

# IMPAKT™: Improving outcomes for CKD patients in primary care through accurate diagnosis and management advice

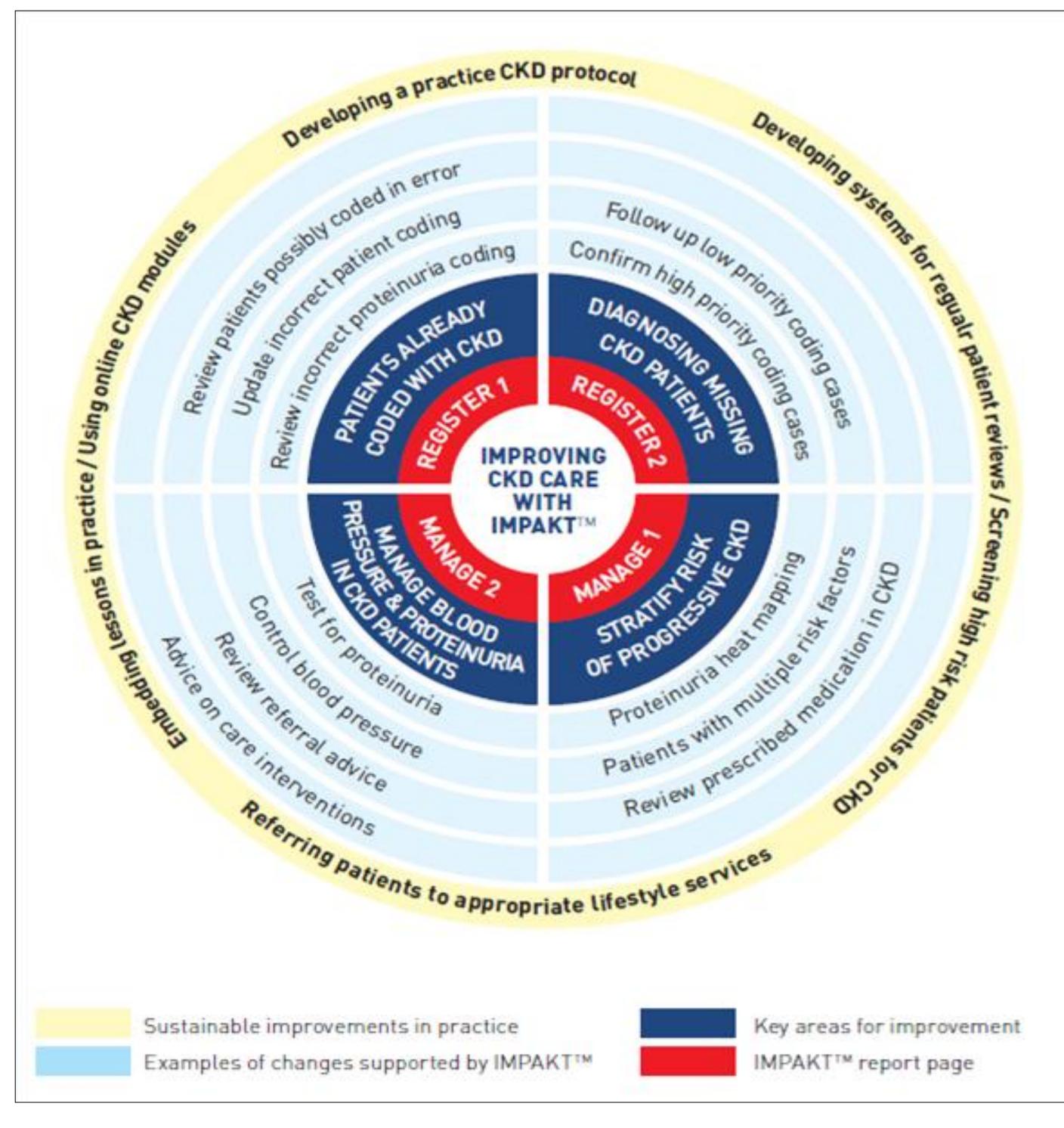


Figure 1: Areas of CKD care that IMPAKT™ reports on

### Making improvements through IMPAKT<sup>TM</sup>

## REGISTER 1: Analyses existing CKD register to identify any:

- Inaccuracies in CKD coding
- Patients with incorrect proteinuria coding in relation to their CKD diagnosis

### REGISTER 2: Finds eGFR evidence for any patients not coded as CKD to:

- Recommend coding stages where appropriate
- Identify patients who require repeat tests to confirm CKD diagnosis

### MANAGE 1: Measures risk of progressive CKD using:

- Most recent eGFR and proteinuria data
- A number of combined risk factors
- Data on prescribed drugs known to be damaging to the kidneys

### MANAGE 2: Identifies where coded CKD patients:

- Have not been tested for proteinuria
- Are not meeting NICE recommended blood pressure targets
- Require a minor intervention to their care to meet NICE CKD guidelines
- Could be considered for referral to secondary care

Approximately 6% of the English adult population has CKD and are at risk of progressive renal failure and premature cardiovascular disease. According to estimates nearly 900,000 people with CKD remain undiagnosed¹, putting them at increased risk of harm. The early detection and appropriate management advice provided by IMPAKT™ can reduce this risk.

IMPAKT™ is the result of a collaboration between the NIHR CLAHRCs Greater Manchester and Leicestershire, Northamptonshire and Rutland (now East Midlands). It helps identify people with CKD and how clinicians can improve health outcomes for patients.

IMPAKT™ is designed specifically for use on GP practice systems and consists of a MIQUEST query based tool which analyses practice data against NICE CKD guidelines and produces a series of tailored, user-friendly improvement reports.



Figure 2: IMPAKT™ Improvement Guide advises on how to implement findings from the reports generated by IMPAKT™

#### IMPAKT™ Achievements and future work

- Supported the implementation of three successful CLAHRC GM facilitated CKD quality improvement projects between 2011-2013
- Platform for unfacilitated ongoing improvement work run independently by local CCGs
- Currently working with a further 50 practices using existing QI facilitated approach
- The tool will be offered to/supported in every primary care practice in the Greater Manchester region 2015 onwards, in collaboration with GM AHSN

<sup>1</sup>M Kerr *et al*, Estimating the financial cost of chronic kidney disease to the NHS in England. *NDT.* 2012 (0): pp.1-8.

www.impakt.org.uk