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# The CARI Guidelines

## Caring for Australasians with Renal Impairment

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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



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# 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



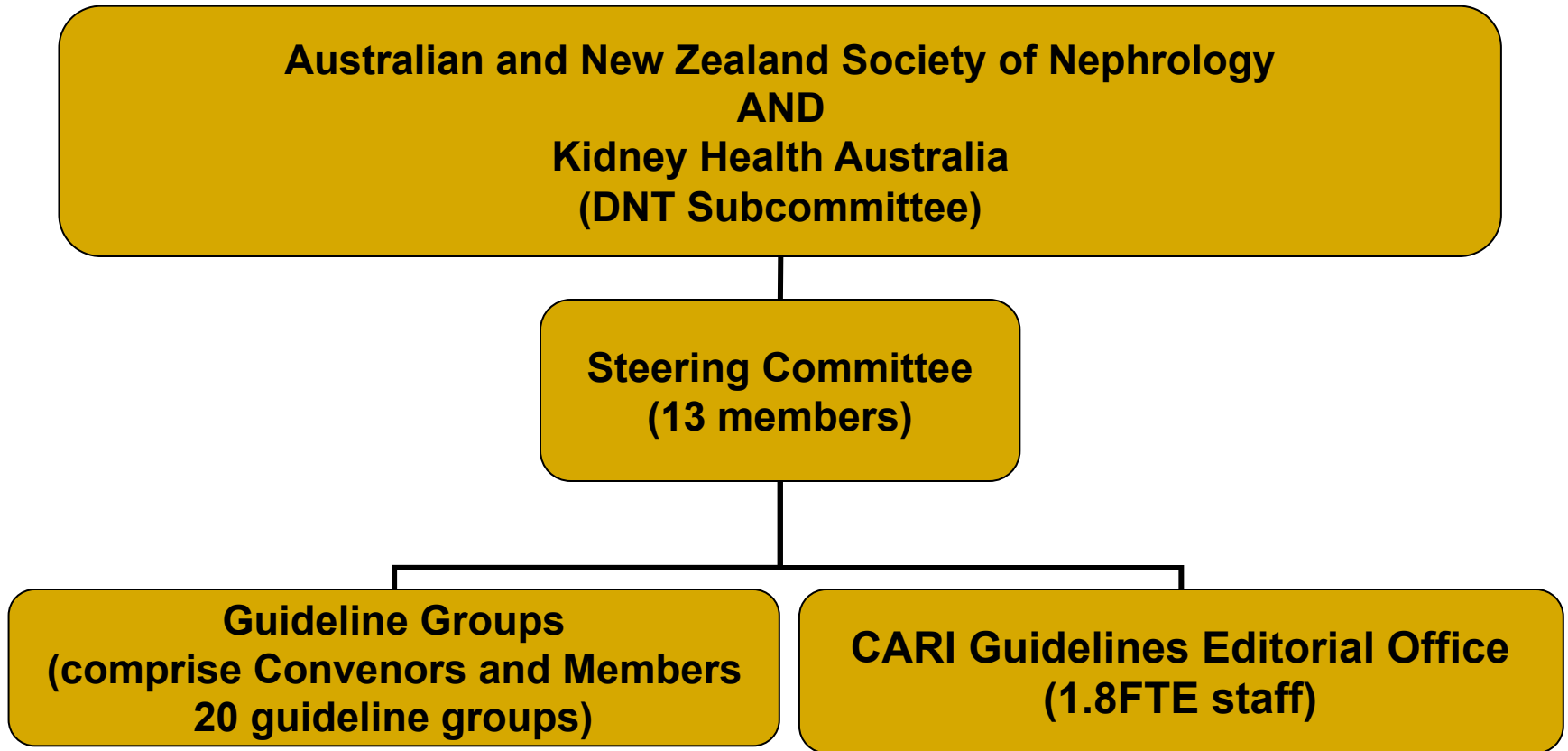
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# CARI guidelines: governance

- Australian & New Zealand Society of Nephrology (ANZSN)
  - Peak ANZ Nephrologist organisation
- Kidney Health Australia (KHA)
  - Peak consumer and advocacy organisation



# Organisational Structure



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# Funding source

- Entirely industry supported (unrestricted grants)
  - Amgen
  - Janssen Cilag
  - Roche
  - Genzyme



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# 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



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# 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





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# 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



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# 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](http://www.cari.org.au))
- Electronic copy of summary guideline to be added to US AHRQ National Guideline Clearing House website ([www.guideline.gov](http://www.guideline.gov))



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# Dissemination of Guidelines

- Electronic copy of guidelines added to Blackwell Synergy website after publication ([www.blackwell-synergy.com](http://www.blackwell-synergy.com))
- Electronic copy of guidelines on international KDIGO website after publication ([www.kdigo.org/welcome.htm](http://www.kdigo.org/welcome.htm))
- Printed copy mailed to approx. 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)



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# Implementation activities

## Project 1: Iron supplementation in anaemia Mx

- Conducted 1<sup>st</sup> stage of implementation of CARI Guideline on Iron (clinical practice audit, 2005)
  - Published in Medical Journal of Aust
- Conducting 2<sup>nd</sup> stage of implementation of Iron guideline
  - Agreed practice changes and their effect (2006)
  - Currently being analysed



# Implementation activities

## Project 2: Vascular access

- Commencing 1<sup>st</sup> 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?



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# 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)





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# 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

