

TRANSLATE CKD

Academic Mentoring Intervention Practices

Chester Fox, MD
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Outline

- Key Evidence Based Points
- KDOQI Guidelines with Strong Consensus Base
- Study Outcome Measures
- Key Tools
- Patient Safety
- Other Important Topics (medication issues, intricacies of lab reports etc.)
- Introduction of the Practice Facilitator
- Mechanics of Academic Mentoring
- Questions

Key Evidence Based Points

- Diagnosis of CKD
 - Albumin/Creat > 30 or
eGFR < 60
- Add to problem list
 - ICD-9 code (585.x=stage)
- Start ACE (ARB if cough)
 - Tolerate 25% decline
- Stop NSAIDS



Key Lab Values and Immunizations

- Systolic BP < 130
- HbA1C < 7.0
- LDL <100
- Flu shot yearly
- Pneumovax
 - Once before age 65 and once after. At least 5 years in between



Key Clinician and Patient Behavior

- Refer to Nephrology if eGFR < 30
- Encourage patients to stop smoking
- Use dorsum of hands for blood draws (save the veins)
- Central or IJ lines instead of PICCs



Patient Safety

- Metformin
- Treatment of Gout
- Medication Adjustments
- Bisphosphonates
- Agents that can Cause Acute or Permanent Injury
 - Phosphate preps
 - IV contrast
 - Gadolinium



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Improving Evidence-Based Primary Care
for Chronic Kidney Disease

AAFP national research
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UNYNET
The Update New York Practice-Based Research Network

DARTNet
Informing Practice Improving Care

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KDOQI Consensus Guidelines

- Diagnose and Treat complications
 - Anemia
 - Bone Mineral Metabolism Disorders
 - Hypocalcemia
 - Vitamin D deficiency
 - Secondary Hyperparathyroidism
 - Hyperphosphatemia



KDOQI Consensus Guidelines

- Lab targets
 - Hb between 9-11
 - 25 OH Vit D > 30
- Refer to Nephrology
 - PTH > 100
 - PO₄ > 4.5



Study Outcome Measures

Treatment Recommendation	Goal	Measurement
Control blood pressure	130	Means of last three systolic BP; will be based on last one or two if fewer than three available
Control HbA1C	<7.0	Last HbA1c;
Control LDL	<100	Mean of last two LDL; last LDL if only one is available
Use ACE/ARB		Documentation in EHR/pharmacy of prescription; yes/no for each time period
Refer to Nephrologist (GFR < 30)		Referral documented, if applicable
Eliminate smoking		Yes/no for each time period
Eliminate NSAID/Cox-2 use		Yes/no for each time period

Key Tools

- Quick Reference Guide
- eGFR table
- Patient Education Resources



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Other Important Topics

- Uncertainty of diagnosis for eGFR 50-60
- Single urine collection as good as 24 hr collection
- Need the albumin/creatinine ratio
- Alternatives for NSAIDs
- How to deal with hyperkalemia
- Improved communication with nephrologists



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Introduction of Facilitators

Samantha (Sam) Sessamen, MS



- MS in Mental Health Counseling
- University at Buffalo's Primary Care Research Institute
- Practice facilitator with a focus on improving quality of care in primary care practices
- Personal experience with CKD in the family

Introduction of Facilitators

Robyn L Wearner, RD



- Registered Dietitian currently pursuing a Master's degree in Educational Technology and Adult Learning Theory
- University of Colorado Denver, Department of Family Medicine
- Quality Improvement (QI) and using technology to help build, foster and maintain networks focusing on QI
- Practice Facilitator for Chronic Kidney Disease in Primary Care and as the Learning Community Coordinator for DARTNet

Academic Mentoring



Chester H. (Chet)
Fox, MD



Joseph Vassalotti,
MD, FASN

- Monthly check in calls
- Quarterly and 6 month data reviews
- Both Nephrologist and PCP available by e-mail or phone
- Review of performance data at least twice yearly

Q&A

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