

Interview, Kirsty Bashforth, Chief business officer, Diaverum



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Chronic Kidney Disease is continuing to rise, further impacted by COVID and the wider economic burden. We discuss how digitalisation, improving health literacy and a more holistic approach could make a difference to the outlook in this sector with Kirsty Bashforth, chief business officer, Diaverum, ahead of her *How to Build a Brand* workshop at HBI 2022.

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Chronic Kidney Disease (CKD) affects around 10% of the total population, and further estimates suggest that around one in three adults in the EU are at risk of having CKD. Bashforth says: “CKD is escalating. It is a global challenge that adds to the unsustainable growth in expenditure and disease burden affecting national healthcare systems and patients around the world”. Those that go on to develop the highest severity of CKD or end stage renal disease (ESRD), are those that require dialysis or transplantation. Often requiring dialysis three times a week for four hours at a time, Bashforth says “it’s a personal burden on the individual and those in their support system and it’s a cost burden on healthcare systems”.



The pandemic has had a significant impact on the dialysis ecosystem globally and it’s not over yet.

Bashforth tells us: “Our patients already have a vulnerable health situation, and COVID-19 intensified the risks to manage for all – patients and their immediate health, staff and their health and fatigue, healthcare systems and their ability to plan and manage logistically. Policies, procedures had to move fast to adapt, and most of those remain in place today, not least because the public health emergency continues across the world in various levels of medical intensity and public health governance.

“Everyone was learning and adapting at the same time – very early in 2020 we implemented a 76-point contingency plan and shared that with the wider nephrology community, national healthcare systems as well as with patients and their families. We considered it our duty of care to share our knowledge and experience, not only in an effort to safeguard our own patients but in the hope that sharing would safeguard others too. We also sourced our own PPE supplies and re-aligned our flexibility as public hospitals adjusted their logistics and patient flows.”

But there are definite benefits to having a global portfolio when it comes to problem-solving in these sorts of situations. Bashforth explains: “With 24 countries and 40,000 patients all undergoing the same treatment mode (dialysis, in whatever form) we were able to take learnings from those countries that experienced the very earliest waves of the pandemic, such as Italy, and apply them across the company fast”.

Beyond the pandemic, healthcare systems now have backlogs on a scale rarely seen, governments have significant debt to cover and prioritisation requires focus across a wider variety of stakeholders. As Bashforth says: “For us, clearly we are working hard across our healthcare system partners in each country to ensure the care provision for CKD is a top priority in any plans.”

Notwithstanding the preparation, COVID’s impact continues to be felt. Diaverum still saw revenue growth in both 2020 and 2021 though not quite at their pre-COVID levels, with additional costs and challenges to manage some additional mortality being the inevitable consequences. Bashforth says: “Each healthcare system reacted slightly differently and are still at different stages and making different choices, so we are not yet in a 2019 world of predictability and planning, though it is a world apart from 2020 and 2021.”

The current global economic situation makes this overall burden more problematic and acute. But looking ahead, Bashforth sees two critical opportunities to help address it: health literacy and digital innovation.

“Lifestyle diseases are in an increasing factor on the rise, and the knowledge gaps concerning CKD are a persistent challenge. Prevention is always better than cure, and there is so much to do on health literacy in this area. Most of us have heard a lot about heart disease, but how many of us, if not directly impacted, really know much about the kidneys?”

UK-based research shows that around six in 10 adults struggle with medical information that includes numbers and statistics vital to their health and well-being. Whilst solutions may not be clear-cut, Bashforth is hopeful but recognises there is no quick fix: “We see a changing relationship between individuals and healthcare – one where people want to feel more empowered, want to be more in touch and involved. So we need to play into that – partnerships across academia, patient associations, patients themselves, their support systems, as well as healthcare systems. We must use all channels, messaging attuned to needs and cultures, accessible, relatable, practical. Education can be a breakthrough for reducing the burden on all.

“A few things we do involve a portfolio of animations on 20 topics with subtitles in all of our 17 languages, webinars with patients, patient associations and medical professionals, research in partnership with key academic institutions, partnering on local community events to raise awareness and using our social media channels to provide a constant rhythm of messaging around health literacy in this area. It’s work never done, and the partnership is critical.”

Bashforth also sees digital at the heart of future opportunities, “Digital inclusion and data literacy will play a central role, not just in renal care, but in healthcare overall. Improving the care experience for patients through better data analysis and AI models to predict and prevent health events, the work experience for clinical staff with less manual re-entry and more time with the patient, the cost and logistics experience for healthcare systems to name a few. With it comes the potential to unlock an unprecedented level of personalised, efficient and high-quality care. Patients increasingly want to be part of their care not simply the recipients and there is a world of opportunity for this.

“In the future we can expect to see the combining of physical clinics and digital platforms to improve renal care. This will include AI predictive analytics and mobile apps.” These are both areas in which it is already actively engaged: “We have already implemented an algorithm around vascular access thrombosis in 2021 in Saudi, Spain and Portugal, with a high percentage of predictability around potential events, which in turn can enable prevention. We also have our own app called d.CARE that allows patients to track and provide data, as well as share feedback; contributing to the delivery of efficient and personalised care, adjusted to each patient’s needs, also resulting in advanced support for our clinical teams and lower costs for payors. There is a world of opportunity for all here, and it’s happening at pace”.

So what will it take to make headway on reducing this burden for all? As Bashforth is keen to emphasise, quality medical treatment is the bedrock, and then partnerships across the ecosystem on both health literacy and digital innovation add value to that. But she is also focused on mindset:

“Thinking differently here is a priority: treating the person not the patient, caring beyond “fixing” and enabling a fulfilling life not simply providing treatment. All of these, in addition to excellent medical care, provide quality of life that underpins longevity as well as empowerment.

“The holistic view of care for those with CKD is the way forward. Focus on our staff and the relationships they have with patients who are often in their care for years, is an important investment for us. As well as an entire nurse curriculum through our d.ACADEMY platform, we support staff with a well-being focus, training around service, and encouraging and enabling our patients to go on holiday through our d.HOLIDAY offer. These all contribute to approaching this holistically.”

We would welcome your thoughts on this story. Email your views to [Kirsty Withams](#) or call 0207

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