The CARI Guidelines
Caring for Australasians with Renal Impairment

Governed by:
Kidney Health Australia
Australian & New Zealand Society of Nephrology

Sponsored by:
Amgen Australia
Janssen Cilag Pty Ltd

Grants received: NHMRC Centre of Clinical Research Excellence, 2002-2007
Context of Guidelines

- Evidence-based project that commenced in 1999
- To improve health care outcomes in kidney disease by helping professionals to adhere to evidence-based medical practice

Additional effects:
- Greater epidemiological literacy in nephrologists (training)
- Has illustrated the deficiencies in existing literature
CARI guidelines: governance

- Australian & New Zealand Society of Nephrology (ANZSN)
  - Peak ANZ Nephrologist organisation

- Kidney Health Australia (KHA)
  - Peak consumer and advocacy organisation
Organisational Structure

Australian and New Zealand Society of Nephrology
AND
Kidney Health Australia
(DNT Subcommittee)

Steering Committee
(13 members)

Guideline Groups
(comprise Convenors and Members
20 guideline groups)

CARI Guidelines Editorial Office
(1.8FTE staff)
Funding source

- Entirely industry supported (unrestricted grants)
  - Amgen
  - Janssen Cilag
  - Roche
  - Genzyme
How do guidelines relate to ANZ healthcare system

- No formal relationship to current health system in ANZ
  - Largely pitched at Nephrologist level
  - Not the basis of formal audit processes
  - Not the basis of any funding/reimbursement requirements
  - No legislative requirement
  - Anecdotal reports of use in litigation
Selection and prioritisation of guideline topics

- Annual task of Dialysis, Nephrology & Transplantation (DNT) Subcommittee
  - Joint committee of the Australian and New Zealand Society of Nephrology (ANZSN) and Kidney Health Australia (KHA)
  - Recommendations from general nephrology community and esp CARI Steering Comm
Selection of guideline & workgroup members

- Guideline Group Convenor Selection
  - Areas of interest, expertise, enthusiasm, availability, task and people management skills
  - Subject to approval of the DNT Subcommittee

- Members are chosen by Convenors from
  - a list of nephrologists who have registered their interest in being a guideline writer, and
  - From other disciplines as needed
Methodology for guideline development

- Scoping and tasking identification of topics and writing allocation
  - Largely left to Convenor and the group
- Literature searching and writing of draft
  - Searching supported by CARI office
- External peer review, consumer and nephrology community comment
- Steering Committee review, approval and or request for revisions
- Editing and publication in Nephrology journal & CARI website
Dissemination of Guidelines

- Printed copy mailed to >800 nephrologists in Australia & New Zealand

- Printed copy mailed to approx. 300 nephrologists living in Asia, Europe, UK & North America

- Electronic copy of guidelines added to CARI website after publication (www.cari.org.au)

- Electronic copy of summary guideline to be added to US AHRQ National Guideline Clearing House website (www.guideline.gov)
Dissemination of Guidelines

- Electronic copy of guidelines added to Blackwell Synergy website after publication (www.blackwell-synergy.com)

- Electronic copy of guidelines on international KDIGO website after publication (www.kdigo.org/welcome.htm)

- Printed copy mailed to appox. 180 renal health centres in Australia & New Zealand
Dissemination of Guidelines

- Summaries of guidelines relevant to General Practitioners published in AUSTRALIAN FAMILY PHYSICIAN
  - Proteinuria (Nov 05)
  - Evaluation of renal function (Jan/Feb 07)
  - Prevention of progression of kidney disease: Diabetic nephropathy (Mar 07)
  - Nutrition & growth in kidney disease (Apr 07)
  - Prevention of progression of kidney disease: Diet & miscellaneous factors (May 07)
  - Acceptance onto dialysis (pending)
  - Prevention of progression of kidney disease: Antihypertensive therapy (pending)
Implementation activities

Project 1: Iron supplementation in anaemia Mx

- Conducted 1\textsuperscript{st} stage of implementation of CARI Guideline on Iron (clinical practice audit, 2005)
  - Published in Medical Journal of Aust
- Conducting 2\textsuperscript{nd} stage of implementation of Iron guideline
  - Agreed practice changes and their effect (2006)
  - Currently being analysed
Implementation activities

Project 2: Vascular access
- Commencing 1st stage of Vascular Access Implementation Project (2007)
  - Steering Committee formed
  - Staff member appointed
  - Audit beginning

- Sought funding for another implementation project
  - Used a seed grant from National Institute of Clinical Studies to assess barriers to increasing organ donor rates in Australia (2005)
  - Didn’t proceed to the next funding stage
Principal strengths and challenges of CARI methodology

- Training process for all staff involved, increased literacy
- Formal literature review process
- Rules for guidelines/RCP
- Engagement of nephrology community

- Pitched at nephrologist audience (cf: patients)
- Funding: CARI is exposed by sole industry funding
  - Volunteer workforce
- Implementation, implementation…
- How will they be used
- How do we relate to other guidelines?
Future Plans

- Increase dissemination generally
  - Publish with Kidney International
- Further guideline development
- Change to use GRADE evidence rating system
- Write guideline SUMMARIES for different audiences (e.g. General Practitioners, consumers)
Future Plans

- Update guidelines every 3 years
- Incorporate quality indicators into guidelines
- Produce electronic clinical decision support for selected guidelines
- Extend implementation of selected guidelines
  - GLIA workshop earlier in 2007
- Include SUMMARIES in PDA-downloadable format