

SCREENING FOR ALBUMINURIA IN HYPERTENSIVE PATIENTS WITHOUT DIABETES: A QUALITY IMPROVEMENT PROJECT

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INTRODUCTION

- Albuminuria is a key risk factor for CKD, costing Medicare \$85.4 billion annually (2020).
- Only 4% of hypertensive patients without diabetes are screened for albuminuria (vs. 35% for diabetics).
- Two-thirds of albuminuria cases remain undiagnosed.
- The QI project aimed to improve screening rates at Berkshire Heights Internal Medicine Clinic for hypertensive patients without diabetes.

METHODS

- Gap Analysis: Only 0.6% of hypertensive patients without diabetes were screened (vs. 4% national average).
- Inclusion Criteria: Hypertensive patients without a urine microalbumin creatinine test in the past year.
- Exclusion Criteria: Patients with diabetes or tested in the last year.
- Goal: Increase screening rate to 20% from January 2nd to April 19th, 2024.
- Interventions:
 - Bi-weekly IT reports highlighting patients needing screening, sent to providers.
 - Dot phrase in notes to verify criteria and prompt MCR orders.



RESULTS

- 1,076 patients met inclusion criteria; 499 had office visits during the project period.
- 213 urine microalbumin creatinine ratios were ordered.
- Screening rate increased from 0.6% to 43%, surpassing the 20% target.

DISCUSSION

- Gaps were due to new Kidney Disease: Improving Global Outcomes guidelines and a lack of EMR alerts.
- Integrating screening prompts into workflows led to a significant improvement.
- Future focus: sustain improvements and update EMR care gap alerts as guidelines evolve.

