What are the DxMoC?

Dialysis Models of Care (DxMoC) = the different types and locations of dialysis treatment in the Northern Territory. We have defined them as:

DxMoC 0	Urban incentre dialysis	Royal Darwin Hospital, Alice Springs Hospital
DxMoC 1	Urban satellite dialysis	Nightcliff, Palmerston, Flynn Drive, Gap Road
DxMoC 2	Regional satellite dialysis	Katherine, Tennant Creek
DxMoC 3	Rural/Remote satellite dialysis	Tiwi Island
DxMoC 4	Community-controlled dialysis	Combination of respite and permanent care delivered by non-government organisations
DxMoC 5	Self-care dialysis	Peritoneal and home dialysis undertaken at home or in standalone facilities

Kidney disease is considered by many as a disease of disadvantage, with people in remote areas more likely to be affected.

The Partners/Collaborators

- AMSANT
- Department of Housing
- Department of Health
- Ernst and Young
- Western Desert Nganampa Walytja Palyantjaku Tjutaku
- Department of Education
- ANZDATA
- Consumer reference groups

This project has Ethics Approval HREC 15-2334 and CAHREC 15-283

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Dialysis Models of Care Partnership Project (DxMoC Project)

We aim to better understand how different dialysis treatment models impact on patients, families and other service providers, to determine the full range of associated outcomes and costs.

Background

The Northern Territory (NT) has the highest rates of kidney disease in Australia. The majority of people on dialysis are Indigenous people from remote areas.

Most dialysis services are based in the urban areas of Darwin and Alice Springs and therefore many Indigenous people must relocate to urban areas to have treatment.

Relocation is often called 'dislocation' because of the devastating impact it has on patients, their family and community. It also has significant health, social, cultural and economic consequences.

Aims

- To understand how current dialysis provision, impacts on the health, social and cultural needs of Indigenous kidney patients, their families and community.
- To determine the impact of these treatment models on other government and non-government organisations such as housing, education and social services.
- To provide government with a costs and outcomes analysis of the impact of treatment models that goes beyond the direct costs of dialysis treatments.

Why do this project?

End stage kidney disease is a chronic condition; the requirement for treatment can last many years, even decades. The majority of Indigenous people in the Territory choose haemodialysis as a treatment option; few receive transplants.

Dialysis is an expensive treatment and governments need to determine the most cost-effective models for long term service provision. Patient preferences influence uptake of care so it is also important that treatment models are acceptable to patients and their families.

Previous costing studies of treatment models have only considered the cost of dialysis treatments. The broader impact on health outcomes such as hospitalisations or demand for social and support services such as housing and education are unknown.

What are the benefits?

- This project will provide comprehensive information on the broader costs and outcomes of the different DxMoC.
- Through our partners and collaborators our research findings will be integrated into health policy and service delivery.
- We aim to provide an evidence base for cost-effective dialysis that considers the needs of patients and their families, and better delivers accessible and patient-centred care.

Methods

- Analyse data on the uptake and cost of health, housing and education services.
- Examine activity data to determine where, when and how often services are utilised by patients for the different models to better understand the impact on health outcomes and costs according to each DxMoC.
- Interviews with patients, families, health professionals and staff from other agencies.
- Develop case studies that describe and reflect important issues emerging from the interviews.