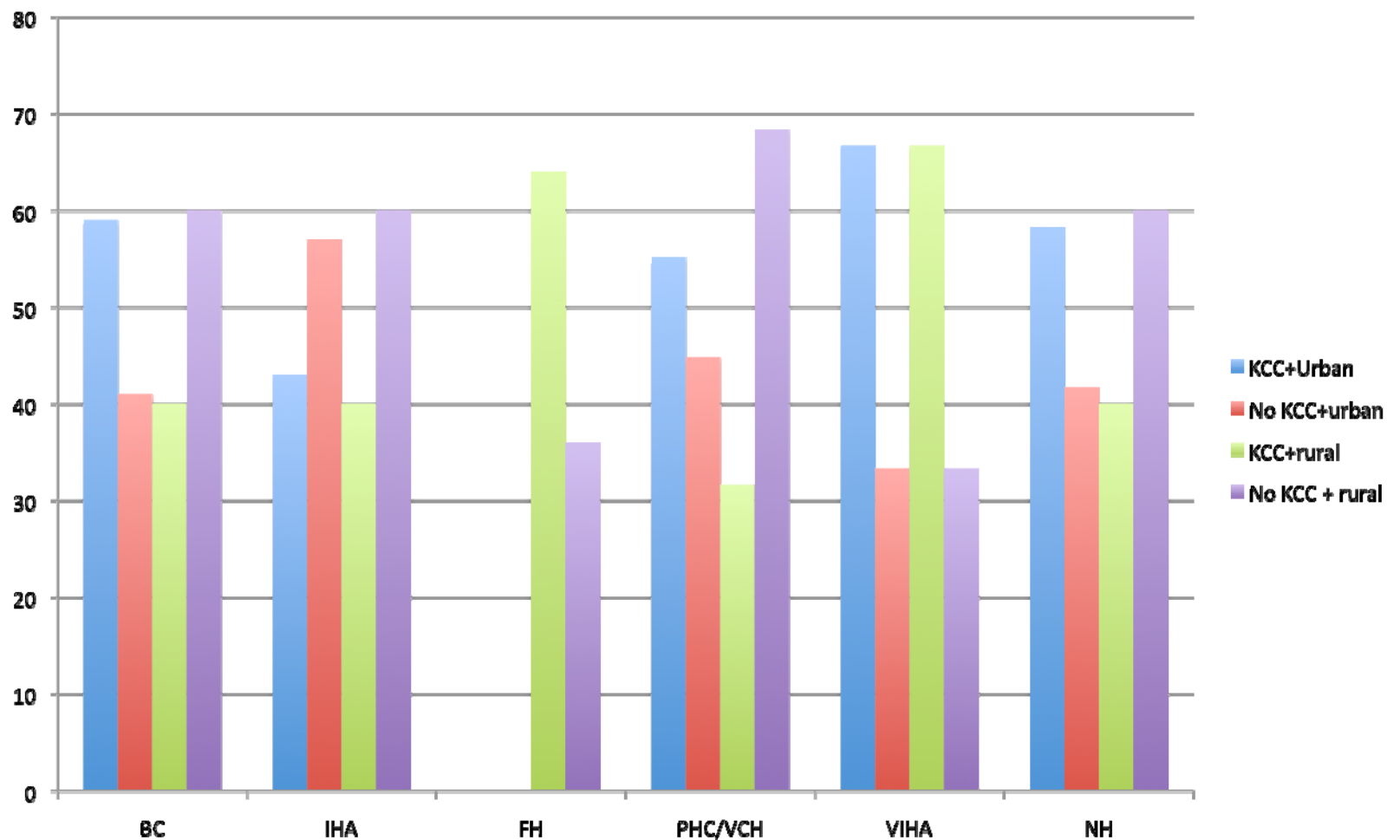
Are people who live far from such centres more likely to be sudden dialysis starts?

KCC care vs no KCC in rural and urban patients < 65



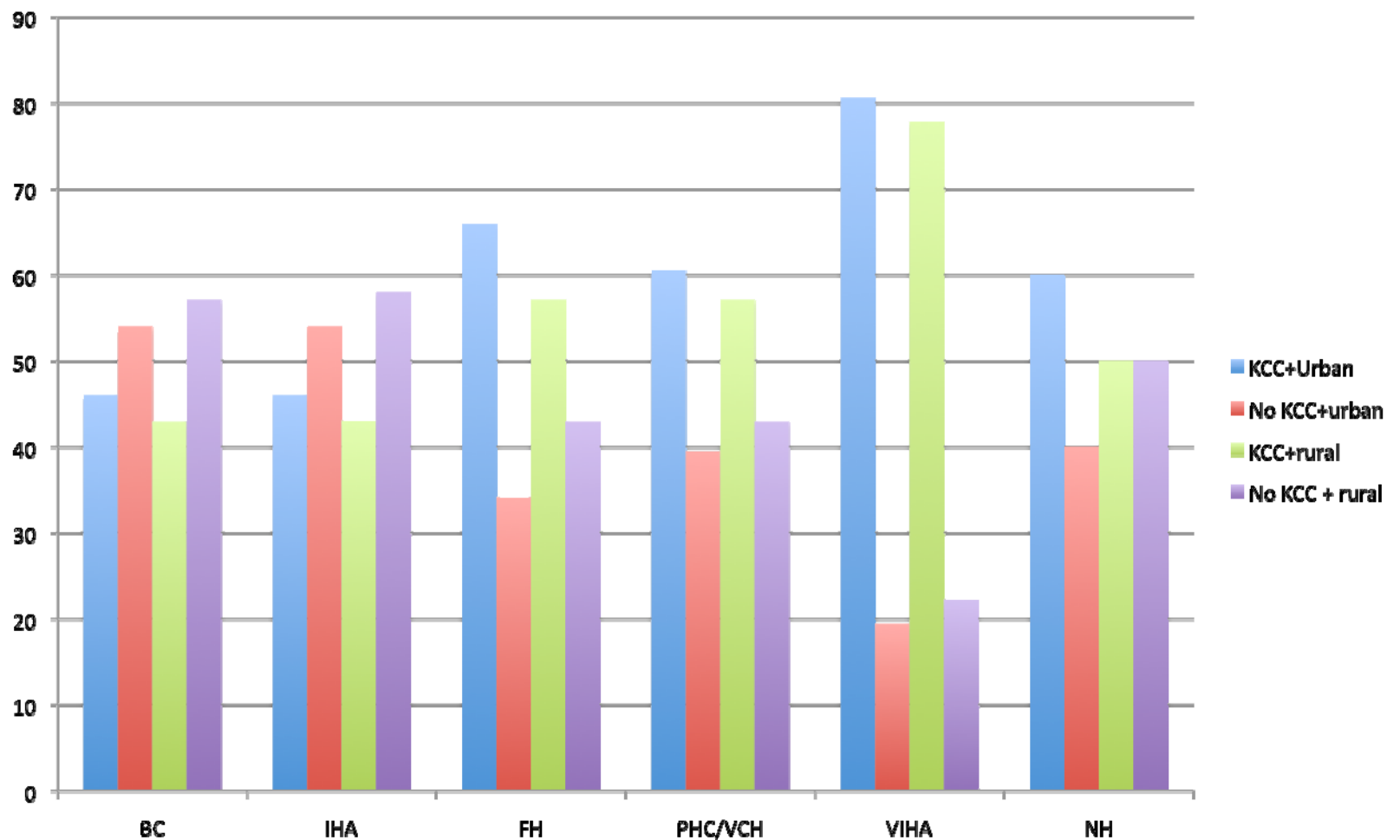
Are people who live far from such centres more likely to be sudden dialysis starts?


KCC care vs no KCC in rural and urban patients 65 - 75



Are people who live far from such centres more likely to be sudden dialysis starts?

KCC care vs no KCC in rural and urban patients >75





Are people who live far from such centres more likely to be sudden dialysis starts?

- With the exception of VIHA, living in an HSDA without an in-centre unit, and being older increases your chances of starting dialysis in BC with minimal prior CKD care.
- Prior studies have associated such sudden starts with increased hospitalization, reduced rates of independent dialysis, increased infections, increased vascular access complications

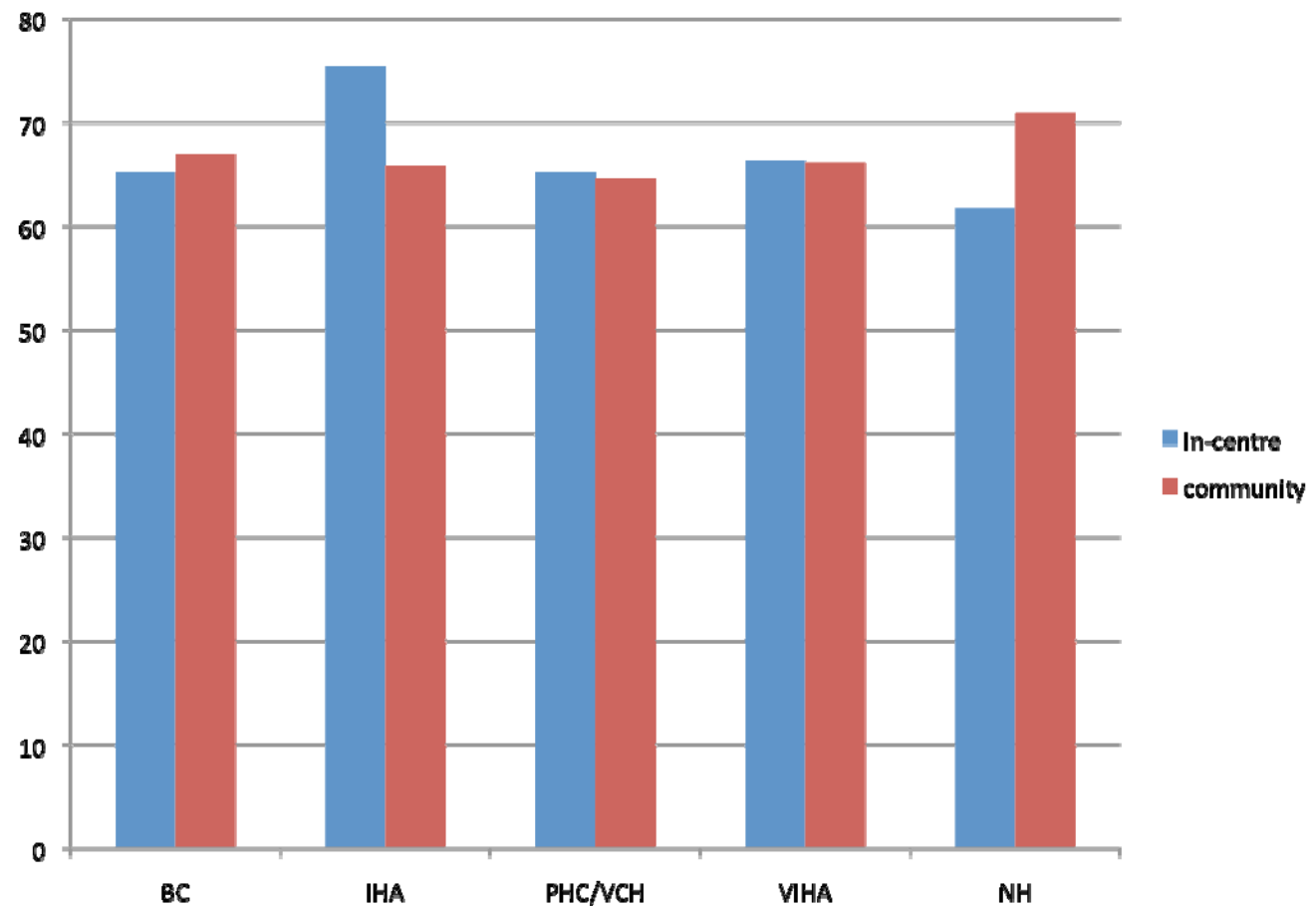


Do rural community dialysis units look after sicker patients than expected?

- Community units are supposed to cater only to ambulant patients who are medically stable
- One might expect this group to be younger with fewer co-morbidities

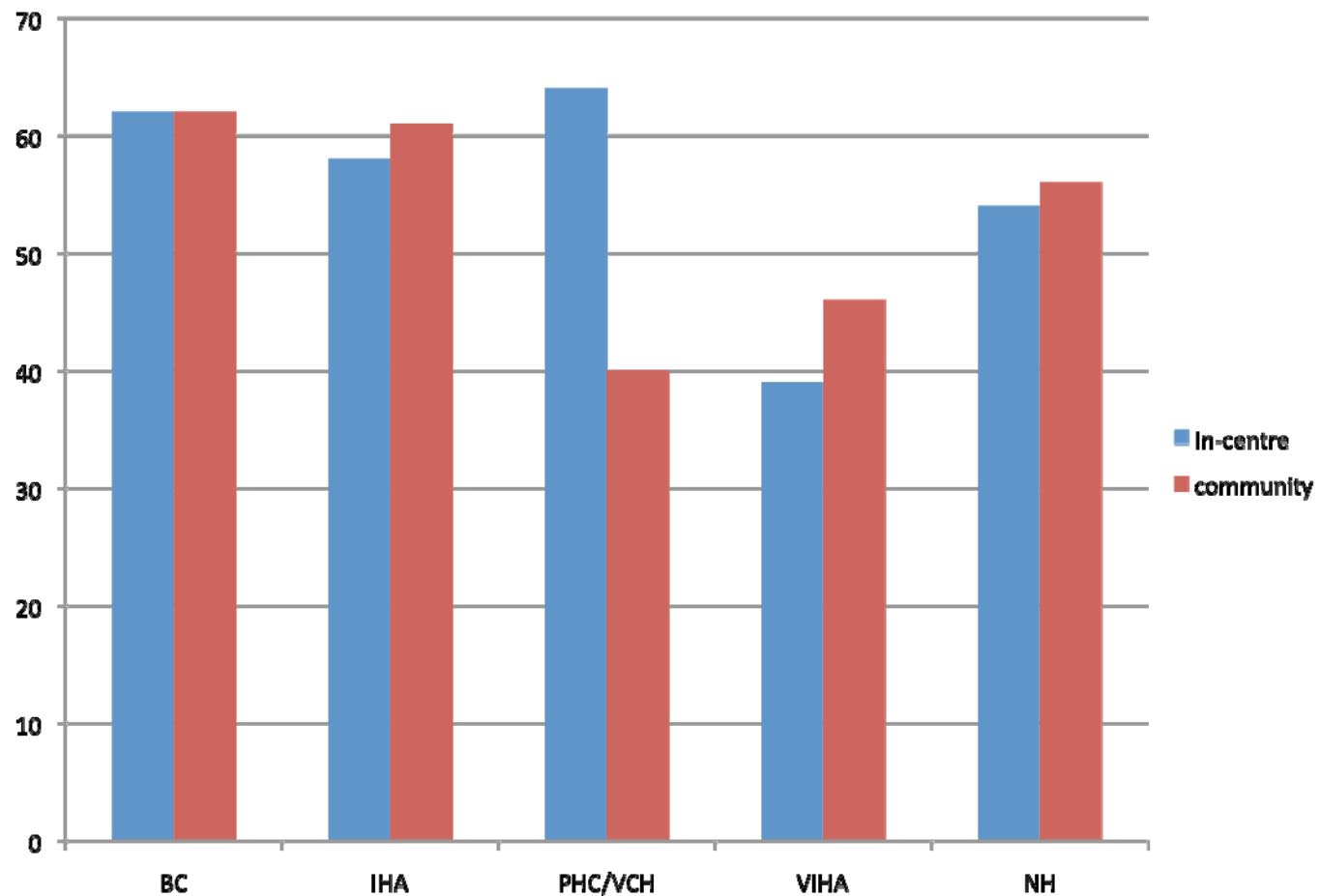
Do rural community dialysis units look after sicker patients than expected?

Age



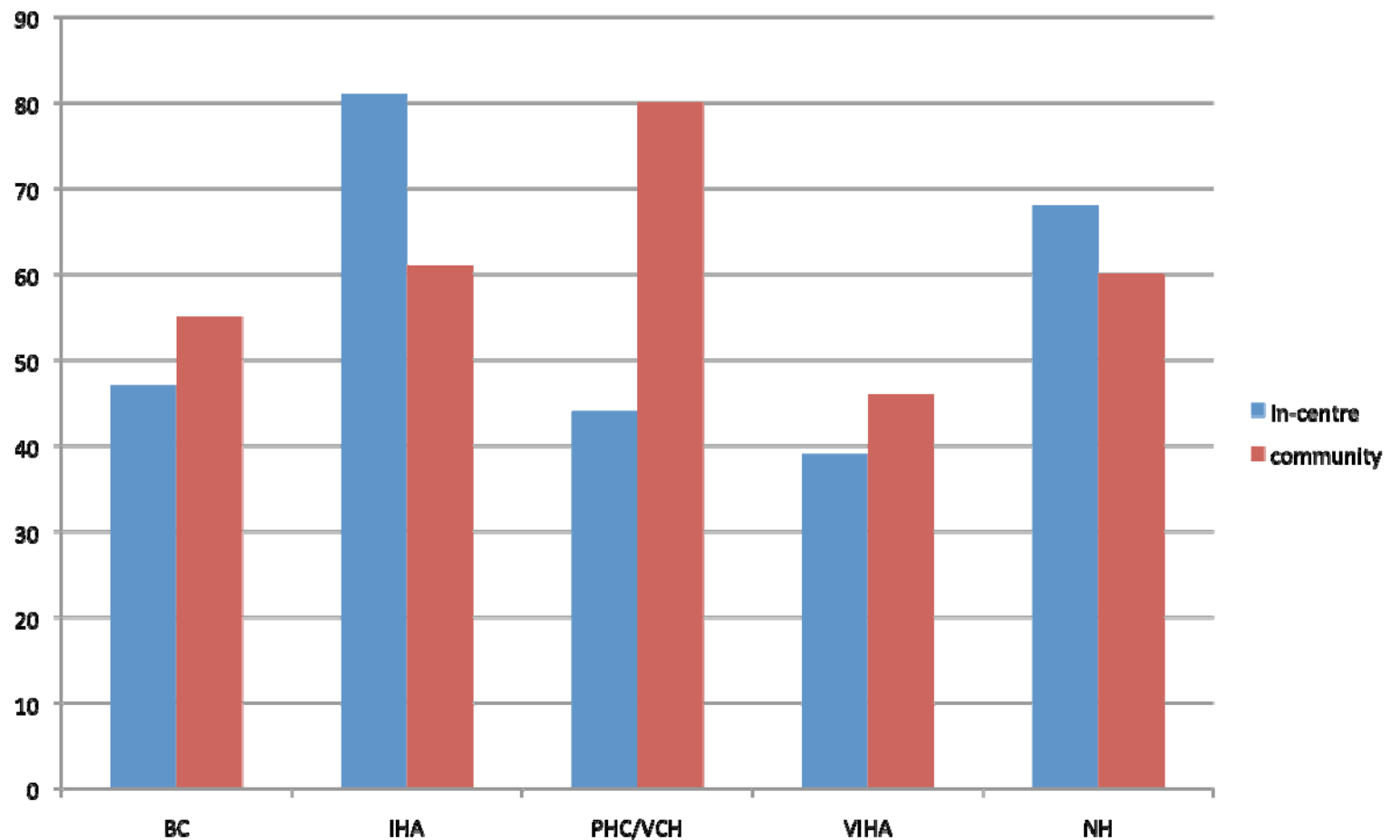
Do rural community dialysis units look
after sicker patients than expected?

Prevalent Diabetes



Do rural community dialysis units look after sicker patients than expected?

Prevalent CVD





Do rural community dialysis units look after sicker patients than expected?

- Rural community units are under huge pressure to accept patients on geographic need alone and most are likely taking marginal patients as a result.
- Despite much effort, the selection criteria for which unit is suitable for a patient are poorly understood outside the PRA.
- Are the units adequately supported from a medical, allied health and other view point to handle the patients they actually handle vs what the PRA criteria say they handle?



Conclusions

- Rural patients are not accessing the CKD program as effectively as urban patients in BC
- This is translating into a population of patients entering dialysis less prepared than ideal, and possibly impacting individuals in whom dialysis might have been avoided
- Community units are under pressure to take more complex patients particular in remote areas
- It is time to adjust the model to improve care in rural areas.