



AcceSS and Equity in Transplantation

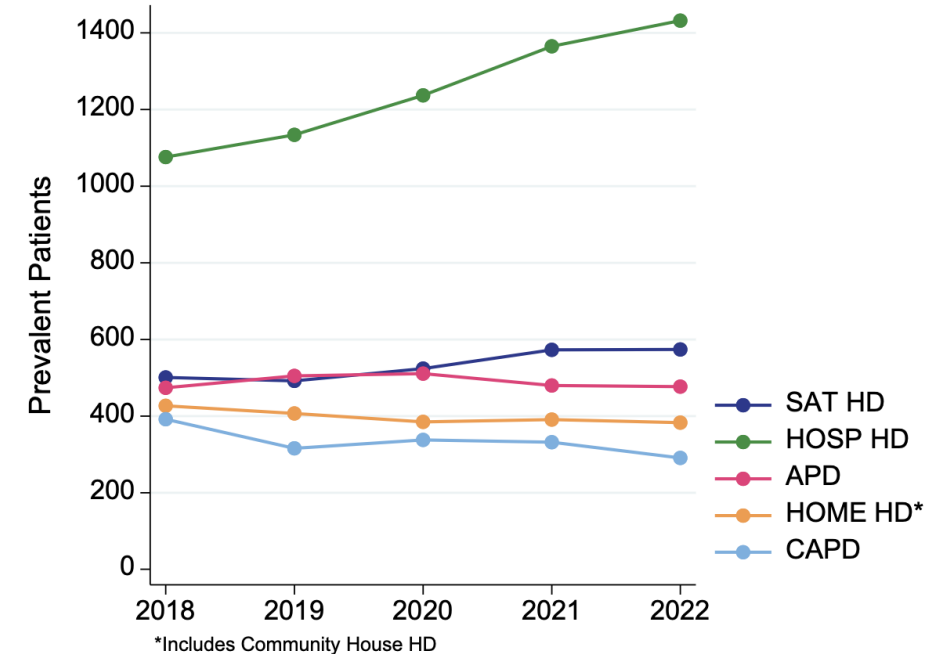
Project 2: Trends in dialysis modality and patient travel time in Aotearoa New Zealand

Johanna Birrell, Nick Cross, Angela Webster, Andrew Kindon, Matthew Hobbs, James Hedley, Tim Driscoll, Nicole De La Mata

Background (1/3)

- An increasing number of people are receiving dialysis across Aotearoa New Zealand (NZ)
- There is a trend towards use of in-centre haemodialysis (ICHD) rather than home-based dialysis (PD / home HD) (Figure 1)
 - 2006: 46% ICHD
 - 2022: 64% ICHD
- International comparison:
 - Australia: similar but more gradual rise in ICHD rates (from 68% in 2006 to 76% in 2022)
 - UK: stable ICHD rates
 - US: decreasing ICHD rates (home-based dialysis increasingly popular)

Figure 1. Method and location of dialysis – NZ 2018-2022



Background (2/3)

- Despite rapid expansion of ICHD units across NZ, current services are severely under-resourced to meet demands
- This is impacting patients:
 - Undue travel burdens
 - After-hours ICHD shifts and impromptu cancellations
 - Inability to achieve planned starts onto HD

AOTEAROA, NEW ZEALAND HAEMODIALYSIS INFRASTRUCTURE SURVEY

PATIENTS : HAEMODIALYSIS CHAIRS

HD PTS PER CHAIR



IF RATIO ≥ 4
CANNOT DO WITH
6 DAY/WEEK + 2 SESSIONS/DAY

NEEDS

7 DAY/WEEK OR 3 SESSIONS/DAY

9 OF 15
60% UNITS

RATIO ≥ 4

(3 UNITS, RATIO ≥ 6)

MITIGATION MEASURES TO COPE

REPORTED MITIGATION STRATEGIES USED TO COPE WITH CAPACITY ISSUES



2009

STAFFING STRATEGIES

CALL IN STAFF
OVERTIME WORK

2022

STAFFING STRATEGIES

REDUCE STAFF : PATIENT RATIO
SHORT NOTICE ROSTER CHANGES
OVERTIME
DOUBLE SHIFTS
CANCEL NON_FRONT LINE ACTIVITIES
NON CLINICAL STAFF STEP IN

DIALYSIS UNIT STRATEGY

DECLINE AWAY FROM HOME DIALYSIS
COVERT OFFICES TO HD STATION
OPEN 3RD SHIFT
DOUBLE BOOK SLOTS - RELY ON DNA'S

INDIVIDUAL PATIENT STRATEGY

ALTER TREATMENTS HOURS
REDUCE MACHINE CLEANING
SKIP DAYS
DELAY DIALYSIS START
USE INCREMENTAL REGIME

TRAVEL & FUNDING

TIME TO USUAL HD



60 - 120 MIN

97 PTS

> 120 MIN

17 PTS

LONGEST

2.5 HRS



60%

% OF UNITS WHICH
PROVIDE MORE HD
THAN FUNDED FOR



8 OF 15

53%

NO. OF UNITS WHICH
PROVIDE DIALYSIS TO
PTS OF ANOTHER DHB

Background (3/3)

- A greater understanding of the factors driving the surge in ICHD in NZ will support accurate modelling of future dialysis capacity requirements
- There is a need for national geo-spatial tools that:
 - Highlight locations where patients are bearing the greatest travel time burden
 - Track regional trends in dialysis capacity pressure
- Such resources would support innovative solutions and resource allocation to locations of highest need

Aims:

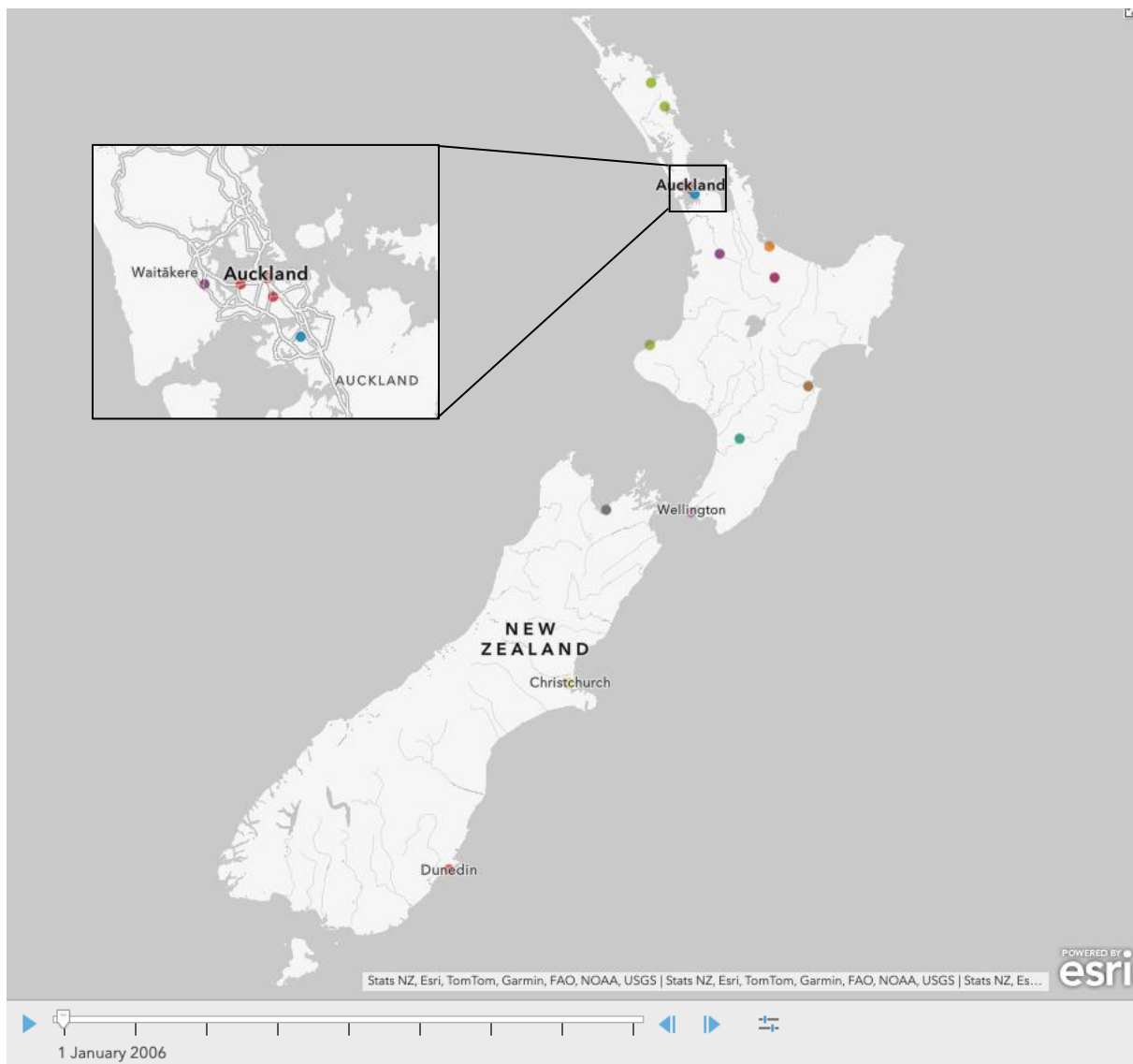
1. To analyse the burden and trends in **travel time** for patients receiving dialysis in NZ
2. To assess the factors contributing to **dialysis modality** decisions (in-centre haemodialysis (HD) vs home therapies (PD / home HD))
3. To create interactive regional maps to support national dialysis service planning

Methods:

1. Create a timeline of establishment of new haemodialysis units across NZ from 2006-19

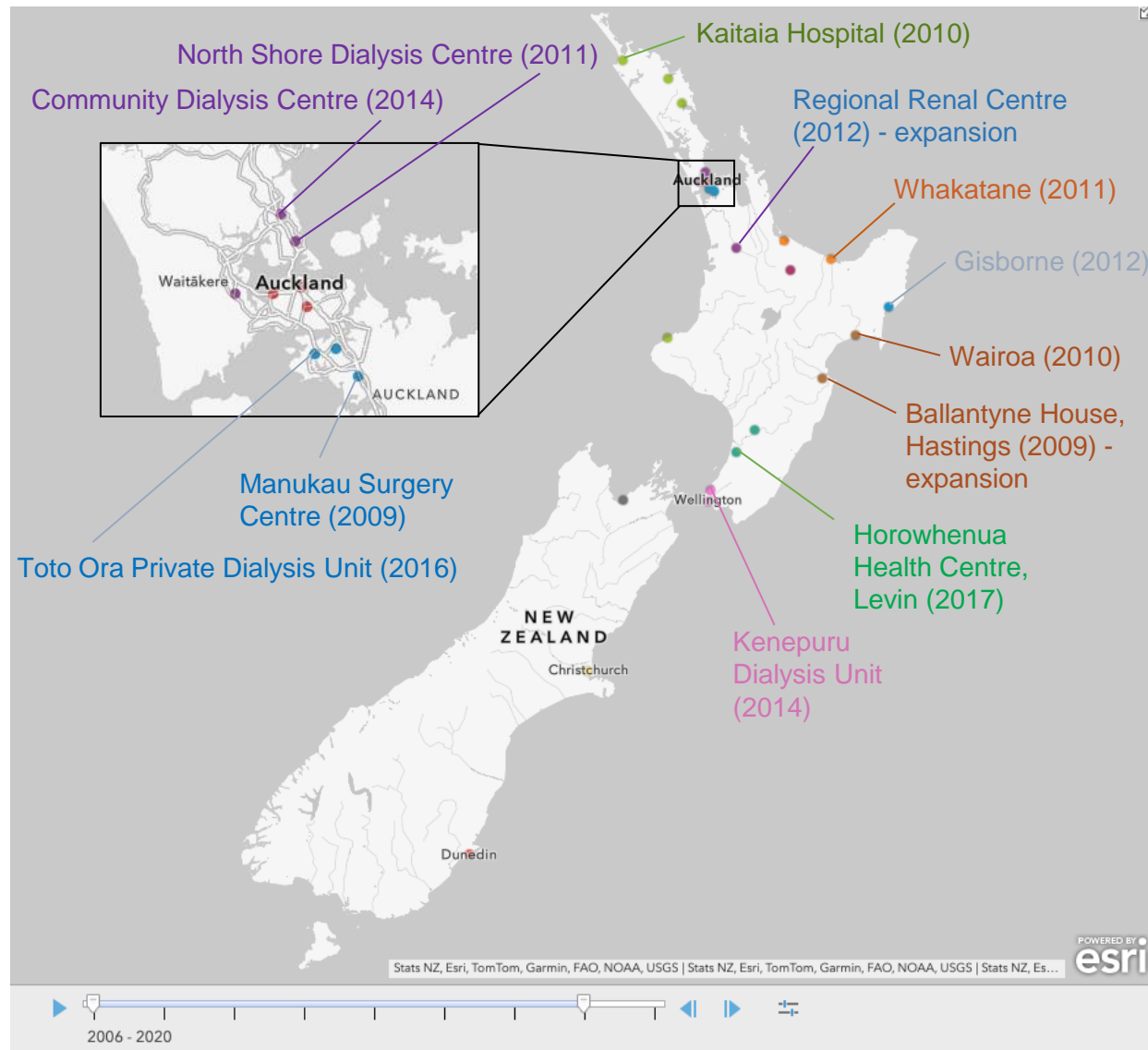
Haemodialysis unit locations in New Zealand

2006:



2019:

New units / major expansions 2006-2019



Methods:

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Methods:

1. Create a timeline of establishment of new haemodialysis units across NZ from 2006-19
2. Establish a cohort of patients commencing dialysis in NZ from 2006-19

Data sources

ANZDATA end-stage kidney
disease incident patient cohort
(New Zealand 2006-2019)

Dialysis as initial KRT modality

Study cohort
(n=6,690)

Data sources

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Dialysis as initial KRT modality

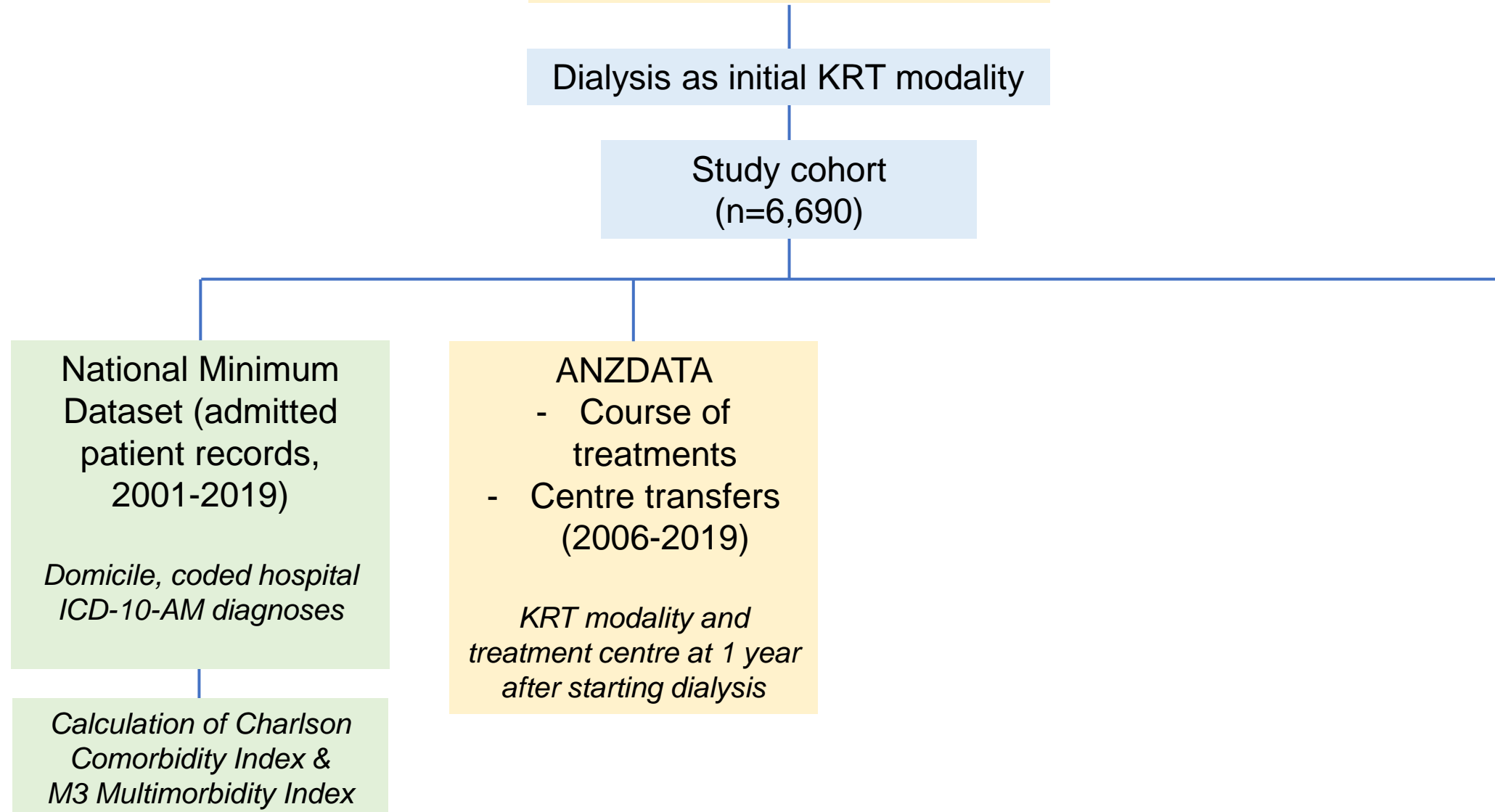
Study cohort
(n=6,690)

National Minimum
Dataset (admitted
patient records,
2001-2019)

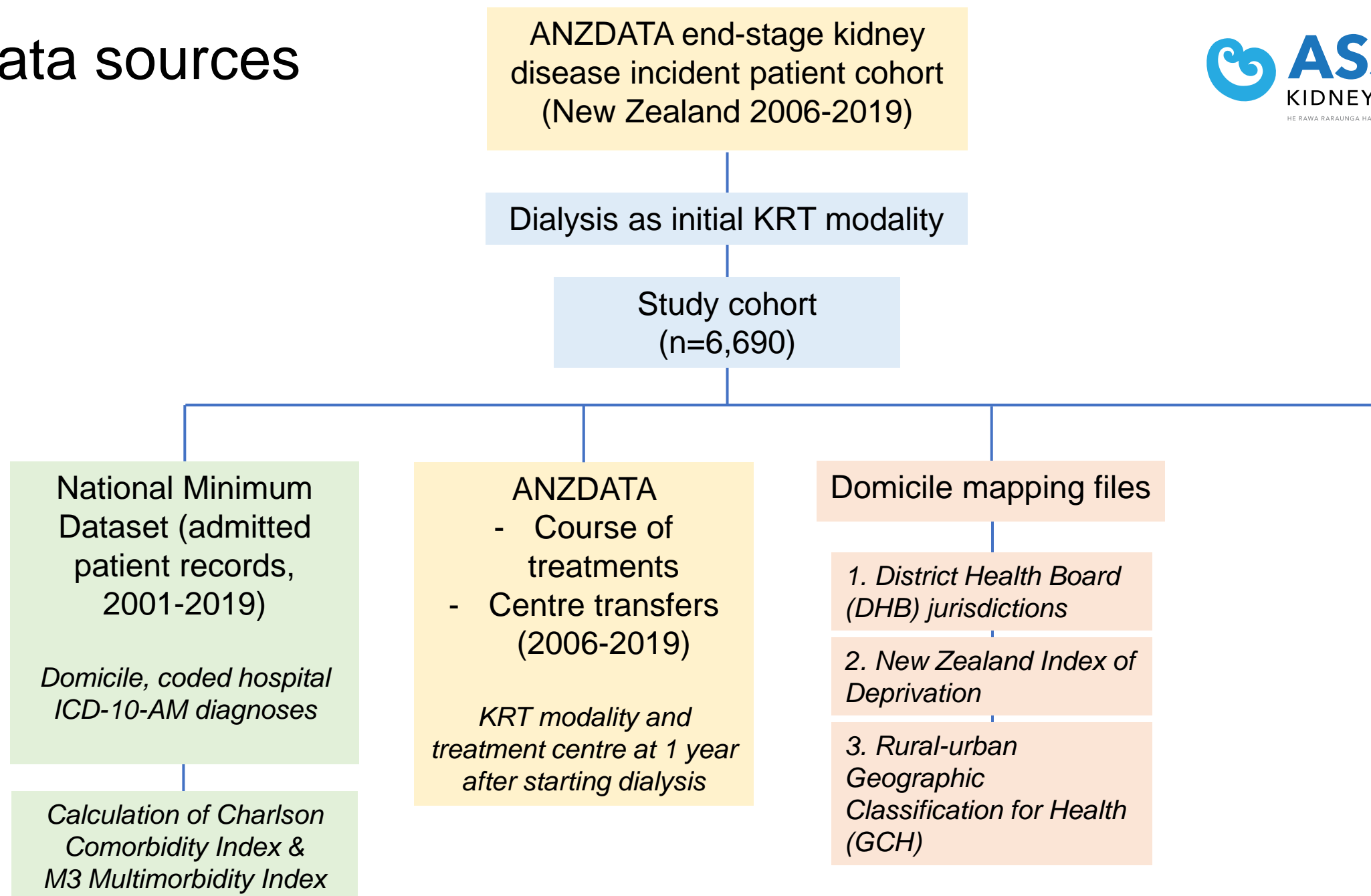
*Domicile, coded hospital
ICD-10-AM diagnoses*

*Calculation of Charlson
Comorbidity Index &
M3 Multimorbidity Index*

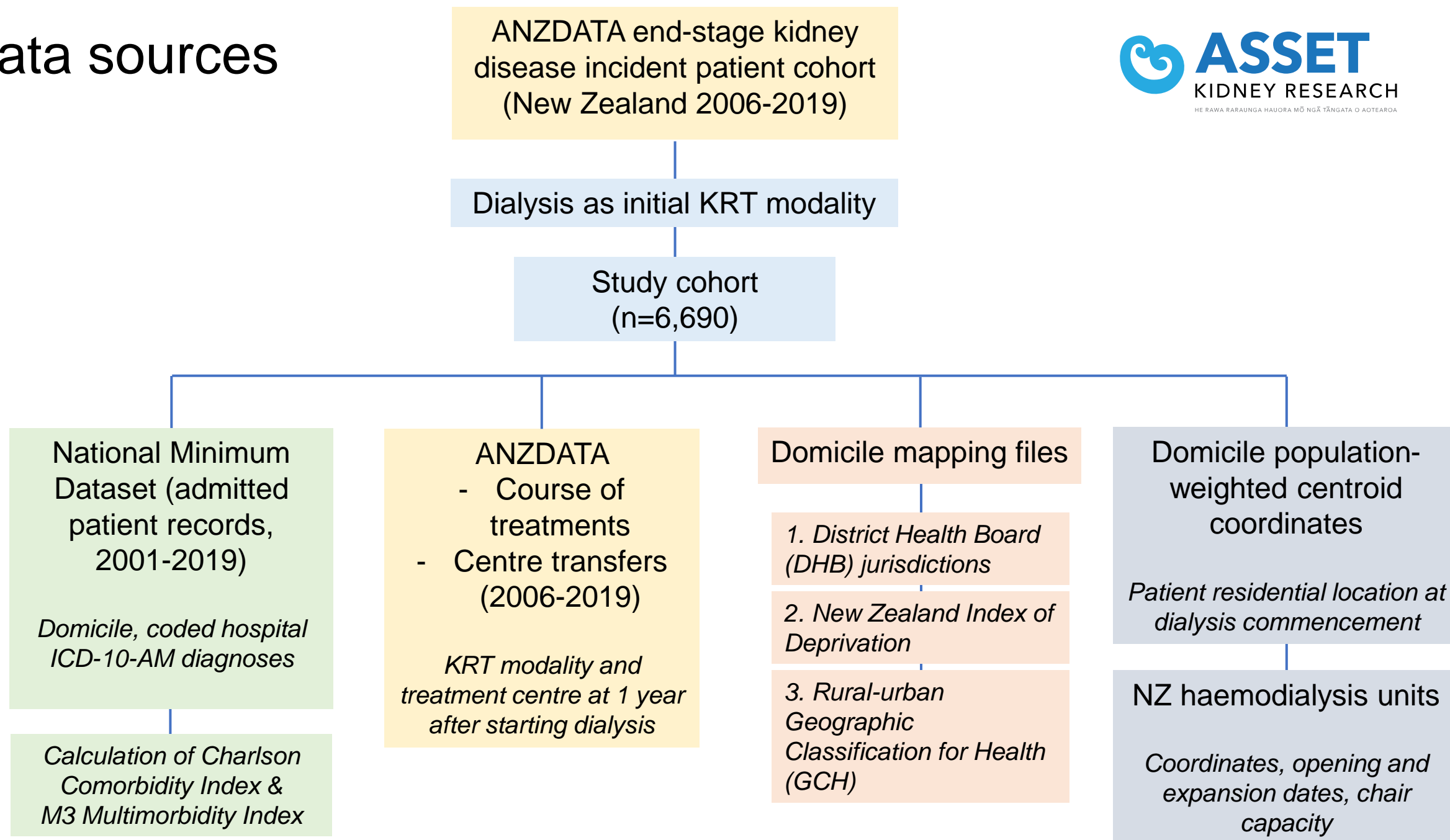
Data sources



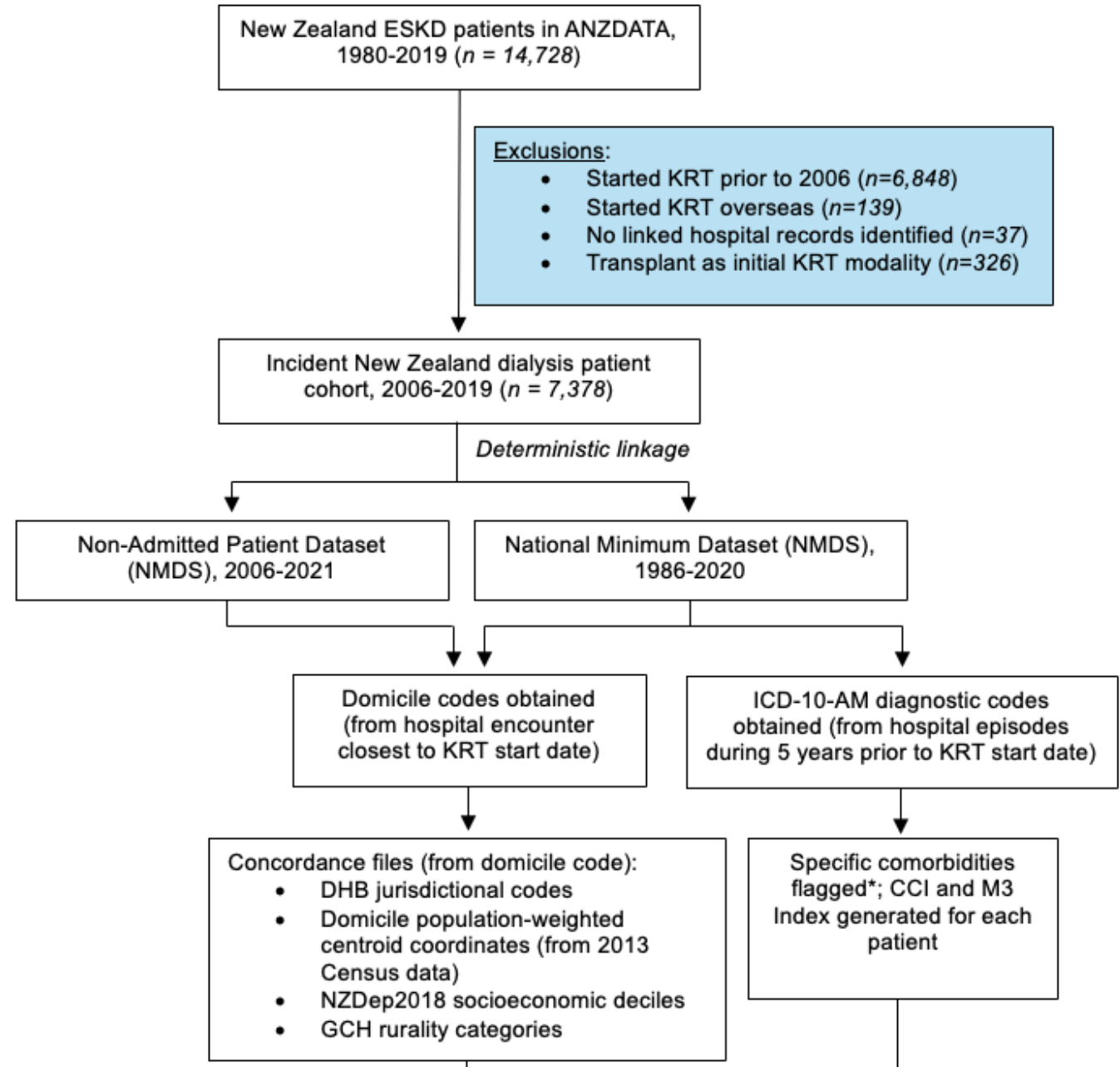
Data sources



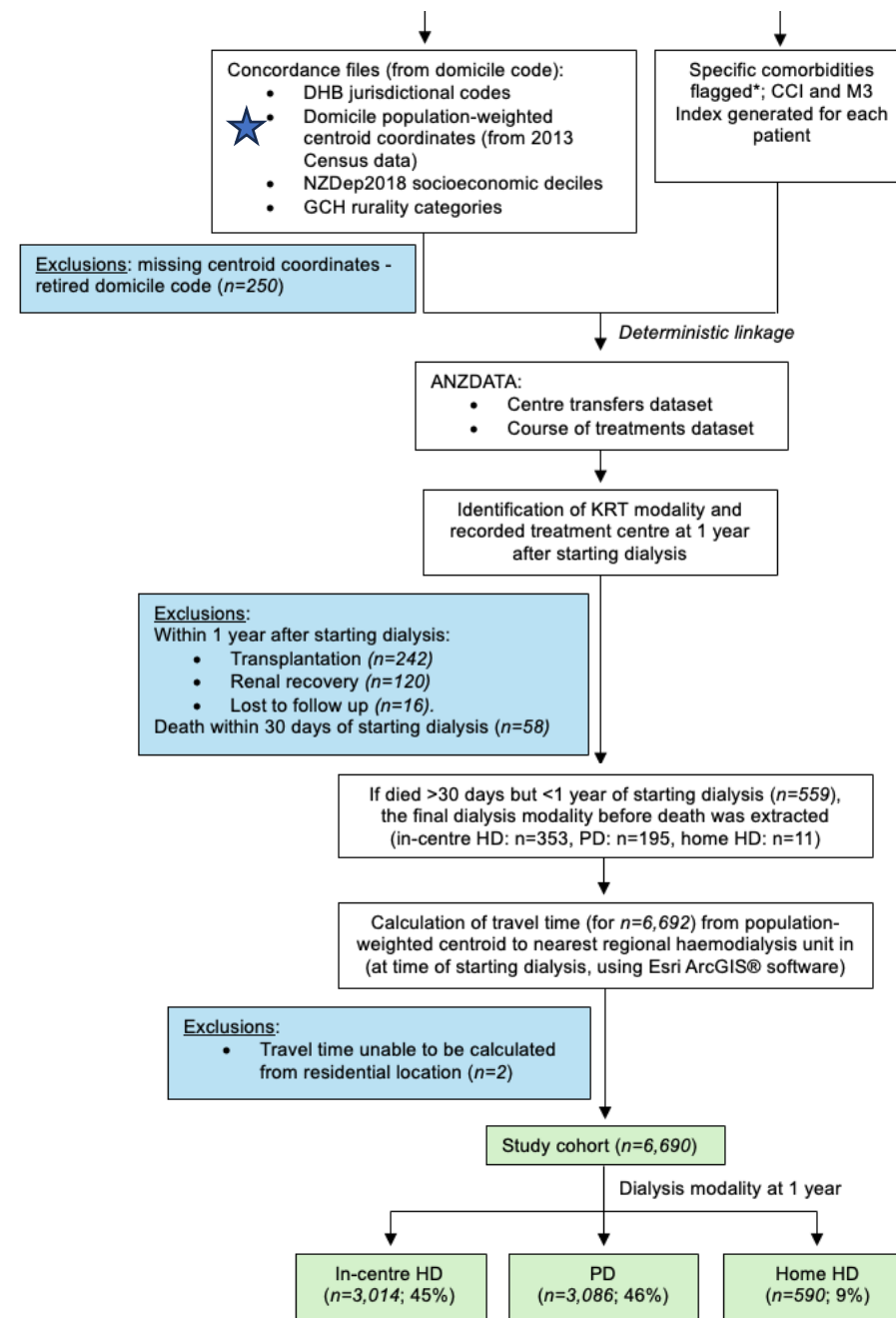
Data sources



Flowchart of data linkage and analysis (1/2)

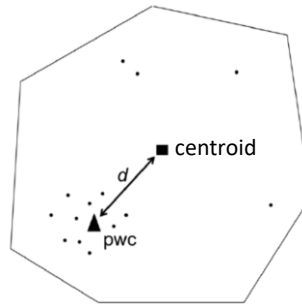


Flowchart of data linkage and analysis (2/2)



Methods – driving time calculations

- Esri® ArcGIS software – ‘find nearest’ tool
- Starting point: population-weighted centroid (pwc) of residential domicile

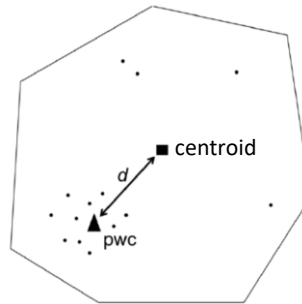


- End point: nearest haemodialysis unit within their District Health Board (DHB) dialysis region, that was open on the date of dialysis commencement
- Traffic conditions set for 8am Monday

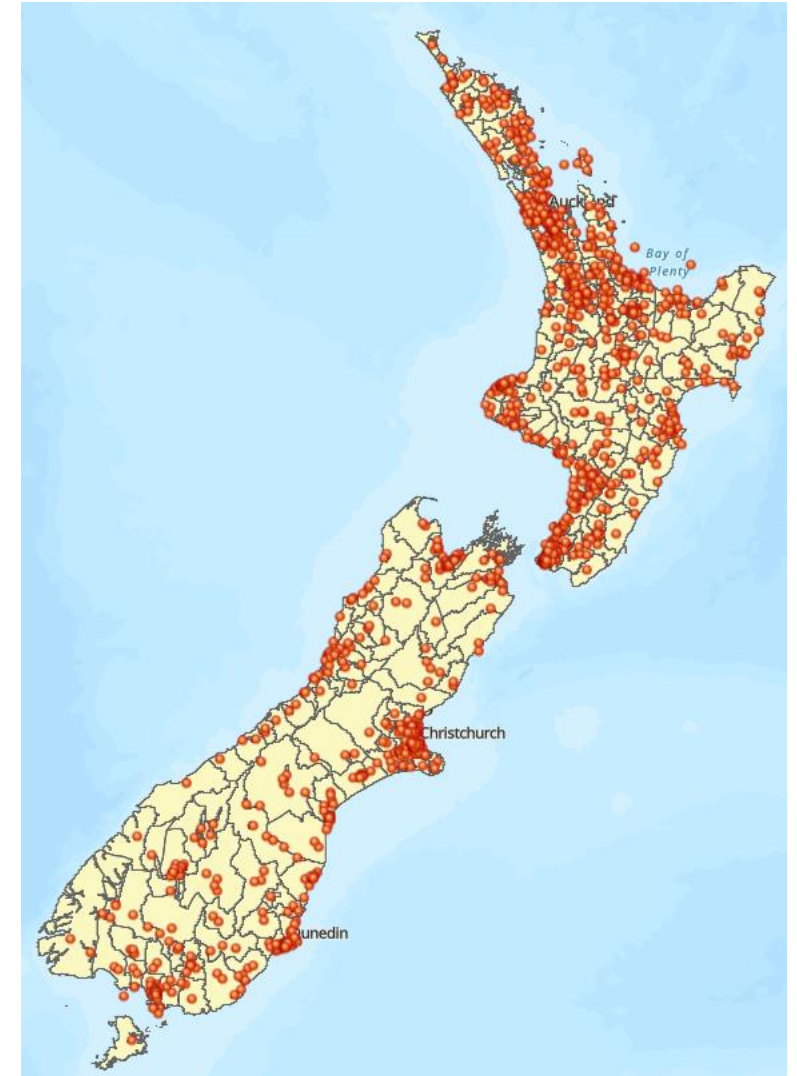


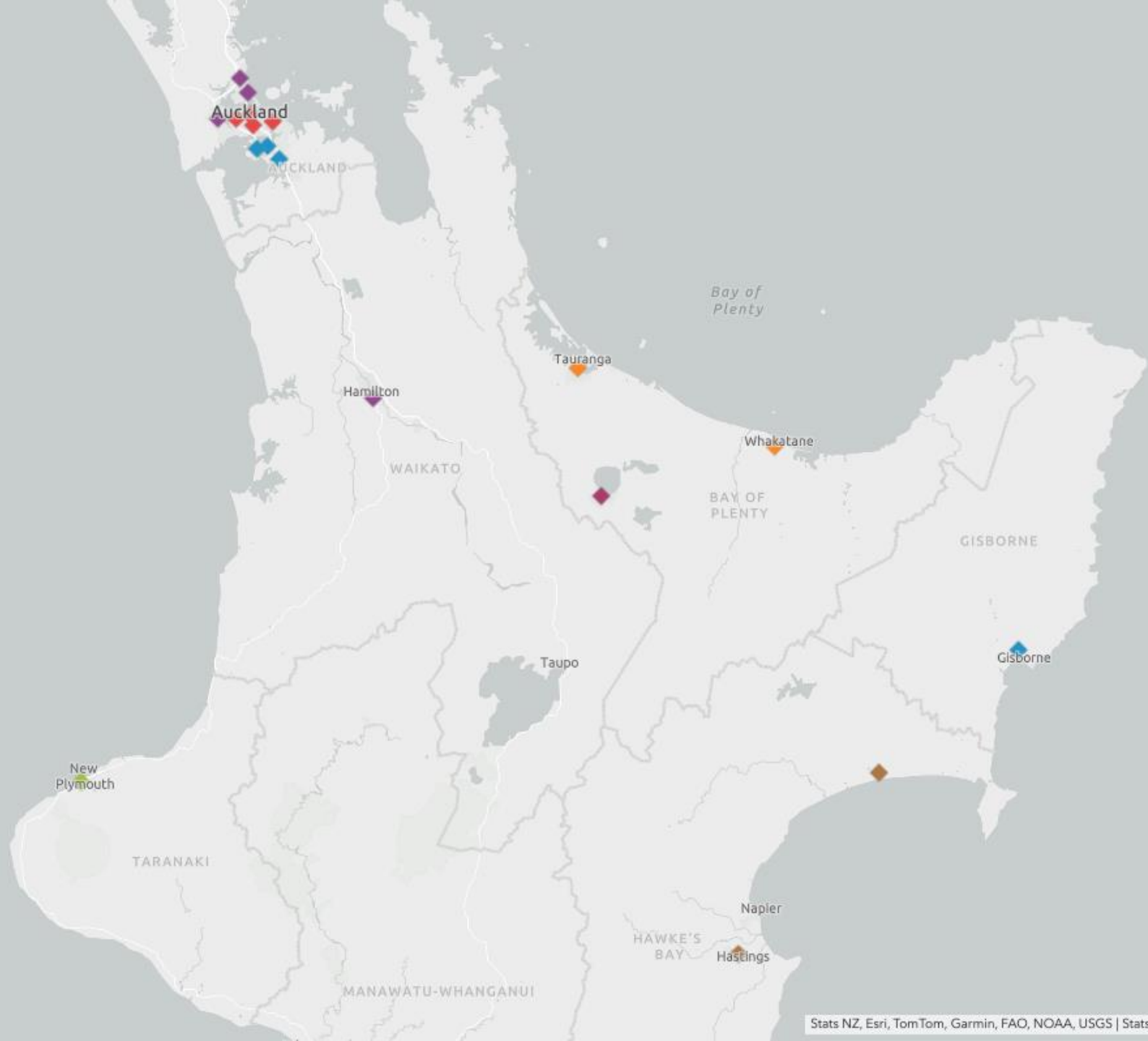
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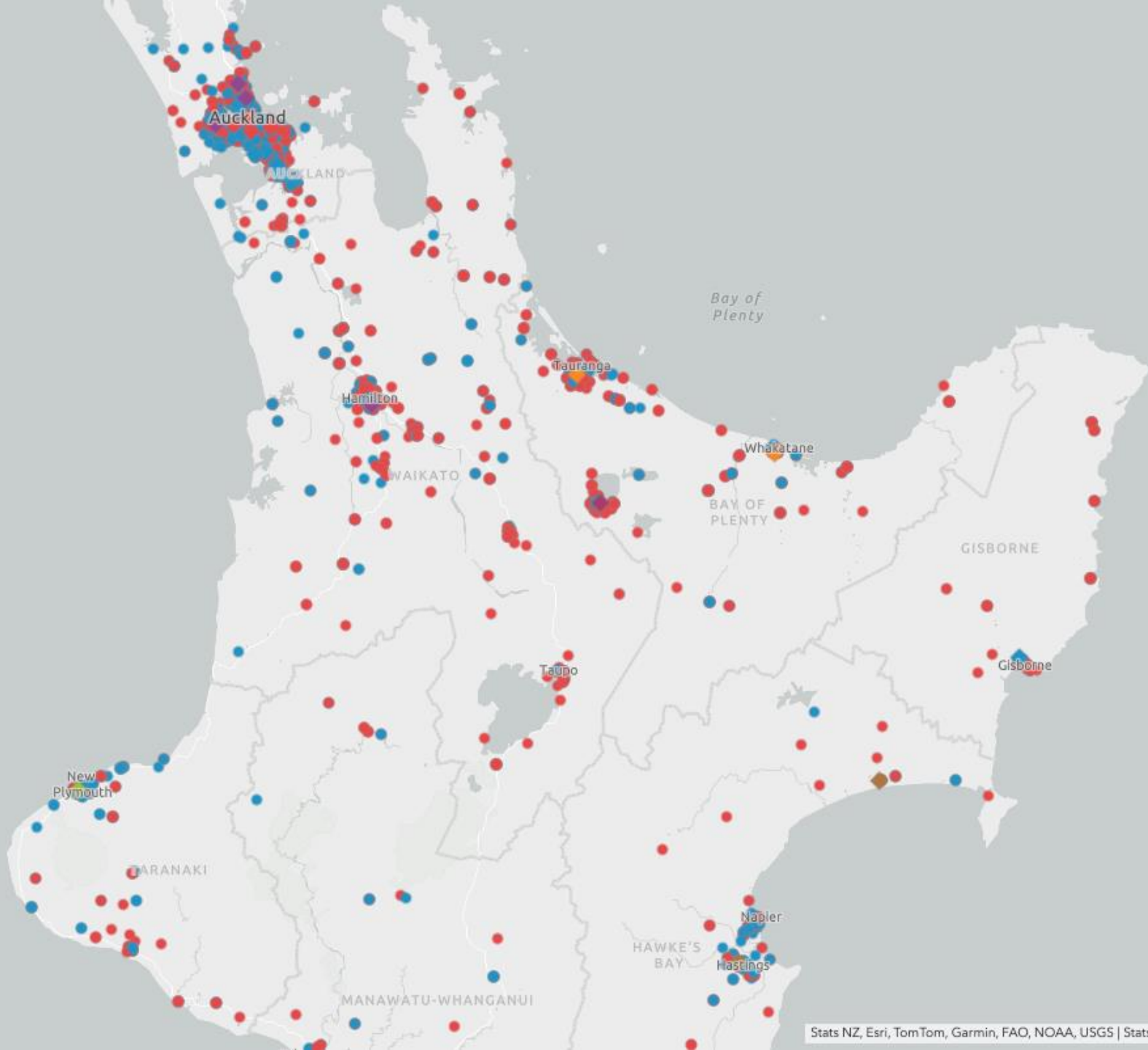






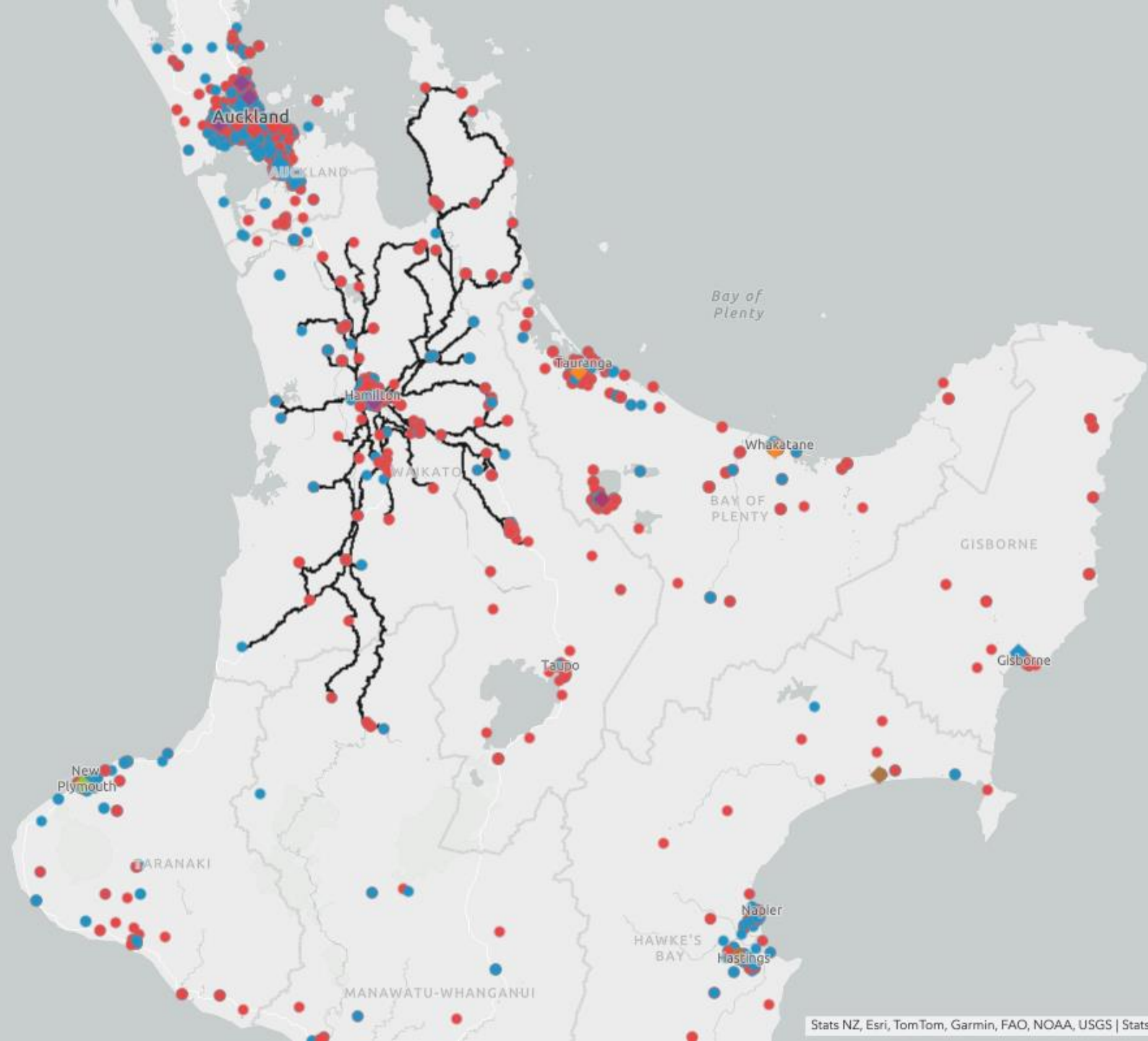
- Home
- Centre

0 20 40km





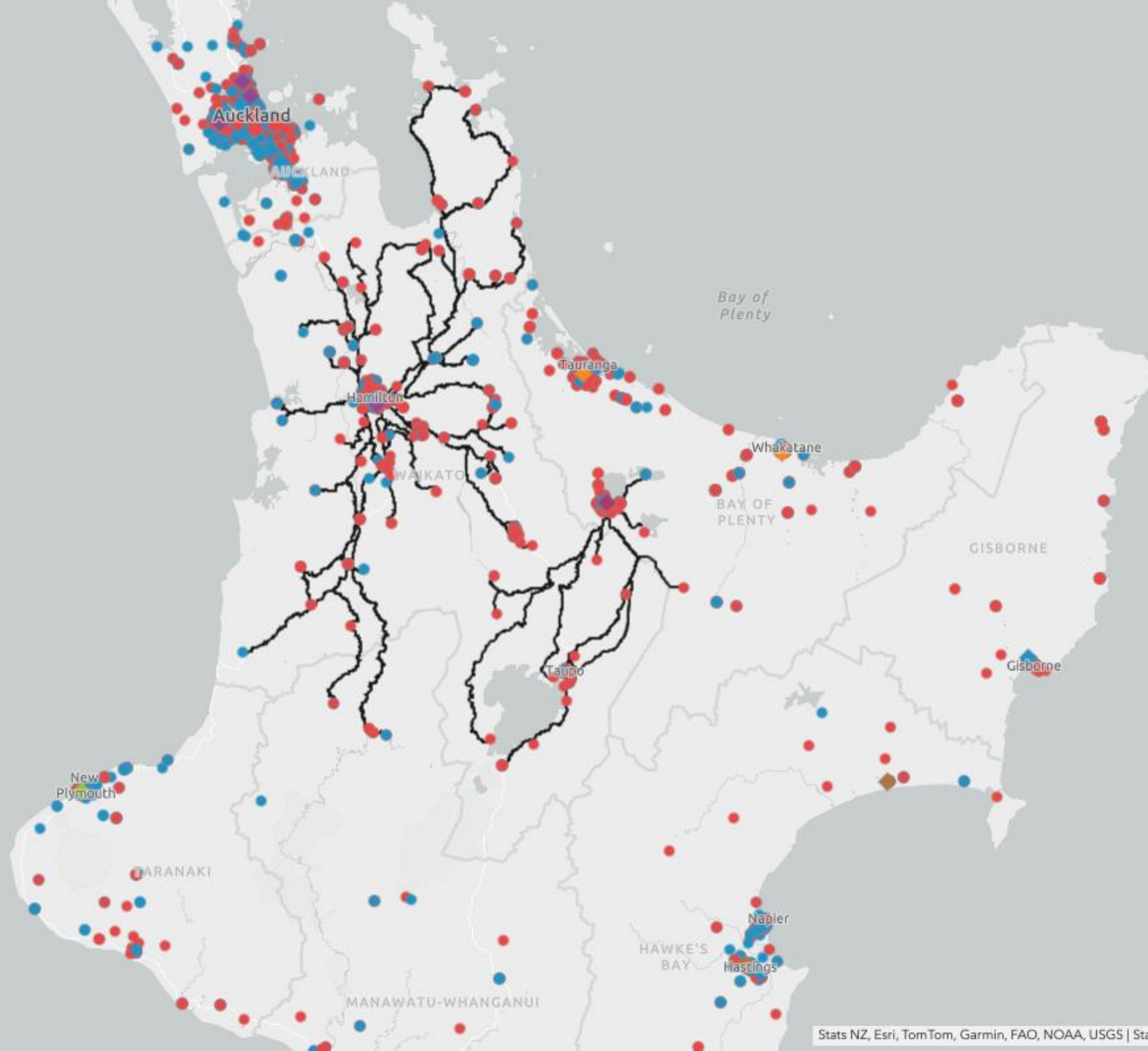
- Home
- Centre





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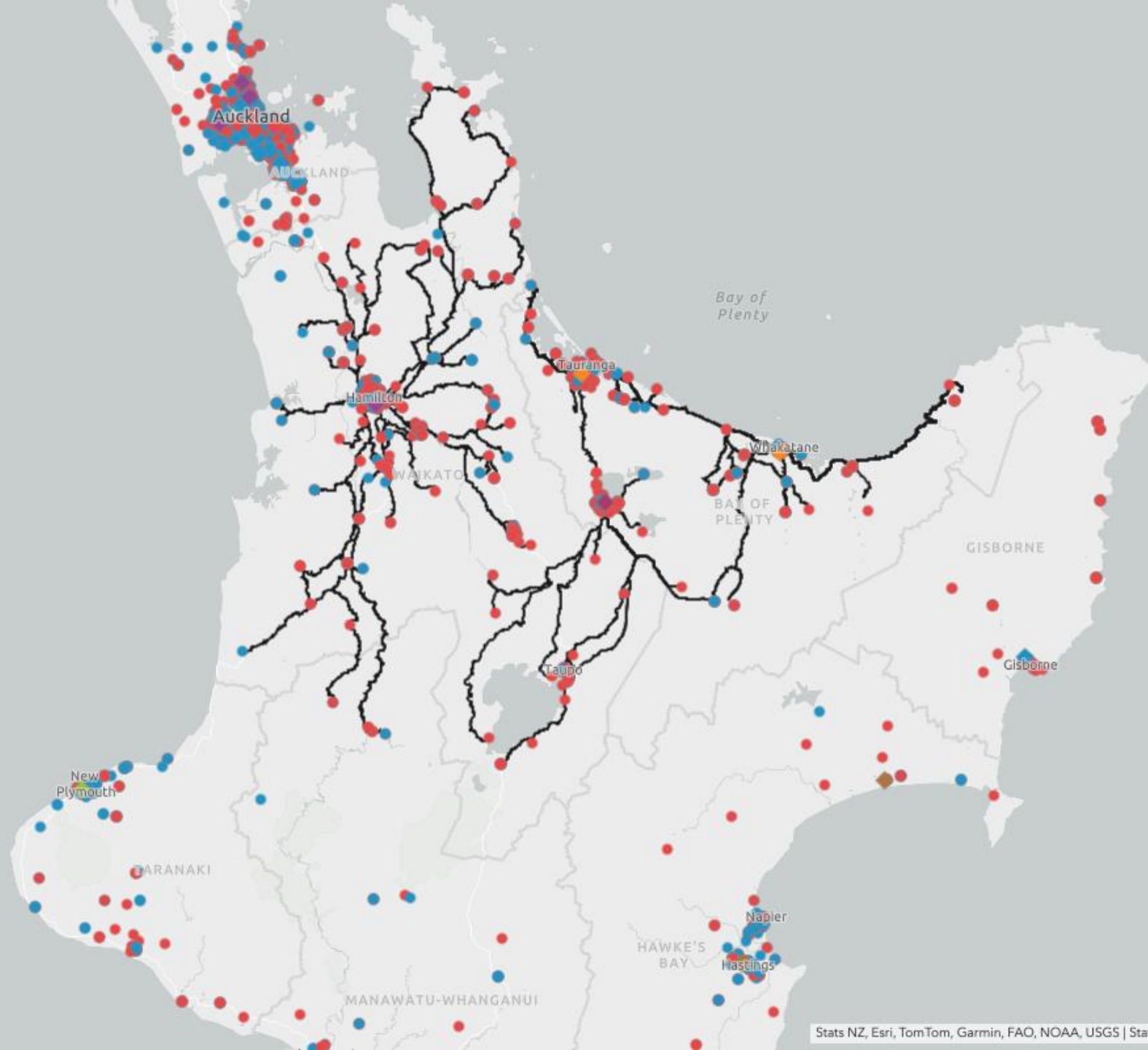
0 20 40km





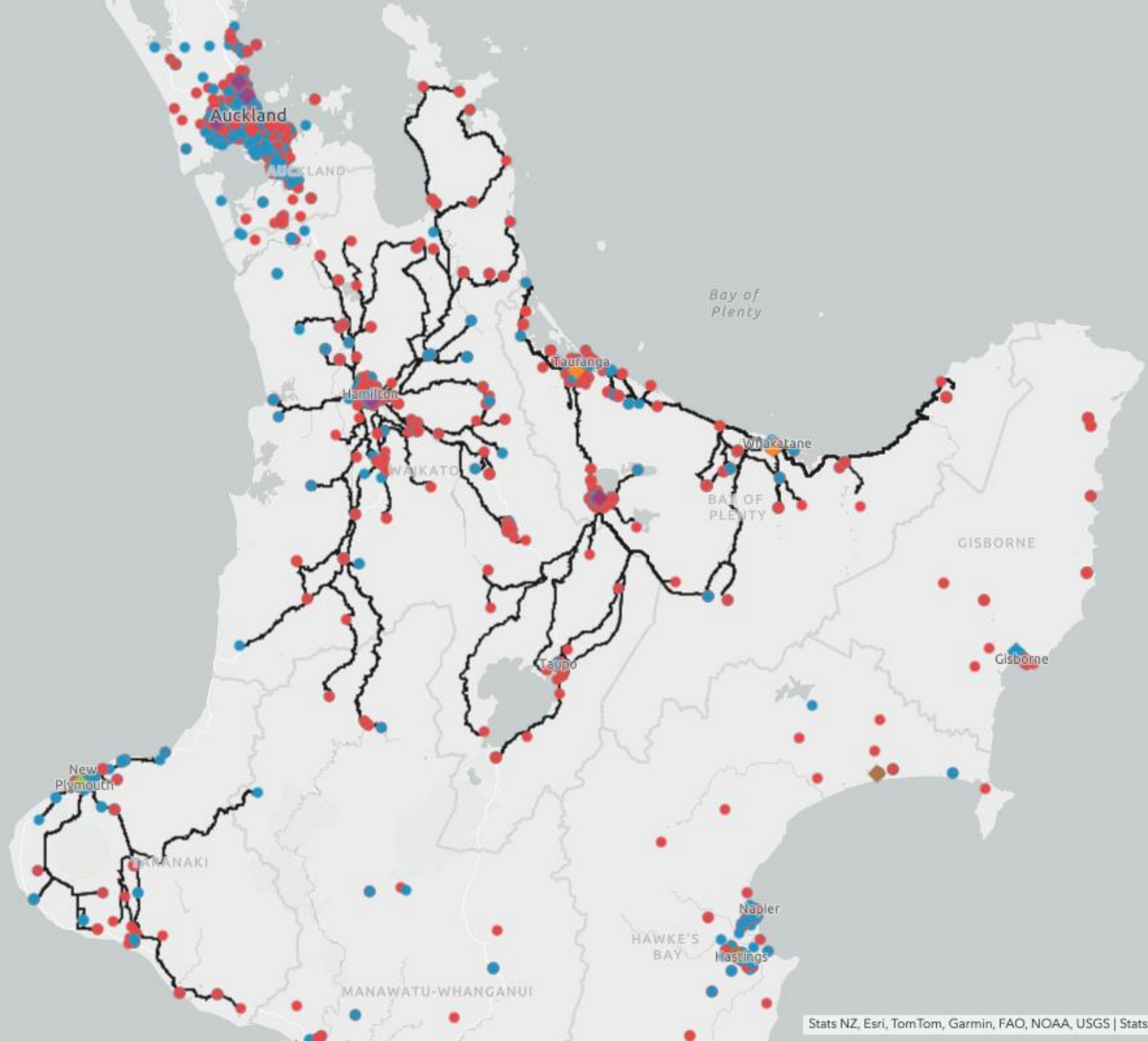
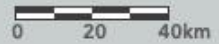
- Home
- Centre

0 20 40km



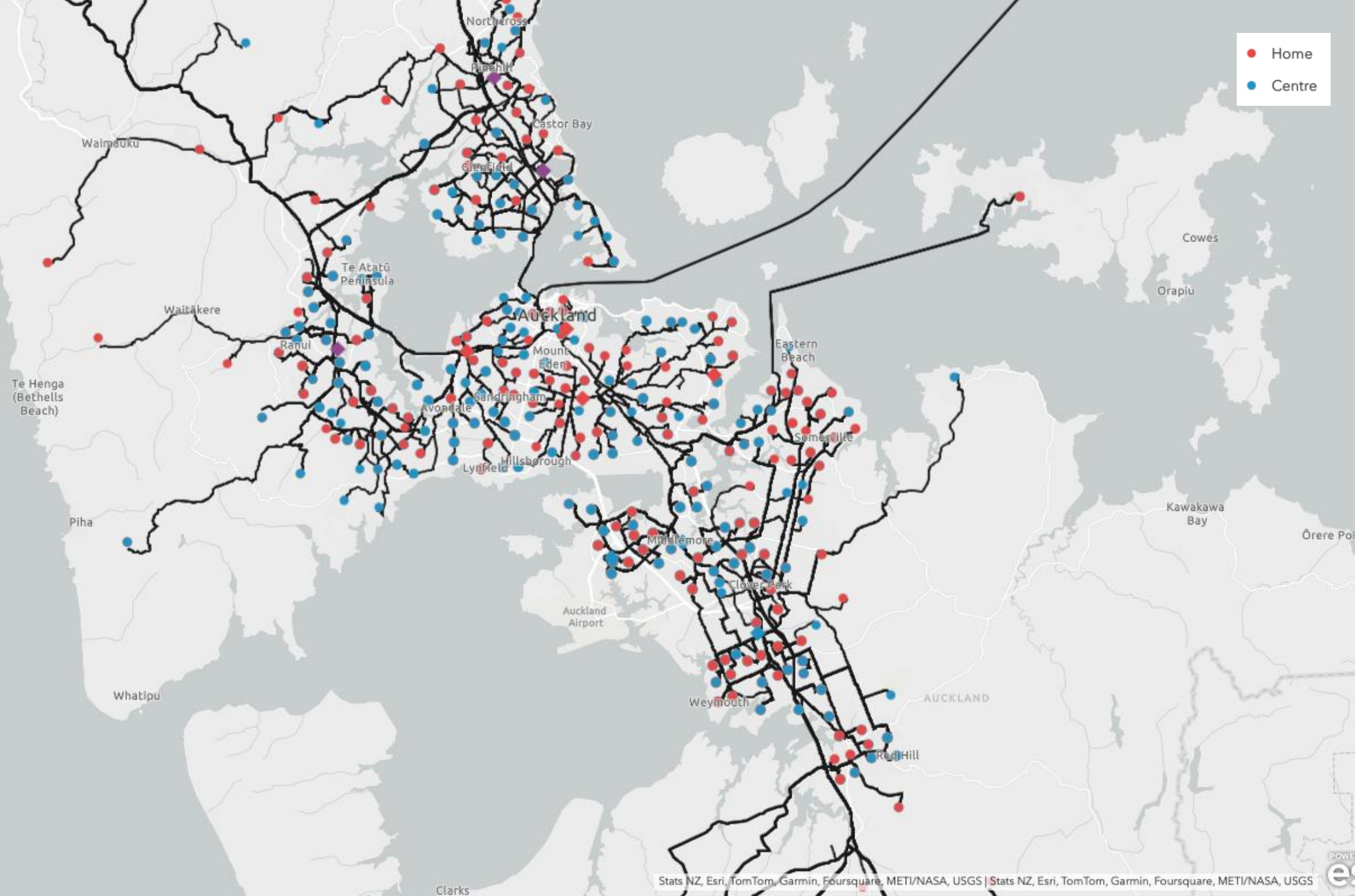


- Home
- Centre





- Home
- Centre





● Home

● Centre



(1 of 50) ▶ □ ✕

Summary of Connecting Lines (Driving Time)

Minimum Travel Time (Minutes)

13.95

Travel Distance (Kilometers)

7.47

Analysis Layer: dom_cd

0477

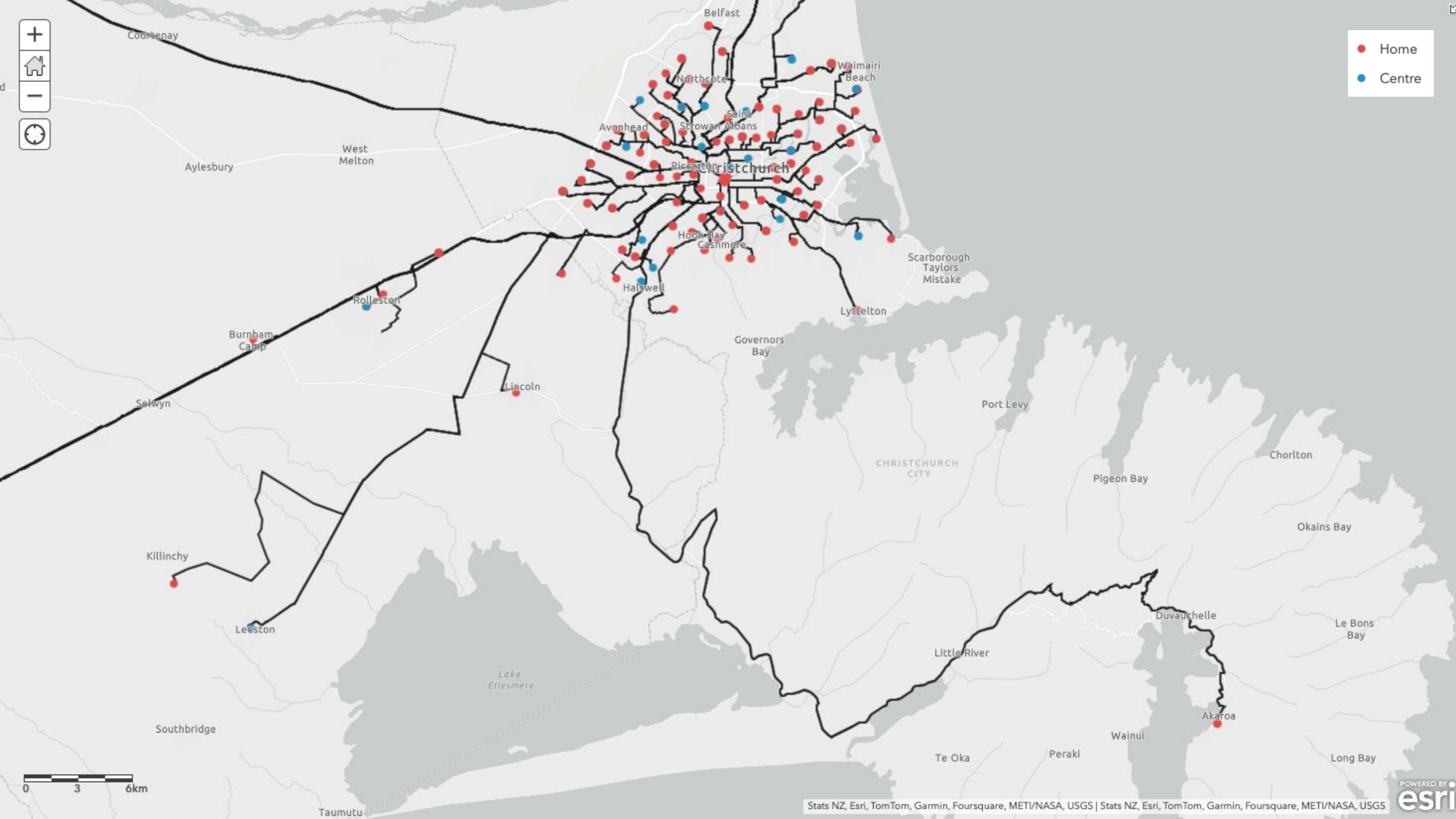
dialysis_units_v3:

Tui Renal

Dialysis centre name

Carrington Dialysis Unit

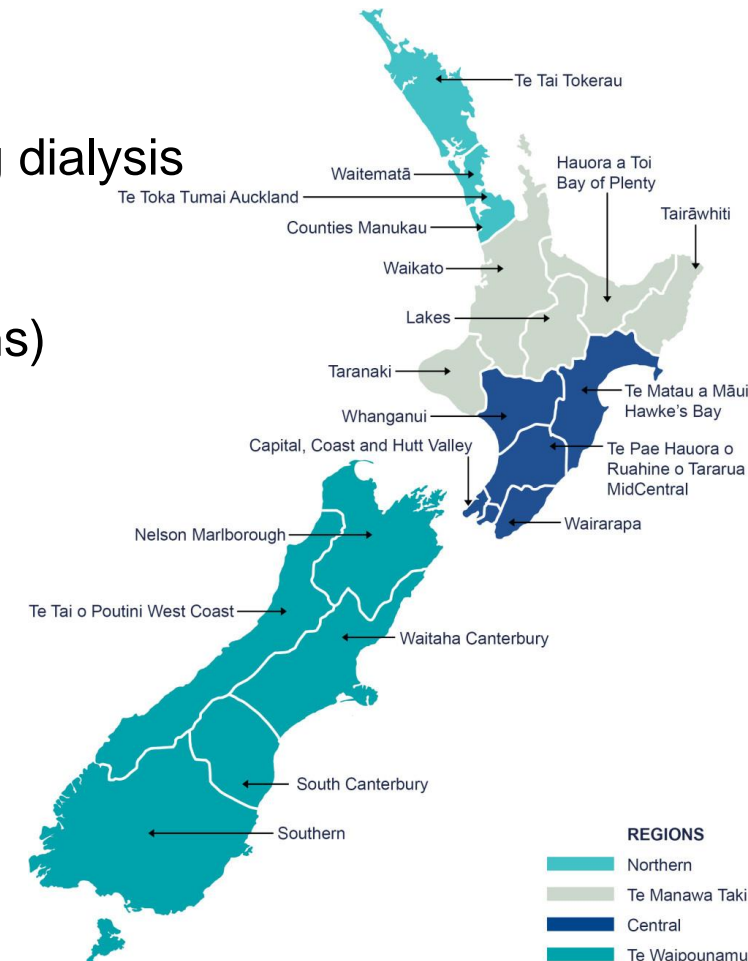
[Zoom to](#) [Get Directions](#)



Methods:

4. Multiple logistic regression analysis

- Outcome measure:
 - Receiving **in-centre HD** (vs home therapy) at 1 year after starting dialysis
- Co-variates:
 - Driving time to nearest HD centre (0-10, >10-20, >20-30, >30 mins)
 - Age group (<45, 45-54, 55-64, 65-74, 75+ years)
 - Sex
 - Socioeconomic quintile
 - Ethnicity (European, Māori, Pacific, Asian, other ethnicity)
 - BMI category
 - M3 Multimorbidity Index (continuous)
 - Late referral (yes/no)*
 - Year category (2006-10, 2011-15, 2016-19)
 - Region (Northern, Te Manawa Taki, Central, Te Waipounamu)
 - ICHD Capacity Pressure Index (continuous)



*First nephrology assessment within 3 months of starting dialysis

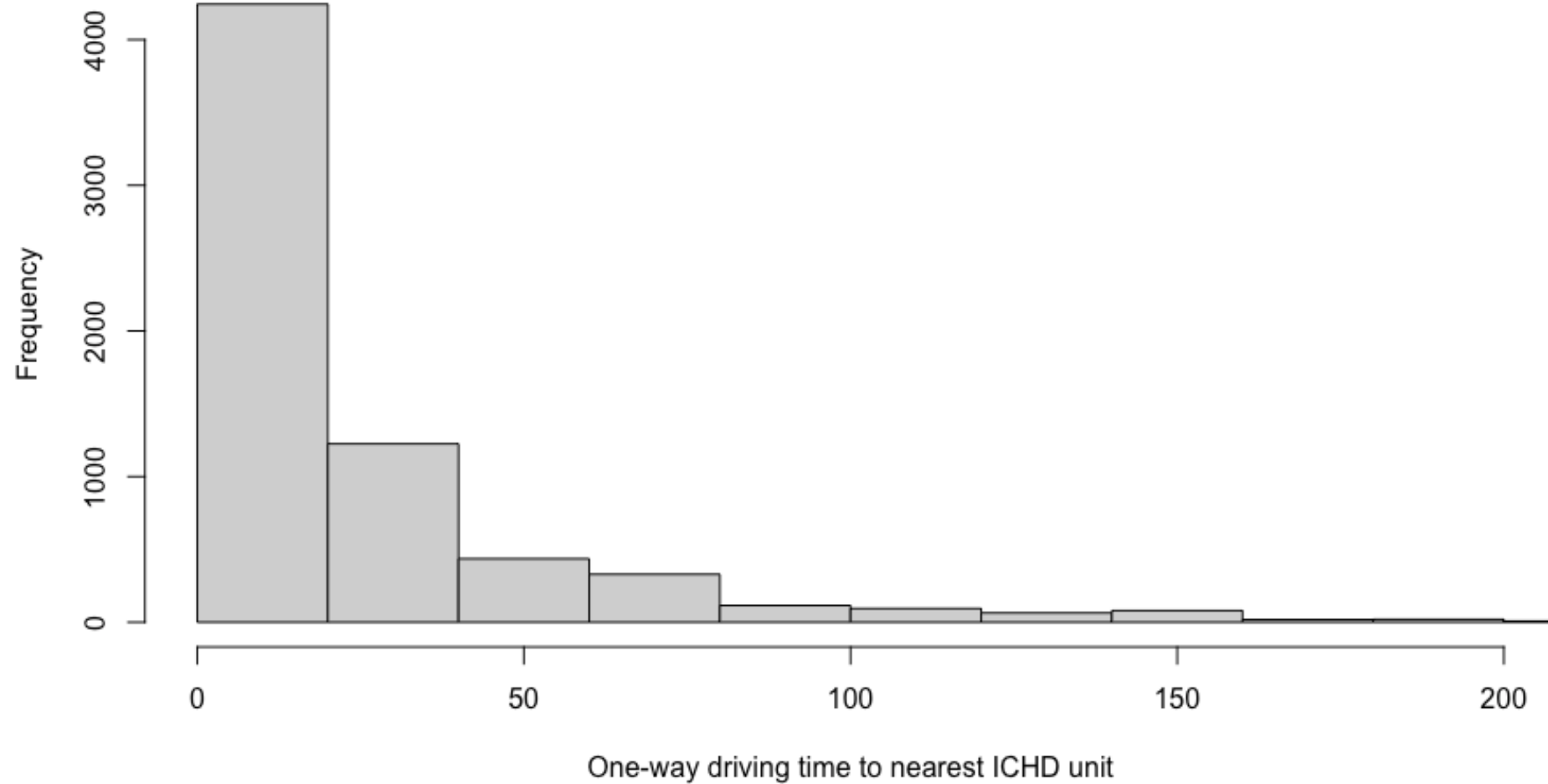
Methods:

5. Create interactive maps (2006-10, 2011-15, 2016-19) displaying:

- Dialysis unit sites – with capacity bubbles
- Patient distribution – by dialysis modality
- DHB dialysis regions – colour gradients for:
 - Haemodialysis Capacity Pressure Index
 - Proportion of patients receiving in-centre HD
- Domicile regions – patient counts and driving time

Results: travel time

Histogram of one-way patient travel times



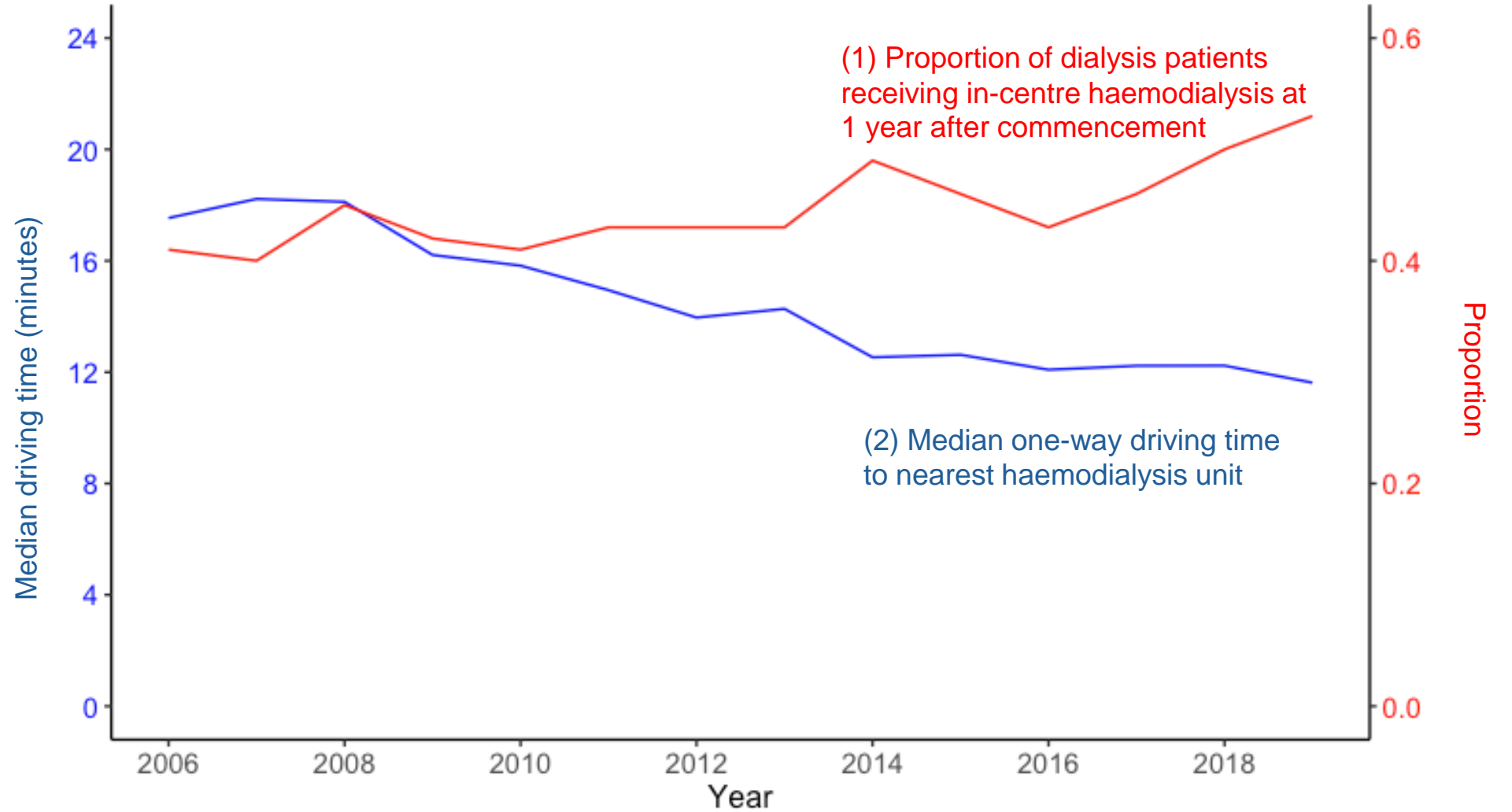
Cumulative weekly driving time and distance to nearest unit for patients receiving **ICHD**, by rurality, 2006-19 :

Rural/urban	n	Median weekly driving time (mins)	IQI	Median weekly driving distance (km)	IQI
Overall	3,104	73	47-143	41	24-124
Urban	2,585	65	45-110	36	23-67
Rural	429	272*	166-371	331	209-459

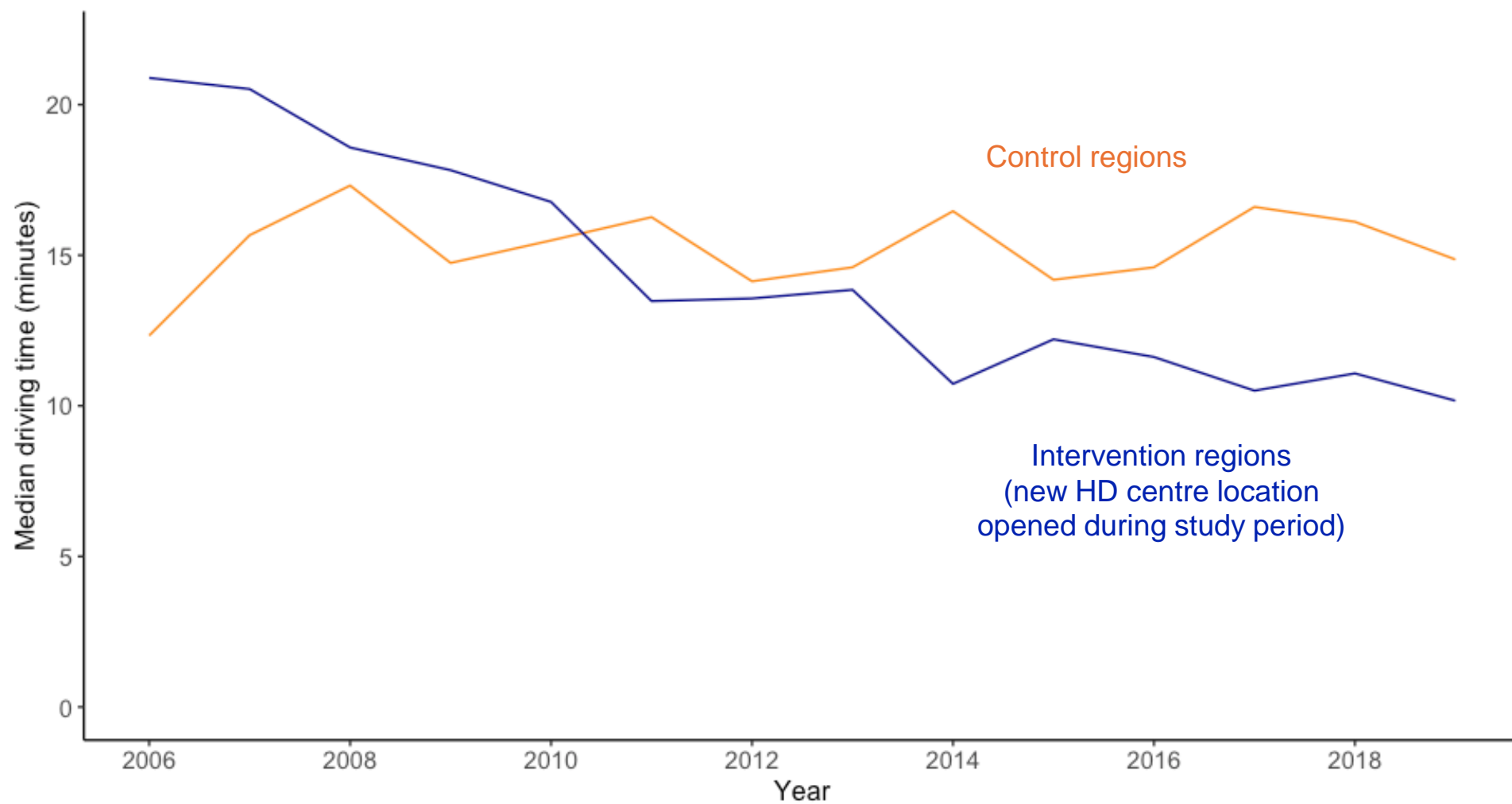
*=4.5 hrs

Note: assumes 3 HD sessions per week

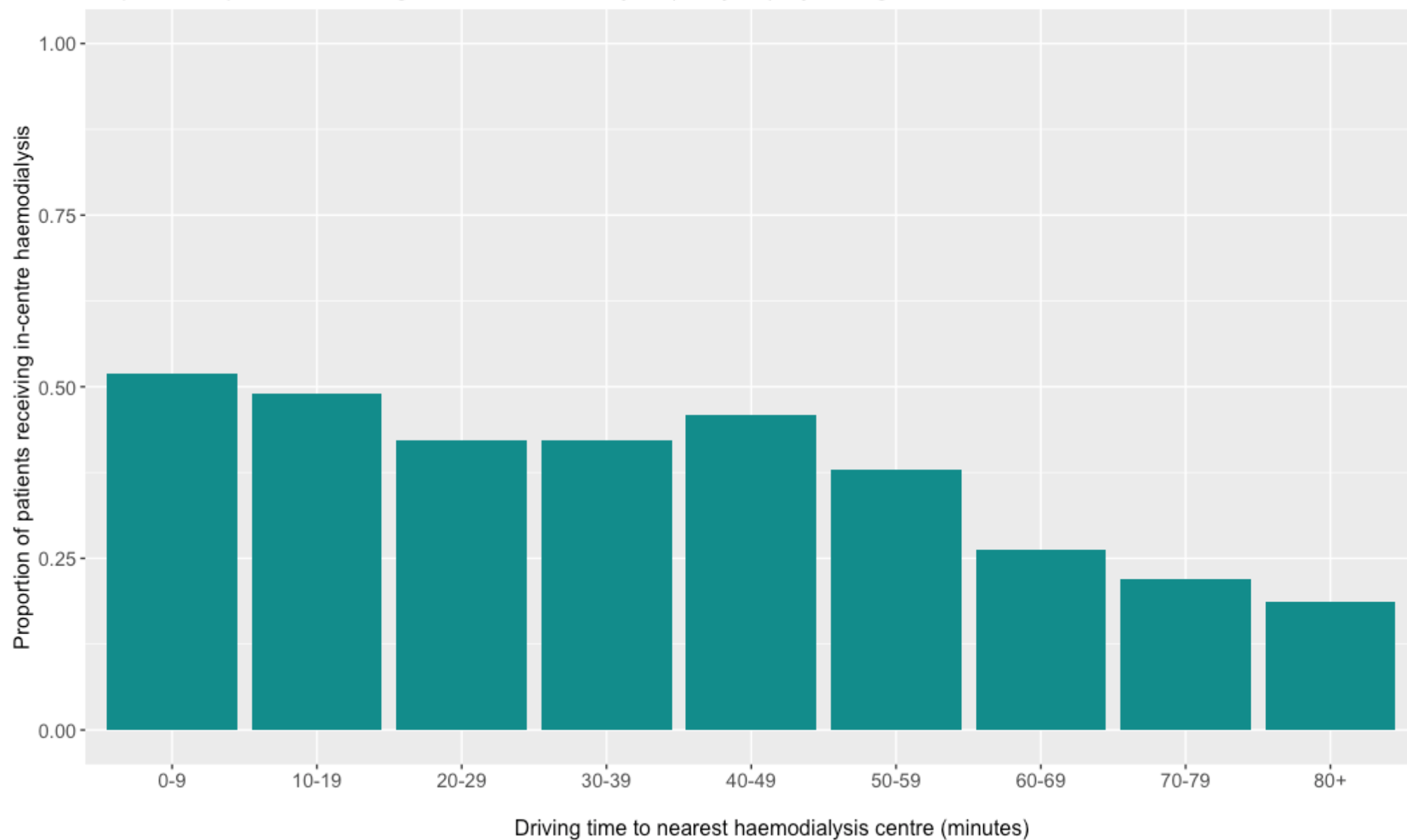
Results:

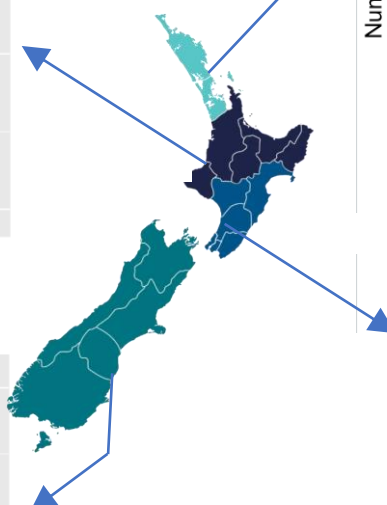
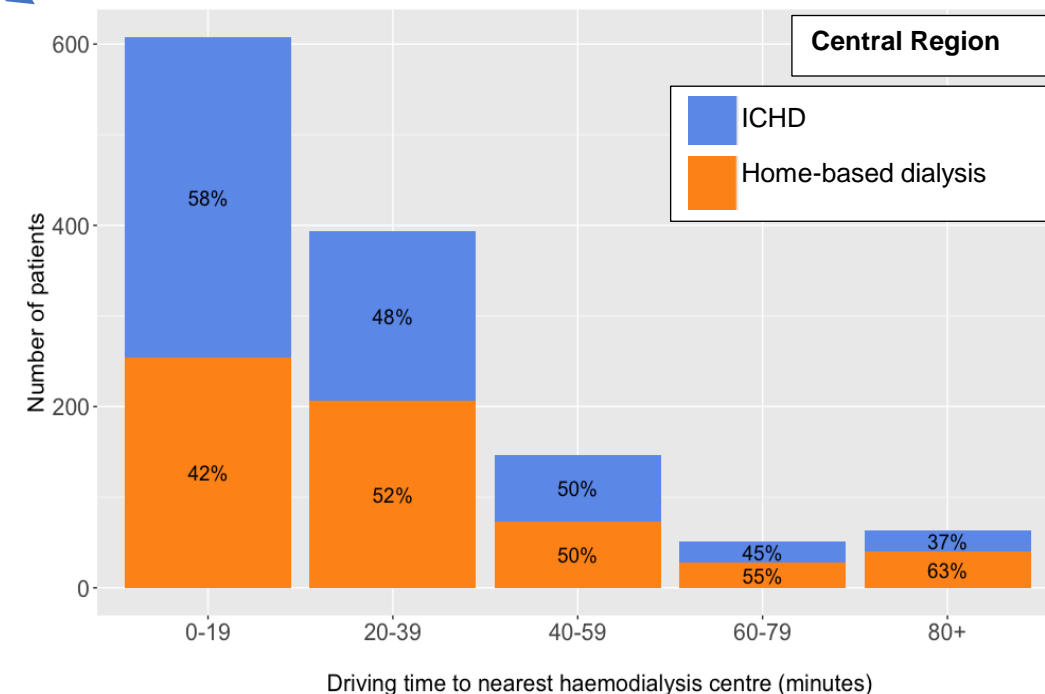
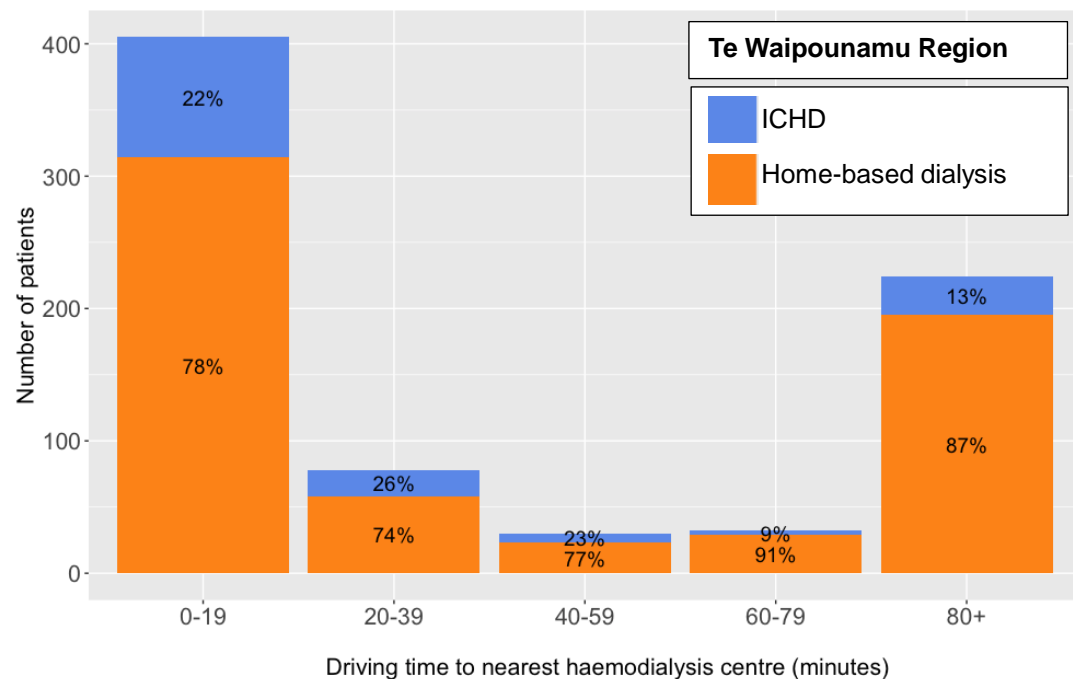
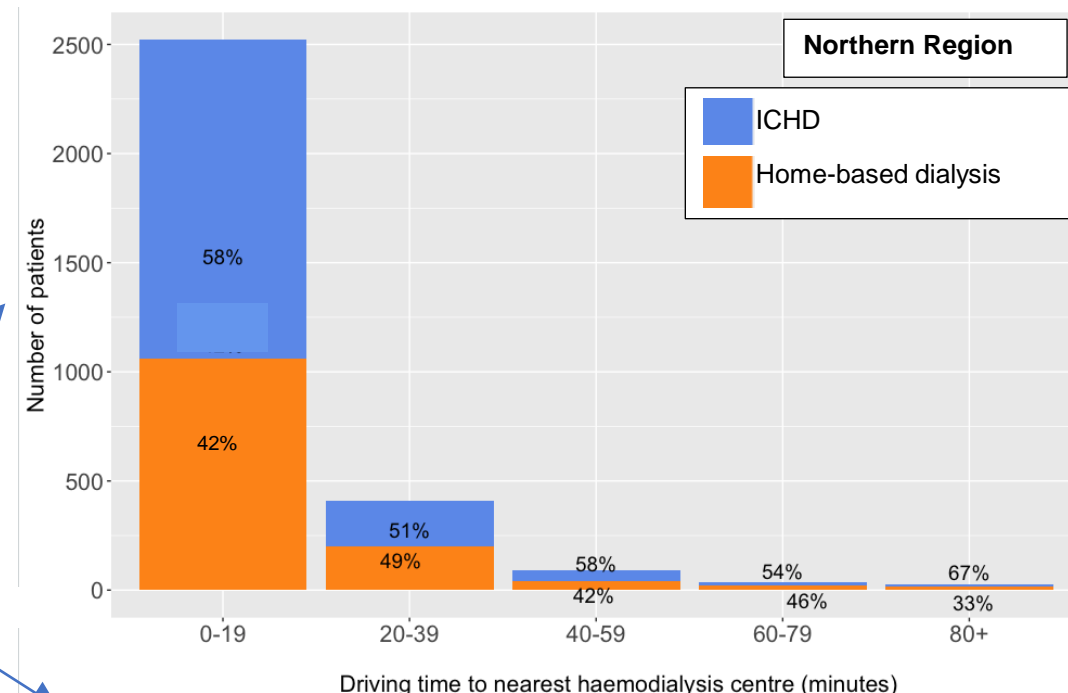
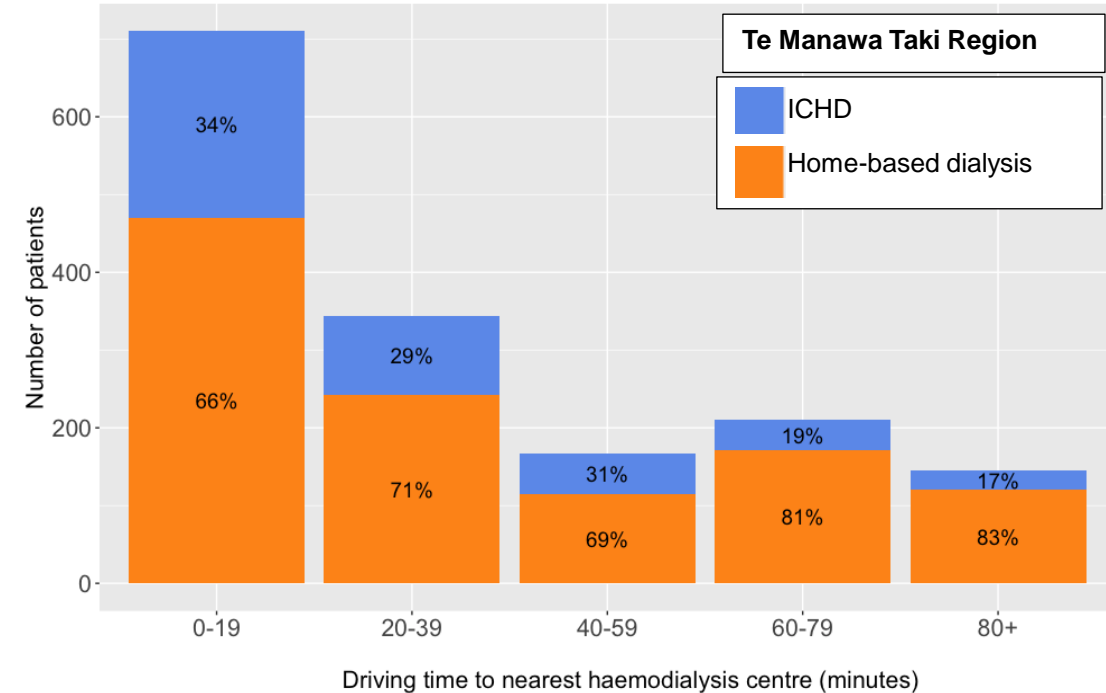


Results:



Proportion of patients receiving in-centre haemodialysis (at 1 year), by driving time, New Zealand 2006-2019

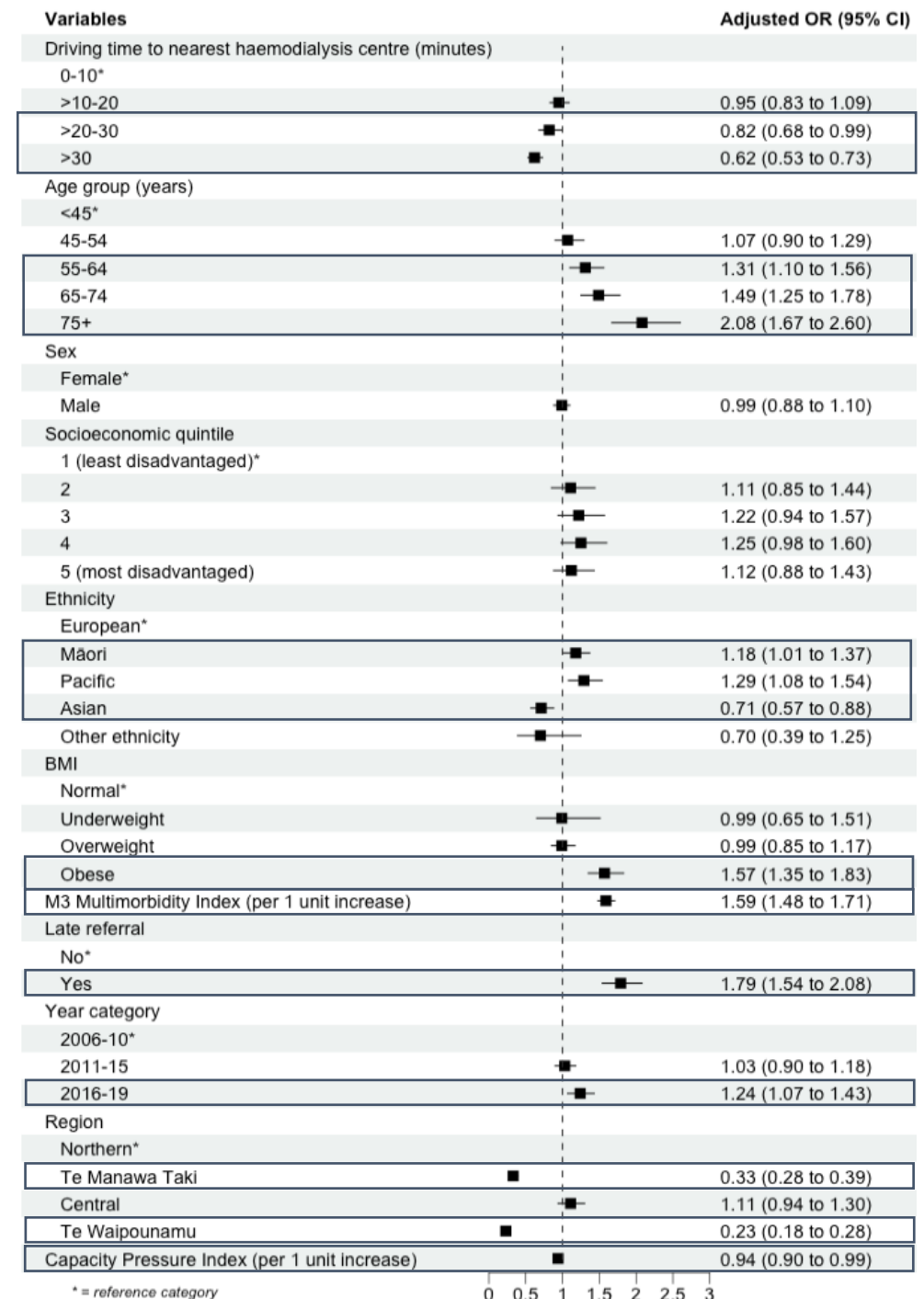




Results: multiple logistic
regression analysis

Results:

- **Multiple** logistic regression analysis
- Outcome: **in-centre HD** (at 1 year after starting dialysis)

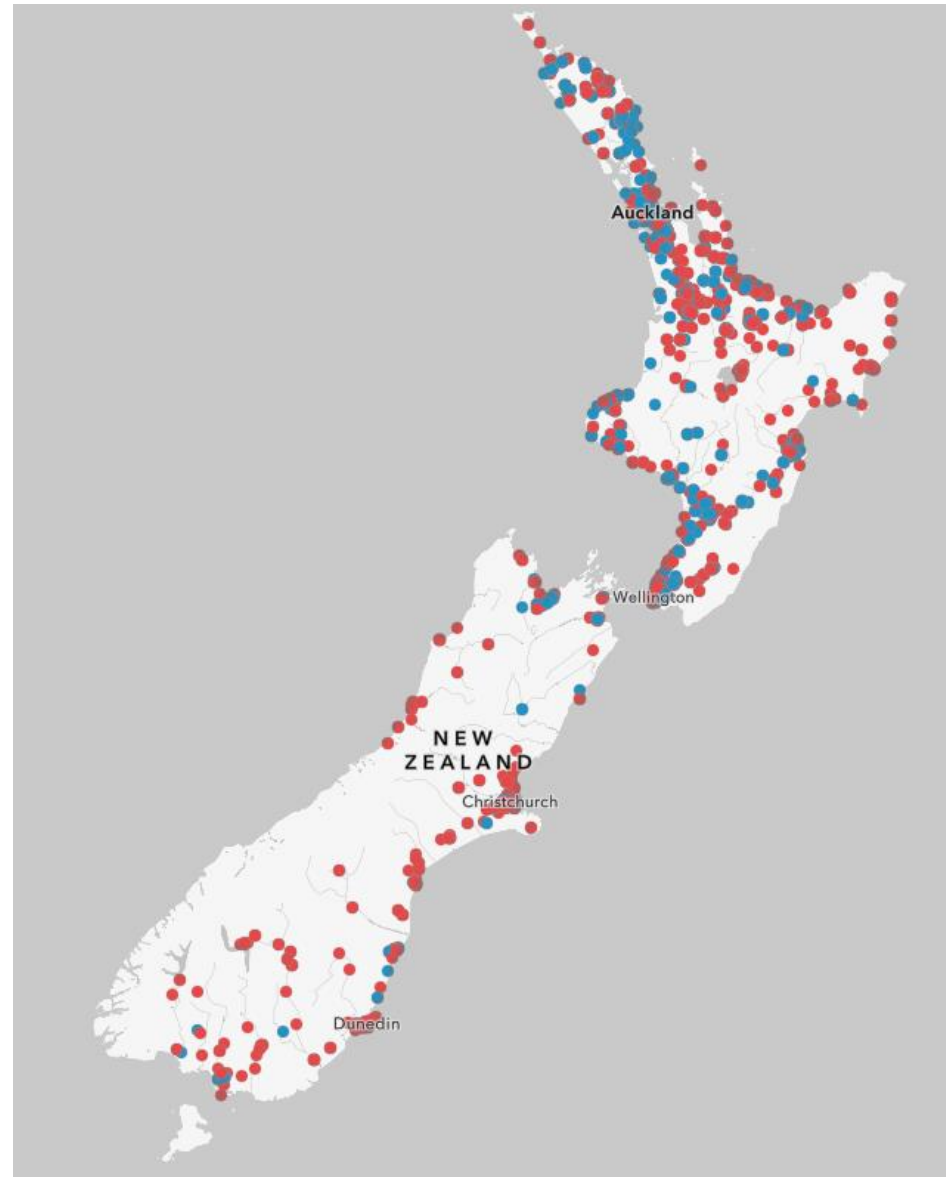


Results: interactive maps

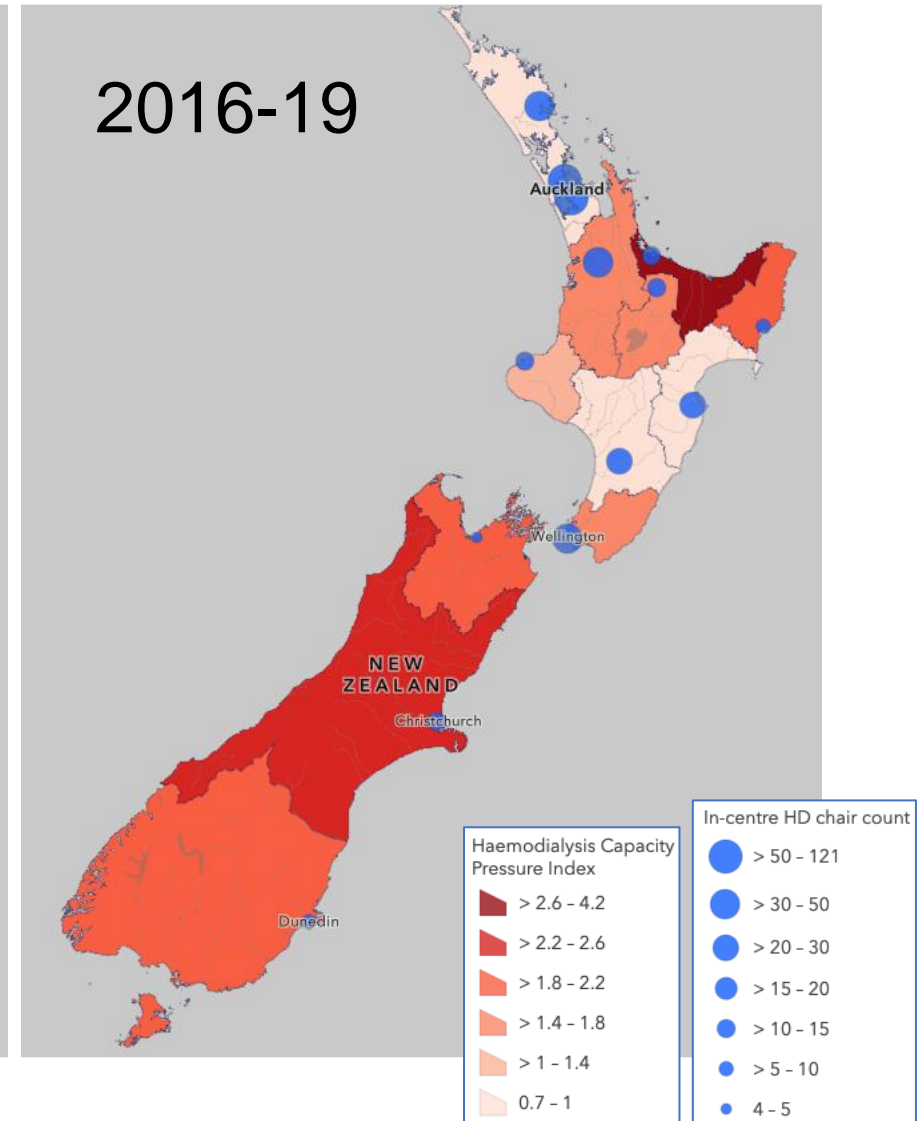
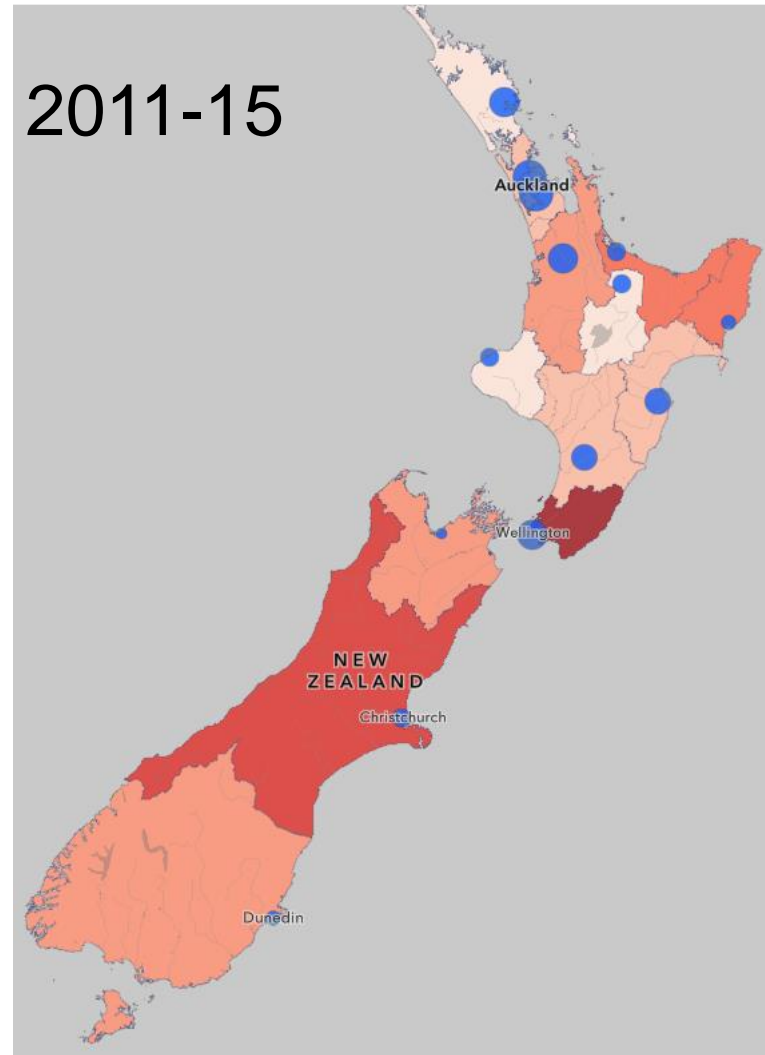
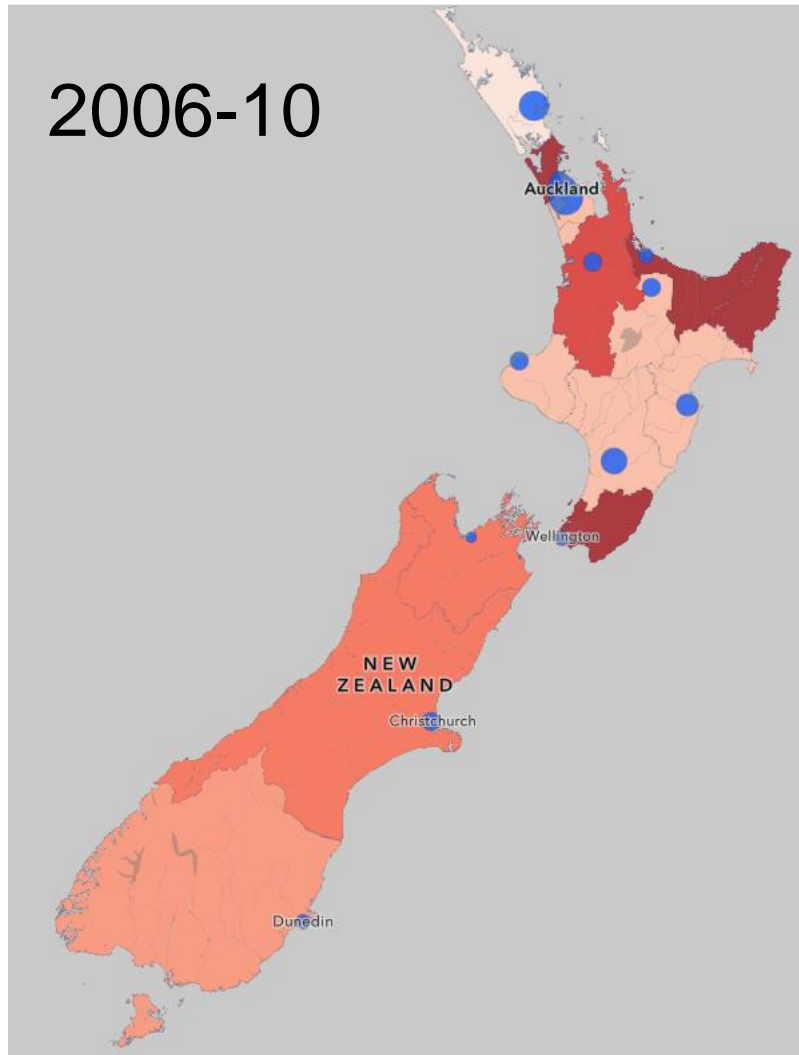
Residential location of new dialysis patients, 2006-19

Modality at 1 year:

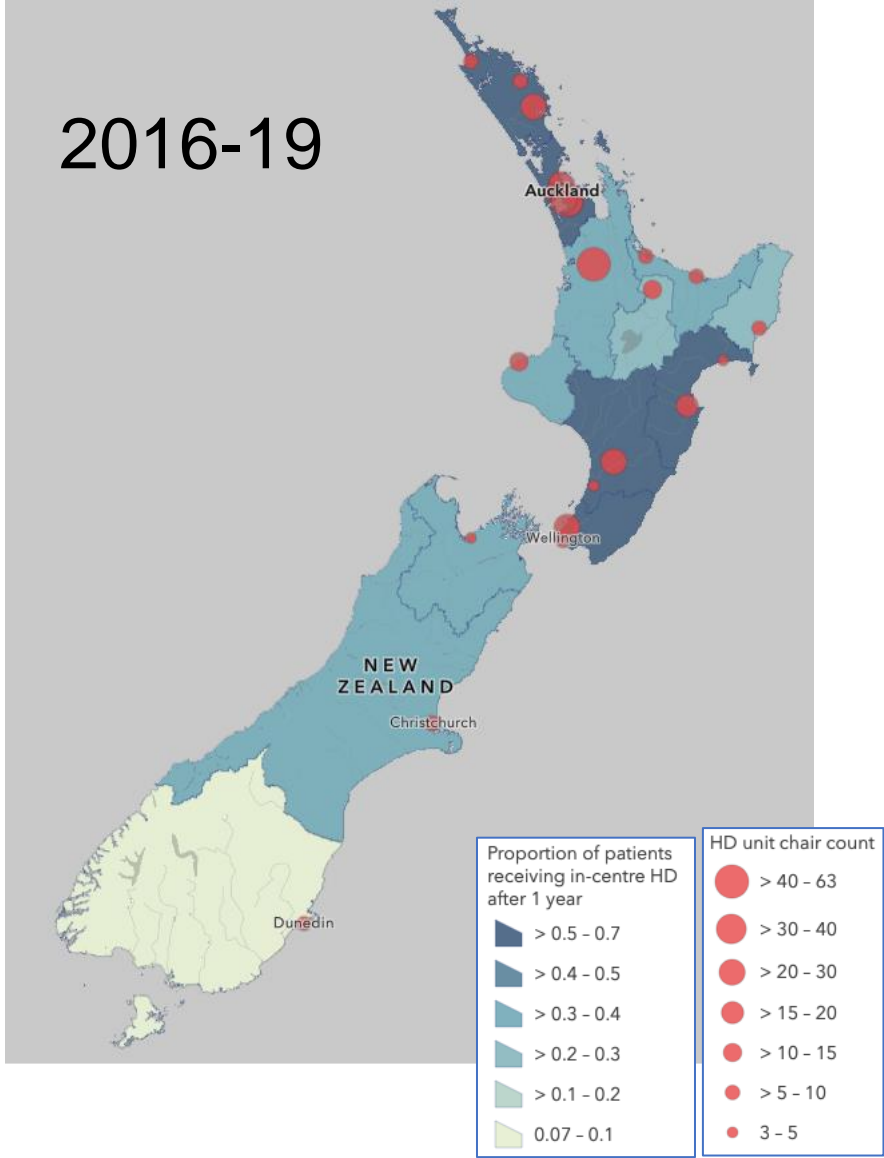
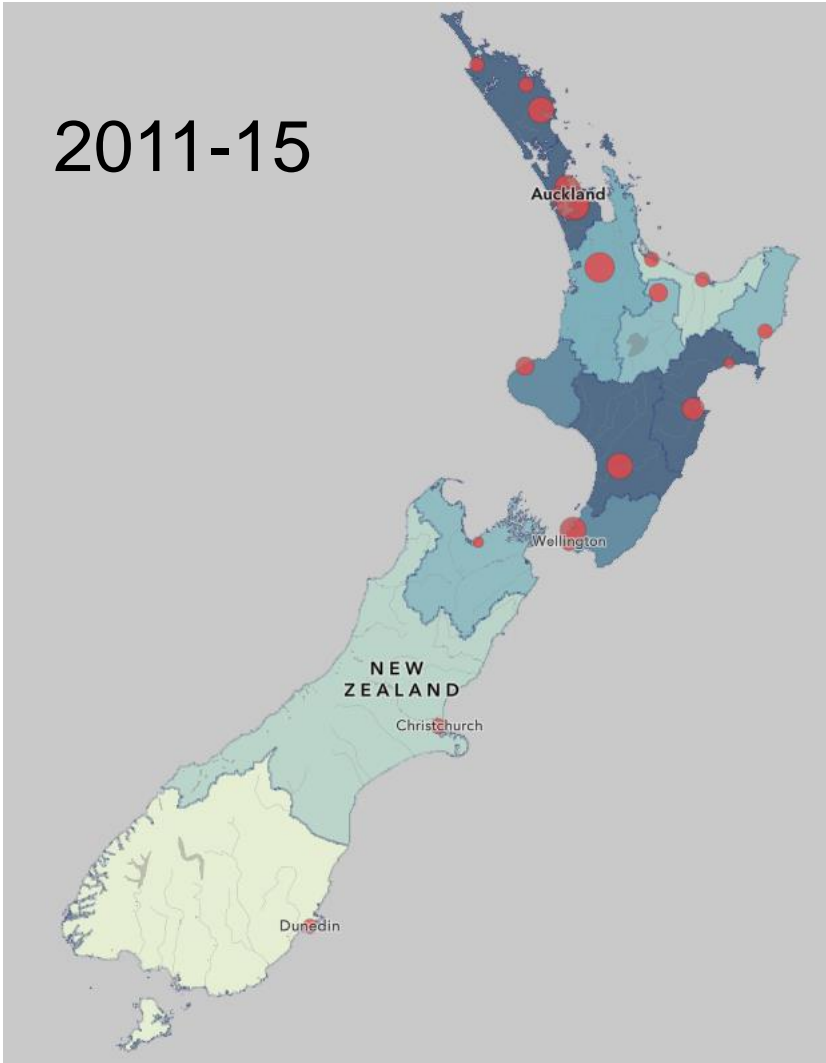
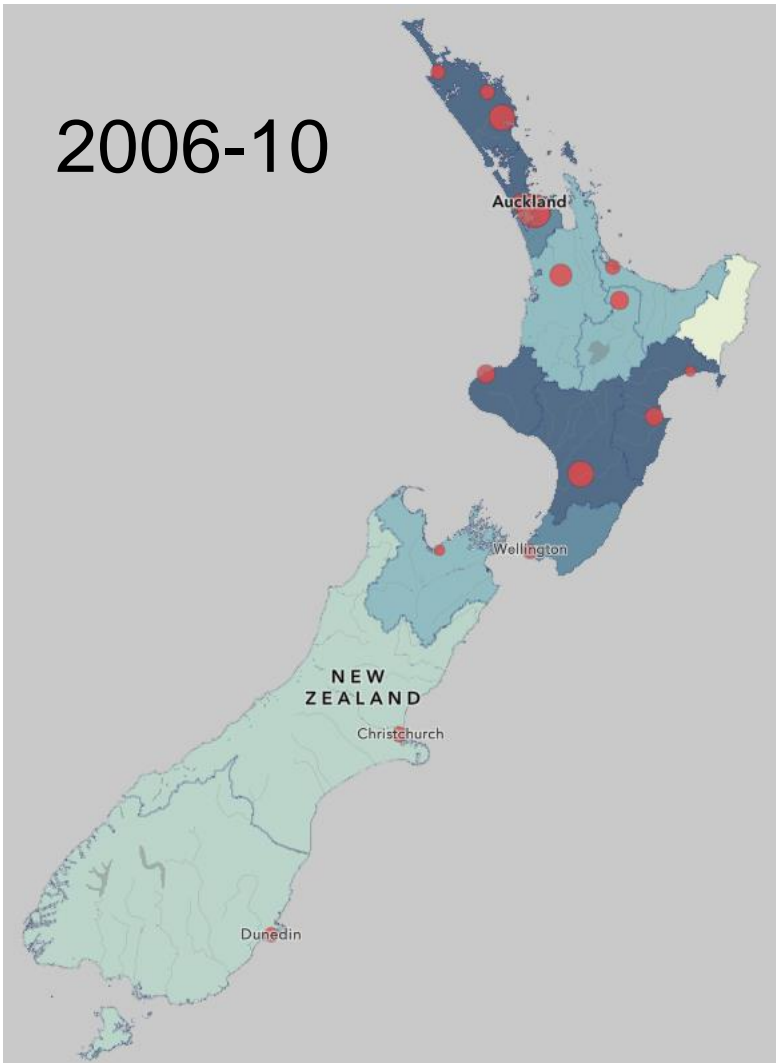
- Home dialysis (PD/HD)
- In-centre HD



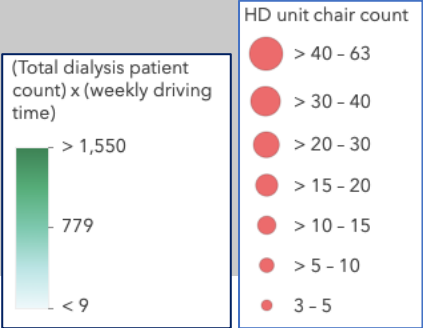
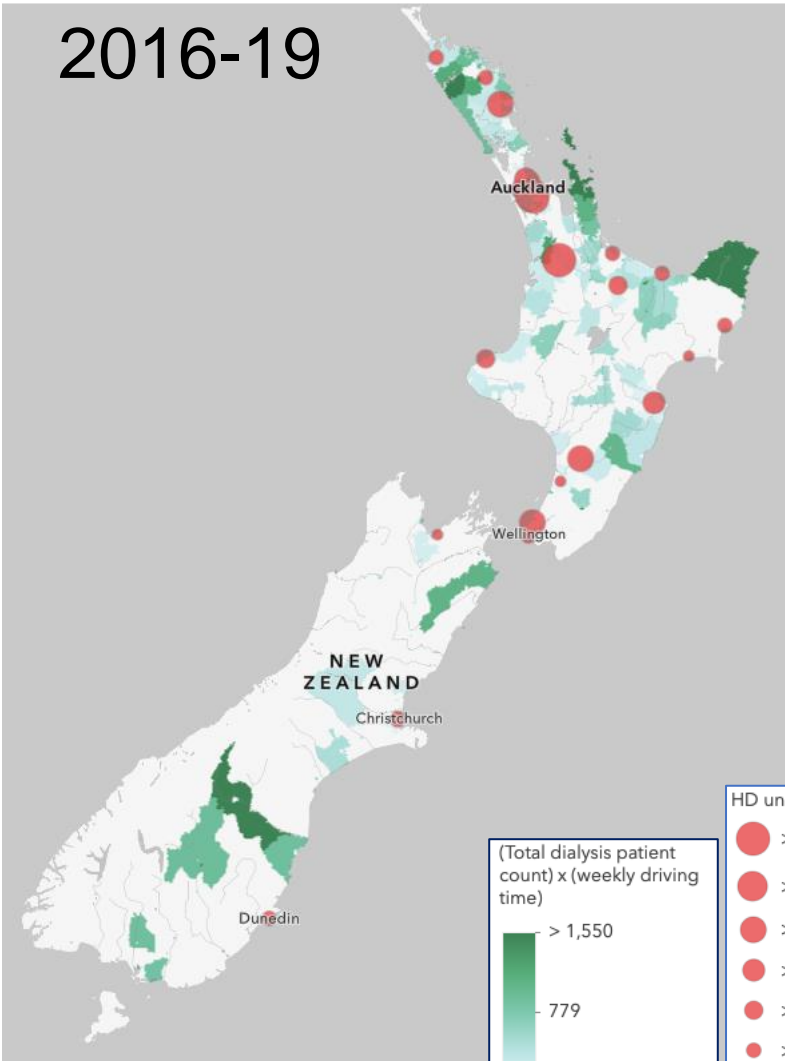
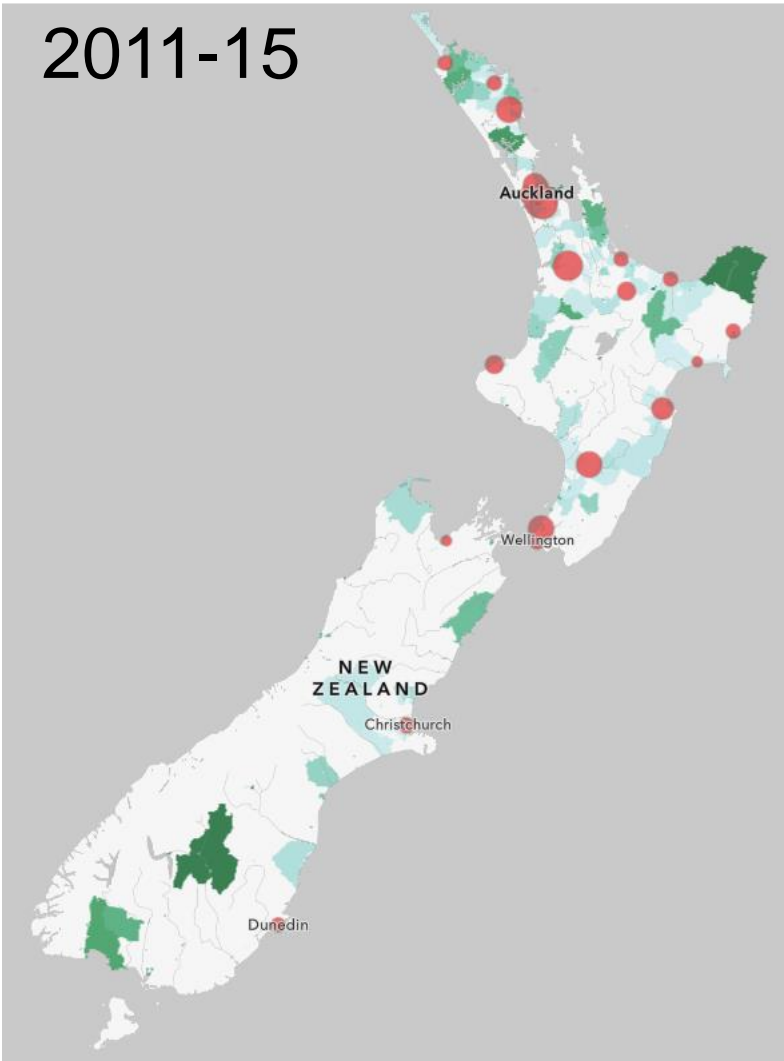
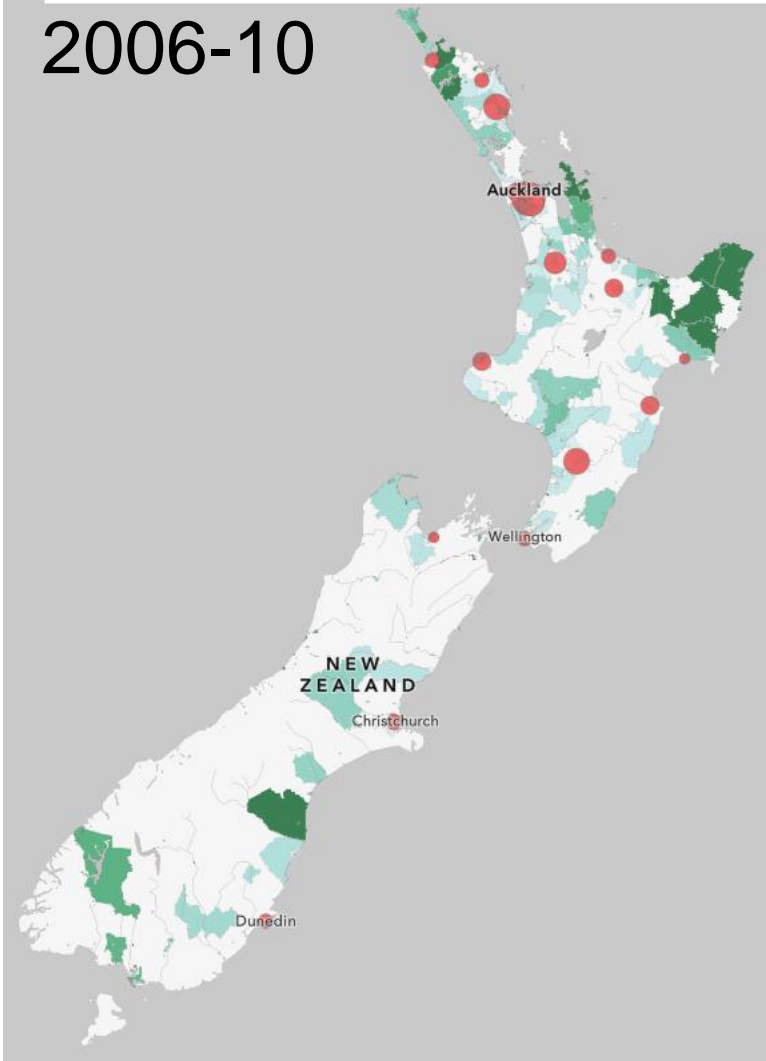
Haemodialysis 'Capacity Pressure Index'

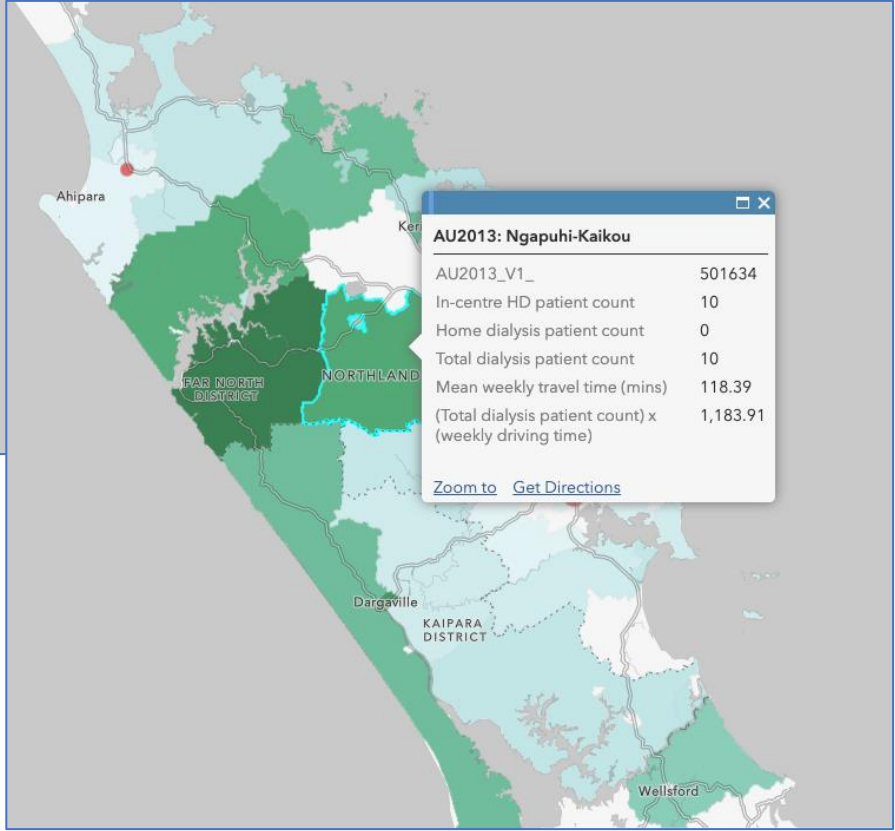
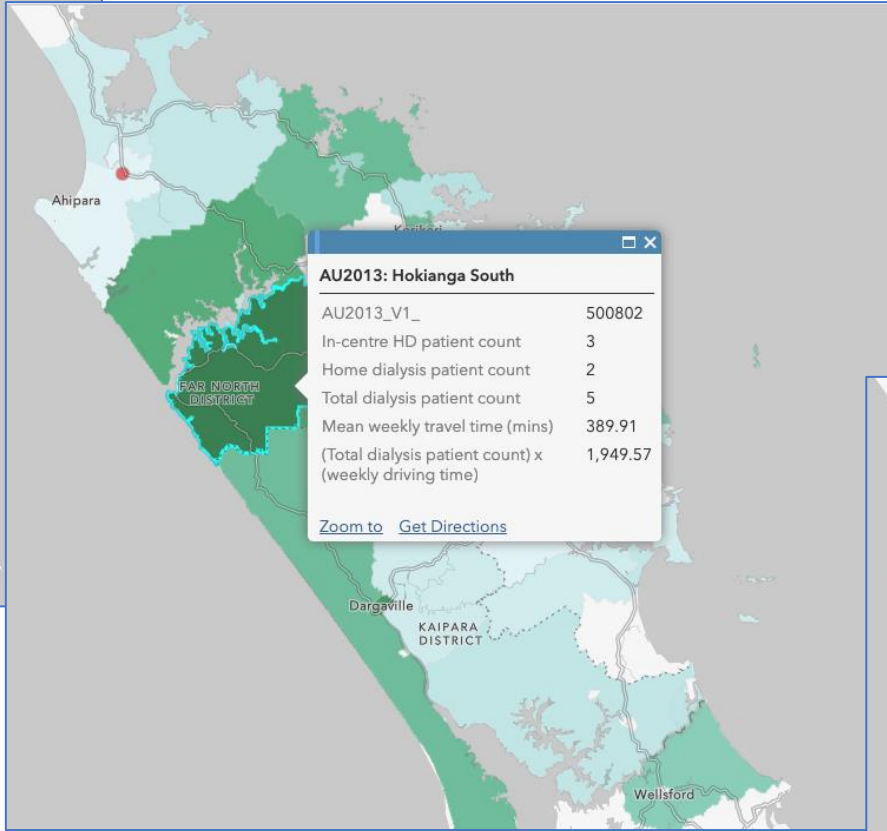
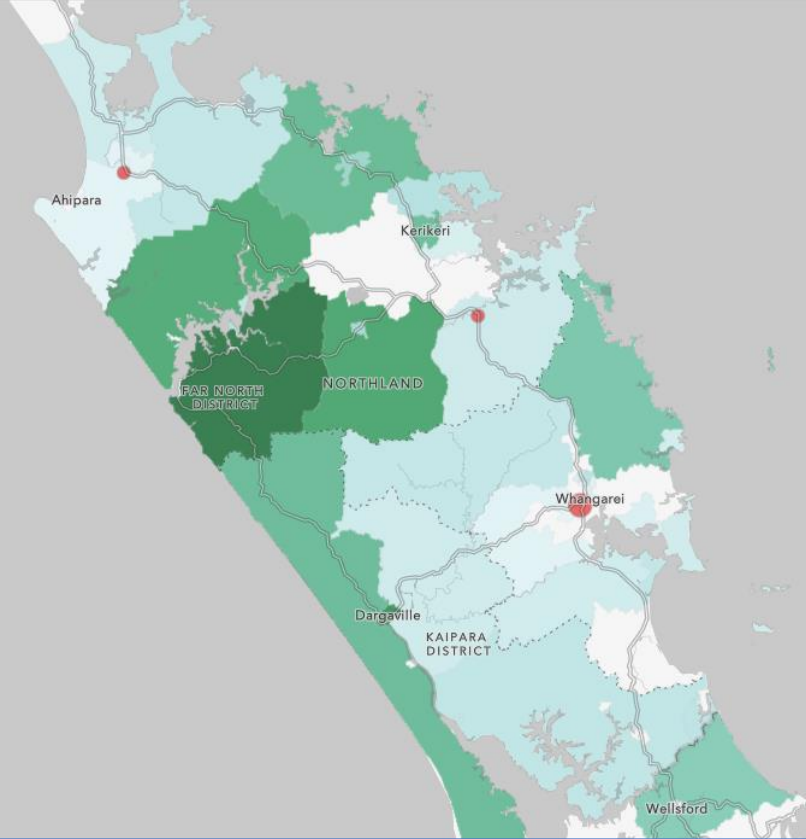


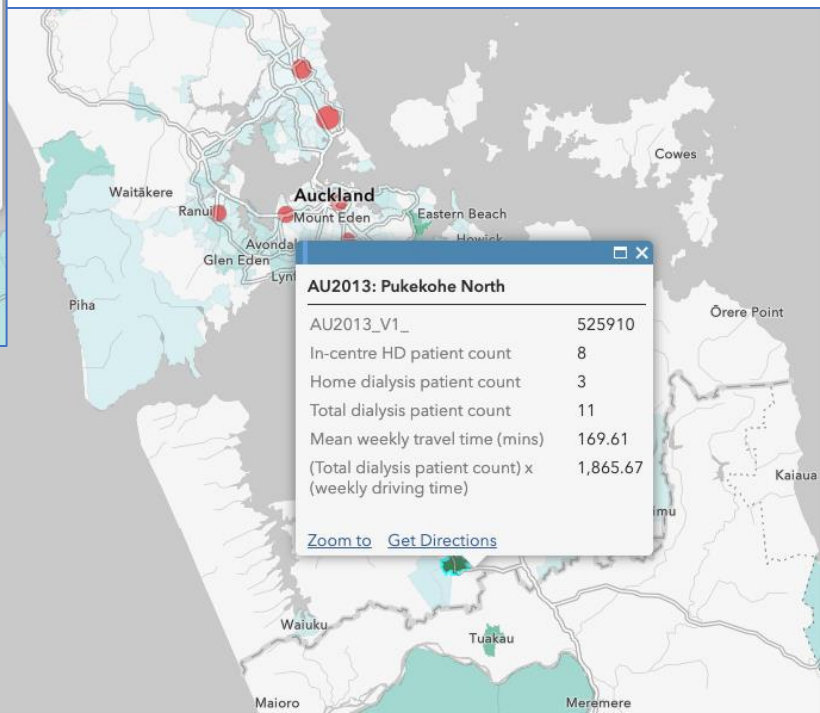
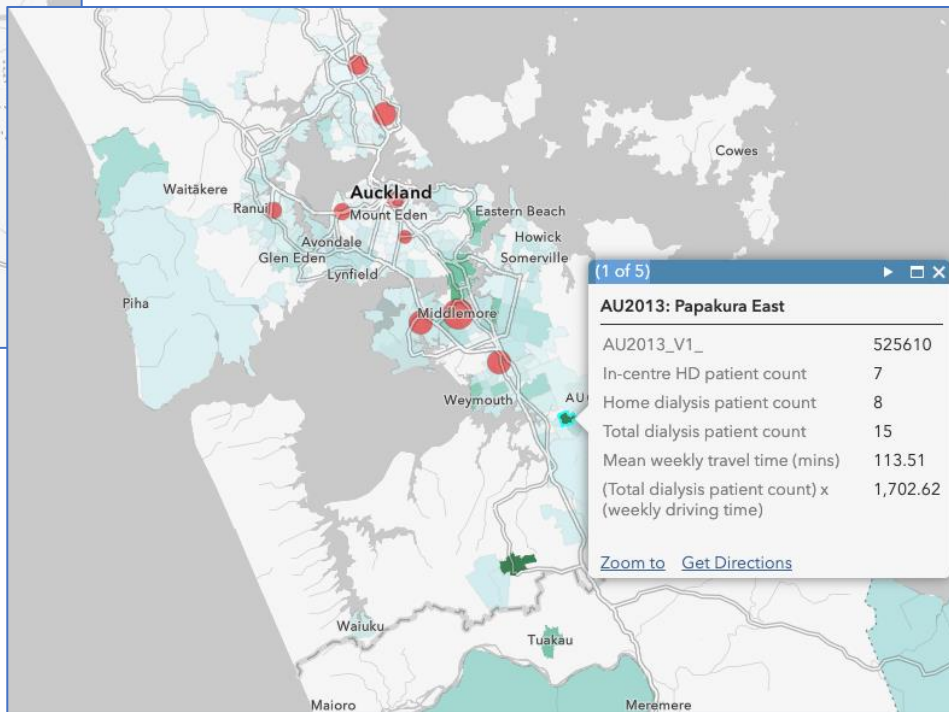
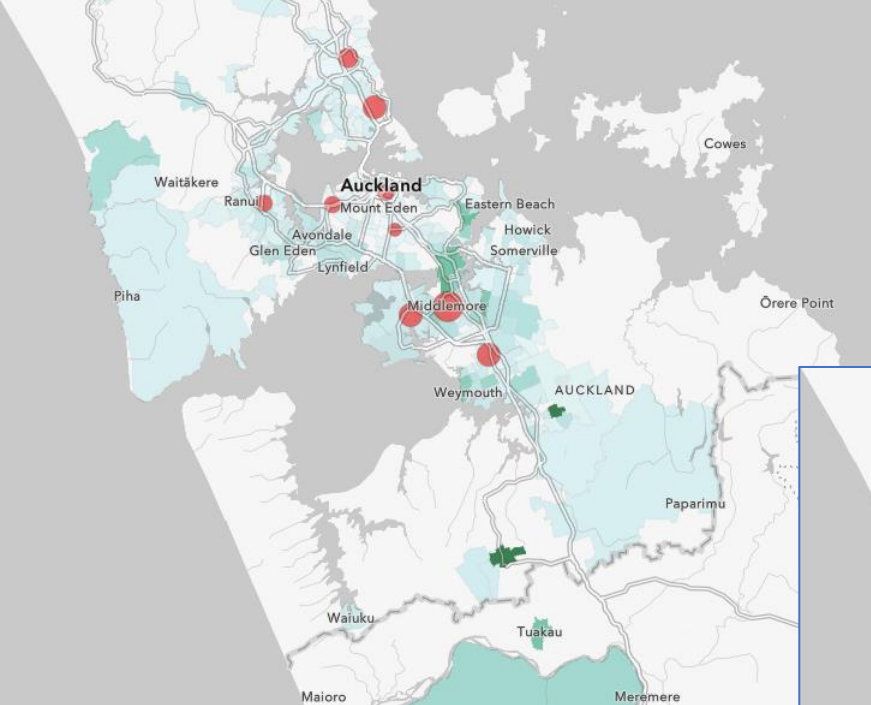
Proportion of dialysis patients receiving in-centre HD



(Dialysis patient count) x (weekly driving time to HD)







Limitations:

Limitation	Potential implications
Assumption that nearest = actual dialysis unit in driving time calculations	- Travel times may be under-estimated

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Lack of data on regional differences in decision-making around supportive care vs dialysis	<ul style="list-style-type: none"> - May be a contributing factor in regional variation in modality choice - Area for future research

Key findings (1/2):

- There is an increasing trend towards in-centre HD rather than home dialysis therapies in NZ
- Independent predictors of receiving in-centre HD include:
 - Shorter driving time to a HD centre
 - Increasing age
 - Māori or Pacific ethnicity
 - Multimorbidity / obesity
 - Late referral
 - Lower local haemodialysis capacity pressure
 - Regional practices

Key findings (2/2):

- Rural patients receiving in-centre HD have a median driving time burden of at least **4.5 hours per week**, compared to 1 hour for urban patients
 - Satellite, mobile dialysis and assisted home dialysis solutions are needed
 - Further evidence of the need to improve transplant access for rural patients
- Geo-spatial mapping can provide an evidence base for National Renal Network planning, incorporating:
 - Regional epidemiology and dialysis modality trends
 - Capacity pressure
 - 'Time toxicity' for patients

Potential next steps:

- Hypothetical dialysis unit 'location allocation' modelling, including:
 - Projected regional demographic trends
 - Economic analysis
- Capturing the burden of chronic kidney disease (pre-dialysis)
 - Analyse performance of inpatient coding (ICD-10-AM codes) in the years preceding KRT
 - ? tool for regional assessment of CKD prevalence
- Rates and impact of relocation for dialysis
- Exploring renal supportive care practices in NZ, including:
 - Regional variation
 - Impact of rurality