

Renal Healthcare: Pilot Program Targeted To Public Assistance Population.

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Introduction

Since 1981 Uruguay has been keeping records of all patients with end stage renal disease (ESRD) undergoing renal replacement therapy (RRT). The incidence of ESRD has increased from 1981 to 1996; after that and up to 2004 it has remained stable at 130 pmp (CI: 117-142 pmp). There is less information about the prevalence of previous stages of chronic kidney disease (CKD). From data obtained from the Uruguayan Registry of Dialysis, it is evident that current CKD care is suboptimal and at the initiation of RRT only 20% of the patients had a mature vascular access (and even less patients in public assistance).

The Uruguayan Society of Nephrology has developed a Renal Healthcare Program with the goal of improving CKD care through prevention, early diagnosis and referral to nephrologists for optimal care of patients with CKD

Population

According to data obtained from the National Institute of Statistics, 144.000 inhabitants are assisted by the public healthcare system of the west side of Montevideo.

The expected prevalence of CKD in this population is 6.7% extrapolated from USA data (NHANESS III) and adjusted to Uruguayan prevalence of dialysis patients.

Methods.

The planned activities are:

1) *Informing the general population* about healthy habits and vascular-risk factors, through Healthcare Centers, radio and television.

2) Achieving with the Public Health authorities the *integration of Renal Healthcare into the First Level of Attention* by:

- Designating a nephrologist to assist patients in Healthcare Centers, which arrive either through referral by the primary-care doctor or directly from the laboratory when the urine showed proteinuria $\geq 0,5g/l$ or the creatininemia was $\geq 1,5 mg\%$
- Creating a Record System for all patients in the initial and control visits,
- Establishing guidelines to monitor patients and thus reduce the abandonment of treatment
- Training doctors of general medicine and other specialties through courses on Renal Disease Prevention

3) Promoting the *identification of at-high risk population* for CKD and creating guidelines for the methodology of study for the *early diagnosis of renal disease*

4) Implementing *nephrology visits* with a frequency depending on the stage of CKD, with a reference- counter-reference system. Medication will be given to patients at each visit. .

5) *Creating a Pre-dialysis Clinic* to derive patients in stage 4 of CKD.

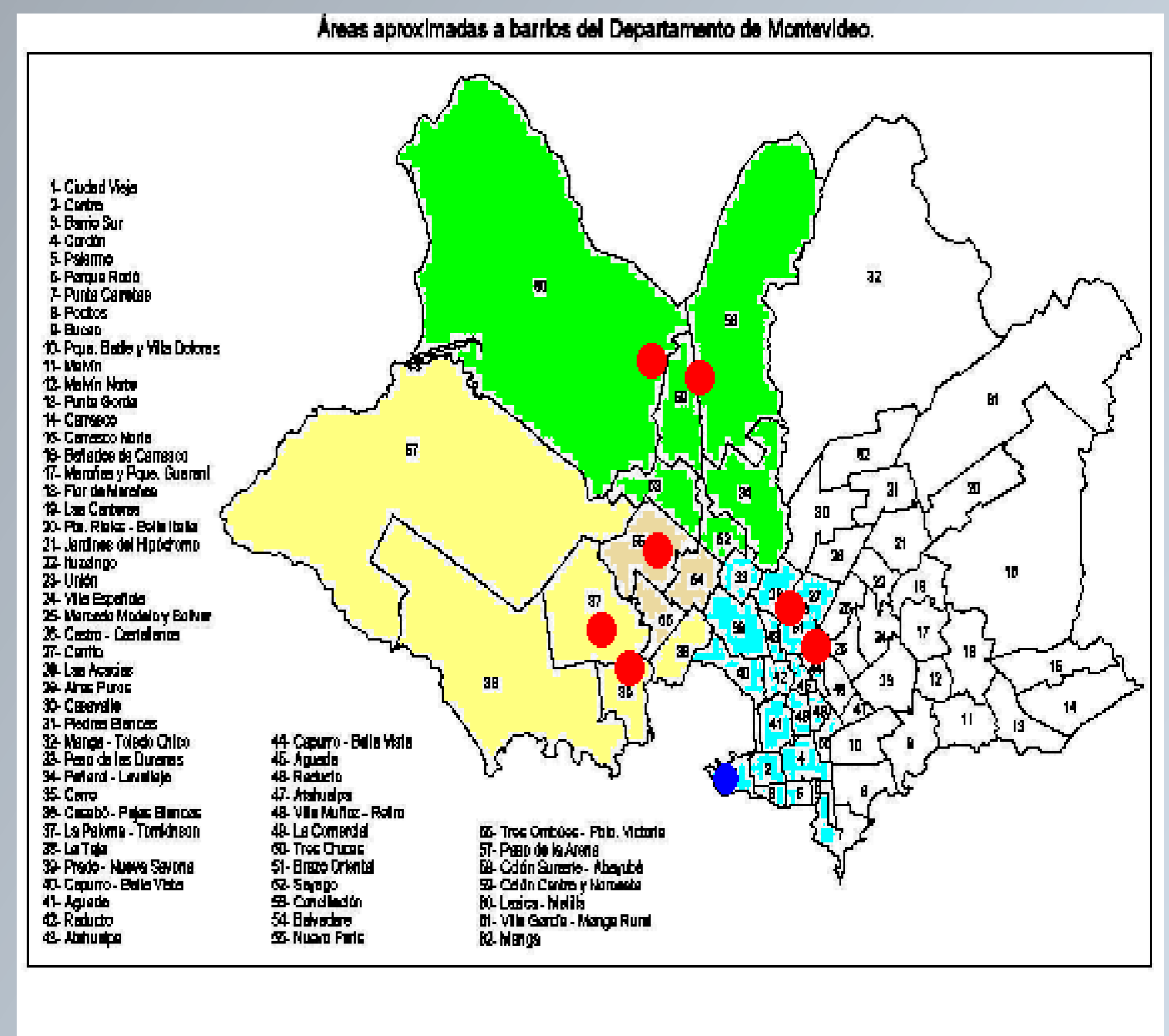
This clinic would be staffed by a multidisciplinary team made up of nephrologists, nurses, nutritionists, social workers, psychiatric and vascular surgeons, committed to: educating the patient about CKD and possible treatments, giving nutritional assessment, and social and psychological support, and coordinating the creation of a permanent access for the choosed dialysis modality.

General Objective

Improve renal healthcare conditions of the population of the west side of Montevideo currently in Public assistance.

Specific Objectives

- ◇ *Promote the education for renal health and healthy habits in the general population*
- ◇ *Integrate renal healthcare into the first level of attention.*
- ◇ *Promote early diagnosis of CKD in at-risk populations.*
- ◇ *Optimize patients' care in all stages of CKD*



Results.

The program will be evaluated according to:

◇ Structure indicators:

- ◇ number of nephrology clinics and hours assigned to target population

◇ Process indicators

- ◇ average number of visits per patient
- ◇ clinic utilization rate

◇ Results indicators

- ◇ estimated incidence of renal disease to population
- ◇ patients distribution by sex, age, stage of renal disease and etiology.

◇ The impact of the program will be evaluated by

- ◇ end stage renal disease rate
- ◇ proportion of patients that begin dialysis in a coordinated way
- ◇ mortality rate

Conclusions.

This is a pilot program which will guide the corrective measures necessary for the later general implementation in the rest of the country's population.