

AIM Statement: To increase the prescription rate of GLP-1a in qualifying CKD stage 3-5 patients with diabetes and obesity presenting to the London MultiCare kidney Clinic, by May 2022.

PROBLEM DEFINITION

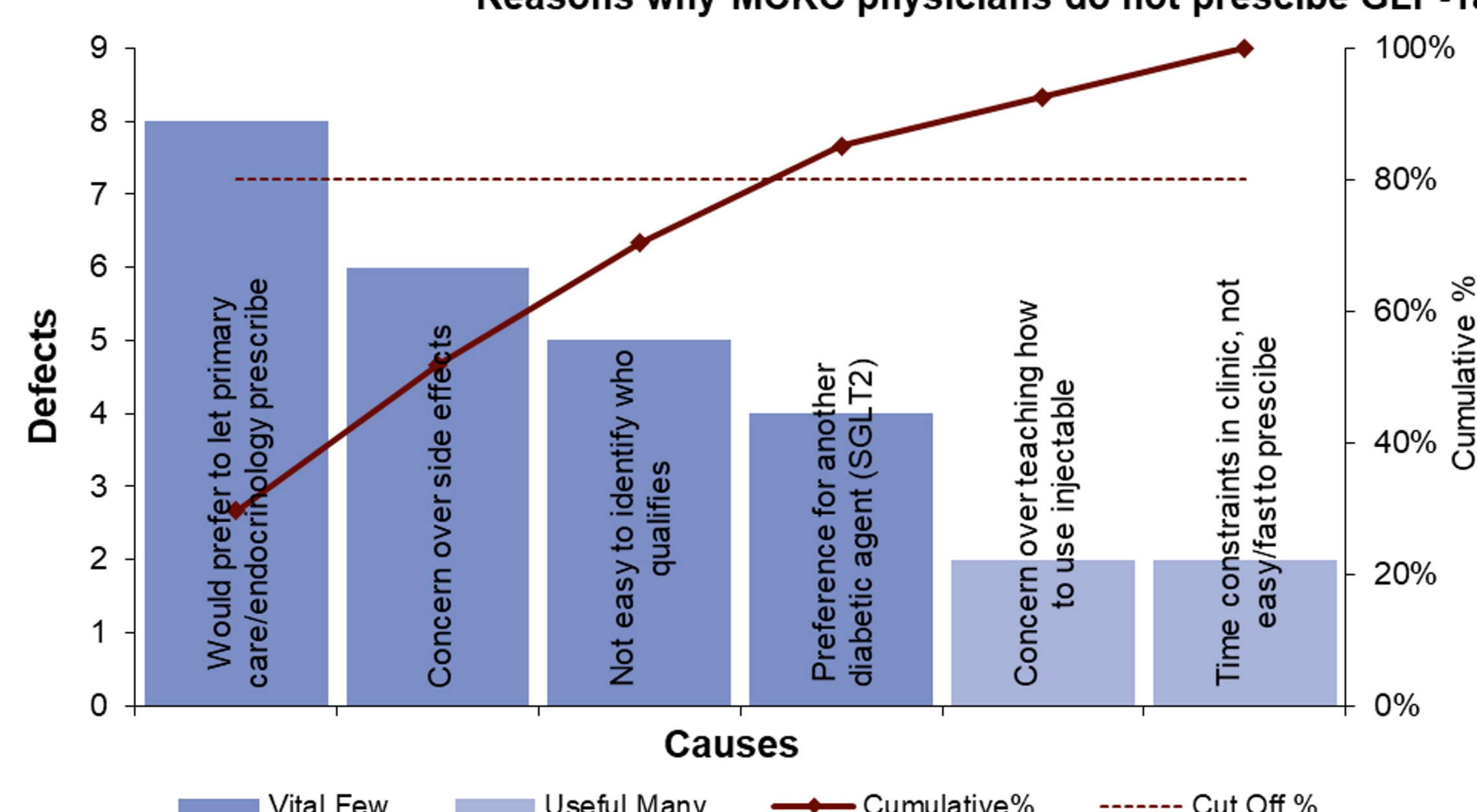
Nearly 25% of all adults in Canada are obese.(1) It has expanded the health burden, with 50% of patients with CKD also suffering from obesity. (2) There is mounting evidence that obesity directly and indirectly contributes to development of end-stage renal disease.(4) Furthermore, it is often a barrier for kidney transplantation since up to 30% of exclusions from kidney transplant are related to obesity.(5) Despite obesity being recognized as a chronic disease, clinical practice has not necessarily changed to improve its management.

ROOT CAUSE ANALYSIS

Copy of Cause & Effect Diagram Nephro GLP
adam bloom | January 3, 2022



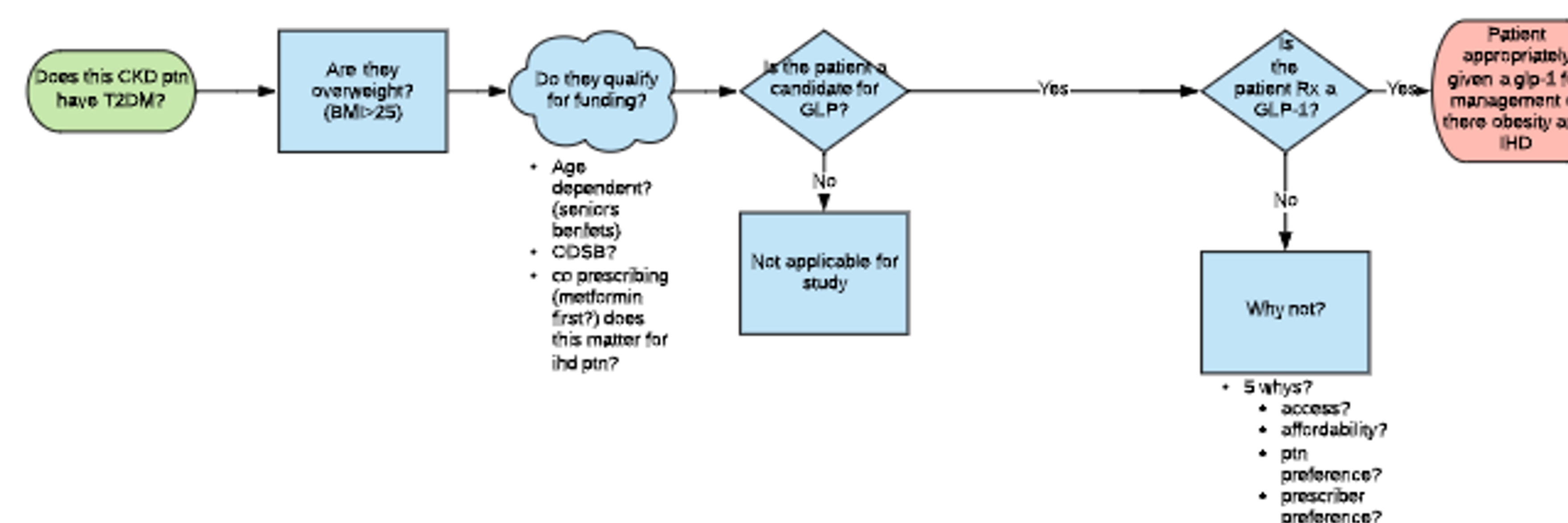
Reasons why MCKC physicians do not prescribe GLP-1a



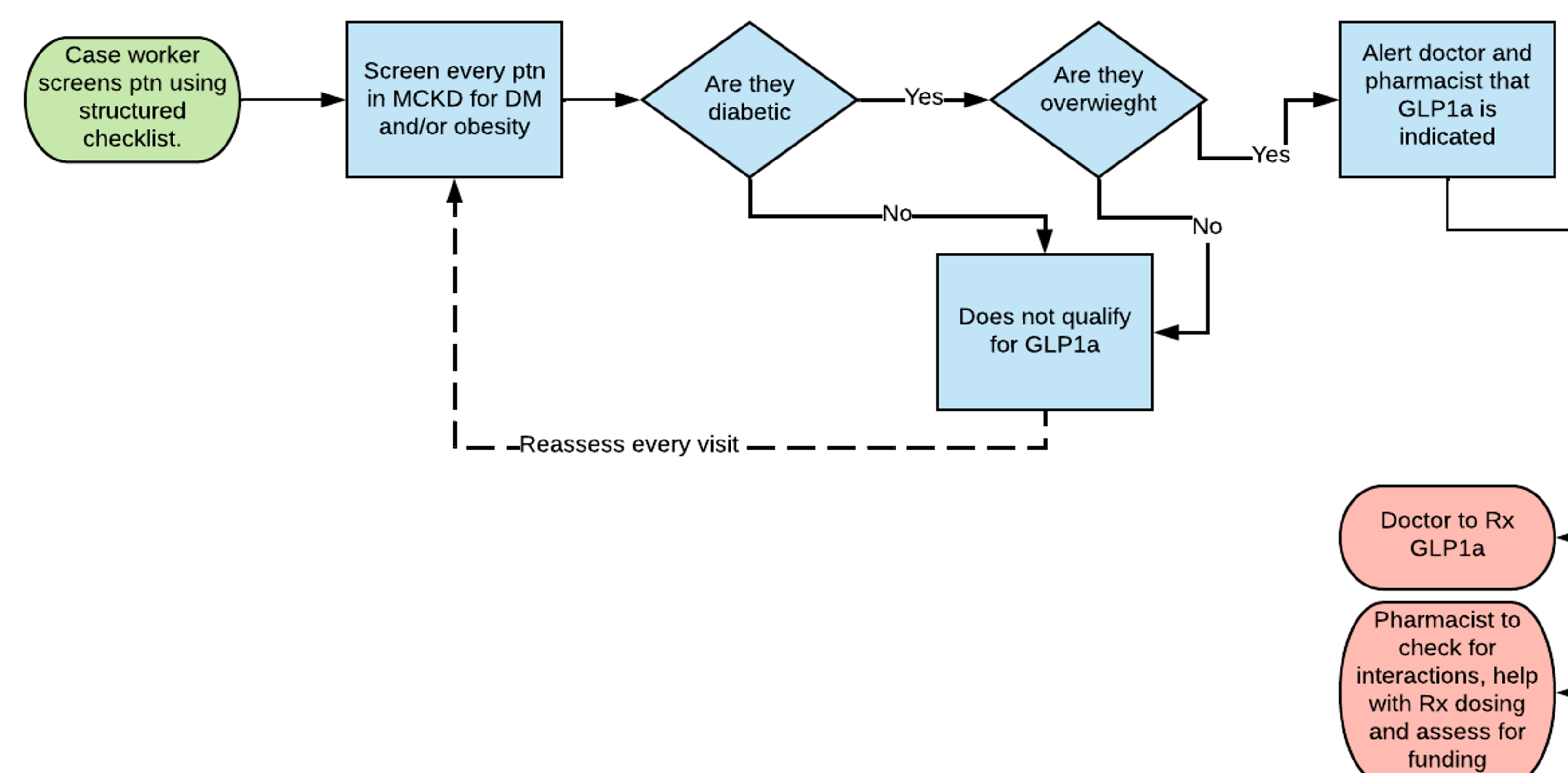
GLP prescribing Process Map Template (DRAFT)

adam bloom | January 3, 2022

Current State



Future State

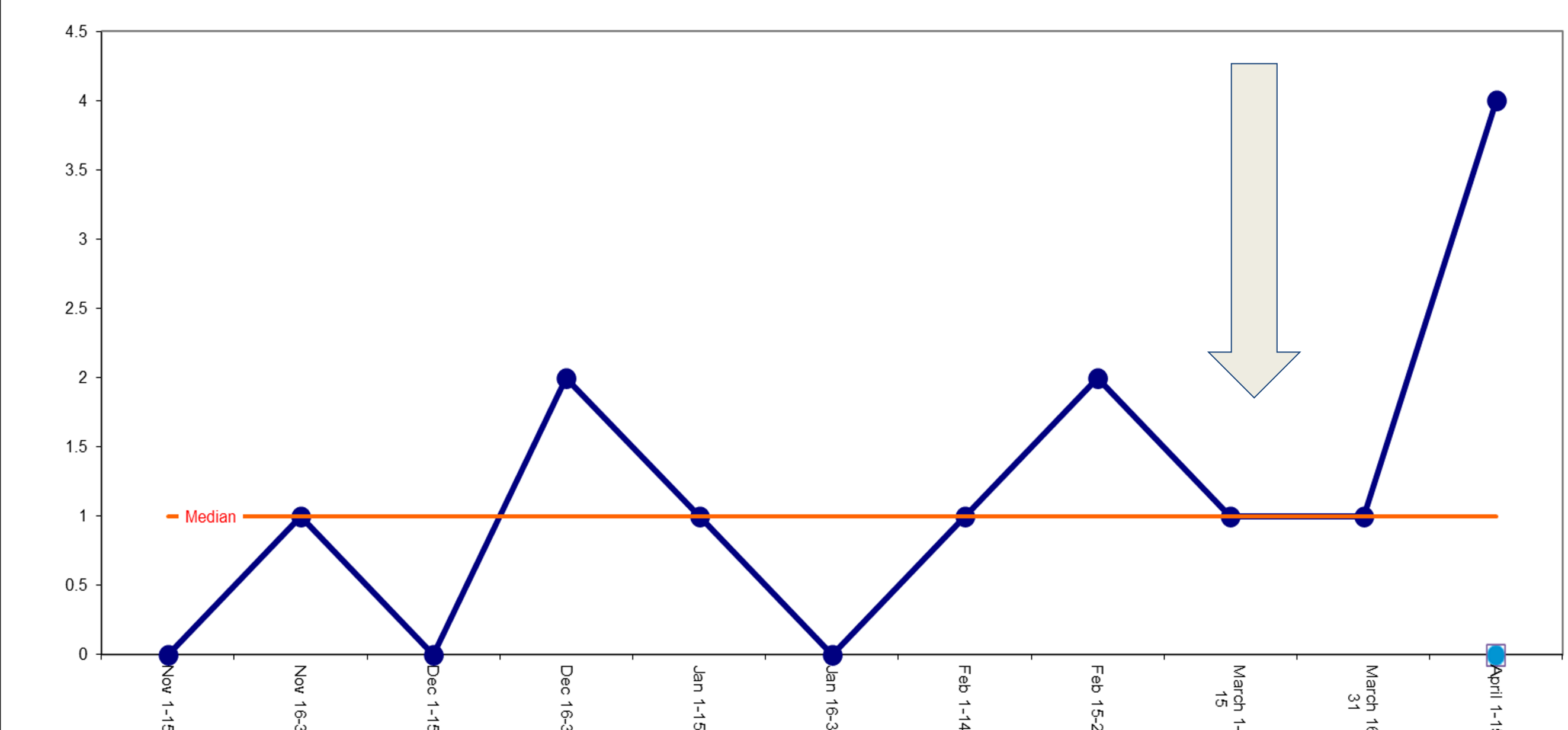


IMPLEMENTATION

- 1) Easily corrected root cause identified as help flagging qualifying patients and recruiting pharmacist help
- 2) Check-list form created, completed by case manager and screens for qualification for GLP1 agonist
- 3) Challenges included flagging reasons why patients were not on GLP1-agonists to aid in tailoring our interventions
- 4) Poor documentation of obesity/BMI

MEASUREMENT & RESULTS

Number of patients on GL-1a from sampled population



Next Steps

- 1) Continue use of check list for glp1a qualifiers by case workers
- 2) Process owner will be our staff Dr Chiu
- 3) Continue to analyze data over next couple months to look for trends and check for sustainability
- 4) Further steps could look at other identified barriers to Rx (increasing comfort of nephrologist with GLP1a, incorporate endo into follow up in a more structured way)