



News Release

For Immediate Release

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Better Co-ordination of Services for Chronic Kidney Disease Patients Needed: Auditor General

(TORONTO) Patients are not always referred to a kidney specialist even though they have met referral criteria, Auditor General Bonnie Lysyk says in her *2019 Annual Report*, released today.

In 2017/18, over 40% (or about 8,700) of patients who met the Ontario Renal Network's referral criteria did not have a visit with a nephrologist (physician who specializes in kidney care) even though their lab-test results indicated that they could have benefited from such a visit.

Kidneys are organs that process waste products and excess fluids in the body. Kidney disease usually requires dialysis treatments, in which a machine cleans the body's blood supply in place of the diseased organs. Kidney transplants are also a permanent remedy.

The report also found a lack of co-ordination between the Ministry of Health, the Ontario Renal Network and the Trillium Gift of Life Network that made it difficult to plan, monitor, and evaluate services provided to patients.

"The Ontario government plans to integrate multiple provincial agencies into a single agency called Ontario Health," Lysyk said. "So it is vitally important to better co-ordinate kidney-disease services to meet the needs of Ontarians," she said, noting that the incidence of end-stage renal (kidney) disease has risen 37% in the past decade to 20,300.

In 2018/19, the Renal Network (a division of Cancer Care Ontario), provided about \$662 million in funding for chronic-kidney-disease services, and the Ministry provided approximately \$20 million to fund about 700 kidney transplants.

The Report also noted that base funding for kidney transplants has not changed since 1988, and currently stands at about \$25,000 for a deceased-donor kidney transplant. However, the average current cost for such a transplant was \$40,000.

The following are some of the Report's other findings:

- The home-dialysis rate has improved, but remains low. Compared with in-centre dialysis, home dialysis costs significantly less and improves patient quality of life. The Renal Network's strategic direction has since 2012 included promoting the use of dialysis at home, but the home-dialysis rate still has not met the Network's target. The Report noted that the home-dialysis usage rate varies significantly among the 27 Regional Renal Programs, and only six met the current target of 28%.
- While kidney transplants are considered the best clinical treatment option for patients with end-stage renal disease, wait list and wait times for transplants remain long. In each of the last five years, approximately 1,200 patients on average waited for a deceased-donor kidney transplant for an average of about four years. The delays led to some patients becoming too ill for a transplant, and others dying before receiving a transplant.

- Funding for most chronic-kidney-disease services in Ontario has not been reviewed or adjusted for years and does not reflect the actual cost of providing services to patients. Through our review of expenditures of the five Regional Renal Programs we visited, we found possible surpluses of \$37 million over the last five years.

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Read the report at www.auditor.on.ca

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