

# Introducing APL-Renal Helping practices manage CKD

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## What we'll cover



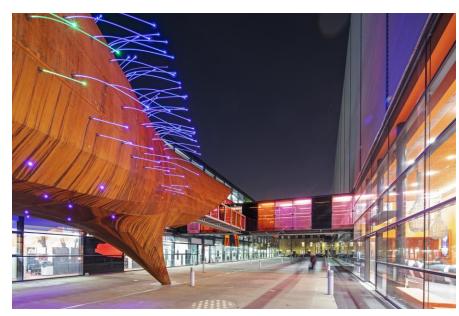
- Who are the Clinical Effectiveness Group?
- Introducing APL-Renal
- What to do next checklist
- Support who to contact
- Questions



# Who are the Clinical Effectiveness Group?



- We are GPs, analysts, data scientists and facilitators based at Queen Mary University of London
- Access to primary care data across NEL
- Build dashboards, searches and software tools for GP teams, NHS commissioners and public health
- Facilitators and support officers to support every practice
- Publish research of national and international significance
- Funded by NHS and local authorities in NEL + research grants



Queen Mary, Whitechapel campus



# APL-Renal - Lists all adults with key indicators of CKD





## Flags critical falls in eGFR



### Filter your list into cohorts to take action

- Follow-up for overdue measures
- Referral for serious deterioration
- Improve CKD coding



## Patient review page - tailor your approach

See eGFR trend over time, urine ACR, blood pressure and key medications



### **Export data**

List of patients to send appointment messages, or key info to send with a referral



# **Supporting elements**

<u>qmul.ac.uk/ceg/support-for-gp-</u> <u>practices/resources/software-tools/apl-renal</u>









# Let's see the tool in action!

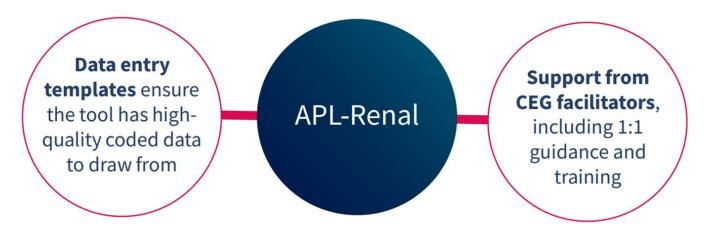
qmul.ac.uk/ceg ¥ @QMUL\_CEG



# **Supporting elements**



Integrated system of cutting-edge templates and one-to-one in practice facilitation support







#### Selects combinations of risk factors

- Uncoded CKD
- Uncontrolled hypertension
- Missing ACRs
- Not on SGLT2 or ACE/ARB or statins

### Virtual review page

Summarises key information for any selected patient

#### **Exports data**

- Patient lists for AccuRx recall
- Individual patient review page for inclusion in referral



## ceg Cinical Effectiveness Group

#### **APL Renal Tool**

eGFR < 60 ml/min OR urine ACR ≥ 3mg/mmol ever recorded



Select Clinica	al System	<b>●</b> E	MIS Web	0	Systm	One						1							Attribution-Nor	Commercial-Shar	reAlike CC BY-NC-SA	© 080 BY NO SA	
Press to lo	locate CSV file(s)				Export p	oatients list	XLS		Export	C) ac	curx			Export N	HS numbe			RESET to cl	ear 😉		Date of last ru	n: 07/March/2023	
Practice Code: F800000 The laboratories are changing GFR calculation from MDRD to CKD-EPI. Where the values used in this tool are derived from a mixture of these methods, we have flagged the value in RED Click the link for more information							e information																
Filters																			Summary				
																			Entire coho	rt		800	
Fall in eGFR	☐ ≥ 10 ☐ ≥ 15	<b>Б</b>	No repeat	eGFR Late	est eGFR	(mL/min)	< 30	< 45	No eGFR i	n 12m	Urine	ACR	□ >:	30 🗆 3	- 30	3 [	No uACR in	12m	% CKD (stage	es 3 – 5)		37%	
																			% Hypertens	ion		58%	
BP (mmHg)						% CVD (IHD/Stroke/TIA/PAD)		21%															
																_			% Diabetes			49%	
CKD (3-5)	Yes	No	Cor	morbidity		CVD (IHD/S	troke/TIA,	/PAD)	Diabetes	<b>∏</b> Ну	pertension	ı	☐ HF	Г	AF				% On SGLT2			14%	
					7											_		_	% Renal refe	rral		4%	
Referral or Review	v after latest eGF	R	Yes	No						F	iltered pa	tients cou	unt = 134			Re	eset Filter	rs	% No renal referral or GP review in last 12m		24%		
									*eGFR fall f	rom Highest	of up to 6	eGFR valu	es within :	2 years to	the most re	cent valu	<u> </u>						
- "		۸	Candan	EMIS no.	Late	est eGFR	High	est eGFR	Fall in	Urine ACR	CKD	CVD	Diab	HTN	HF	AF	ВР	On	On ACT: (ARR	On Chat's	Renal referral	GP review	
ruii Na	Full Name A	ruii Name		Gender	EIVIIO NO.	Value	Date (2y)	Value	Date (2y)	eGFR* ↓	mg/mmol (2y)	(3-5)	CVD	T1/T2	HIN	ПГ	AF	DF	SGLT2 (6m)	ACEi/ARB (6m)	Statin (6m)	(latest ever)	(latest ever)
Patient, 38		32	Female	11237	58	25-02-2022	75	17-08-2021	17		No	No	No	No	No	No	114/65	No	No	No			
Main	Patient Info	1 /	+																	4			





eGFR < 60 ml/min OR urine ACR ≥ 3mg/mmol ever recorded



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Select Clinical System	<b>●</b> E	MIS Web	0	Systm	One													Attribution-Nor	Commercial-Shar	reAlike CC BY-NC-SA	© 000 BY NO SA
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Practice Code:	Practice Code: F800000 The laboratories are changing GFR calculation from MDRD to CY -EPI. Where the values used in this tool are derived from a mixture of these methods, we have flagged the value in RED <u>Click the link for more information</u>																				
Filters								ľ										Summary			
																		Entire coho	rt		800
Fall in eGFR	.5 T	No repeat	t eGFR Lat	est eGFR	(mL/min)	< 30	< 45	No eGFR in	12m	Urine	ACR	┌ >	30 🗆 3	- 30	<3 ┌	No uACR in	12m	% CKD (stag	es 3 – 5)		37%
	% Hypertension 58%																				
BP (mmHg)	P (mmHg)																				
						'												% Diabetes			49%
CKD (3-5)	No	Col	morbidity		CVD (IHD/S	troke/TIA/	PAD)	Diabetes	☐ Hy	pertension	1	☐ HF	Г	AF				% On SGLT2			14%
				7											_		_	% Renal refe	erral		4%
Referral or Review after latest eG	FR	Yes	No							Filtered pa	tients co	unt = 134			Re	eset Filte	rs	% No renal r	eferral or GP re	eview in last 12m	24%
								*eGFR fall fr	rom Highest	of up to 6	eGFR valu	es within	2 years to	the most r	ecent valu	e					
Full Name	A	6	FAAIC		est eGFR	High	est eGFR	Fall in	Urine ACR	CKD	CVD	Diab			45		On	On	On	Renal referral	GP review
Full Name	Age	Gender	EMIS no.	Value	Date (2y)	Value	Date (2y)	eGFR* ↓	mg/mmol (2y)	( 3 – 5)	CVD	T1/T2	HTN	HF	AF	ВР	SGLT2 (6m)	ACEI/ARB (6m)	Statin (6m)	(latest ever)	(latest ever)
Patient, 38	32	Female	11237	58	25-02-2022	75	17-08-2021	17		No	No	No	No	No	No	114/65	No	No	No		
Main Patient Info		+																:	1		

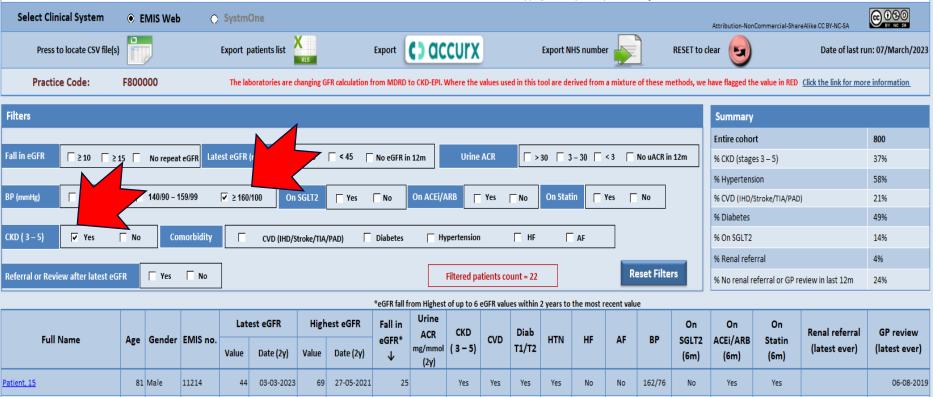




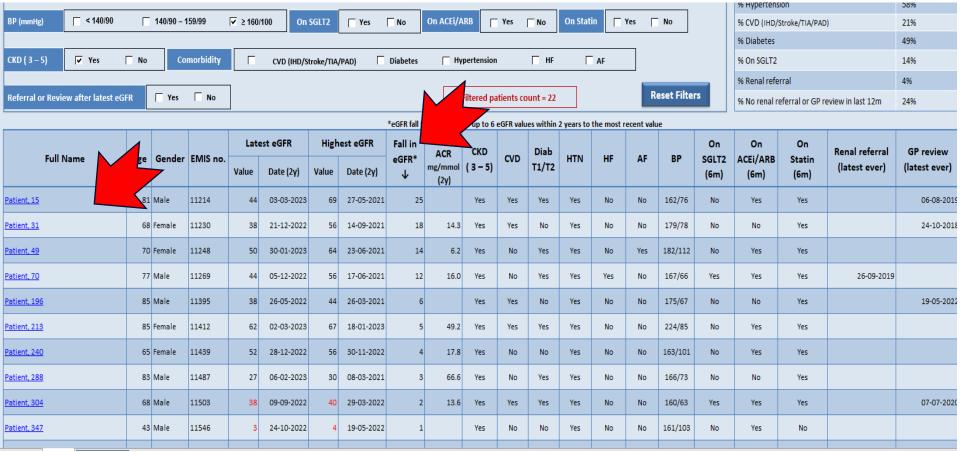
eGFR < 60 ml/min OR urine ACR ≥ 3mg/mmol ever recorded



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#### eGFR < 60 ml/min OR urine ACR ≥ 3mg/mmol ever recorded





**Patient Information** Full Name Gender Male Patient, 15 Date of Birth 23/09/1942 Age 81 **NHS Number** 11111111124 Patient record # 11214 Ethnicity Caribbean - ethnic category 2001 census

The laboratories are changing GFR calculation from MDRD to CKD-EPI. Where the values used in this tool are derived from a mixture of these methods, we have flagged the highest and most recent eGER values within 2 years in RED

methods, we have flagged the hig	nest and most recent eGFR	values within 2 years in KED	
eGFR value (mL/min)	Date Recorded (last 2y)		
44	03-Mar-2023	69 69	
42	10-Feb-2023	61	
52	02-Nov-2022	19 59 50 50 50 50 50 50 50 50 50 50 50 50 50	
56	30-Mar-2022	49	52
69	27-May-2021	39	42 44
61	05-May-2021	05-MAY-21 05-AUG-21 05-NOV-21 05-FEB-22 05-MAY-22 05-AUG-22	05-NOV-22 05-FEB-23
CKD coding		Code Description	Date Recorded
CKD stages 3 – 5		Chronic kidney disease stage 3	02-Mar-2023
Clinical data		Value	Date Recorded
Urine Albumin/Creatinine Ratio	ACR (latest 2y)		
Systolic/Diastolic BP (latest)		162/76 mmHg	03-Mar-2023
QRisk score (latest)		26.2%	14-Aug-2014



#### **Export Patient Info**



This tool shows the correct CKD Classification stage based on age, sex, eGFR and Urine ACR and the patients risk of progression to end-stage disease.

					ouminuria categorie escription and rang		
Progno	sis of C	KD by GFR		A1	A2	А3	
-		ria Categories		Normal to mildly increased	Moderately increased	Severely increased	
				<30 mg/g <3 mg/mmol	30-299 mg/g 3-29 mg/mmol	≥300 mg/g ≥30 mg/mm	
	G1	Normal or high	≥90				
.73 m² ,e	G2	Mildly decreased	60-90				
ml/min/1 and rang	G3a	Mildly to moderately decreased	45-59				
GFR categories (ml/min/1.73 m² Description and range	G3b	Moderately to severely decreased	30-44				
GFR ca	G4	Severely decreased	15-29				
	G5	Kidney failure	<15				

KDIGO 2012



69	27-May-2021	44	44
61	05-May-2021	39 05-MAY-21 05-AUG-21 05-NOV-21 05-FEB-22 05-MAY-22 05-AUG-22	05-NOV-22 05-FEB-23
CKD coding	03-Way-2021	Code Description	Date Recorded
CKD stages 3 – 5		Chronic kidney disease stage 3	02-Mar-2023
Clinical data		Value	Date Recorded
Urine Albumin/Creatinine Ratio ACR	(latest 2y)		
Systolic/Diastolic BP (latest)		162/76 mmHg	03-Mar-2023
QRisk score (latest)		26.2%	14-Aug-2014
Risk Factors		Code Description	Date Recorded
CVD (IHD/Stroke/TIA/PAD)		Coronary artery disease	19-Jan-2023
Hypertension		Essential hypertension	02-Mar-2023
Heart Failure			
Diabetes (T1/T2)		Type 2 diabetes mellitus	06-Feb-2023
AF			
Medications		Dosage name	Date Recorded
SGLT2 (6m)			
ACEi/ARB (6m)	Yes	Ramipril 5mg capsules	10-Feb-2023
Statin (6m)	Yes	Atorvastatin 80mg tablets	10-Feb-2023
Other Lipid Lowering Therapy (6m)			
Renal Referral		Code Description	Date Recorded
Referral Status (latest)			
GP Review		Code Description	Date Recorded
Renal/Medication review (latest)		Chronic kidney disease annual review	06-Aug-2019

categories (ml/min/1.73 m² Description and range	G2	Mildly decreased	60-90		
	G3a	Mildly to moderately decreased	45-59		
tegories ( escription	G3b	Moderately to severely decreased	30-44		
GFR ca D	G4	Severely decreased	15-29		
	G5	Kidney failure	<15		

DIGO 2012 Clinical Practice Guideline

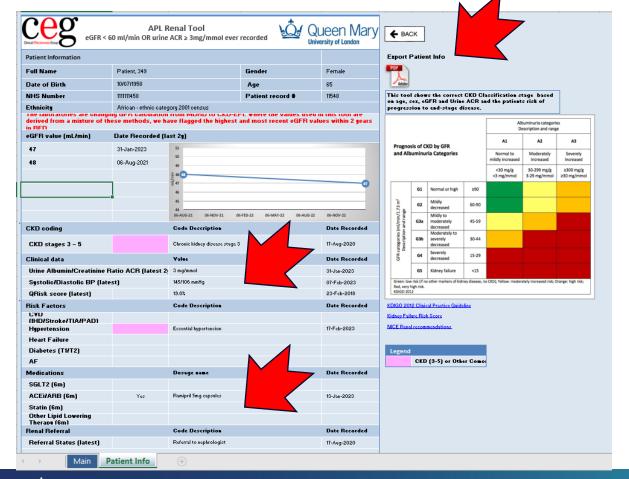
idney Failure Risk Score

NICE Renal recommendations

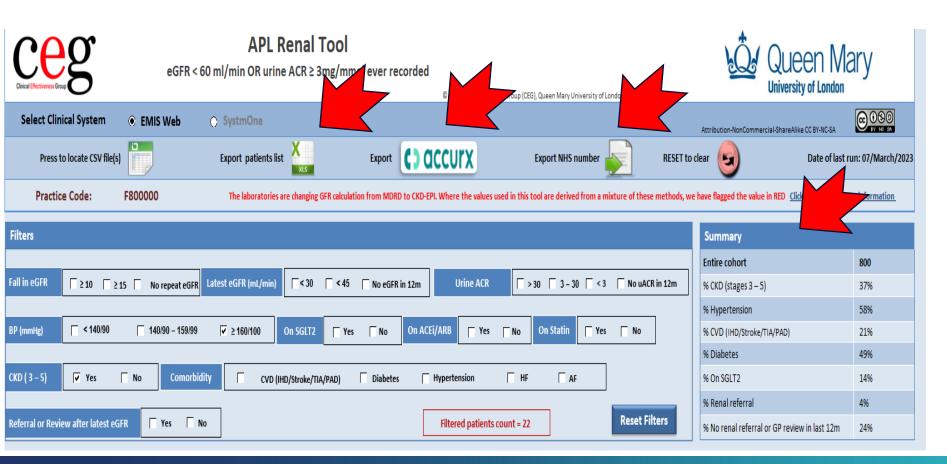
#### Legend

CKD (3-5) or Other Comorbidity











# Latest APL-Renal tool More flexible filters



Filters	
Fall in eGFR	□ ≥ 10       □ ≥ 15       No repeat eGFR       Latest eGFR (mL/min)       □ < 30
BP (mmHg)	□ < 140/90       □ 140/90 - 159/99       □ ≥ 160/100
CKD (3-5)	□ Yes     No     CVD (IHD/Stroke/TIA/PAD)     □ Yes     No     Diabetes     □ Yes     No     Hypertension     □ Yes     No     Heart Failure     □ Yes     No
Atrial Fibrillatio	No Referral or Review after latest eGFR Yes No



## What to do next



- Request the tool if you haven't already link in chat
- Watch the demo video, read the user guide
- Use our LTC template (CKD page) to code activity correctly
- Get in touch if you need help downloading or using

(a few practices in BHR are on older versions of EMIS and require modified searches)



## Who to contact





# Barking & Dagenham, Havering, Redbridge

Tracey Gibbons <a href="mailto:t.gibbons@qmul.ac.uk">t.gibbons@qmul.ac.uk</a>

Billie-Jo Corfield <a href="mailto:b.corfield@qmul.ac.uk">b.corfield@qmul.ac.uk</a>

Ranjan Patel <a href="mailto:ranjan.patel@qmul.ac.uk">ranjan.patel@qmul.ac.uk</a>





# **Any questions?**

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