Keeping Kidneys in the Community: Delivering Integrated Kidney Healthcare Closer to Home

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Rationale

- Patients access expert kidney care close to home - the GP-led (GP with Special Interest [GPwSI]) CKD Clinic (Keeping Kidneys [KK]), Caboolture Community Health Centre
- Engage and collaborate with community network of stakeholders; GP, pharmacists, allied health and Brisbane North PHN

Background

Chronic kidney disease is:
- Common affecting 10% of the general population
- Asymptomatic and significantly under-detected in primary care
- Complex disease with high psychosocial and socioeconomical cost
- Manageable with risk reduction strategies

Methods

- Implementation science methodology (CFIR)
- Focus on clinical and patient-reported outcomes; and stakeholders perspectives
- Qualitative data were analysed descriptively and qualitative by thematic analysis.

Results

- 259 patients seen in 18 months
- Mean age = 75 years old
- Mean eGFR = 35 ml/min/m²
- Median Charlson comorbidity score = 7, (predicted a survival of <10 years)
- Patient experience positive in 95% respondents
- 22% of GPs in the Caboolture area attended CKD shared care workshop
- Increasing the new case capacity of KHS Metro North by 7% and the overall outpatient capacity by 4%

Conclusion

- KK clinic focus on healthcare delivery closer to home and was acceptable to both patients and stakeholders
- Transition to business as usual
- Further innovations to improve integration through engagement with primary care; and consolidating education into corporate and Aboriginal and Torres Strait Islander community health providers

References


Characteristics of individuals
- “It’s involving uncertainty all the time... I see multiple things that I can improve, but I’m partnering against.”

Process
- “This is the team that looks after your patient, not just another GP. If they get worse will they see a nephrologist? And the answer is yes.”

Outer Setting
- “How wonderful it is to come to a clinic that’s close to home.”

5 Domains of CFIR

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