Integrating risk-based care for patients with CKD in the community

Since only 3% of people with CKD will reach kidney failure, it is important to develop interactive tools for primary care, to facilitate joint decision making, based on individualized risk.

The Kidney Failure Risk Equation

Age + Sex + eGFR + Urine ACR = Kidney Failure Risk

Project Methods

1. Integration of the KFRE into clinics' electronic medical systems
2. Personalised decision aids & treatment info, based on risk
3. Medical detailing visit presenting info on CKD care guidelines
4. Audit & Feedback reports to clinics on CKD management

Anticipated Outcomes

1. Improved testing & management of protein in the urine (albuminuria)
2. Improved management of CKD risk factors & appropriate referrals
3. Improved CKD-specific health literacy & trust in physician care
4. Improved patient-provider dialogue

Project Milestones

- **Develop KT materials** — Completed!
- **Recruit 16 MB clinics, 16 AB clinics** — Completed!
- **Randomization & Intervention launch in clinics** — May 2019-December 2020
- **Patient recruitment (320 patients)** — 2020
- **Data Collection & Analyses** — 2021
- **Knowledge Dissemination** — 2021 and beyond

Chronic Disease Innovation Centre

Can-SOLVE CKD Network

University of Manitoba

CPCSSN RCSSSP

Canadian Primary Care Sentinel Surveillance Network