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MISSION: IMPROVING GDMT ADOPTION IN CKD/T2D CARE

Insights from the **GEMINI** QUALITY IMPROVEMENT **PROJECT**

GROUND CONTROL

Despite KDIGO guidelines recommending a combination of Angiotensin-Converting Enzyme Inhibitors (**ACEis**) or Angiotensin Receptor Blockers (**ARBs**), Sodium-Glucose Cotransporter 2 Inhibitors (**SGLT2i**), Non-Steroidal Mineralocorticoid Receptor Antagonists (**nsMRAs**), or statins for CKD progression and cardiovascular risk reduction, uptake of guideline-directed medication therapies (**GDMT**) could be higher among CKD patients with Type 2 diabetes (**T2D**).

The Gemini Project aimed to assess **baseline GDMT usage** and evaluate changes over time with a **multi-faceted educational approach**.

Through this project, we aimed to answer two primary questions:

- In a population already using GDMT in a relatively high percentage of T2D patients, could a multi-faceted educational approach further increase GDMT?
- Would identification of a GDMT champion lead to greater GDMT uptake within a nephrology practice?

Who We Are: Panoramic Health is an integrated clinical network of independent nephrology practices across the United States. We are an aligned group of providers serving patients across the entire kidney disease spectrum using predictive analytics and care management tools informed by our real-time database (over 1 million patient records).

This is a prospective quality improvement cohort study, and the data presented here is real-world evidence.

BUILDING THE GDMT SHIP

ACEi/ARBS (RAASi)
- Should be on the highest tolerated dose, unless albuminuria < 30 mg/g

SGLT2i
- Should be on an SGLT2i
- Start only if GFR ≥ 20 ml/min
- *Very few patients have a significant reason why SGLT2i is not warranted!*

Non-Steroidal MRA
- Start nsMRA if ACR > 30 mg/g and GFR > 25 ml/min

Statins
- Use if 18+ with non-dialysis CKD and not s/p renal transplant) unless not tolerated

After the Flow trial, we also began tracking data on GLP1a use.

MISSION ACTIVATION

Flight Crew

Population criteria:
- CKD stages 2-4 + T2D patients under care of Panoramic- affiliated nephrologists
- Seen in the office during the 1-year baseline period (May 2023-April 2024)

Baseline use of GDMT and other medications were assessed at end of baseline period.

33,806	31,440	25,093
Patients in the baseline cohort	Patients continued to Intervention Period 1	Patients continued to Intervention Period 2

Mission Phases

1. **Baseline Period** — 5/1/23 - 4/30/24
2. **Intervention Period 1** — 5/1/24 - 8/31/24
3. **Intervention Period 2** — 9/1/24 - 12/31/24

Interventions

Multi-faceted physician education
- Newsletters
- Clinical Town Halls
- Practice-level data reviews
- Provider-level data reviews

Physician Champion Pilot Sites
- A subset of practices was selected for more intense quality improvement intervention
- Assigned physician champions to asses their own GDMT use and encourage GDMT use with their colleagues

ORBIT ACHIEVED

Key Findings:

- **SGLT2i prescribing** showed the most significant improvement across Panoramic practices.
- We saw **no significant difference in GDMT uptake** between practices with a champions vs. those without.
- Although not included in the KDIGO guidelines nor in our initial study design, we tracked a significant increase in **GLP-1 agonist (GLP-RA) prescribing** in line with **FLOW study findings.**

	Baseline	After Int. Period 2	
✦SGLT2i Use	40.4%	45.5%	*p-value < .0001*
✦nsMRA Use sMRA Use	5.0% 10.5%	6.0% 10.9%	*p-value = .0003*
RAASi Use	77.3%	77.2%	
Statin Use	81.9%	82.2%	*After Int. Period 1, stopped measuring statin use in favor of GLP-1as.*
✦GLP-RA Use	26.5%	29.3%	*p-value < .0001*

✦Indicates results shown are statistically significant.

NEXT MISSION

Key Takeaways:
- A multi-faceted educational approach can further increase GDMT in a population already using GDMT in a relatively high percentage of T2D patients.
- We saw stability in RAASi usage and statistically significant improvement in the other pillars of GDMT.
- Adding a physician champion in a practice did not drive enhanced gains in GDMT usage in this short-term pilot.

Next Steps:
Providing providers real-time patient-level data with point of care prompts.