Translating Chronic Kidney Disease Research into Primary Care Practice

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Why is there a need for this study?

• CKD is common in primary care
• Early interventions can reduce both progression to ESRD and CVD
• Large quality gaps exist in adherence to CKD clinical practice guidelines
Background

From 2011-2015 we conducted CKD-TRIP Pilot study (my career development award)

- Developed primary care CKD eCQM set and CKD CQM reports
- Developed EHR-based CDS for CKD
- Tested use of CDS in 11 PPRNet practices
- Intervention resulted in increased urine albumin screening and monitoring, and trends towards significance for other measures
- Barriers included factors unrelated to CDS, such difficulty collaborating with nephrologists, concern about explaining CKD to patients, confusion about guidelines
Study Hypothesis

We suspect a more robust intervention expanded beyond use of CDS tools to better incorporate other practice based improvement strategies (such as improved patient activation, improved care coordination) will achieve further improvements in CKD care.
Project goal

To test the feasibility of using a practice-based improvement approach to improve adherence to CKD clinical practice guidelines in an 18 month group randomized trial.

Approach includes evidence-based strategies related to:

- Use of health information technology
- Delivery system redesign
- Team care
- Patient activation
Study Design

20 Primary Care Practices
--PPRNet practices nationwide
--MUSC UIM and FM Practices
--MUSC-P Practices

10 control practices
--Receive CKD performance reports

10 intervention practices
--Practice improvement approach delivered via on-site meetings, follow up webinars, and a meeting
--Receive CKD performance reports
CKD CQMs

Screening for albuminuria in at-risk patients
Monitoring for albuminuria
Monitoring eGFR
Monitoring hemoglobin in patients with advanced CKD
BP control
Use of ACEI/ARB for patients with albuminuria
Glycemic control
Treatment of dyslipidemia
Avoidance of NSAIDS
Practice Participation (intervention practices)

✓ Participate in an initial half day on site visit to:
  – Review CKD guidelines
  – Discuss evidence-based improvement strategies
  – Develop plan to implement selected strategies in your practice

✓ Participate in 2 follow up webinars to assess progress

✓ Designate one clinician and one clinical staff member to participate in a one-day meeting summer 2017
Practice Participation (control practices)

- Continue to send PPRNet routine data extracts for the duration of the project
- Receive regular CKD CQM performance reports
Benefits of participation

• Receipt of CKD CQM reports
• Assistance with practice improvement activities related to CKD (intervention practices)
• Opportunity to network with other practices (intervention practices)
• Incentive of $295/clinician (for up to 4 clinicians) per year to defray cost of PPRNet membership
<table>
<thead>
<tr>
<th>Practices who have signed participation agreement</th>
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<tr>
<td>Chatuge Family Practice</td>
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<td>High Ridge Family Practices</td>
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How to sign up?

Tell me today!

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