

Enhancing the Provision of Peritoneal Dialysis in Long Term Care through Funding Reform

Kieran Bergmann, Graham Woodward, Gokulan Kandasamy. Ontario Renal Network.
Contact: kieran.bergmann@cancercare.on.ca

Brief Description of Research or Project: The ORN is championing the path towards a patient-centered approach to delivering CKD-care through the development of a patient-based funding framework, as the province undergoes health system funding reform. The objectives of this funding framework are to align funding with best practice, and to improve patient outcomes and accountability for providers. As the funding framework enters its third year of implementation in 2014/15, it will extend along the continuum of care into the community sector, including to the provision of peritoneal dialysis (PD) in Long Term Care Homes (LTCH). This mode of care expands eligibility for PD to patients who may otherwise be unable to adopt this cost-effective modality. Currently, there is considerable variation in practice across the province in the provision of PD care in LTCHs, resulting in inequitable access to services. The ORN's LTC Working Group is developing strategies to improve access, and enhance quality and outcomes for LTC residents with CKD. This includes developing clinically-informed best practice patient care and an evidence-based price for all services provided to PD patients in LTCHs. In addition, the proposed model will strengthen the relationship between the LTCHs and CKD Regional Programs, which will be a key step towards developing a more patient-centered and cost-effective model. **Why is this research important to profile at the Research Day 2014?** Currently, there is substantial under-utilization of PD in LTCHs. Only twenty-seven out of the approximately 630 LTCHs are approved to provide PD and their capacity to accept residents with PD care requirements is limited. Over the past five years, an average of thirty-five patients received PD care in LTCHs, while approximately 500 LTC residents commuted to the dialysis centers three times a week to receive their treatments. According to researchers, PD provides a better quality of life than in-facility hemodialysis (HD), particularly for elderly patients. Forty-two percent of patients beginning dialysis are older than seventy years of age, and are often more frail and dependent than younger dialysis patients. By improving the capacity of LTCHs to accept and care for PD patients, costly in-facility dialysis modalities can be avoided and improved patient outcomes can be realized. Furthermore, by fostering partnerships between the CKD Regional Program and the LTCH, the proposed model will improve care coordination. This will help increase utilization of PD in LTCHs, ensure CKD patients needing LTC home placement are able to select/maintain PD as their preferred dialysis modality, and increase the knowledge and understanding of LTCH's staff as it relates to the provision of PD. The improved model for PD care in LTCHs will help align funding to high quality patient-focused care and has significant potential for positive impact, including improved access

to needed services, the promotion of evidence-based practice and quality improvements across the province.