

THE VALUE OF A LARGE CARE NETWORK IN DELIVERING CONTINUITY OF CARE TO CLINICALLY EXTREMELY VULNERABLE PEOPLE DURING A GLOBAL PANDEMIC: A UK CASE STUDY

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OBJECTIVES

Dialysis patients require continuity of life-sustaining care and are clinically extremely vulnerable to COVID-19. The pandemic challenged service providers to re-examine delivery of care. This has provided opportunities to reset services to support patients and deliver value-based healthcare. Here we examine whether a large global kidney care network adds value from a clinical and economic perspective to the UK setting during the COVID-19 pandemic.

METHODS

A systematic literature review (SLR) was performed to assess the added value of large care networks from patient, clinical, organisational and economic perspectives. The results of the SLR were then applied to the specific case study of measures taken during the pandemic in a large dialysis network in the UK.

RESULTS

The SLR showed that large care networks improve survival rates, improve management of the patient pathway and reduce length of hospitalisation, contributing to sustainability of healthcare systems. These findings are attributable to swift exchange of information and best practices, ensuring continuity of care and optimal care. Similar outcomes were found in the case study of the dialysis care network in the UK. **Less than 24% of the in-centre patients within this network were tested positive for COVID-19 through PCR Testing and the mortality rate of these patients was recorded at 17%. Registry data indicate an overall mortality of 19% for UK in-centre patients.** Larger care networks can rapidly adapt to guidance, optimise clinic infrastructure, isolate patients and implement contingency plans to deliver safe care to patients and minimise risk to staff. This can be translated into clear economic benefits, **providing value-based care in the most extreme situations.**

CONCLUSION

Large care networks facilitate best-practice learning and exchange, leading to rapid and adaptable responses to threats such as COVID-19. Overall, reduced mortality and hospitalisation rates and the ensured continuity of care translates into cost-effective care provision.