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Primary Care Chronic Kidney Disease Project

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The Research Question

- Leveraging practice-based research networks to accelerate implementation and diffusion of chronic kidney disease guidelines in primary care practices: a prospective cohort study.
 - 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.


