

Evidence Brief

Effectiveness, cost effectiveness, acceptability and implementation barriers/ enablers of chronic kidney disease management programs for Indigenous people in Australia, New Zealand and Canada: a systematic review of mixed evidence

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Indigenous peoples in Australia, New Zealand and Canada carry a greater burden of chronic kidney disease (CKD) than the general populations in each country, and this burden is predicted to increase. Given the human and economic cost of dialysis, understanding how to better manage CKD at earlier stages of disease progression is an important priority for practitioners and policy-makers. We undertook a systematic review to examine the evidence relating to the effectiveness, cost-effectiveness and acceptability of chronic kidney disease management programs designed for Indigenous peoples in Australia, Canada and New Zealand, as well as barriers and enablers of implementation of such programs.

We identified ten studies on health sector-led management programs and models of care explicitly designed to manage, slow progression or otherwise improve the lives of Indigenous people with CKD published between 2000 and 2014. Six provided evidence of clinical effectiveness of CKD programs designed for Indigenous people, two provided evidence of cost and cost-effectiveness of a CKD program, and two provided qualitative evidence of barriers and enablers of implementation of effective and/or acceptable CKD management programs.

Recommendations from the systematic review:

- CKD programs be tailored to the unique social and cultural needs of Indigenous people. Such tailored programs have been shown to improve outcomes on important clinical indicators of CKD progression and may reduce dialysis starts;
- Primary health care services be adequately funded to provide best-practice multidisciplinary care, with robust clinical systems that support interdisciplinary collaboration;
- CKD programs be embedded within existing, community governed primary health care services already accessed and deemed acceptable by the target community;
- The role of nurses and Indigenous health workers in clinical decision-making and providing assertive outreach to address barriers to CKD management, be acknowledged, valued and strengthened within CKD management programs; and
- Service providers within CKD programs focus on establishing positive, long-term interpersonal and inter-disciplinary relationships.