

Virtual Care Model in the Pre-CoVID *era*

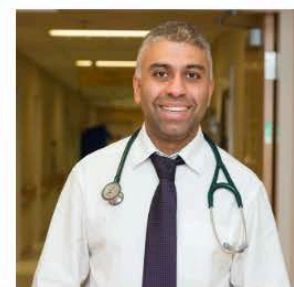
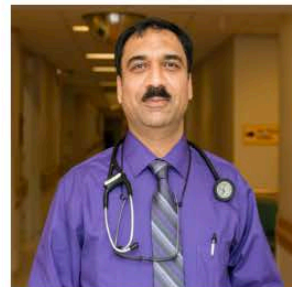
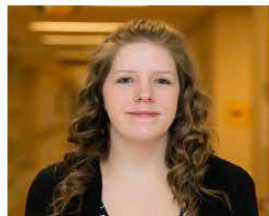
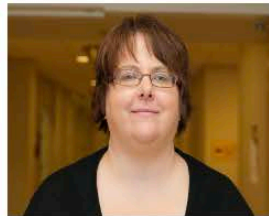
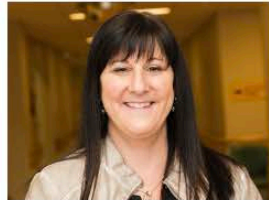
# Tele-Kidney Care in Northern BC

Anurag Singh

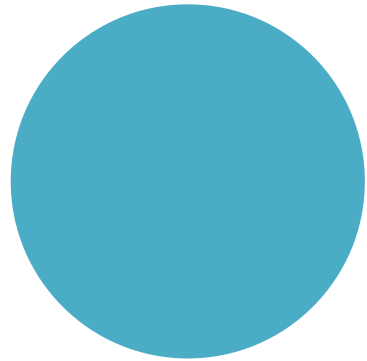
Nephrologist & Medical Lead, Northern Health Kidney Program



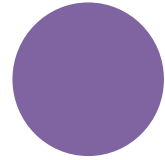
# #TeleKidney Team North



# Tele-Kidney Care



2016-2019



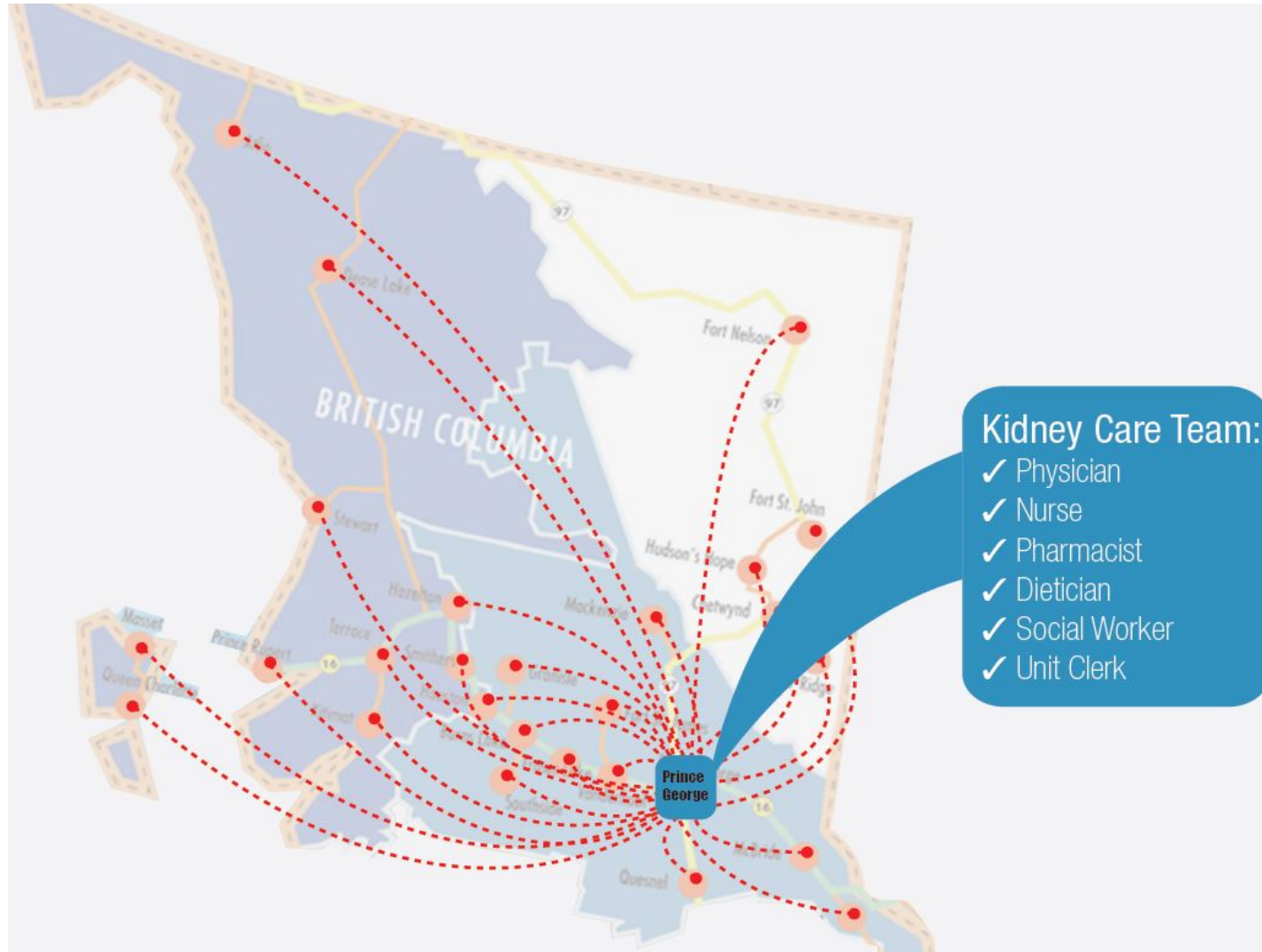
Team based  
Specialized  
Kidney Care

Enabled by Synchronous Video-  
Conferencing (VC)

Access



# Interdisciplinary Kidney Care team connecting to 28 remote sites in Northern BC



# Goals of Tele- Kidney Care:

## ➤ Patients: More Choice and Better Access

Offer a viable alternative to face-to-face appointments  
To prevent lapses and maintain continuity in care

## ➤ Provider Team: Integration of Virtual Care

Enhance and innovate to improve patient and provider experience

## ➤ Community: Engagement and Relationships

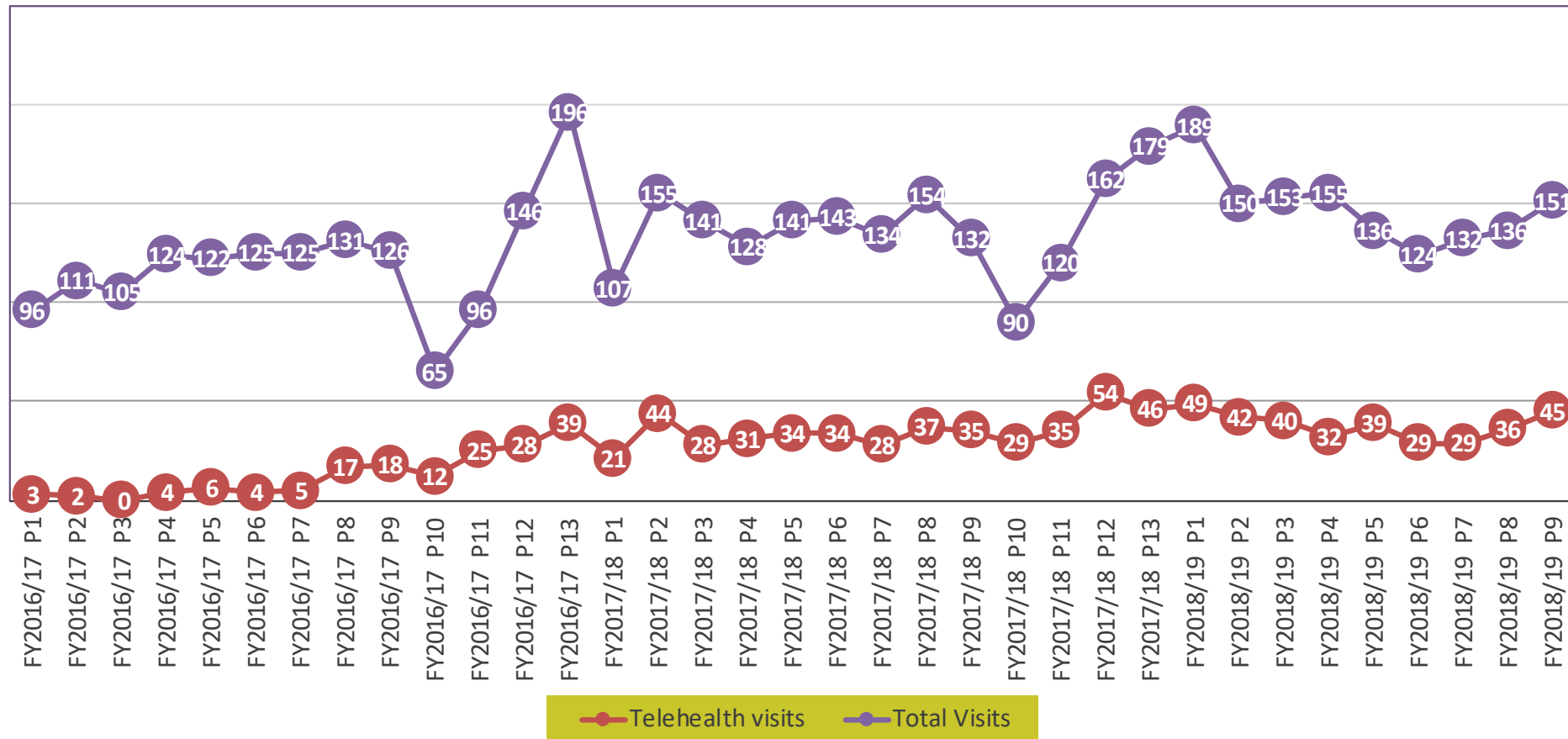
Liaison with Primary care providers and other specialist teams

## ➤ Population: Better Outcomes for Kidney Patients

Care aligned with best practices without barriers

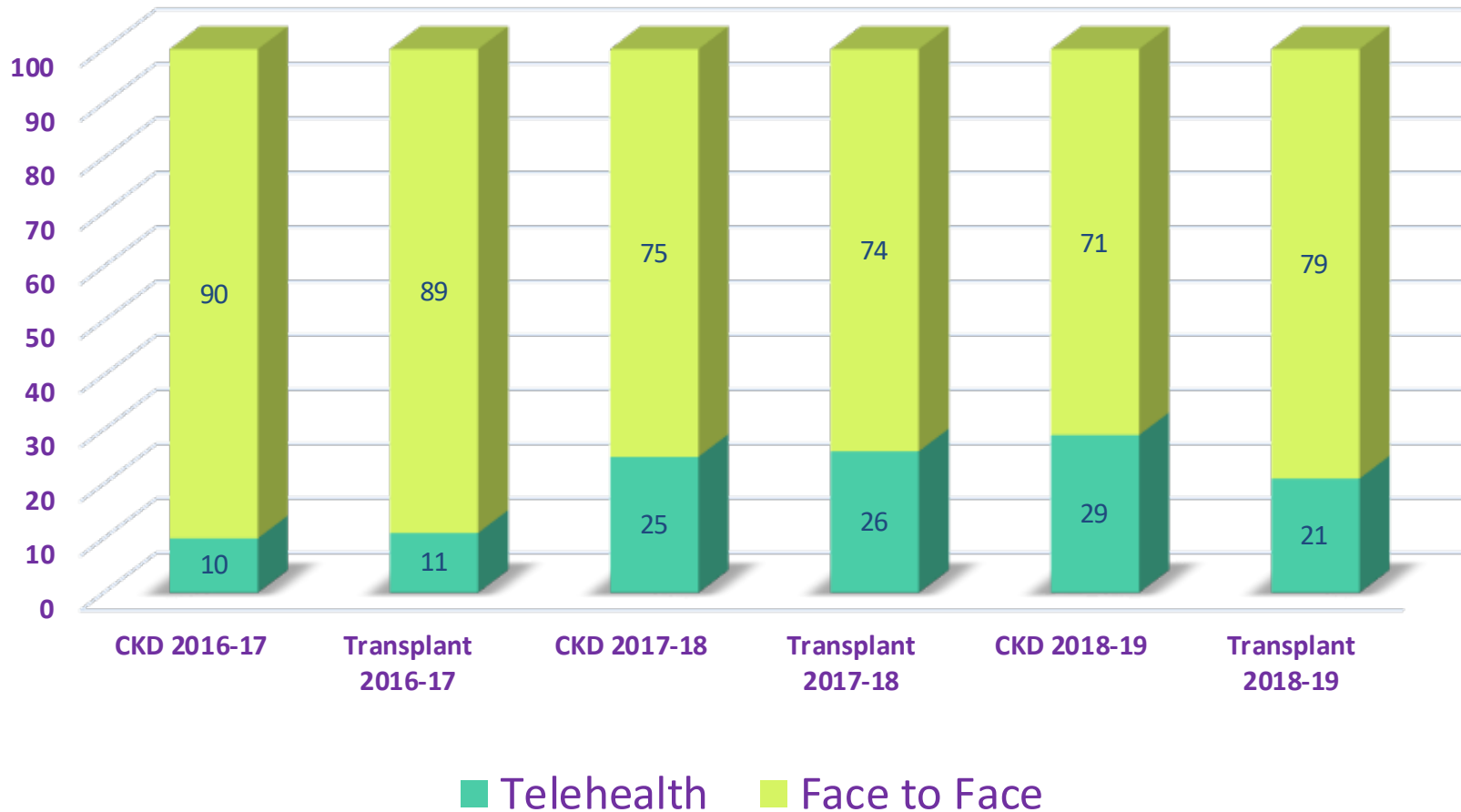
# Outputs: Increase in proportion of VC visits

Kidney Care Clinic visits by each Fiscal Period (28 days) from 2016-2019



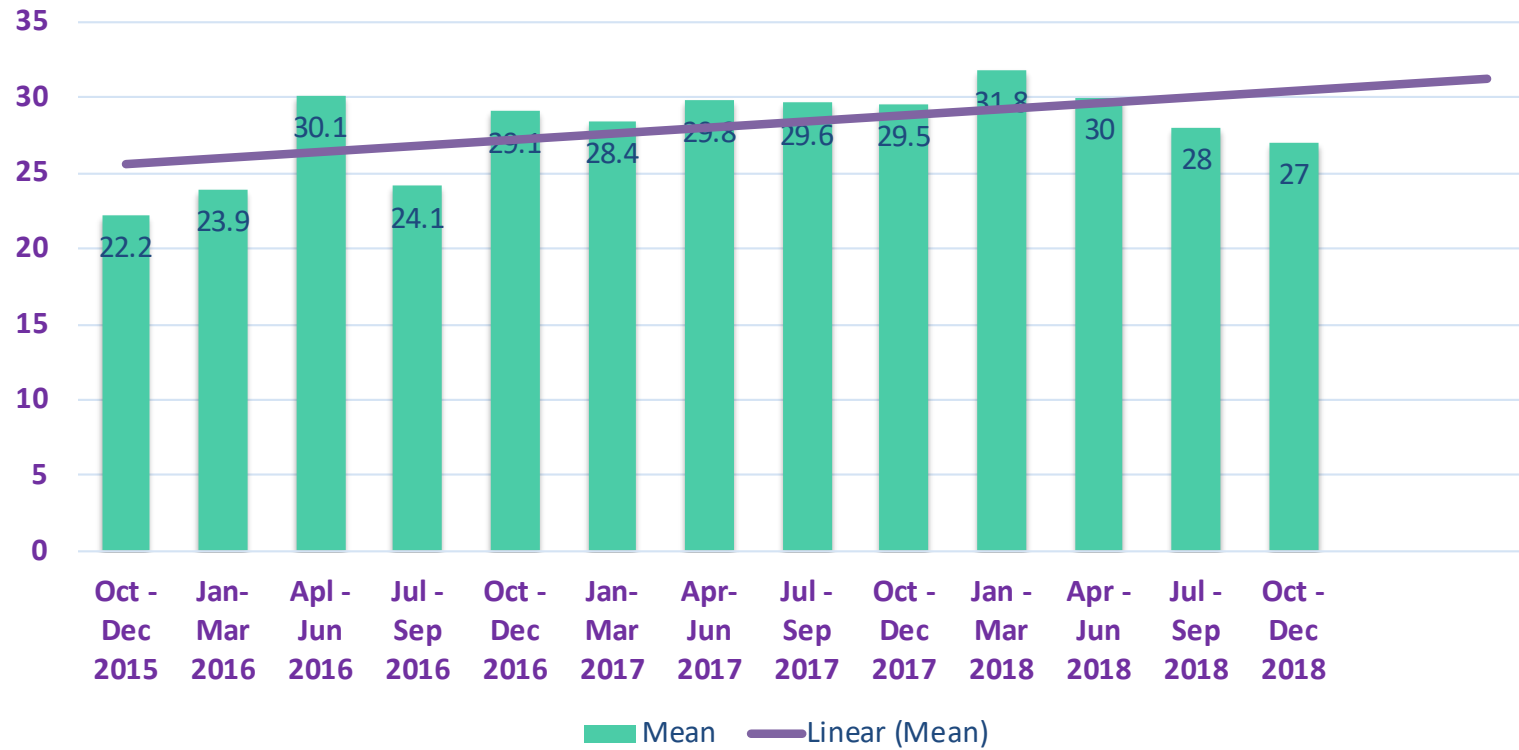
# Outputs: Increase in proportion of VC visits

Percentage of Patient Visits Delivered using Telehealth vs. In-Person



# Outputs: Timely Referral of Patients

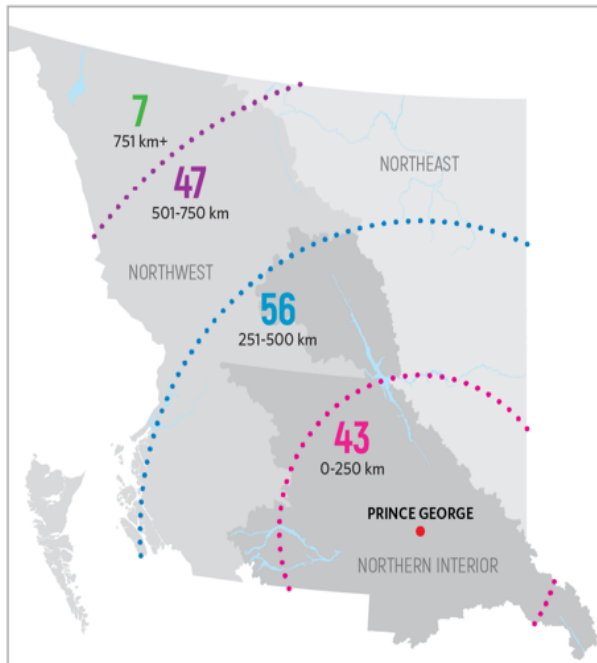
## Mean eGFR Value of Newly-Registered Kidney Patients



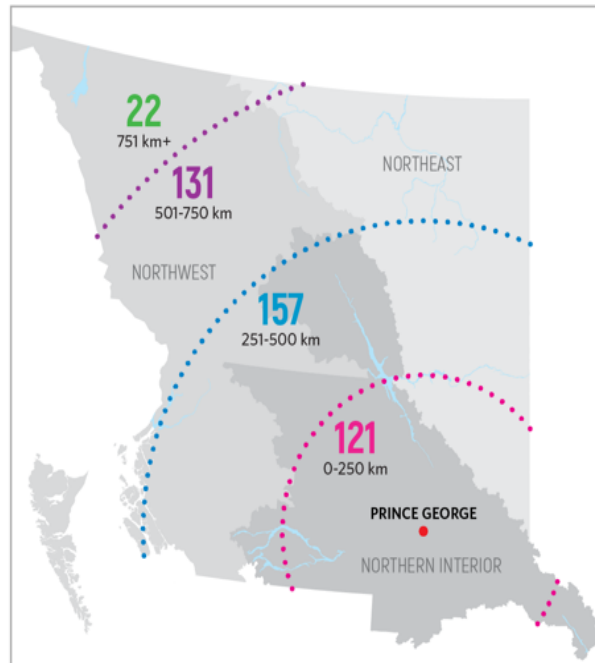


# Outputs: More Patients from Remote communities

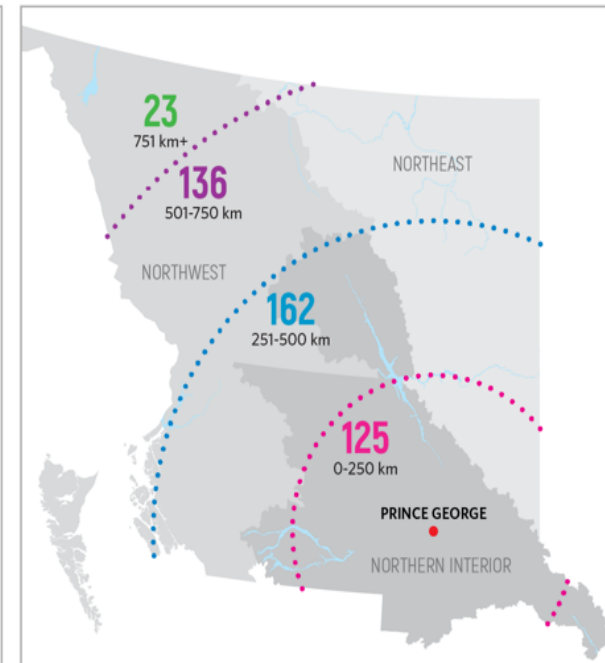
## Total Tele-Kidney Care Visits by Distance



April 1, 2016 – March 31, 2017  
Total Tele-Kidney Visits: **153**



April 1, 2017 – March 31, 2018  
Total Tele-Kidney Visits: **431**



April 1, 2018 – March 31, 2019  
Total Tele-Kidney Visits: **446**

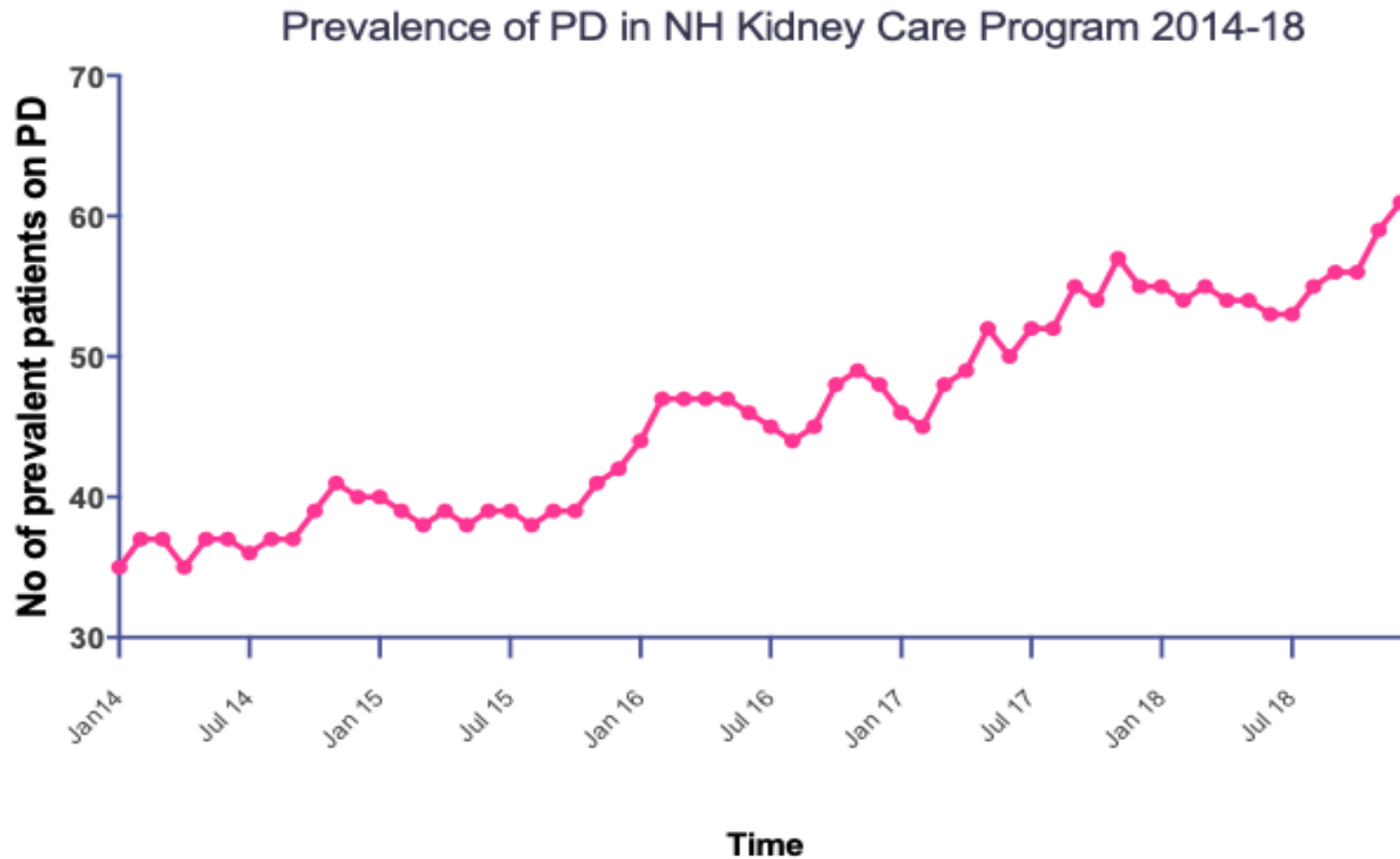
# Outputs: Cost Avoided

## Measurable Benefits for 1030 Cumulative Patients Using Tele-Kidney Care

	Cumulative	Average
Reduction in travel by car:	863,883 km	839 km
Reduced fuel costs for patients:	\$ 90,276	\$ 88
Reduced meal costs:	\$133,677	\$ 135
Reduce accommodation costs:	\$112,385	\$ 152
Total reduction in patient costs:	\$336,338	\$ 375

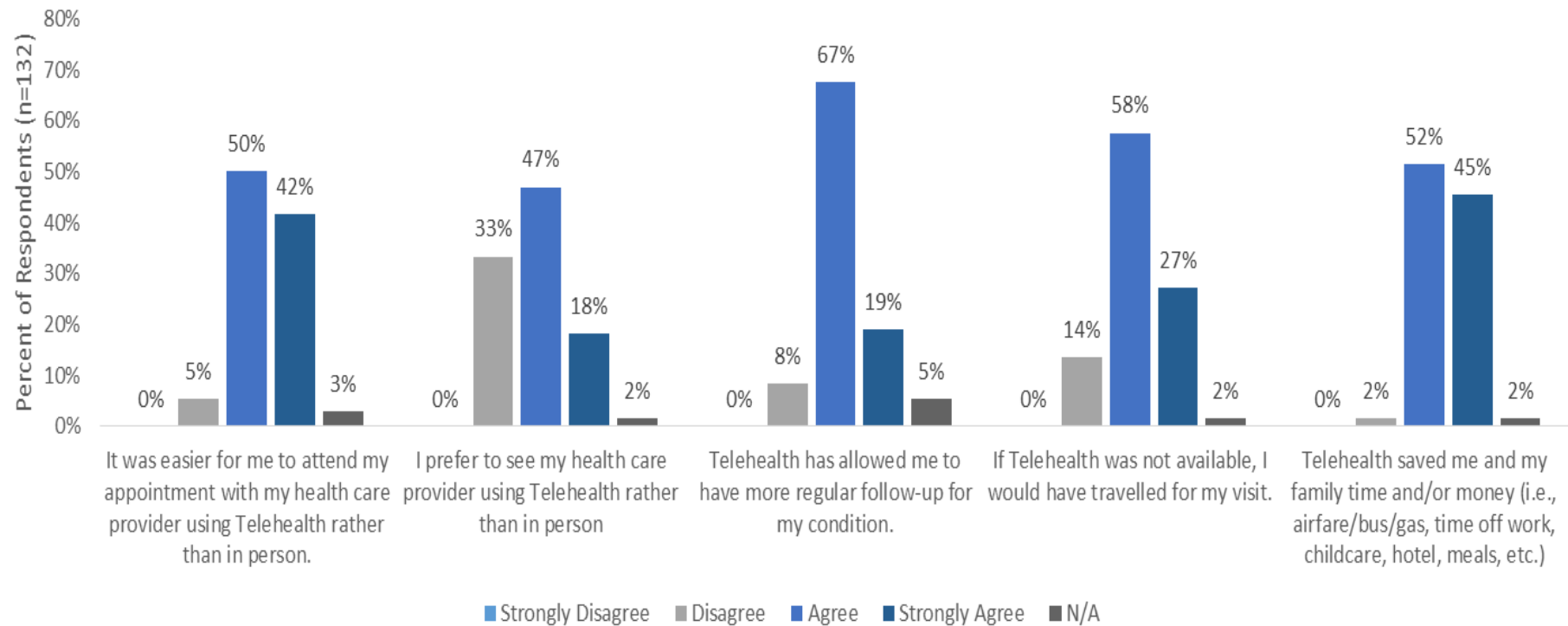
- Travel time avoided over the course of the project was 10,949 hours, the equivalent of **over 6 person-years of full-time employment.**
- The project reduced **carbon emissions by 215 tonnes** or the equivalent of a year's CO<sup>2</sup> emissions from more than 40 vehicles.

# Output: Increase in Home Dialysis

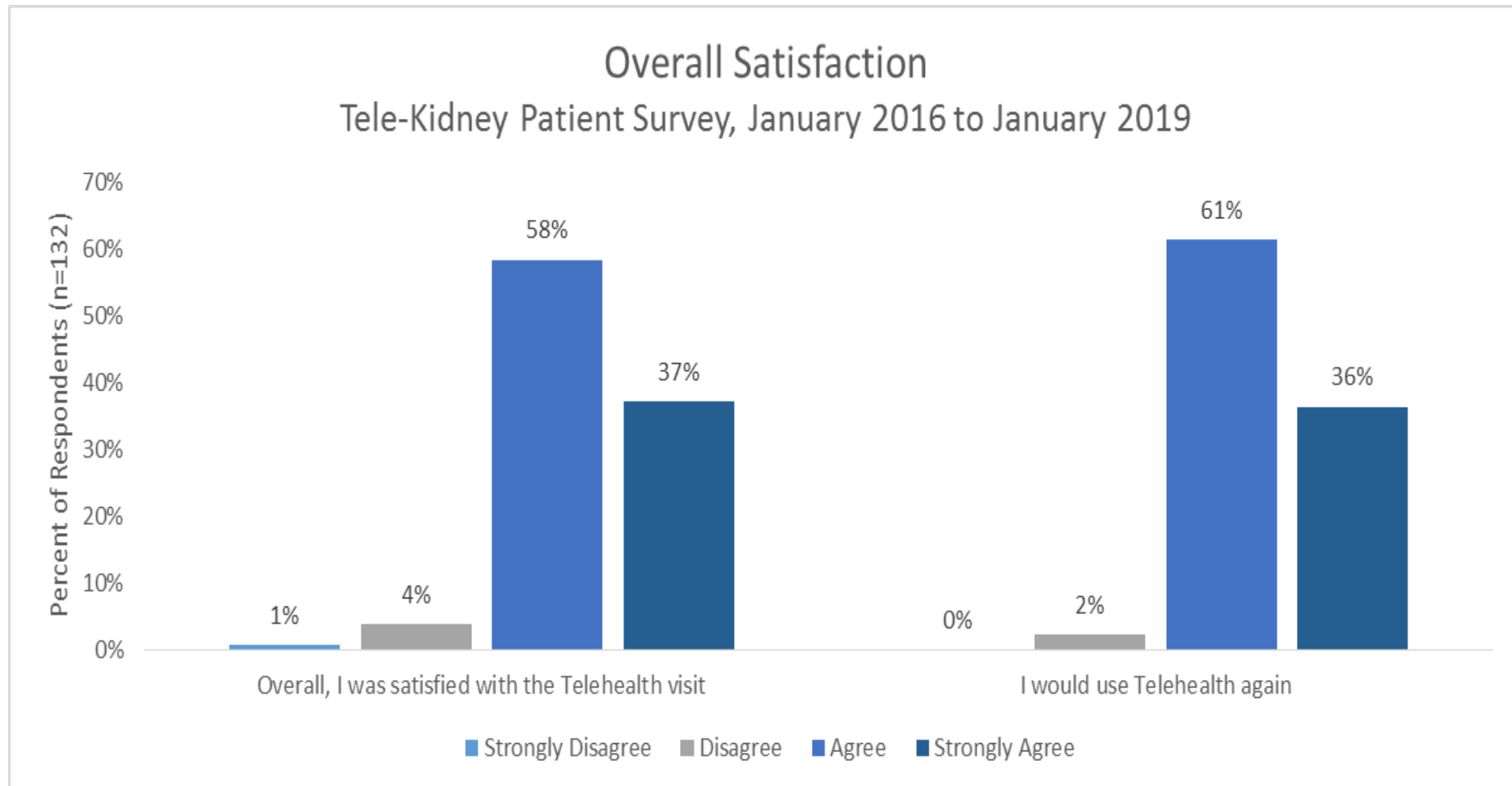


# Patient Experience of Care

Preferences for Seeing Providers  
Tele-Kidney Patient Survey, January 2016 to January 2019

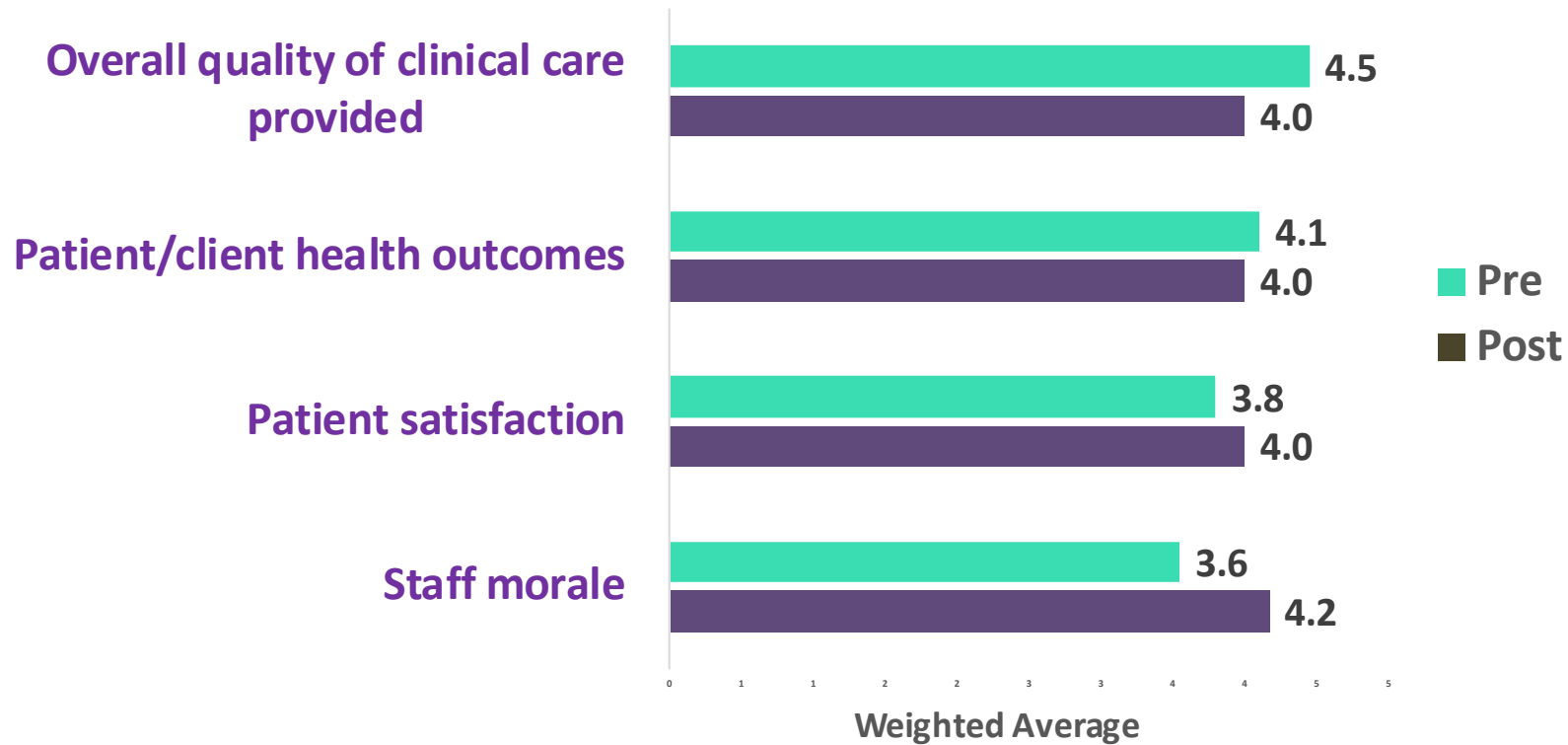


# Patient Experience of Care



# Specialist Team Experience

Team Performance Rating, Pre and Post Tele-Kidney Project



## What did we learn?

- Telehealth is a viable adjunct to connecting with patients for clinical care.
  - It saves time, travelling, money and the environment.
  - Patients find it very useful.
  - It can be used to engage patients and primary care providers in remote sites
- It does not replace in person visits which are key to developing relationships with patients.
  - The provider teams need training, resources and time.
  - Needs built in Continuous Quality Improvement
  - It needs to be incorporated as a service delivery model

Where do  
we go  
next?



## Integrated Virtual Care

- Tailor use of different technologies & platforms to clinical needs of an individual
- Establish new provincial standards of care: Best care at the right time and place
- Patient engagement to refine and understand patient-provider relationships