Rural Primary Care CKD Workflow Integration Aligned with National Standards

1. **Pre-Engagement Phase:** This phase is focused on preparing the healthcare team and the patient population for effective CKD screening, diagnosis, and management.

   National Standards:
   - **Screening and Early Detection (NKF/KDIGO):** Regular screening for CKD in high-risk populations, including those with diabetes, hypertension, or a family history of CKD, is recommended.

   Workflow Alignment:
   - **Personnel Involved**: Population Health Team, Registration/Front Desk, Scheduling Staff, Medical Assistants (MA)
   - **Technology**:
     - Utilize registries to identify patients needing CKD screening.
     - Employ outreach tools to engage patients.
   - **Processes**:
     - Train scheduling staff to review Electronic Medical Record (EMR) alerts for care gaps.
     - Prepare patients during appointment scheduling by informing them about necessary blood and urine tests.
   - **Educational Materials**:
     - Use the "Are You the 33% Campaign" materials from NKFM for patient education.

   This phase aligns with national standards by utilizing registries and outreach to identify and engage high-risk patients early, ensuring they are informed and prepared for necessary screening tests.

2. **Pre-Visit Phase:** The goal of this phase is to prepare for the patients' upcoming visit by ensuring all necessary steps are taken to facilitate effective CKD screening and management.

   National Standards:
   - **Screening and Early Detection (NKF/KDIGO):** The use of Best Practice Alerts (BPA) for CKD screening supports early detection, ensuring patients are tested according to national standards.

   Workflow Alignment:
   - **Personnel Involved**: Population Health Team, Medical Assistants (MAs), Nursing Staff
   - **Technology**:
     - Enable Best Practice Alerts (BPA) for CKD screening in the EMR.
   - **Processes**:
     - Conduct chart preparation by reviewing alerts and checking for missing labs.
     - Hold huddles to discuss patient care plans.
   - **Educational Materials**:
     - Educate patients on the importance of CKD screening and the steps involved.

   This phase also aligns well with guidelines for proactive care planning through chart prep and team huddles.

3. **Rooming Phase:** The focus of this phase is preparing the patient for their visit with the healthcare provider by gathering essential information and setting the state for efficient CKD screening and management.

   National Standards:
   - **Clinical Assessment and Monitoring (NKF/KDIGO):** Regular monitoring of CKD progression through lab tests, including eGFR and uACR, is recommended.

   Workflow Alignment:
   - **Personnel Involved**: Medical Assistant (MA), Nurse
   - **Technology**:
     - Implement Standing Orders and BPAs.
   - **Processes**:

    - Educate patients on the risk factors for CKD and required labs (blood and urine tests).
- **Educational Materials**:
    - Provide CKD overview materials to patients.

The workflow's use of standing orders for routine lab tests and patient education during the rooming phase ensures that national guidelines for monitoring and patient engagement are followed.

4. **Visit Phase:** This is the care of the workflow, where clinical decisions are made, patient education and engagement takes place.

   National Standards:
   - **Patient Education and Self-Management (NKF/KDIGO):** Patient education is crucial, focusing on lifestyle changes, medication adherence, and the importance of early detection.

   Workflow Alignment:
   - **Personnel Involved**: Provider
   - **Technology**:
       - Use BPAs and Order Sets for CKD screening.
       - Employ Clinical Decision Support tools for patient management.
   - **Processes**:
       - Review previous lab results and ensure pending orders are completed.
       - Educate patients on kidney health and the importance of early screening.
   - **Educational Materials**:
       - Explain kidney test results using resources like "Keep Your Kidneys Healthy."

   This phase aligns with national standards by focusing on patient education and ensuring comprehensive understanding of kidney health. The integration of clinical decision support tools also aligns with recommendations for technology use in patient management.

5. **Post-Visit/Follow-Up Phase:** This phase is crucial for maintaining ongoing care, adjusting treatment as needed, and engaging the patient in self-management.

   National Standards:
   - **Referral and Coordination of Care (NKF/KDIGO):** Referrals to nephrologists and other specialists should occur when CKD progresses or if patients are at high risk.

   Workflow Alignment:
   - **Personnel Involved**: Care Management Team
   - **Technology**:
       - Electronic referral to National Kidney Foundation of Michigan of patients to chronic disease self-management programs.
   - **Processes**:
       - Set up referral processes for lifestyle and self-management programs (e.g., Diabetes PATH, Kidney PATH). For more info, contact 800-482-1455.
   - **Educational Materials**:
       - Provide patients with educational handouts and materials for continued management.