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Abstract Title

North American Pediatric Endocrinologist Perspectives on Implementation of the iCARE eGFR Equation for Screening for Diabetic Kidney Disease in Youth with Type 2 Diabetes

Background

The iCARE estimated glomerular filtration rate (eGFR) equation has been developed and validated as the most accurate estimate of kidney function in youth living with Type 2 diabetes (T2D). If implemented in addition to urine protein screening for diabetic kidney disease (DKD), it could provide further understanding about the DKD disease course and monitor the effects of treatment.

Objective

Our study aimed to explore pediatric endocrinologists' perspectives on the barriers and facilitators to implementation of the iCARE equation into routine care for youth with T2D.

Methods

A qualitative study was conducted and data obtained via focus groups with pediatric endocrinologists in North America utilizing a semi-structured focus group guide informed by the Consolidated Framework for Implementation Research (CFIR). A thematic analysis was done with a combination of inductive and deductive approaches.

Results

Four focus groups were conducted (two with Canadian providers and two with United States providers representing 8 centres). Major barriers to implementation of the iCARE eGFR were 1) the evidence base available for its use, 2) unknown generalizability to other regions and populations, and 3) unknown impact on patient outcomes. Another barrier was participants' uncertainty in interpretation of the eGFR results. Facilitators for implementation discussed were technology strategies such as incorporation of the iCARE eGFR into Electronic Medical Records (EMRs) and development of an application or a website. Guideline integration was also endorsed as a significant facilitator. Pilot studies were seen as a valuable next step for implementation in clinical settings, as well as longitudinal studies to assess predictive value of eGFR in childhood and CKD progression.

Conclusion

Successful implementation of the iCARE eGFR will require continued validation and external validation studies, as well as technology efforts to support interpretation and use. Pilot studies will provide data on iCARE eGFR uptake by diabetes providers.

Authors

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