Primary Sense Reports – CKD Report

Report - release 2.41

Overview

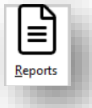
The Chronic Kidney Disease (CKD) report was made available in June Release V2.41 (10th June 2025) as it was identified as important by the Clinical Advisory Group after their discussions with Kidney Health Australia. The report displays patients who meet the criteria for the initial detection and diagnosis of CKD as per the guideline: *Chronic Kidney Disease (CKD) Management in Primary Care.* As per page 16 of the guideline, palliative care and nursing home patients are excluded.

The report has four tables.

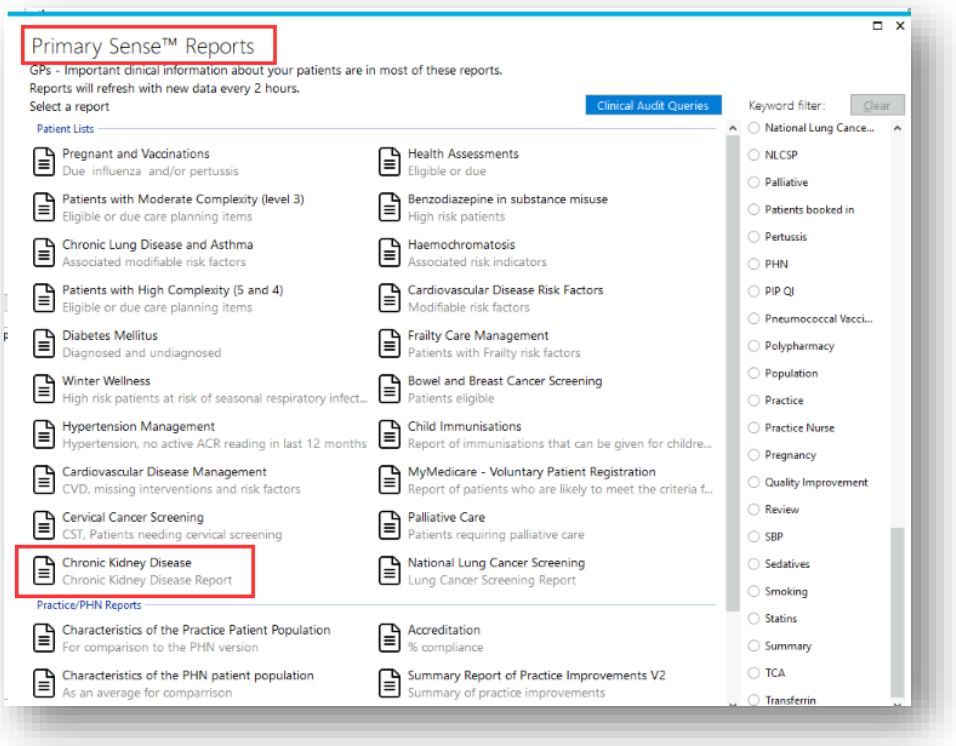
1. Patients with risk of CKD
2. Patients who should be considered for the Yellow Clinical Action Plan (see p.26 of the linked guide)
3. Patients who should be considered for the Orange Clinical Action Plan (see p.27 of the linked guide)
4. Patients who should be considered for the Red Clinical Action Plan (see p.28 of the linked guide)

Using the report

To open the report, click on the 'Reports' tile in the desktop app.

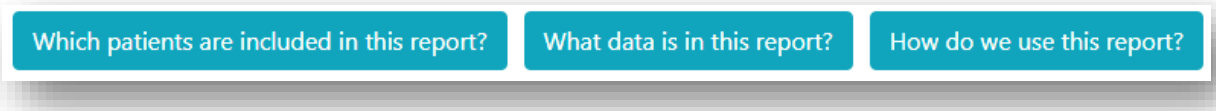


Double click Chronic Kidney Disease report under the 'Patient Lists' section.



General Information

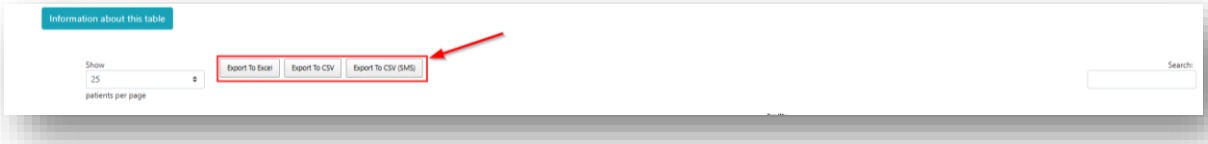
- The tabs at the top of the page can be clicked to bring up relevant information.



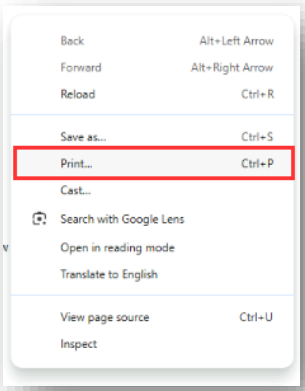
- The results can be filtered by clicking on each column. Clicking on columns will rearrange the results alphabetically, chronologically or from high to low or low to high.
- The 'Search' function can help you find specific content

Try searching by a month or year e.g. '08' or '2023' to find a last visit dates in a particular range, or by 'GP name' to bring up patients with a specific regular GP.

- Patients can be removed from the report for 12 months, by clicking 'Remove.' This action cannot be reversed.
- The table can be exported to Excel or CSV for further analysis. 'Export To CSV (SMS)' will create a patient recall list for use with HotDoc© or other compatible applications.
- Applications such as Google Sheets or Libre Office can be used to view and filter the export if Excel is unavailable.



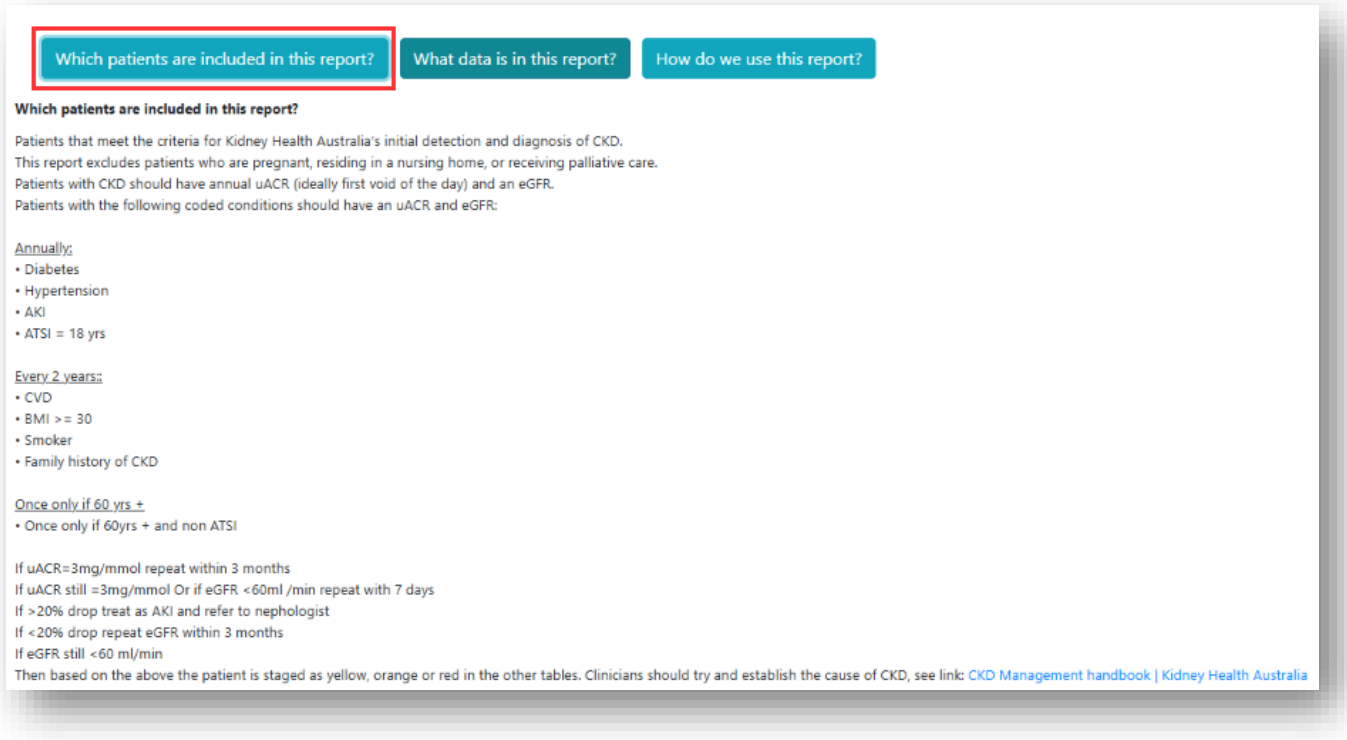
- Any filters applied to the data at the time, will be carried over when exported.
- All reports that are generated are automatically saved to a folder on your practice computer.
- The report can be printed by right clicking the mouse button while hovering the cursor over the report and selecting the 'Print' option.



Report Content

Which patients are included in this report?

- All patients active in the Clinical Information System (CIS) are included in the report output.
- Patients over the age of 18 are included.
- Palliative care and nursing home patients are excluded.



Diagnosis/Conditions

- CKD diagnosis coded whether just 'CKD' or a stage of CKD. Renal markers are provided to inform the stage of CKD or indicate CKD where it's not coded.
- Diabetes (presented as years since first occurred or where year is not available, year of diabetes first recorded)
- Hypertension coded, marked as active, if it is just recorded as the visit reason it cannot be overridden with an inactive clinical history record.
- Acute Kidney Injury, such as nephritis, acute failure and tubular necrosis.

Observations

- Latest BMI is provided.
- Latest systolic blood pressure and date.
- Latest smoking recorded date and the status.

Pathology

- Latest 2 ACRs (urine albumin creatine ratio) with date to allow comparison of change.
- Latest 2 eGFR2 (estimated glomerular filtration rate) with date to allow comparison of change.

Immunisations

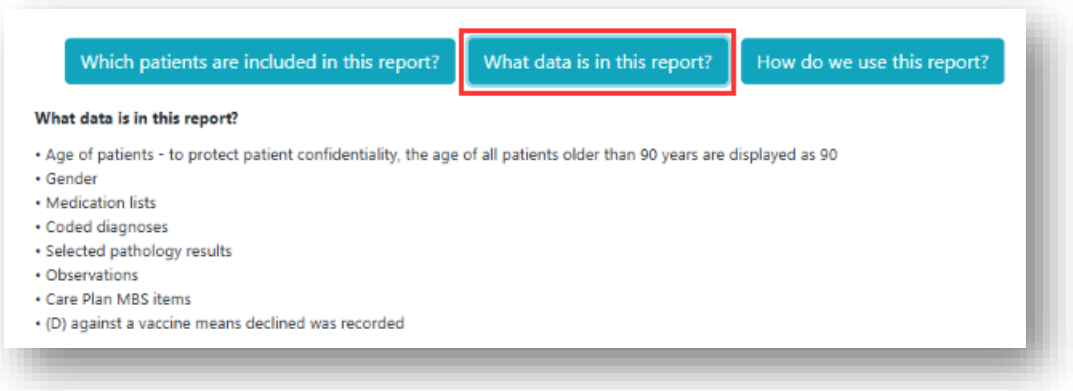
- Influenza vaccine – Date of last influenza vaccination in the past 15 months. Practices using Medical Director can record that a vaccination has been offered and declined. Primary Sense displays this in select reports by displaying the date as DD-MM-YYYY (D) with the letter (D) after the date, e.g. 01-07-2022 (D).

- Pneumococcal vaccine – date of last dose. Practices using Medical Director can record that a vaccination has been offered and declined. Primary Sense displays this in select reports by displaying the date as DD-MM-YYYY (D) with the letter (D) after the date, e.g. 01-07-2022 (D).

Medications

- SGLT2 inhibitors where not ceased and first or last prescribed date is within the last 18 months.

What data is in this report?



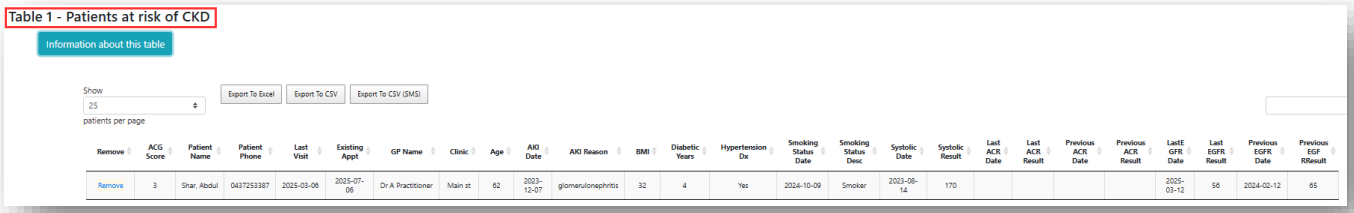
The report has four tables:

1. Patients with risk of CKD
2. Patients who should be considered for the Yellow Clinical Action Plan (see p.26 of the linked guide)
   - eGFR ≥60mL/min/1.73m2 with microalbuminuria (A2) or
   - eGFR 45-59 mL/min/1.73m2 with normoalbuminuria (A1)
3. Patients who should be considered for the Orange Clinical Action Plan (see p.27 of the linked guide)
   - eGFR 30-59mL/min/1.73m2 with microalbuminuria (A2) or
   - eGFR 30-44 mL/min/1.73m2 with normoalbuminuria (A1)
4. Patients who should be considered for the Red Clinical Action Plan (see p.28 of the linked guide)
   - Macroalbuminuria irrespective of eGFR or
   - eGFR <30 mL/min/1.73m2 irrespective of albuminuria

Information about the table/s

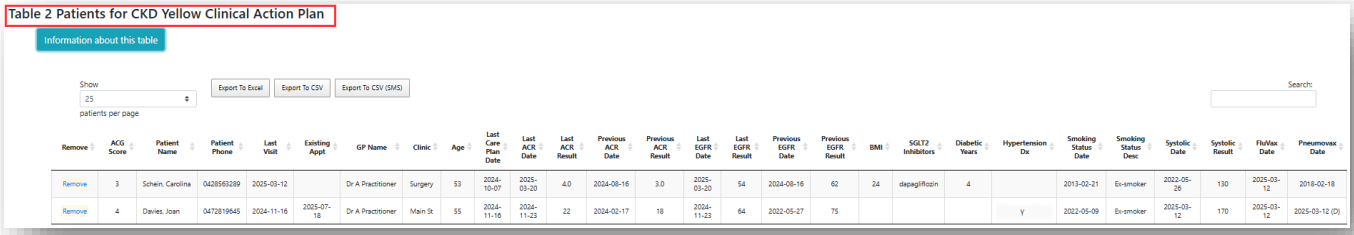
The report is divided into four tables.

Table 1 - Patients with risk of CKD



- Patients in this table have two low eGFR <60ml/min or ACR ≥3mg/mmol who need tests repeating.
- If the test is repeated within 3 months and is still out of range, patients will appear on the other tables.
- The second eGFR relates to referring to nephrologist if 20% decline within a week.

Table 2 - Patients who should be considered for the Yellow Clinical Action Plan

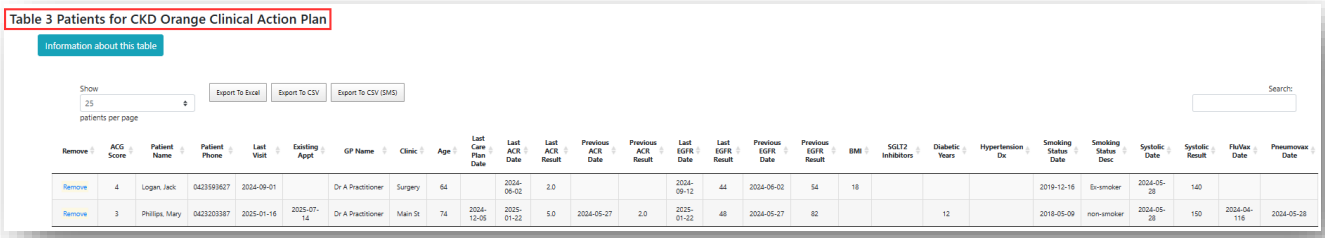


Patients in this table have eGFR ≥ 60ml/min with micoalb (uACR 3.0-30mg/mmol or eGFR ≥ 45-59 ml/min with normoalb (uACR<3.0mg/mmol).

Reader is asked to Consider:

- a 12 month review
- Diabetes risk assessment
- CV risk assessment
- ACE or ARB
- Statin (+/- ezetimibe) in mod CV risk
- consider SGLT2 inhibitor (with ACR ≥3mg/mmol)

Table 3 - Patients who should be considered for the Orange Clinical Action Plan



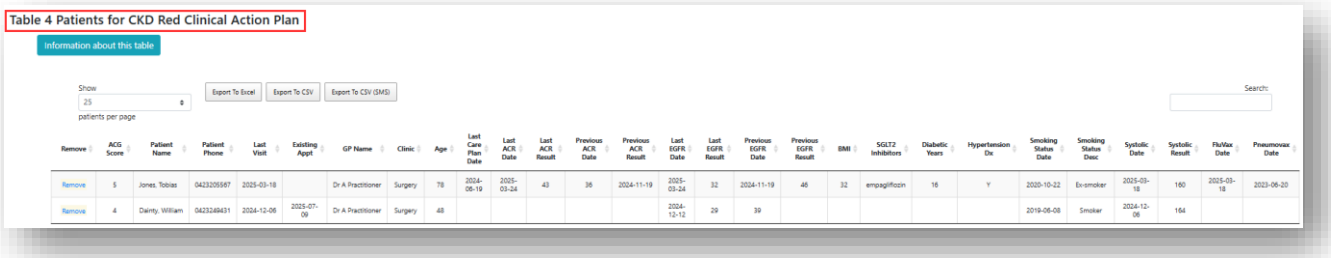
Patients in this table have eGFR 30-59mL/min/1.73m2 with microalbuminuria (A2) or

eGFR 30-44 mL/min/1.73m2 with normoalbuminuria (A1)

Reader is asked to consider:

- 3 – 6 months reviews,
- medication reviews,
- Diabetes risk assessment
- CV risk assessment,
- ACE or ARB,
- Statin (+/- ezetimibe) in mod CV risk,
- SGLT2 inhibitor (with ACR ≥3mg/mmol
- referral nephrologist

Table 4 - Patients who should be considered for the Red Clinical Action Plan



Patients in this table have Macroalbuminuria(uACR >30mg/mmol) irrespective of eGFR or eGFR <30 mL/min irrespective of albuminuria. These patients have automatic high CV risk

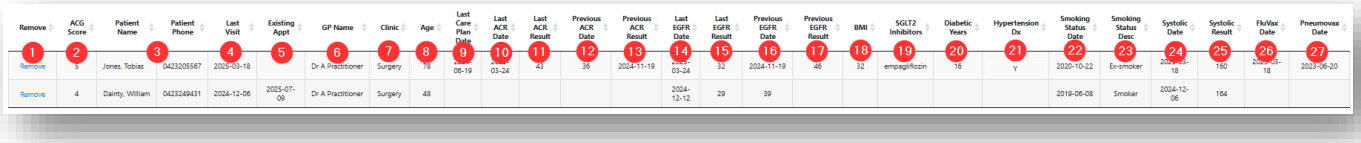
Reader is asked to consider:

- reviews 1-3 months
- medication reviews,
- Diabetes risk
- ACE or ARB,
- Statin (+/- ezetimibe)
- consider SGLT2 inhibitor,
- refer nephrologist or consider palliation

Results are sorted by Patient ID.

Columns Returned

Arrows at the top of each column can be used to reverse the ordering.



1. '**Remove'** - Patients can be removed from the report for 12 months, by clicking 'Remove.' This action cannot be reversed.
2. **'ACG Score'** - the complexity bands formed by combining the ACGs to measure overall morbidity burden on a scale of 0-5, with 5 being the most complex/morbidity burden.
3. Patient demographic data.
4. **'Last Visit'** column displays the date the patient last had an appointment at the practice.
5. **'Existing Appt'** displays patient appointments that have been booked for dates beyond the report.
6. **'GP Name'** shows the GP who has most accessed the patient record.
7. **'Clinic'** displays most attended clinic if data is shared.
8. **'Age'** - Patient age at time the report is run. All patients older than 90 years are displayed as 90.
9. **'Last Care Plan date'** - GPMP or CCMP MBS items billed for the patient in the past 12 months. See ***Error! Reference source not found.*** for information on included MBS codes.
10. **'Last ACR date'** - Latest ACR (urine albumin creatine ratio) date
11. **'Last ACR Result'** - Latest ACR (urine albumin creatine ratio) result. See ***Error! Reference source not found.*** for information on included LOINC codes.
12. **'Previous ACR Date'** – second last ACR (urine albumin creatine ratio) date to allow comparison of change.
13. **'Previous ACR Result'** - second last ACR (urine albumin creatine ratio) result to allow comparison of change.
14. **'Last EGFR Date'** - Latest EGFR (estimated glomerular filtration rate) date
15. **'Last EGFR Result'** - Latest EGFR (estimated glomerular filtration rate) result. See ***Error! Reference source not found.*** for information on included LOINC codes.
16. **'Previous EGFR Date'** - second last EGFR (estimated glomerular filtration rate) date to allow comparison of change.

17. **'Previous EGFR Result'** - second last EGFR (estimated glomerular filtration rate) result to allow comparison of change.
18. **'BMI'** - Latest BMI recorded from CIS.
19. **'SGLT2 Inhibitors'** – Name of prescribed current medication for type 2 diabetes. See ***Error! Reference source not found.*** for information on included medication codes.
20. **'Diabetic Years'** - Diabetes presented as years since first occurred, or where year is not available, year of diabetes first recorded.
21. **'Hypertension DX'** – patient with an inactive or active hypertension diagnosis recorded. Y if code found. See ***Error! Reference source not found.*** for information on included ICPC codes.
22. **'Smoking Status Date'** - Latest smoking status recorded date
23. **'Smoking Status Desc'**- Latest smoking status recorded, returns Smoker, Non-smoker or Ex-smoker.
24. **'Systolic date'** - Latest systolic blood pressure recorded date
25. **'Systolic result'** - Latest systolic blood pressure recorded
26. **'Last Fluvax Vaccination'** - date of flu vaccination recorded within 15 months of the date of the report. DD-MM-YYYY (D) = Date Vaccination Declined. See ***Error! Reference source not found.*** for rules.
27. **'Last Pneumovax vaccination'** - date of last recorded Pneumococcal vaccination. DD-MM-YYYY (D) = Date Vaccination Declined. See ***Error! Reference source not found.*** for rules.
28. **'AKI Date'** – latest recoded date for an Acute Kidney Injury diagnosis code recorded.
29. **'AKI Reason'** - Acute Kidney Injury, such as nephritis, acute failure and tubular necrosis. See ***Error! Reference source not found.*** for information on included ICPC codes.

Report Synopsis

- Patients requiring kidney care in the practice across 30 day intervals