



CKD Management in ANZ

David Johnson

Princess Alexandra Hospital
Brisbane, Australia

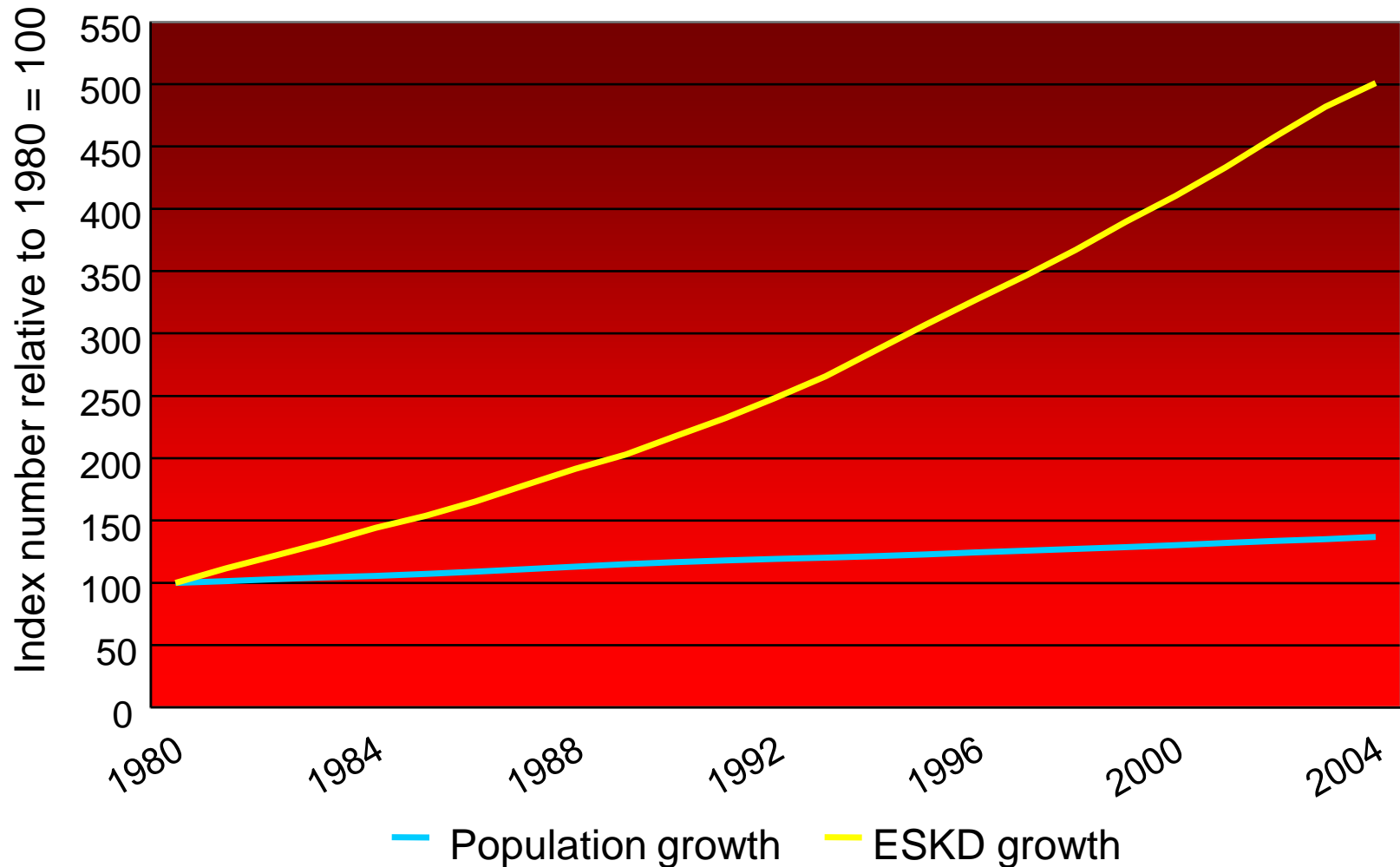


Overview

- Current Status of CKD in ANZ
- What programs and policies are working in ANZ?

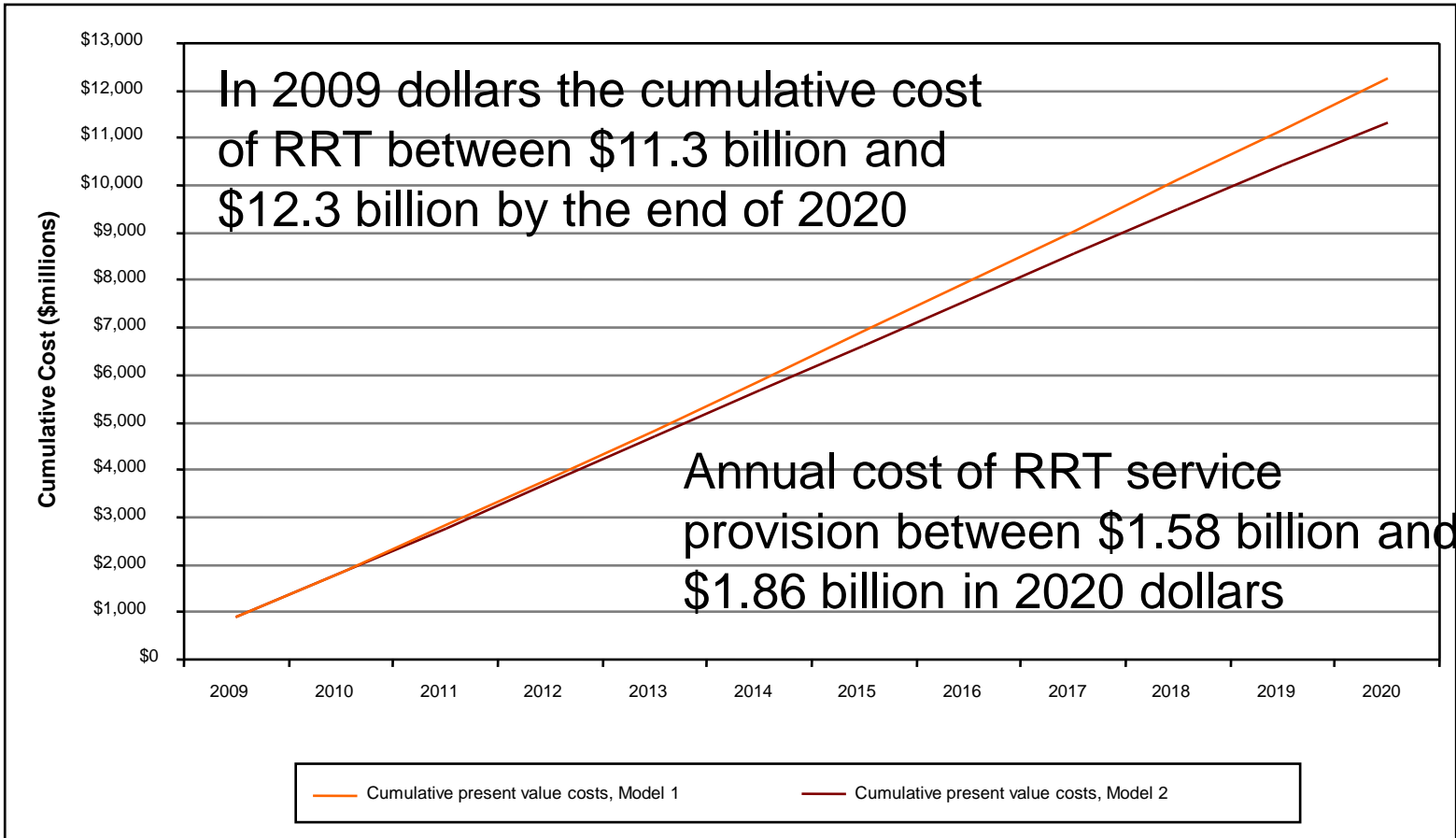


Growth in demand for ESKD services





Costs of treating current and new ESKD cases to 2020

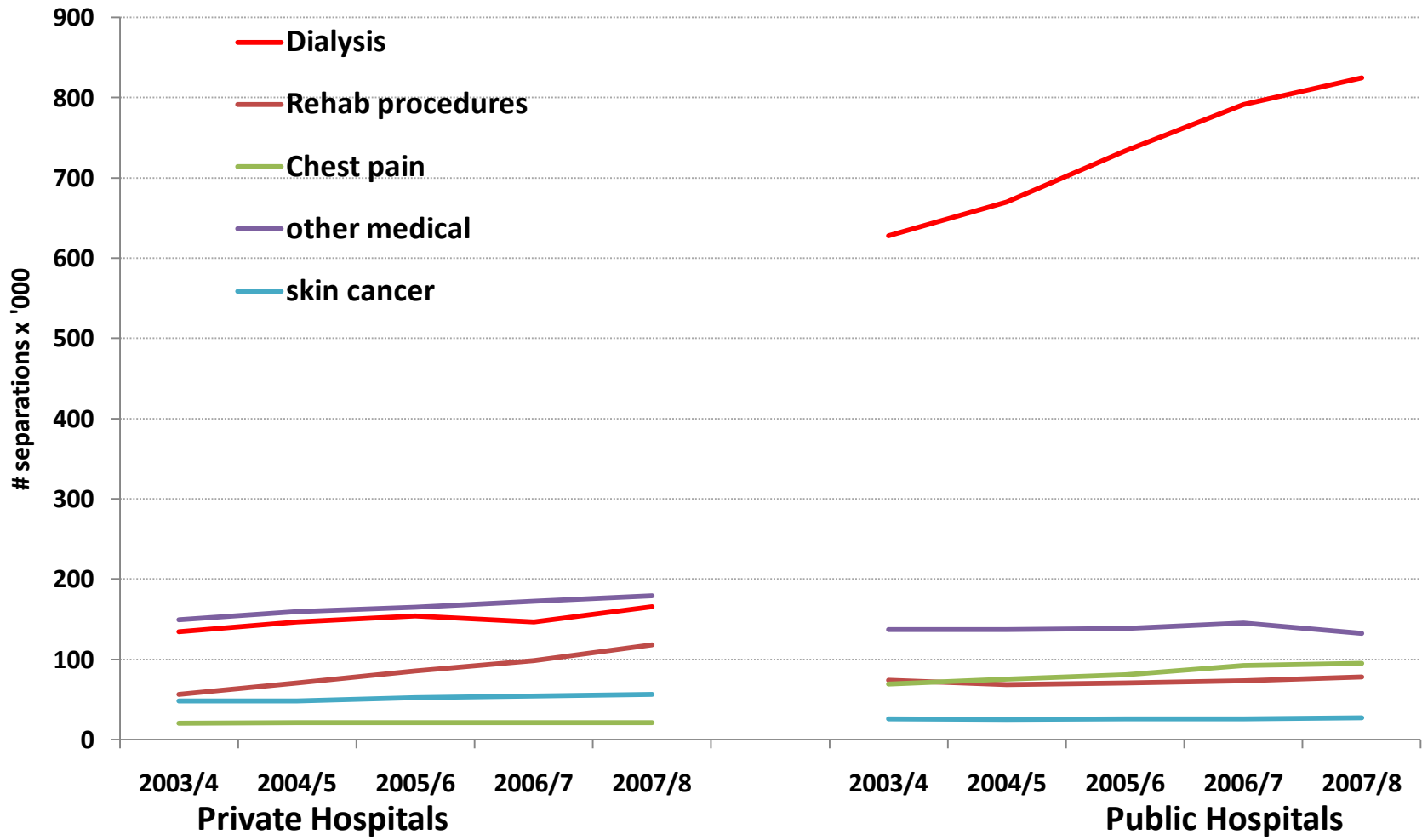




Separations from Hospitals

Australia 2003-2008 (AIHW)

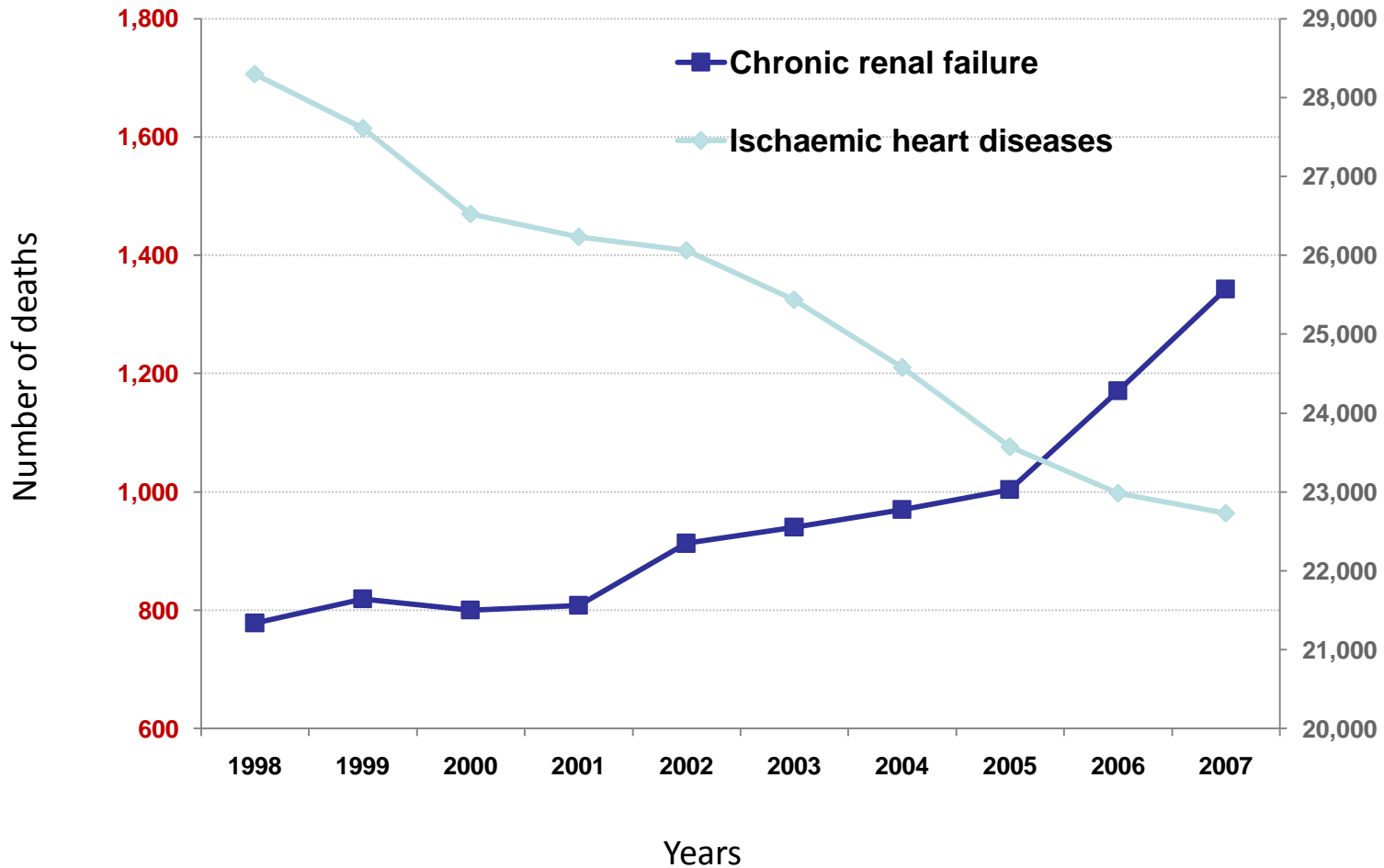
Dialysis separations increased 130% over 5 yrs (all hospitals)





Australia: Deaths from 1998 - 2007

Chronic renal failure c/w Ischaemic heart diseases

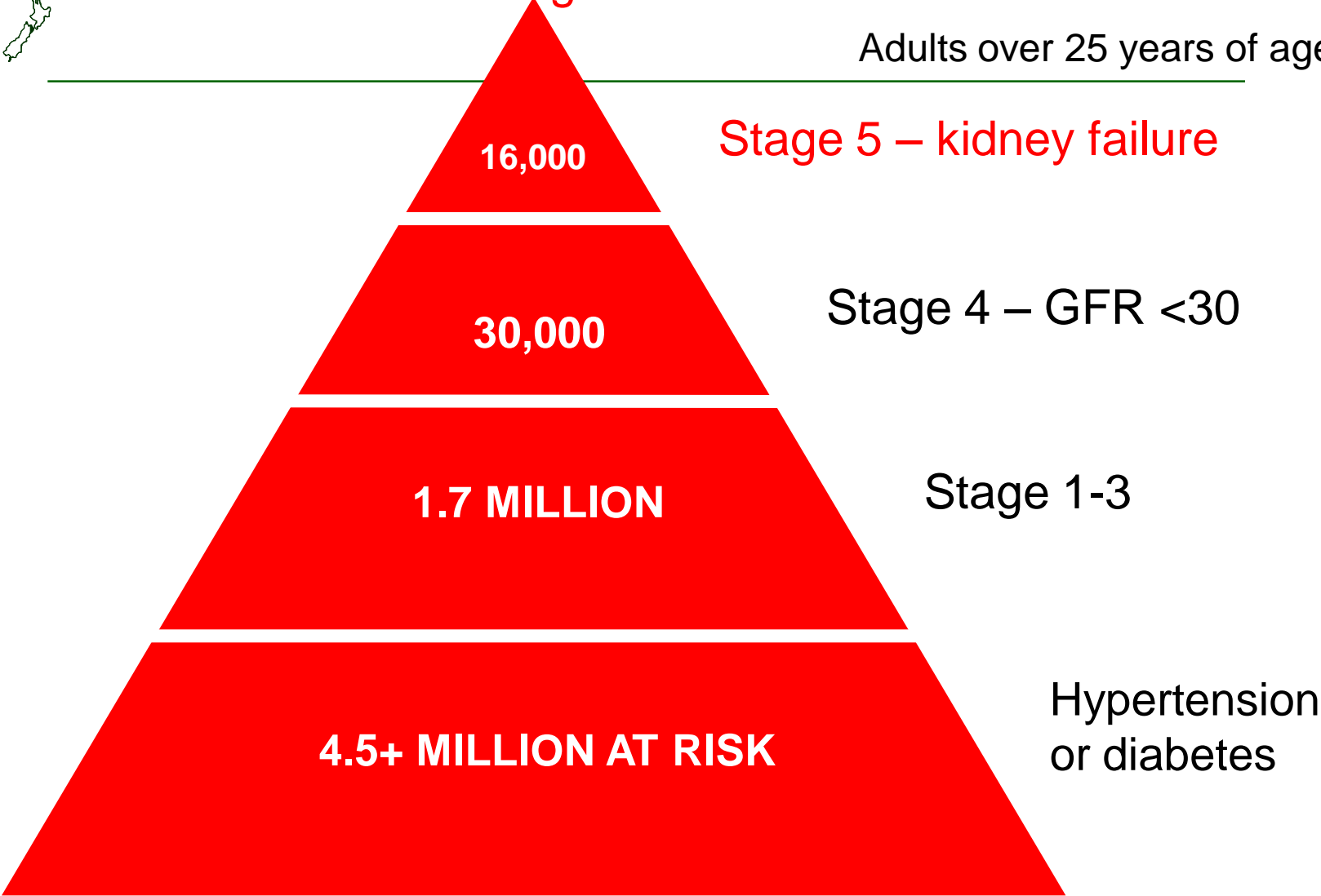




Kidney Disease in Australia

The titanic/iceberg model

Adults over 25 years of age



AusDiab data, 2001 & 2005.



Overview

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KCAT

**Kidney Check
Australia Taskforce**

Kidney Check Australia Taskforce

- Established in 2000 to improve health outcomes for people with CKD
- Representation includes Nephrologists, Kidney Health Australia, Consumers, GPs, Advanced Practice Nurses, Nurse Practitioners, Government
- Aims
 - Augment CKD screening
 - Develop CKD Guidelines/Recommendations
 - Promote CKD education
 - Audit CKD care in primary practice
 - Promote primary care practice improvement

KCAT Programs

- GP audits (BEACH-SAND)
- Public health campaigns (diabetes, obesity)
- CKD Guidelines
- CME-accredited Workshops and Active Learning Modules
- GP Conference lectures
- Articles in primary care journals
- Addenda to pathology reports
- Online learning (www.kidney.primed.com.au)
- Mailed information leaflets
- Printed office materials
- Decision support systems embedded in medical software
- eGFR reporting
- KEY Community Screening Program
- Australasian Proteinuria Consensus
- Australasian Primary Care Collaboratives
- National Vascular Disease Prevention Alliance





Of all adults >25 yrs attending a GP

- 10% have CKD (0.4% in those w/o risk factors)
- 79% have at least 1 risk factor for CKD
- Of those with at least 1 risk factor
 - 71% had a serum creatinine test
 - 17% had an albumin/proteinuria test
- Of those with no risk factors
 - 30% had a serum creatinine test
 - 3% had an albumin/proteinuria test

Of those with stage 3 CKD (6% of total)

- 58% had test proteinuria
- 38% referred to nephrologist
- 76% on ACE/ARB
- 37% at BP target
- 23% at cholesterol target
- 53% diabetics had HbA1C < 7%

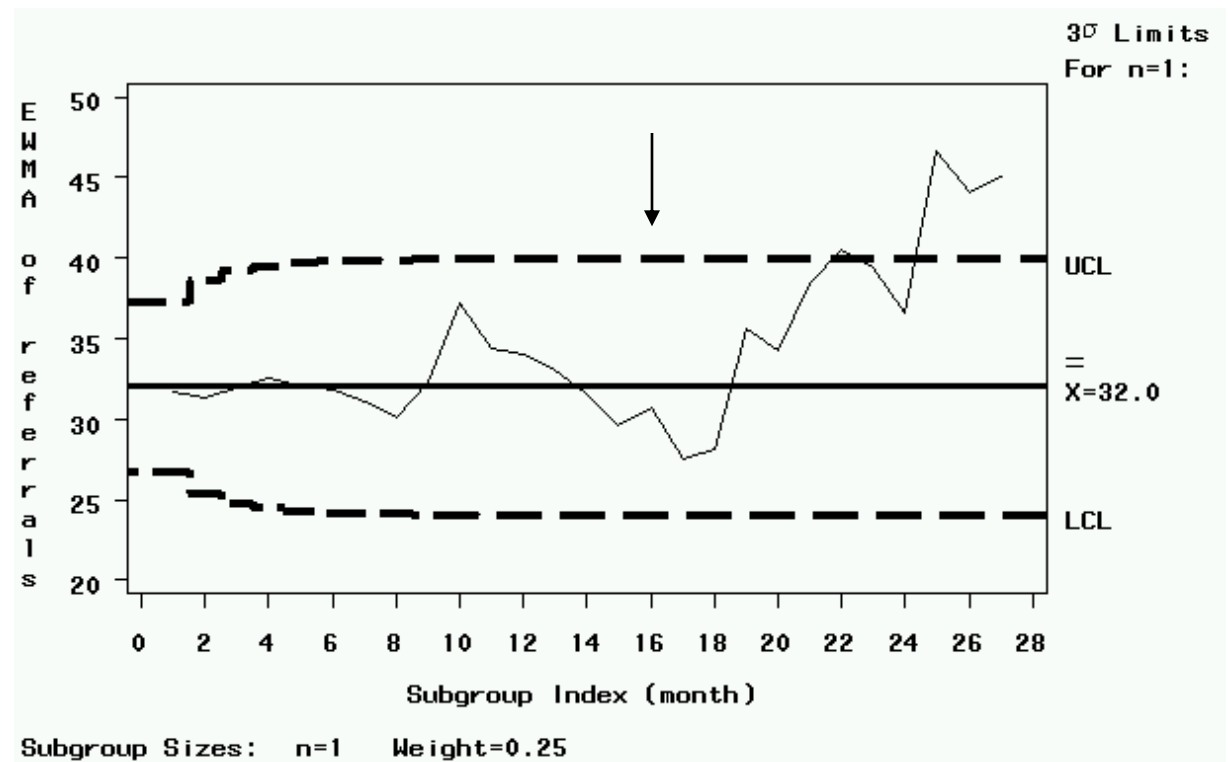
Progressive improvement over 4 years

Automated eGFR Reporting

POSITION STATEMENT

Chronic kidney disease and automatic reporting of estimated glomerular filtration rate: revised recommendations

Timothy H Mathew, David W Johnson, Graham RD Jones on behalf of the Australasian Creatinine Consensus Working Group



KCAT Workshops

- Early detection and management of CKD
- CKD and Diabetes
- CKD and the Elderly
- CKD in Indigenous Australians
- CKD: What the practice nurse needs to know
- CKD and Diabetes - for the Diabetes Educator
- Haematuria and urinary tract infection
- Issues in CKD - 4 different case studies
- Management of Resistant Hypertension in General Practice
- Management of Stage 3 CKD in General Practice
- Using the CKD Management in General Practice booklet

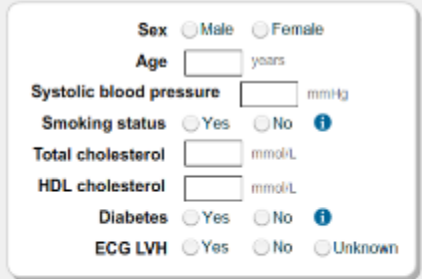




National Vascular Disease Prevention Alliance

Australian absolute cardiovascular disease risk calculator

- Formed in 2000
 - Kidney Health Australia
 - Diabetes Australia
 - Heart Foundation
 - Stroke Foundation
- Unified approach to management of CVD

Enter patient information below:



Sex Male Female
Age years
Systolic blood pressure mmHg
Smoking status Yes No 
Total cholesterol mmol/L
HDL cholesterol mmol/L
Diabetes Yes No 
ECG LVH Yes No Unknown



Time to take some healthy measures?



1 in 2 Australian adults is overweight. And, irrespective of your height or build, if your waistline is getting bigger it could mean you are at increased risk of chronic diseases like some cancers, heart disease and type 2 diabetes.

Understanding the risk

For most men, a waistline measurement of over 94cm carries increased risk and over 102cm indicates greatly increased risk.

To find out your level of risk, it is important to measure your waistline accurately.

Measuring your waistline is a simple check:

- Measure directly against your skin
- Breathe out normally
- Make sure the tape is snug, without compressing the skin
- The correct place to measure your waist is horizontally halfway between your lowest rib and the top of your hipbone
- This is roughly in line with your belly button

94cm	102cm	MEN
Increased risk	Greatly increased risk	
80cm	88cm	WOMEN
Increased risk	Greatly increased risk	

Measurements may vary depending on your ethnic background.

Simple measures for better health

- Go for at least 2 serves of fruit and 5 serves of vegetables every day
- Limit your intake of "sometimes" foods like unhealthy snacks and take-away foods
- Be active every day in as many ways as you can
- Aim for 30 minutes or more of physical activity every day

For more information and measures you can take to reduce your health risks, go to australia.gov.au/MeasureUp today.



What measures will you take

Australian Better Health Initiative
A joint Australian, State and Territory government initiative

Australia
April, 2009

Extensive Gov't multi-media campaign "Measure up" with focus on lifestyle and waist circumference

Community screening for CKD in Australia

Kidney Evaluation for You (KEY) - pilot program

- KEY is a free kidney and cardiovascular health check
- Targeted at high risk people not known to have CKD
- Aimed at getting people detected to have CKD into the mainstream of primary care
- Bio-medical measurements:
 - Body Mass Index
 - Height, Weight, Waist/Hip Measurements
 - Blood pressure
 - Blood analysis
 - Creatinine (eGFR), glucose, haemoglobin A1c, total cholesterol
 - Urinalysis
 - Dipstix proteinuria, haematuria, pyuria & ACR,

Program funded by BHP and Commonwealth Dept Health

KEY conclusions

- 85% have regular GP and 77% had seen GP in last 6m
- In targeted group CKD was found in 20.4%
 - CKD3+ in 10%
 - CKD3b+ in 2.5%
- Follow-up by phone at 3m in 82%
 - 97% discussed results with GP
 - 83% had at least one new test performed
 - 75% had some change to clinical management
 - 99% considered participation beneficial
- Of those with CKD3+ 53% already on ACE/ARB

Australian Primary Care Collaboratives

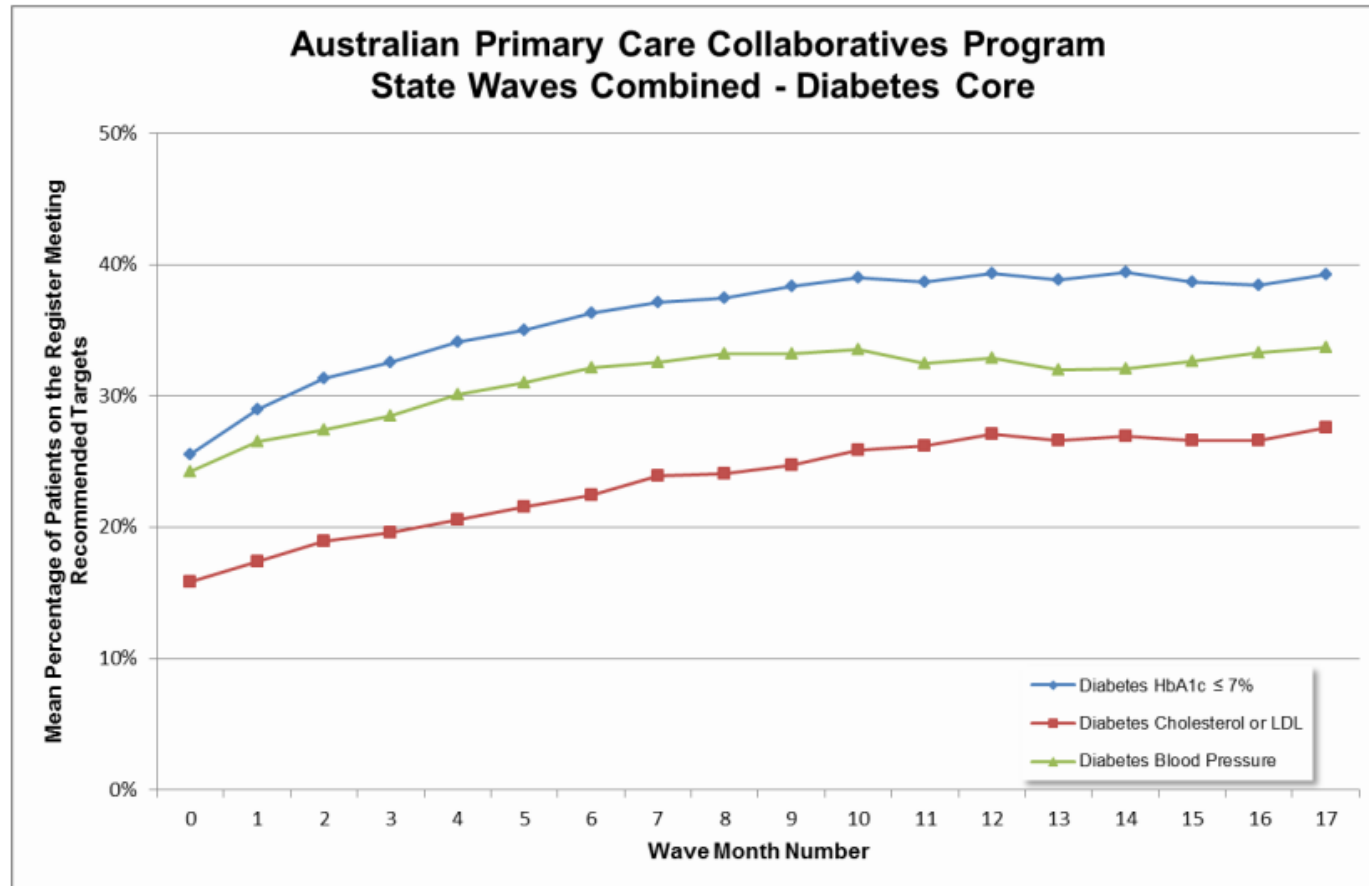
The PDSA Cycle for Improvement



GP Collaborative Results in Australia

Aggregated Diabetes Results (May 2008 – Feb 2011)

280 Health Services



Diabetes HbA1c ≤ 7%: The % of patients on the diabetes register with a recorded HbA1c measurement within the last 12 months that is ≤ 7%.

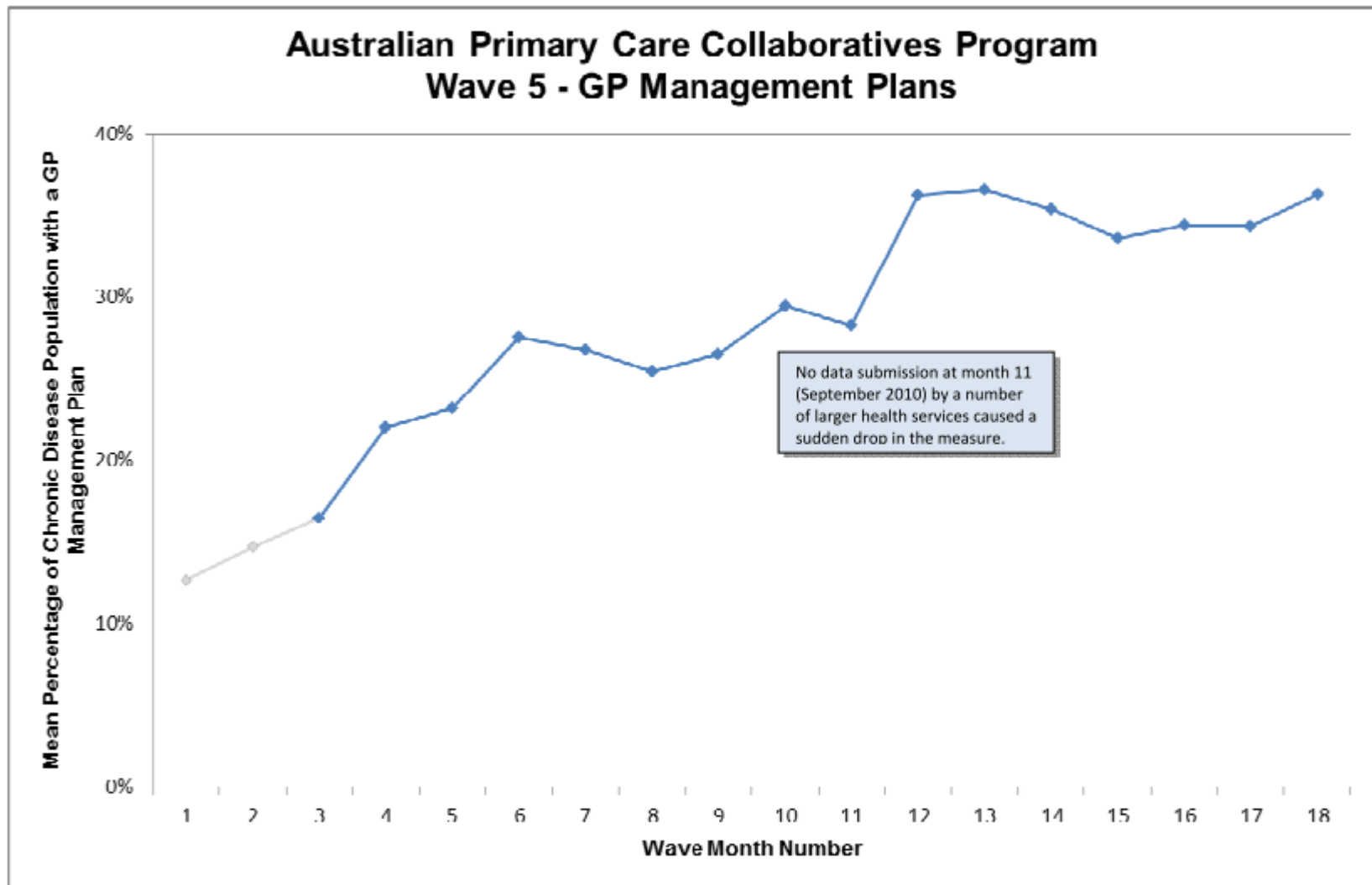
Diabetes Cholesterol or LDL: The % of people on the diabetes register whose total cholesterol or LDL was recorded in the last 12 months and where the last recorded results was ≤ 2mmol/L for LDL or < 4mmol/L for cholesterol.

Diabetes Blood Pressure: The % of people on the diabetes register who have a blood pressure recorded in the last 12 months of ≤ 130/80.

Strong improvements occurred for each of the Diabetes measures across this group of APCC Program participants. The Blood Pressure measure has seen a 7.15% improvement, the Cholesterol measure has improved by 9.56% and the HbA1c measure has seen the most considerable improvement of 10.15%.

Chronic Disease Prevention & Self Management (CDPSM) Wave Results (baseline to month 18)

84 Health Services



GP Management Plans: The % of people within the defined chronic disease population with a GP Management Plan (includes any plan established over the last two years). For the purpose of this measure this only includes patients with cardiovascular disease, diabetes, COPD and chronic renal failure.

NB: Trend lines appear grey at the beginning of a wave where data submission is below 70% complete.

The GP Management Plans measure has improved significantly over the course of the wave, showing a 14.44%* overall improvement since month 3.

Conclusions

- Keys to chronic disease success management are:
 - Unified approach from CKD, Diabetes, Heart and Stroke professional bodies
 - Primary focus on general practice
 - Combining opportunistic targeted screening with multi-pronged education campaigns
 - Introducing CQI initiatives