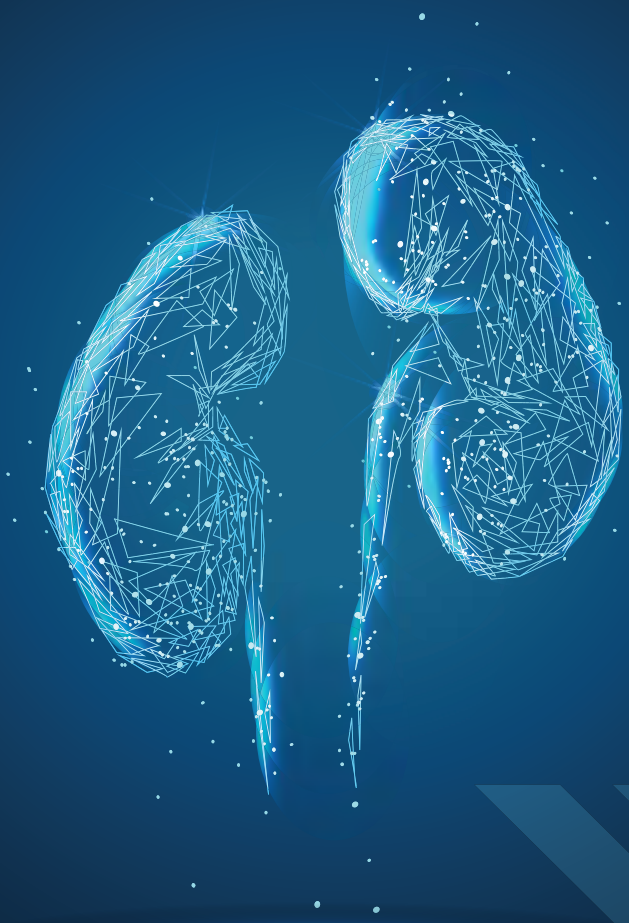
Advancing Kidney Care 2026



Queensland Government

Advancing Kidney Care 2026

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Foreword

The Hon. Steven Miles MP
Minister for Health and
Minister for Ambulance Services

The Advancing Kidney Care 2026 plan aims to align efforts and resources to improve kidney health and kidney care for all Queenslanders.

The plan supports the Queensland Government's vision of making Queenslanders among the healthiest people in the world by 2026.

In Queensland, our growing and ageing population and the rising burden of chronic disease are increasing demand for health care delivery. To ensure we can maintain our world class health system into the future I have set the challenge for Queensland Health to deliver more and better health care for Queenslanders across eight key priority areas.

Given that more than 10 per cent of Queensland adults are estimated to have signs of chronic kidney disease and recent growth shows little sign of abating, kidney care is a feature of this priority work.

Compared to non-Indigenous Queenslanders, Aboriginal and Torres Strait Islander people tend to be diagnosed with kidney disease at younger ages, and chronic kidney disease is reported at significantly higher levels. It is imperative that we improve outcomes for Aboriginal and Torres Strait Islander communities.

The time for talk on better integrating care has passed. With health funding a finite resource, we must expand our focus on preventing illness and delivering more benefits for consumers and for the dollars invested. We must work across the system to provide care in the right place and at the right time. We must partner with general practice, Primary Health Networks and the Australian Government to deliver solutions that improve health outcomes and manage rising levels of demand for kidney health and kidney care services.

Our clinicians are some of the best in the world and are ideally placed to drive improvements. Working with consumers, we can make significant gains in the avoidance and management of chronic kidney disease to prevent, detect or slow its progression and expand screening activities for high-risk populations.

When we're unable to prevent or slow the progression of chronic kidney disease, we will strive to ensure that patients requiring specialist services across our geographically dispersed state have equitable access and outcomes.

While there are many barriers to overcome, Queenslanders deserve access to the best possible kidney health and kidney care services. This plan is a significant step towards that and I look forward to reporting on our progress.

Signs and symptoms of kidney disease develop late in the illness, often resulting in late diagnosis. For example, the 2011-12 Australian Health Survey found of the 10 per cent of persons with biomedical signs of chronic kidney disease, only 1 in 10 of them self-reported that they had the disease.

The known risk factors for chronic kidney disease in adults include:

- History of acute kidney injury
- High blood pressure
- Diabetes
- Heart problems or stroke
- Family history
- Obesity
- Smoker
- 60 years or older
- Aboriginal or Torres Strait Islander

Kidney health in Queensland

Just over 1 in 10 or around 500,000 Queensland adults, are estimated to have biomedical signs of chronic kidney disease[1]. In Queensland the prevalence of chronic kidney disease varies by locality, age and socioeconomic disadvantage. Indigenous adults are more than twice as likely to have chronic kidney disease as their non-Indigenous counterparts.[2]

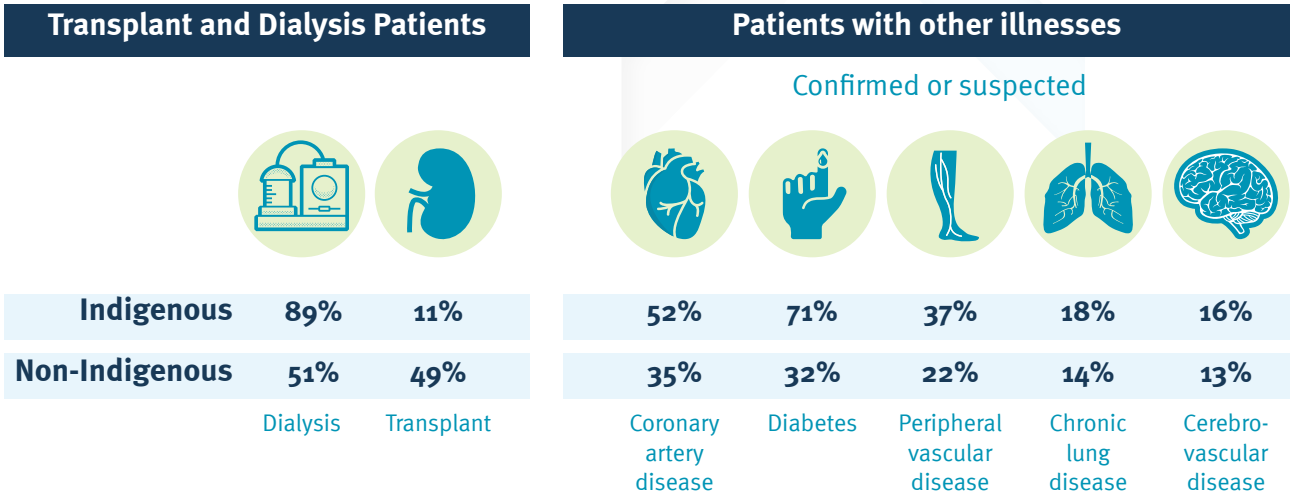
In some persons, chronic kidney disease will progress to an advanced stage and they will require a kidney transplant or dialysis to survive. At December 2015, there were 4,346 persons who had either a kidney transplant or were receiving dialysis in Queensland (ANZDATA).

The need for dialysis or a transplant can occur at any age but tends to occur at younger ages in the Indigenous population. Around a quarter of non-Indigenous patients are aged 70 years or more compared to only 8 per cent of Indigenous patients.

Age	0-14	15-69	70+
Indigenous	1%	91%	8%
Non-Indigenous	1%	73%	26%

[1]Australian Health Survey 2011-12
[2]Australian Institute of Health and Welfare, Projections of the incidence of treated end-stage kidney disease in Australia: 2010-2020. 2014 AIHW Canberra

By the time people are receiving dialysis or are living with a kidney transplant (more than 4,000 Queenslanders at any one time in recent years), many already have more than one chronic illness, the most common being heart disease and diabetes. Care can become complicated and costly.



In this diagram, Dialysis refers to all types of dialysis and Transplant means people who have a working transplanted kidney as at December 2015.

Having to manage dialysis at home or attend a centre three times a week plus manage other health issues, significantly impacts dialysis patients' ability to maintain a normal lifestyle such as working, looking after their families and going on holiday. For older patients, declining health and/or growing frailty can present additional challenges. Some patients living in rural areas travel long distances for regular treatment, further adding to their burden.

In recent months, consumers, clinicians and service administrators from across Queensland have met to discuss how things could be improved and to develop this plan.

Going forward

A collaborative comprising consumers, clinical staff, Health Service Chief Executives and executives of the Department of Health are responsible for driving implementation of the goals and objectives in Advancing Kidney Care 2026 in its initial phase. Actions will be reviewed and refreshed annually. Point-in-time evaluation of progress against the goals and objectives is planned to occur in 2021 and 2025.

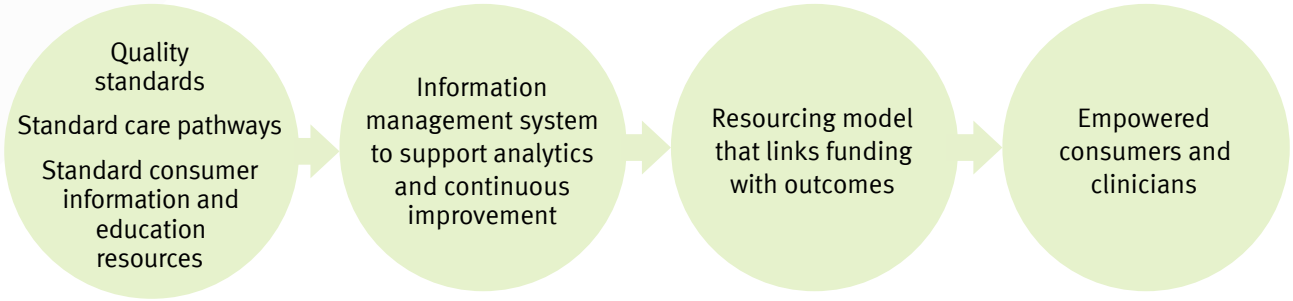
Focus

The focus of Advancing Kidney Care 2026 is to align resources and efforts to improve kidney health and kidney care services, to support the vision of making Queenslanders amongst the healthiest people in the world by 2026.

Scope	Renal health continuum			
	Prevention	**Early detection**	**Active management of chronic kidney disease**	**Renal replacement therapies and conservative care**

Vision for good kidney care

- That Queenslanders have:
  - Information about how to reduce their risk of kidney disease
  - Timely identification of chronic kidney disease and advice and support to minimise further damage and/or slow the progression of the disease
  - Timely and equitable access to education about, and treatment choices for, kidney failure including:
    - Transplantation, including pre-emptive transplantation (preferred option for suitable patients)
    - Home-based dialysis therapies
    - Supported and medically supervised dialysis as close to home as possible
    - Comprehensive conservative care and end of life care options
  - Timely and well-executed transitions between treatment types including timely creation of vascular access for those choosing haemodialysis
  - Access to advice on medication, diet, exercise and coping with the psychological, social and practical impacts of chronic kidney disease, as required
  - Access to ancillary support and services (including transportation) as needed.
- In all aspects and settings, care is patient-centered, equitable and high quality.
- Available resources are optimised through an integrated approach that empowers consumers, clinicians and administrators to make evidence-based decisions and pursue continual improvement.



Improvement goals

1. Prevent chronic kidney disease
2. Detect chronic kidney disease earlier for better outcomes
3. Avoid or delay kidney failure from chronic kidney disease where possible
4. Constantly improve specialist kidney care to deliver the best access and outcomes for all Queenslanders

1 Prevent chronic kidney disease

By addressing the risks associated with developing chronic kidney disease, we can keep more people in high risk groups healthy. To do this we will:

- **Increase public awareness of risk factors for chronic kidney disease**
  - Create an Advancing Kidney Care 2026 website to promote kidney health awareness, including specific activities targeted to Indigenous Queenslanders.
  - Develop place specific information and strategies regarding less well known risks of experiencing kidney harm associated with occupational or environmental exposure.
  - Encourage Queenslanders to adopt healthy behaviours to lower their risk of diabetes, heart disease and chronic kidney disease.
- **Increase frontline health worker awareness of risk factors for chronic kidney disease**
  - Expand delivery of education on risk factors and early detection to health workers.
- **Reduce risks associated with the presence of diabetes and hypertension**
  - Improve management of renal risk in primary care and hospital settings, in partnership with cardiovascular and endocrinology specialities across Queensland's public health system.

We need to increase awareness and education about this silent killer to better prevent chronic kidney disease into the future –

Troy Ravenscroft, Consumer

2 Detect chronic kidney disease earlier for better outcomes

If kidney disease is detected and treated earlier, it gives people the best opportunity for a better health outcome. To do this we will:

Expand screening activities for high-risk populations

- Advocate to the Australian Government for inclusion of renal health as part of Indigenous health checks from age 15.
- Promote opportunistic screening of high-risk groups in general practice, in partnership with Primary Health Networks.
- Promote opportunistic screening of high-risk individuals and cohorts in services provided across Queensland's public health system.
- Improve identification and follow-up of persons who have experienced an acute kidney injury.

The future of chronic kidney disease prevention and management is reliant on a broad range of effective partnerships –

Professor Keshwar Baboolal, Co-Chair, Statewide Renal Clinical Network

3 Avoid or delay kidney failure from chronic kidney disease where possible

By providing the right care at the right time, some people with chronic kidney disease can avoid or delay kidney failure and the need for a transplant or dialysis. To do this we will:

Expand secondary prevention efforts

- Partner with Primary Health Networks and Kidney Health Australia to provide primary health care teams with resources they can share with patients and their carers about how to protect their kidneys from further harm or delay the need for dialysis e.g. adopting a healthy lifestyle, making sure other doctors they are seeing are aware of their kidney issues.
- Establish shared-care approaches between general practitioners and nephrology services or other specialists across Queensland's public health system, for persons with confirmed chronic kidney disease.

Enable early referral of patients at high risk of progression

- Promote early consultation and/or referral of patient cohorts at high risk of progression.
- Develop care pathways for patients based on projected disease progression.
- Develop Indigenous specific care pathways and guidelines to improve identification and early referral.

Chronic kidney disease is silent as there are often no symptoms. However there are things you can do to protect your kidneys and delay chronic kidney disease progression. Ongoing chronic kidney disease management, education and care conversations need to take place to help patients make behavioural and lifestyle changes.

Amber Williamson, Consumer

4 Constantly improve specialist kidney care to deliver the best access and outcomes for all Queenslanders

Some people with chronic kidney disease will need specialist kidney care services. It is important that they have equitable access to best practice care and that the healthcare system is monitoring and continually striving to improve outcomes for these patients. To do this we will:

Promote consistent evidence-based care

- Identify and monitor implementation of Queensland-wide care pathways and profiles, clinical standards and guidelines.
- Support upskilling of staff in renal specific care and workforce optimisation through expansion of multi-disciplinary models.

Enable continuous improvement

- Promote patient and carer engagement in design and delivery of services.
- Improve service requirement forecasting to support planning and investment at system and local levels.
- Establish an information system that captures data on patient profiles, services provided and patient outcomes to monitor and improve service effectiveness.
- Produce dashboards to make the data in the information system readily accessible to clinicians to support service planning and improvement.
- Promote and support integration of clinical research and practice that responds to service and clinical priorities.
- Establish an approach to better align funding to outcomes for patients and service effectiveness.

Address barriers to care and equitable outcomes

- Partner with communities and primary care agencies to provide culturally safe care and improve access and outcomes for Indigenous patients needing a transplant or dialysis.
- Advocate for a consistent approach and relief for consumers and their family and carers with high out-of-pocket expenses linked to their care
- Provide a suite of standard consumer and carer resources and education modules (including Indigenous and other culture-specific materials) for use in all services, including resources that address end-of-life care.
- Expand opportunities for early referral of chronic kidney disease patients to allied health staff for advice on self-care, early identification and reduction of potential barriers to treatment options and better outcomes.
- Extend opportunities for supported dialysis in small and remote communities e.g. community based facilities, trained helpers.
- Optimise the use of existing dialysis units and expand and grow units as necessary to respond to demand in a timely way.
- Expand the service network's capacity to identify and manage patients who could benefit from transplant, including early identification, work-up, transplantation and after-care.
- Continue existing and develop new Queensland strategies to increase organ donation.

Equitable access to specialist services for Indigenous Queenslanders is dependent on flexible, innovative best practice models of care that empower patients and their carers.

Associate Professor Murty Mantha, Cairns

An integrated approach

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