

Optimizing treatment for CKD patients with type 2 diabetes and obesity



Michael Chiu, Alan Gob
Centre for Quality, Innovation, and Safety, Schulich School of Medicine & Dentistry,
Western University, London, ON, Canada



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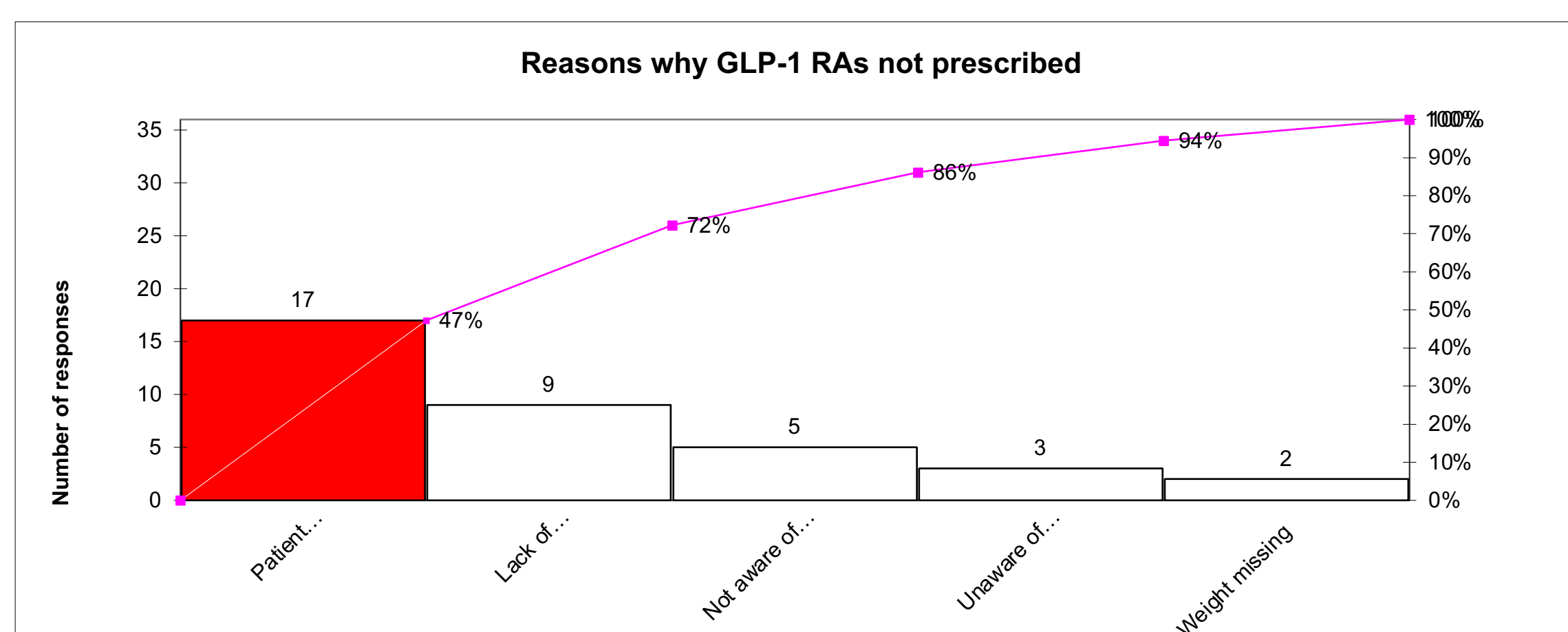
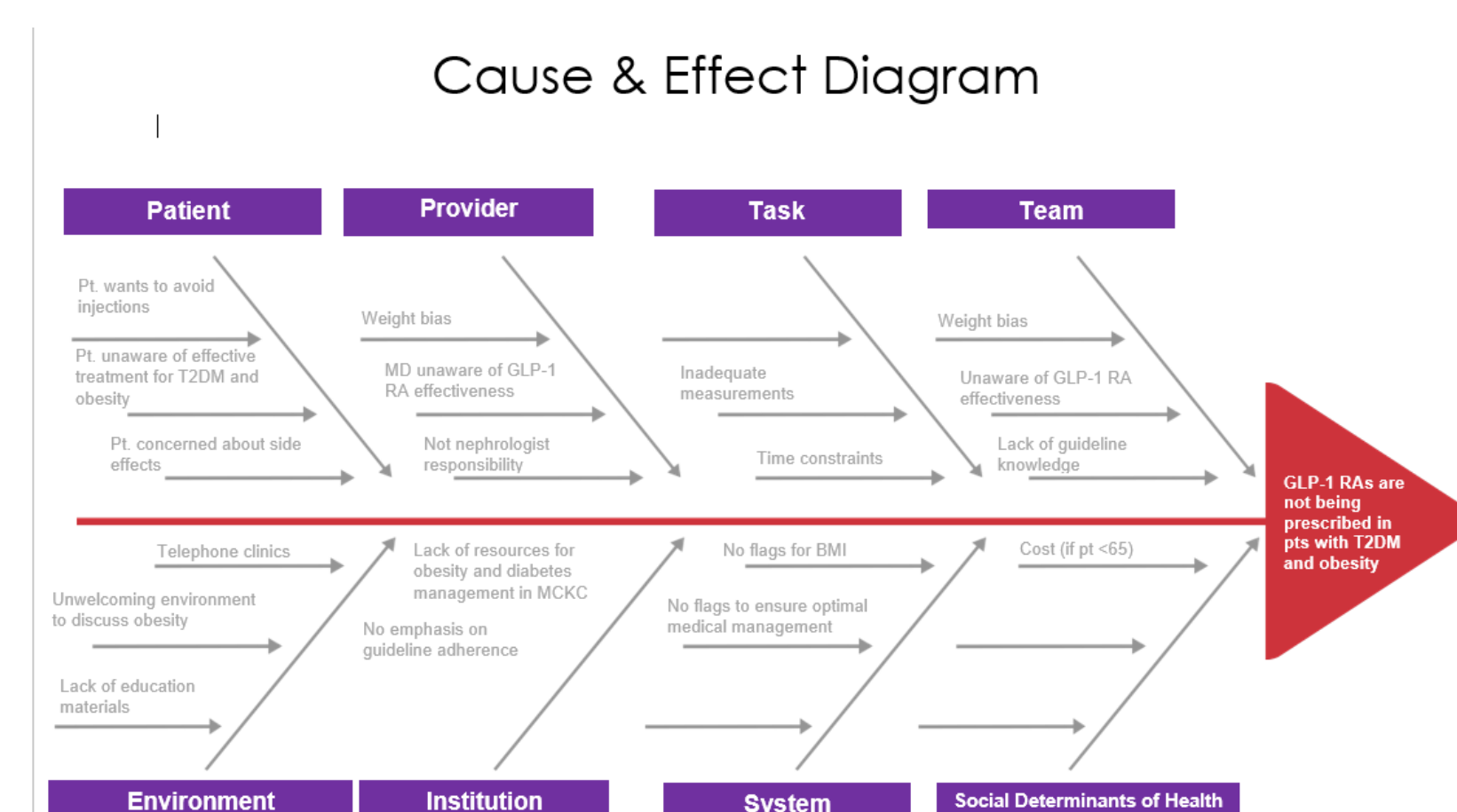
AIM Statement: Increase the rate of GLP-1 receptor agonist prescriptions for diabetic CKD patients with obesity (BMI ≥ 30), who are followed in the LHSC MCKC clinic, to 25% by June 2022

PROBLEM DEFINITION

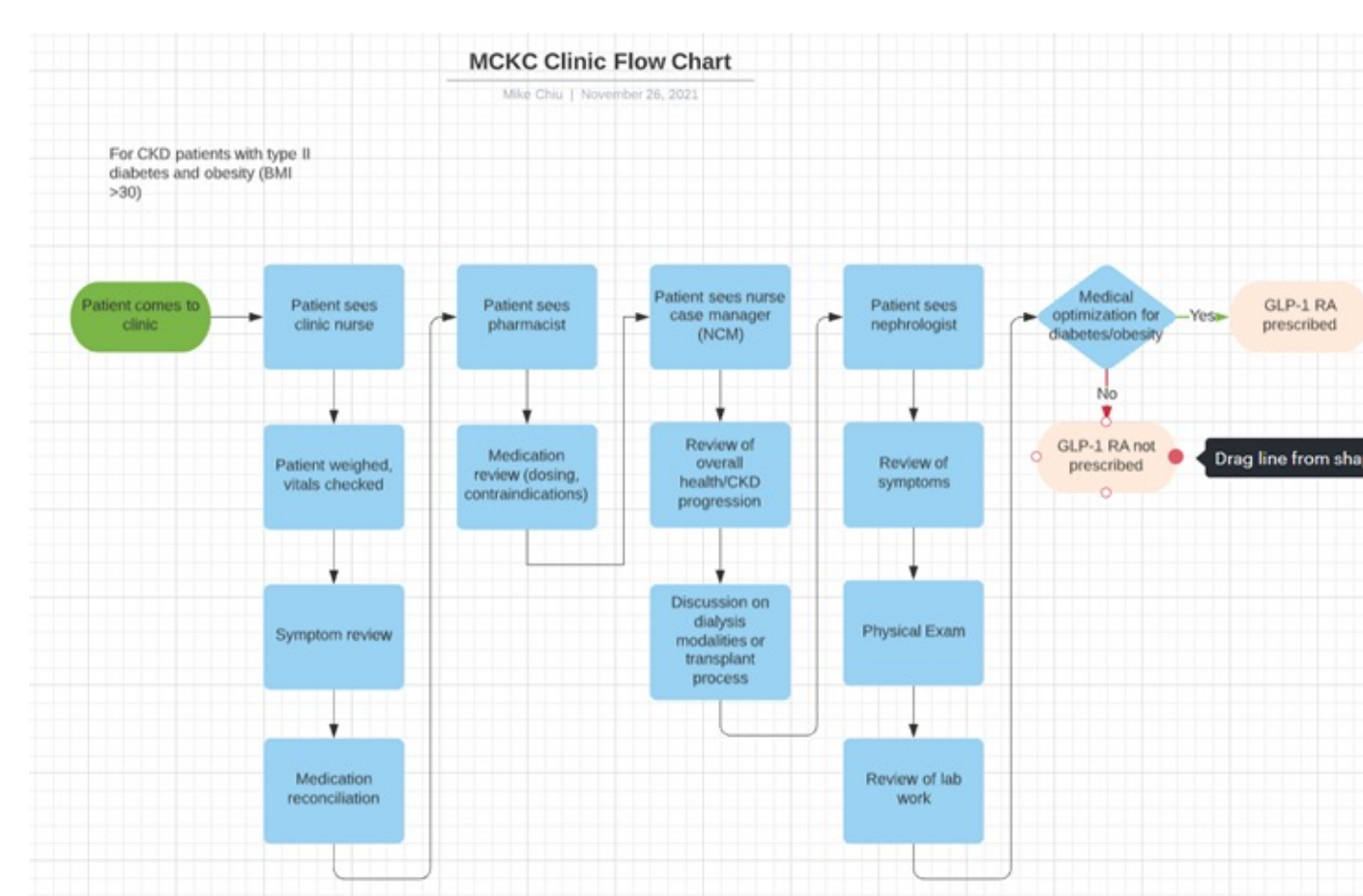
Patients with diabetic nephropathy and obesity are not receiving optimal medical care in nephrology clinics. Patients are not routinely being prescribed GLP-1 receptor agonists, which have been shown to improve glycemic control,¹ reduce the risk of progression of chronic kidney disease¹ and are also an effective pharmacologic treatment for weight loss.²

ROOT CAUSE ANALYSIS

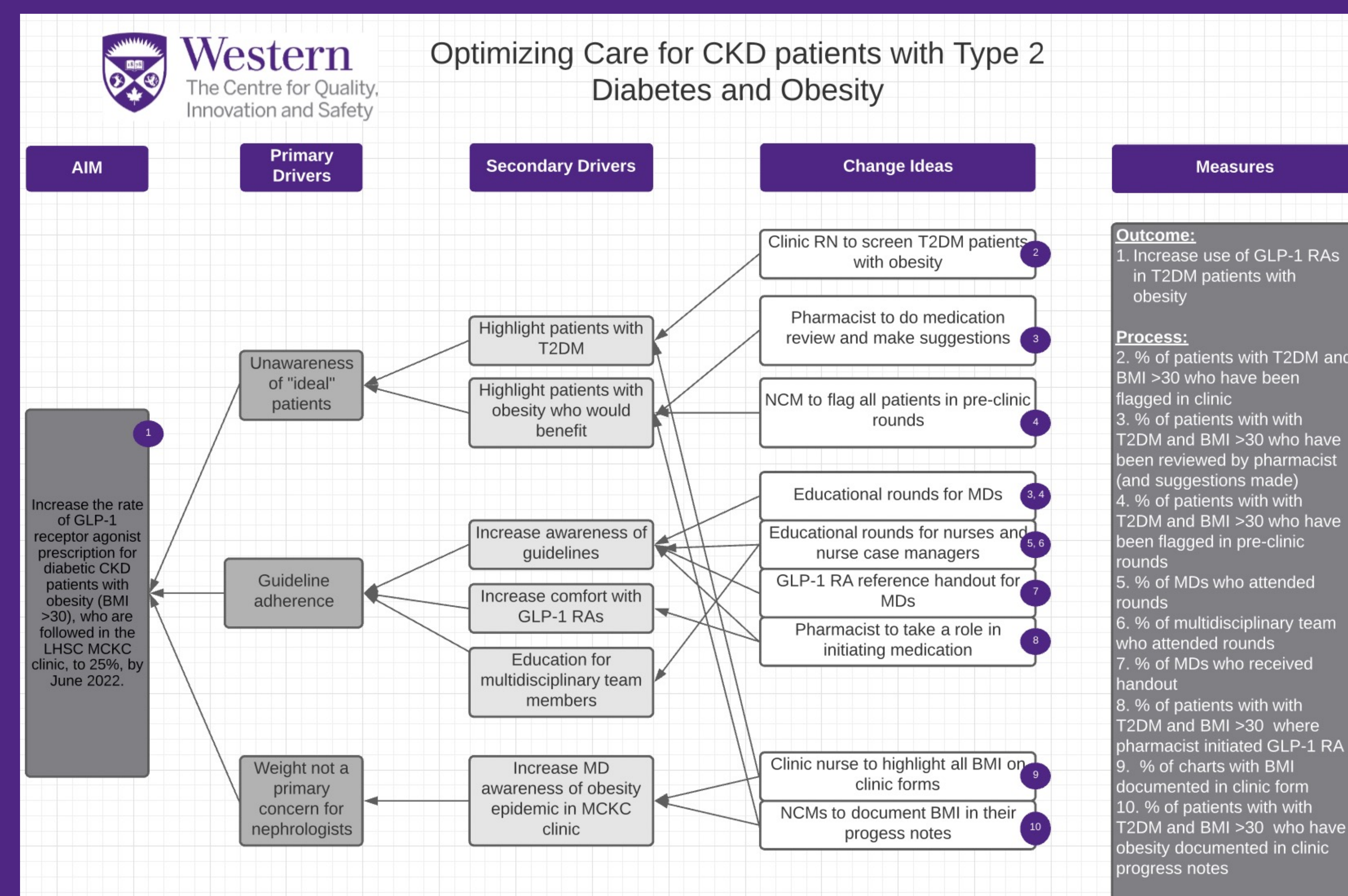
There is a multidisciplinary team that provides care to patients with advanced CKD. Stakeholder engagement with each team member (nurses, pharmacist, nurse case manager, and nephrologists) was essential to determine why these medications are not prescribed.



The team identified that there can be 3 key areas during the clinic to identify the optimal patients: with the clinic nurse, pharmacist, and nurse case manager. This will help nephrologists recognize who should be prescribed a GLP-1 RA.



Engagement of multidisciplinary team can improve guideline adherence to enhance patient care



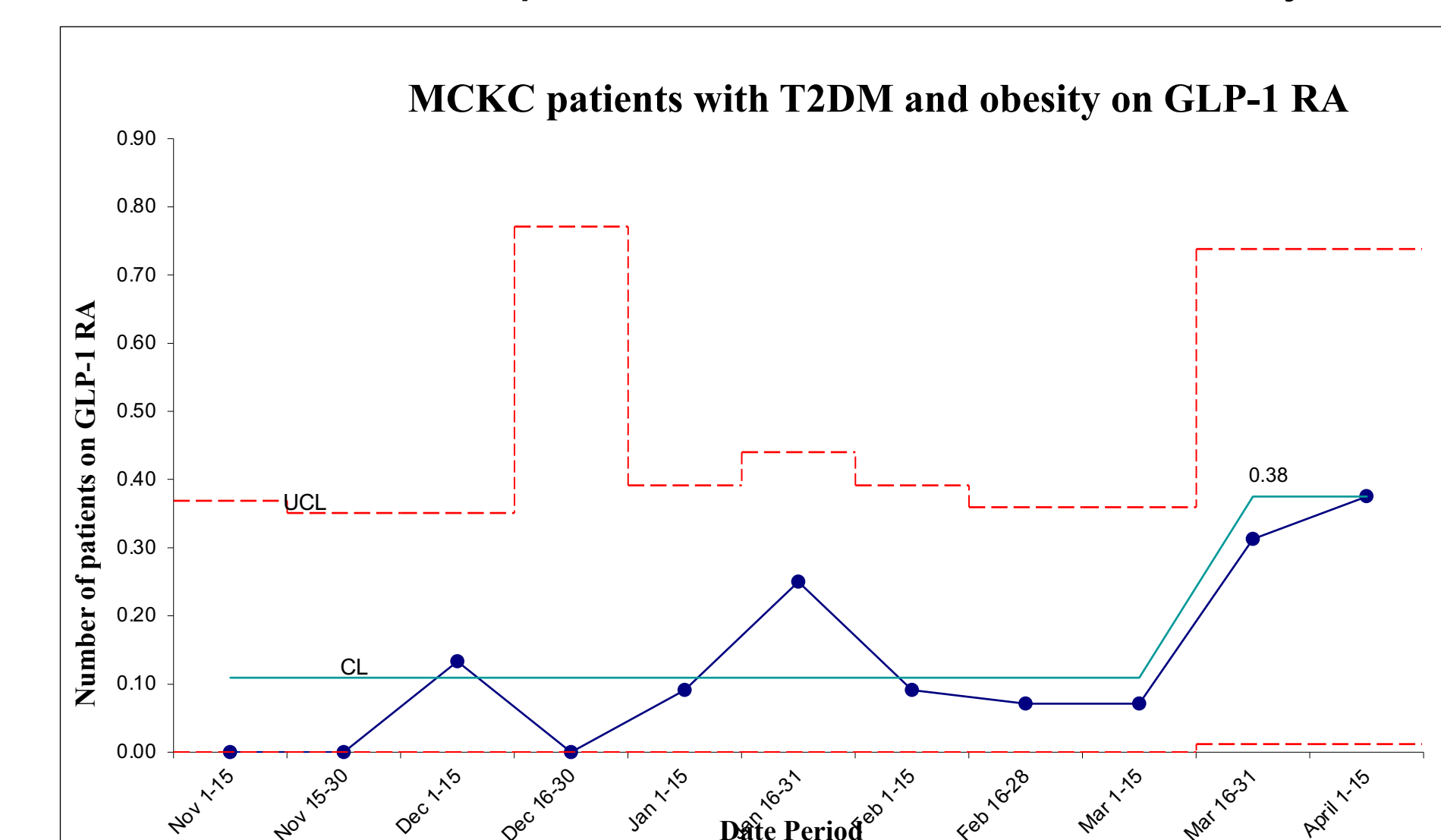
IMPLEMENTATION

The first PDSA cycle is to study how the identifying patients with both T2DM and obesity at the 3 key points in the clinic improves prescriptions of GLP-1 RAs. Education and implementation of the intervention began March 1, 2022.

Some nephrologists are not comfortable prescribing GLP-1 RAs, especially in patients who have their diabetes managed by the GP or endocrinologist. We therefore began collecting a process measure – how often was it suggested to the GP/endocrinologist to initiate this medication.

MEASUREMENT & RESULTS

Since implementation of this intervention, there has been an increase in prescriptions of GLP-1 RAs for patients with T2DM and obesity.



Patients with T2DM and obesity are much more recognized in the MCKC clinic and more discussions about weight loss are occurring. As a result, it seems that GLP-1 RAs are starting to be prescribed more frequently.

GLP-1 RAs are also being suggested to the GP/endocrinologist more frequently. This was never suggested before the intervention, but is now occurring for up to 36% of eligible patients.

SUSTAINABILITY

The nurse case managers are key players in this intervention as they comprehensively follow all patients. They will be monitoring each of their clinics going forward during the pre-clinic screening process. If <25% of eligible patients are on a GLP-1 RA, the process owner (Dr. Chiu), will be notified for further investigation.

REFERENCES

- Marso SP, Bain SC, Consoli A, Eliaschewitz FG, Jodar E, Leiter LA, et al. Semaglutide and cardiovascular outcomes in patients with type 2 diabetes. N Engl J Med. 2016;375(19):1834–44.
- Pi-Sunyer X, Astrup A, Fujioka K, Greenway F, Halpern A, Krempf M, et al. A Randomized, Controlled Trial of 3.0 mg of Liraglutide in Weight Management. N Engl J Med. 2015;373(1):11–22.