

CKD Best Managed at Point of Care

Accessible clinical pathway allows family physicians to diagnose and manage chronic kidney disease patients

by Erin Rohl

hronic kidney disease (CKD) is the gradual loss of kidney function, and left untreated can progress to kidney failure requiring dialysis or a kidney transplant. There are few signs or symptoms of the disease until kidney function is significantly impaired.

In Alberta, ten percent of adults struggle with CKD. Early identification and management can reduce progression and cardiovascular risk; however, routine screening for CKD should not be universal but rather targeted for individuals at increased risk of CKD development.

Until recently, primary care physicians had little in the way of

evidence-based platforms to assist them in the diagnosis or management of their patients with chronic kidney disease. To address this issue, the Interdisciplinary Chronic Disease Collaboration (www.ICDC.ca), a group of interdisciplinary researchers, came together with the Renal Programs in Northern and Southern Alberta. practicing nephrologists, primary care physicians, allied health care professionals and IT specialists to build Canada's first publicly accessible CKD Clinical Pathway online resource that allows for any clinician to diagnose, refer, manage, access & print resources for adults with chronic kidney disease.

Originally developed to translate the application of clinical practice guidelines for the management of

ACR NORMAL RESULTS ABNORMAL RESULTS eGFR ≥ 60 mL/min/1.73m² eGFR < 60 mL/min/1.73m2 and/or ACR < 3 mg/mmol ACR ≥ 3 mg/mmol RETEST For accurate diagnosis, retest eGFR, ACR and Urinalysis atient does not have CKD if not tested in the last 6 mon + Retest as indicated Urinalysis Annually for those with Every 1-2 years for all circumstances dictate more frequent testing DIAGNOSIS: **Patient has CKD** eGFR < 30 eGFR 30 - 60 ACR > 60 ACR 3 - 60 No Hematuria ACR 3 - 60 & Hematuria Medical Management 9 Referral No nephrologist 1

This image displays a static picture of the interactive algorhithm developed for the clinical pathway

CKD into the primary care practice at the point of care, there were many hurdles to the pathway development. Not only was it unclear which areas and departments needed to be involved, but multiple EMR platforms used by physicians in Alberta – not to mention the



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CKD Clinical Pathway

multiple AHS lab platforms – meant that workflows, technological capabilities, and accessibility varied widely across the province.

Now established, the CKD Clinical Pathway has become a resource not only for family physicians but also for nurses, nurse practitioners and pharmacists. It is a teaching tool for medical students and residents, and has played a key role in the development of Alberta Netcare eReferral advice requests for nephrology. To improve access and awareness at the point of care, clinicians can now

find a hyperlink to the CKD Clinical Pathway within abnormal lab reports.



CKD patients can trust their family doctor to diagnose and manage their disease within their community.

Two years later, Albertans have benefited from the CKD Pathway because it supports primary care physicians and health professionals in providing evidence-based CKD care within the community. 95 per cent of patients with CKD can be managed and cared for close to home. Once aware of the website, clinicians return again and again, month to month – and report that the site is so easy to use at the point of care that they can diagnose and understand

management of CKD in under 3 minutes.

In the future, further integration with primary care EMRs and patient related materials (such as the recently announced My Health Portal) will contribute to the accessibility and widespread use of the pathway. Find out more information at www.ckdpathway.cg.

