CONSERVATIVE PROGRAM CARE FOR PATIENTS WITH CHRONIC KIDNEY DISEASE

Patient-Important Outcomes Improvement

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Introduction
Recognized as the Dragons Endorsement Winner (VBHC Summit of The Americas; April 2024, Montreal), the program is based on specific medical condition - chronic kidney disease (CKD), were the patient is linked to a multidisciplinary team at the first signs of loss of kidney function, in order to slow down loss of kidney function, adequately preparation to entry into dialysis therapies, peritoneal dialysis as the first therapy, hospitalizations reduction and favor kidney transplantation.

CKD is the gradual loss of kidney function and its main causes are diabetes and hypertension. The Brazilian Society of Nephrology (2022) shows a prevalence of 10% of the population and 150,000 patients on dialysis annually, with significant increase after Covid pandemic.

Often, its diagnosis is delayed and made in the hospital emergencies, increasing costs for a neglected disease. After discharge, patients find difficulties to access services to continue treatment, as there are no integrated networks, resulting in costly complications arising from the worsening of the condition, with an increase in the complexity of cases.

Current models prioritize resource consumption and there is no integrated care, losing important windows of opportunity, due to neglected care, with poor results, wastes and high complication rates.

We invest heavily in early treatment and health education, reducing and even reversing damage.

Monthly remuneration (per patient) and 10% of the value linked to the outcomes is part of the program. Payment includes all services - consultations, laboratory tests, multidisciplinary team, navigation. All dialysis therapies, payment is made in "packages", of monthly frequency and fixed prices, regardless of the frequency of sessions.

Methods
The patient is referred by their attending physician (capitation model), due to changes in kidney function. Patients with Glomerular Filtration Rate less than or equal to 44 ml/min are eligible, and linked to a reference nephrologist and begin, navigated together by a Nurse, who takes nursing history, schedules necessary follow-ups, exams and refers them to nutrition, psychology and social work, at frequency defined by the stage of CKD or individual needs. Social worker is responsible for processing the patient's registration on the national transplant list, to be quickly ready to join the Brazilian program.

We prioritize Peritoneal Dialysis (74% of patients), cause PD has a high perceived value, allowing patients to maintain habits (water intake, current diuresis) and routines (travel, work, study), with less institutional dependence. Census of the Brazilian Society of Nephrology (2022), shows that national rates does not reach 6%.

Evidence-based protocols determine frequency of consultations, based on degree of renal function – stages "3B", "4", "5" (probability of adverse outcomes; 2012, KDIGO).

Transplant Nephrologists work directly within hospital teams and, in hospitalizations, patients are monitorized by nurse navigator. The cycle closes with dehospitalization, preparing for a quick return to the outpatient environment.

Results
Main indicators
Patients on PD (Peritoneal Dialysis) - 74% (JAN24) – Target > 60%
PD is one of five axes of care measured in the ICHOM Set CKD

Starting RRT with definitive access - Target > 90% - OBTAINED (DEC23): 87.5%
Brazilian data comparison:18%

Rate of Rapid Decliners - Target < 25% - OBTAINED (JAN24): 20.7%
Conservative care is one of five axes foreseen in the ICHOM Set CKD.
AJKD (vol 73, March 2019) considers this a "Level 1 – Essential" indicator.

Increase horizontal expansion, new partnerships, to cover a larger number of patients with CKD, incorporating artificial intelligence tools to search for potential patients. In this way, we will be able to track patients with declining kidney function, avoiding missing important windows of opportunity. We also need to establish our IPU (Integrated Practice Unit), bringing togheter other professionals involved in the CKD care, and increase PREMS/PROMS measurement.