

Chronic Kidney Disease

@ckd_ce on Twitter



The KFRE and How It Is Used

@CKD_ce  · Dec 13, 2023



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1a) Tweetorial alert! 

Welcome to a  [#accredited](#) [#tweetorial](#) brought to you by the collaboration of [@ckd_ce](#) & [@KIReports](#).

Our guest author is [@brian_rifkin](#)

Our topic for  CE/[#CME](#) : [#KFRE](#) and nephrologist practice patterns in its use

[#MedTwitter](#) [#nephtwitter](#) [@ISNkidneycare](#)



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with KI Reports and the ISN, representing a less ...

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2) Chronic kidney disease (#CKD) is common & may be asymptomatic at diagnosis.

Predicting which patients will have progressive disease can be challenging.

The #KFRE (kidney failure risk equation) is one tool that may help physicians & patients plan for the future 🧠🧠🧠 pic.twitter.com/9NJDOT8AER

— @CKD_ce (@ckd_ce) December 13, 2023

4) Do you currently use the #KFRE in clinical practice?

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5) The [#KFRE](#) is an internationally validated tool which calculates a person's risk of progression to kidney failure. The 4-variable KFRE incorporates an individual's age, sex, [#eGFR](#)) & albuminuria to provide 2-year & 5-year percent risks of ESKD.

See  kidneyfailurerisk.com.

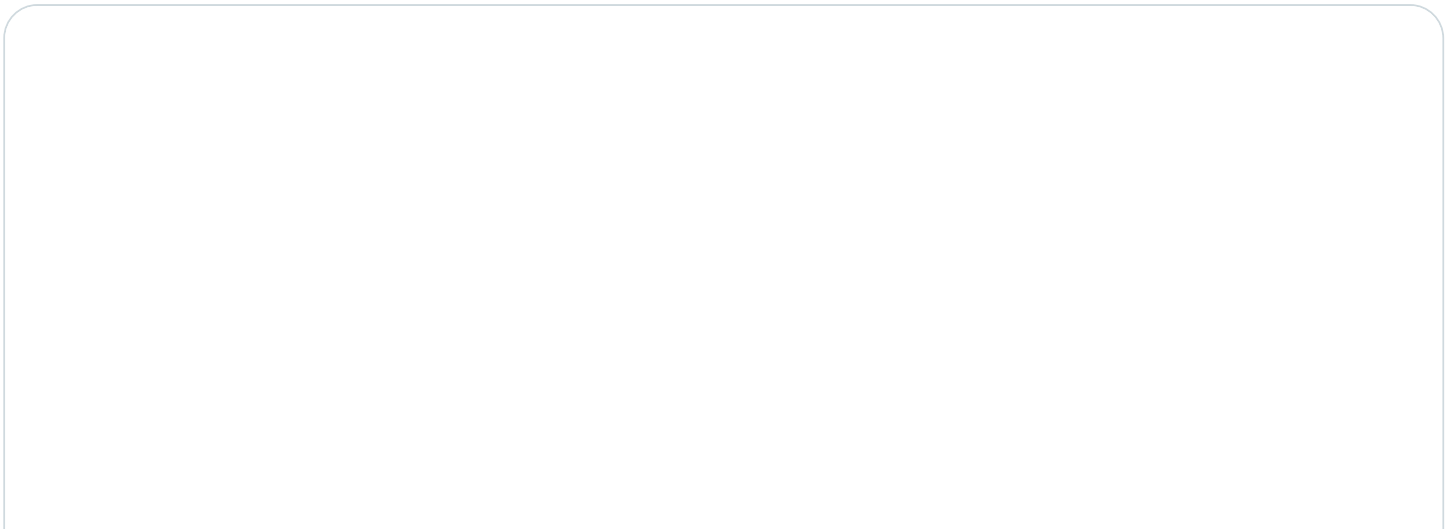


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6) Prognostication can be refined by incorporating additional data (serum Phos, albumin, HCO₃, & Ca) into the 8-variable [#KFRE](#).

KFRE scores have been proposed as a method to institute risk-based thresholds for referrals to nephrology care or multidisciplinary nephrology clinics.



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8) In  <https://t.co/kWcGNU0lhP>, the authors quantified #KFRE score documentation in an outpatient #nephrology clinic, surveyed nephrology providers to assess use & conducted focus groups to identify common themes influencing perspectives on the KFRE.

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10) #KFRE scores were EMR integrated in multiple ways including:

👉 Display upon chart opening

👉 Pulled into patient notes

👉 A “Patient Insight” screen that included trends of eGFR/albuminuria

However, unless entered into clinic notes, KFRE scores were not shown to patients. pic.twitter.com/LbGvBUmfyG

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12a) 📌 Results

Documentation of #KFRE scores 📈 over time.

In total, KFRE scores were documented in 18% of outpatient #nephrology clinic notes-

CKD G3a: 14%; CKD G3b: 19%; CKD G4: 20%; and CKD G5: 17%.

pic.twitter.com/4aElsF6ezk

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12c) Provider Surveys:

31% of faculty & 33% of fellows reported use of the [#KFRE](#) for patient notes in 70% to 100% of clinic visits. In addition, 15% of faculty & 42% of fellows reported at least viewing the scores. Fellows reported higher awareness of KFRE score reporting tools.

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12d) Providers were asked on a scale of 0 - 100 (100 = strongly agree) to rate [#KFRE](#):

- 👉 "Useful as a nephrologist" (71 ±33)
- 👉 "Useful to non-nephrology providers" (63 ±26)
- 👉 Referral for advanced CKD education (65 ±35)
- 👉 Transplant evaluation (62 ±31)
- 👉 Access placement (66 ±29)

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13) "Patient Insight" provided a quick review of [#eGFR/](#)
[#albuminuria](#) trends over time.

👉 Most useful in reassuring older pts with a  risk of progression.

👉 The utility of [#KFRE](#) scores in younger CKD pts

👉 The utility of my [#KFRE](#) scores in younger CKD pts was less certain given the inability to predict unexpected life events.

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15) Participants noted the benefits of using [#KFRE](#) to provide a risk estimate directly to pts or other non-nephrology providers.

There were concerns about providing data without appropriate discussions of the inability of KFRE scores to account for future events impacting [#CKD](#).

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17) After reviewing this article, do you think that you will use the KFRE in clinical practice?

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18a) It was generally agreed that the [#KFRE](#) should not be used to guide discharging a patient from [#nephrology](#) follow-up for:


- a. Patients > 65 years old
- b. Patients with advanced [#CKD](#)
- c. Patients with [#glomerulonephritis](#)
- d. Patients with less than 1 gram of [#albuminuria](#)

a	0.7%
b	21.2%
c	78.1%
d	0%

146 votes · Final results

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18b) The correct answer is c; all other options are  uses. But the [#KFRE](#) was felt to be less reliable in young

pts because:

- a. The unpredictability of future life events
- b. They are non-compliant with f/u
- c. They often cannot afford meds
- d. They don't take bad news well

a	100%
b	0%
c	0%
d	0%

116 votes · Final results

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19a) So, this has been [@brian_rifkin](#) for [@KIReports](#) & [@ckd_ce](#).

Thanks to authors Dipal Patel, [@BryceChurilla](#), Heather Thiessen-Philbrook, Yingying Sang, [@meg21212](#), [@KidneydrChirag](#) and [@DrDeidraCrews](#).



Happy Holidays!

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Happy Holidays!

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19b) In my stocking: broad use of #KFRE--as ubiquitous as #eGFR reporting!!

Wish with me, and go grab your  #MedEd 0.5 hr credit now at



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- nephrologist
- endocrinologist

- cardiologist (heart failure)
- cardiologist (lipid/vascular)
- cardiologist (interventional)
- cardiologist (general)
- emergency medicine specialist
- critical care specialist
- hospitalist
- other internist
- primary care provider
- industry
- Other

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How many years have you been in practice?

How many patients per month do you typically see with the disease addressed in this tweetorial?

1. It was generally agreed that the KFRE should not be used to guide discharging a patient from nephrology follow-up for: *

- a. Patients > 65 years old
- b. Patients with advanced CKD
- c. Patients with glomerulonephritis
- d. Patients with less than 1 gram of albuminuria

2. Did you follow the entire tweetorial? *

2. Did you follow the entire tweetorial:

Yes

No

3. Did you find this to be an effective learning tool? *

Yes

No

4. On a scale of 1 to 5, how applicable to your clinical practice was the material in this tweetorial? *

1

Not At All
Pertinent

2

3

4

5

Extremely
Pertinent

5. How will this program change your practice? *

Not pertinent to my practice

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6. Will you recommend @CKD_CE and/or this website to your colleagues? *

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