Revolutionising outpatient clinic experience (RevOCE): the future of chronic kidney disease care and associated multimorbidity

Authors: Saif Al-Chalabi,[A] Schanhave Santhirasekaran,[B] Philip A Kalra,[A] James Ritchie,[A] Dimitrios Poulikakos[A] and Smeeta Sinha[A]

Introduction

Chronic kidney disease (CKD) is a major global issue, with an estimated 1-in-10 people living with CKD. In England, it is estimated to affect more than 2.5 million adults, and this is expected to rise to 4.2 million by 2036.[1] Population-level digital healthcare systems have the potential to enable earlier detection of CKD to attenuate progression and reduce the risk of end-stage kidney disease (ESKD) and cardiovascular diseases (CVD). Services that can support patients with CKD, CVD, and diabetes mellitus (DM) have the potential to reduce fragmented clinical care and optimise pharmaceutical management.

Materials and methods

The Revolutionising Outpatient Clinic Experience (RevOCE) programme aims to address these issues via two projects (Fig 1).

Authors: [A]Renal Department, Salford Care Organisation, Northern Care Alliance NHS Foundation Trust, UK; [B]Salford Care Organisation, Northern Care Alliance NHS Foundation Trust, UK

Firstly, the development of a CKD dashboard that can stratify patients by their kidney failure risk equation (KFRE) risk. High-risk patients would be invited to attend an outpatient clinic if appropriate. Specialist advice and guidance would be offered to primary care providers looking after patients with medium risk. Patients with lower risk would continue with standard care via their primary care provider unless there was another indication for a nephrology referral. The CKD dashboard identified 11,546 patients (4.4% of the total adult population in Salford) with T2DM and CKD. The second project is the establishment of the metabolic cardiorenal (MRC) clinic. It provided care for 209 patients in the first 8 months of its establishment with a total of 450 patient visits. Initial analysis showed clustering of cardiorenal metabolic diseases with 85% having CKD stages 3 and 4 and 73.2% having DM. In addition, patients had a significant burden of CVD with 50.2% having hypertension and 47.8% having heart failure.

Discussion and conclusion

There is a pressing need to create new outpatient models of care to tackle the rising epidemic of cardio-renal metabolic diseases. RevOCE has potential benefits at both organisational and patient levels, including improving patient management via risk

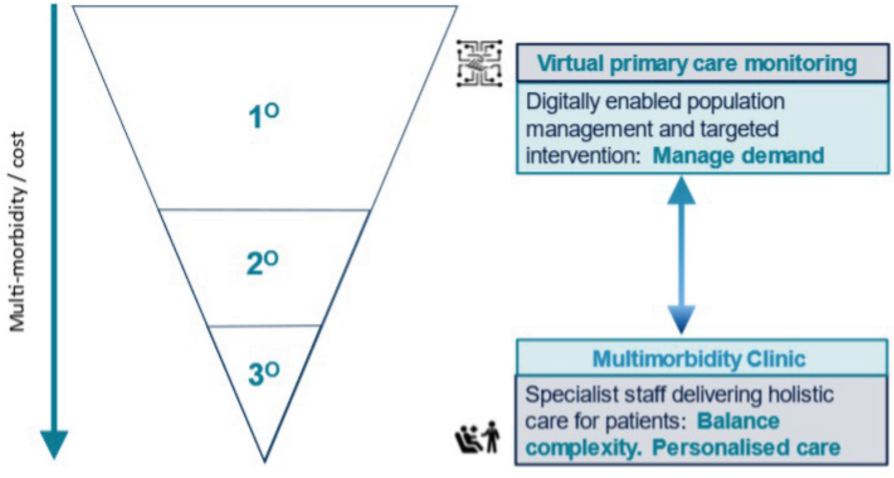

Fig 1. The RevOCE programme structure.

stratification, increased care capacity and reduction of variation of care. Patients will benefit from earlier intervention, appropriate referral for care, reduction in CKD-related complications, reduction in polypharmacy and reduction in hospital visits and cardiovascular events. In addition, this combined digital and patient-facing model of care will allow rapid translation of advances in cardio-renal metabolic diseases into clinical practice.

Reference

1 Chronic kidney disease prevalence model. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/612303/ChronickidneydiseaseCKD prevalencemodelbriefing.pdf [accessed 17 January 2023].