Primary Care Chronic Kidney Disease Project

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The Research Question

  • James Mold, Paul, Smith, et al.
  • Submitted to Implementation Science
• The Question: Can PBRNs increase dissemination, implementation, and diffusion of evidence-based treatment guidelines for Stage 3+4 CKD by leveraging early adopter practices?

The Research Question

• Who Cares?
  • Implementation is hard
  • Diffusion is slow
  • Well established effective methods of implementation and diffusion do not exist
  • Potential big impact with earlier intervention
  • Early CKD is under treated in the US
What We Did

- Population: Primary care practices from 4 PBRNs
- Design: Prospective cohort
- Intervention:
  - Wave 1 practices receive baseline and periodic performance feedback, academic detailing, and practice facilitation for 6 months
  - Wave 2 practices receive similar intervention and monthly “local” learning collaborative meetings with one wave 1 practice and another wave 2 practice

What We Found

- Wave I practices increased use of ACEIs/ARBs, discontinuation of NSAIDs, anemia testing, and testing and/or treatment for vitamin D deficiency
- Wave II practices also increased their use of ACEIs/ARBs and testing and/or treatment of vitamin D deficiency.
- Methods are feasible and worked
- Scheduling monthly meetings for 3 practices is really hard

How Does This Apply to Practice?

- Methods can be applied within a large health care organization or multiple small practices with PBRN help.
- Methods can be applied to other medical care where treatment benefits are clear, but not uniformly used.
- Better primary care of Stage 3 CKD has the potential to lower kidney transplant and dialysis rates.