**Presentation title**

A new program to improve chronic kidney disease in general practice

**Explain why your paper is relevant, important and of interest to GP22 participants**

The BEACH study estimated that to cover 75% of problems managed in General Practice, GPs needed to have knowledge of over 100 conditions (1). Electronic clinical decision support (eCDS) tools aim to streamline this knowledge but create their own unique challenges. Future Health Today (FHT) is a new technology platform that integrates with clinical software to provide point of care eCDS.

**Take home message**

* Development and regulation of eCDS has been identified as a priority by the Department of Health and the RACGP.
* Previously identified barriers with eCDS tools include ease of access and integration into workflow.
* This project aims to keep general practitioners at the forefront of implementation and optimisation, to ensure the technologies are appropriate to the primary care setting and have the best chance of uptake as well as improvement in clinical outcome.

**Background**

Future Health Today (FHT) is a technology platform developed by the University of Melbourne and Western Health that integrates with clinical software to provide individualised electronic clinical decision support (eCDS). This project looks at the use of FHT in the context of chronic kidney disease (CKD). CKD contributed to 11% of all deaths in Australia in 2018 (2) and people with moderate to severe CKD are automatically considered to be at ‘high risk’ of cardiovascular disease (CVD). This risk can be mitigated through various lifestyle and pharmacotherapy interventions that provide the basis for recommendations in FHT.

**Aim / Hypothesis**

To explore factors influencing implementation of FHT from the perspectives of participating GPs in the context of CVD risk in CKD.

**Method**

Practices in Victoria were recruited to participate in a pragmatic cluster randomised control trial using FHT, of which 19 practices were randomly assigned to use FHT’s CKD program. 30-minute semi-structured interviews will be undertaken with a nominated GP from each practice. Qualitative data will be coded by two researchers and analysed using Framework Analysis and Clinical Performance Feedback Intervention Theory (CP-FIT) (3).

**Results**

Interviews will be conducted in May 2022 and preliminary results will be available by August 2022.

**Discussion**

Through a clinical lens we will explore the user experience, impact on workflow, perceived usefulness and credibility of recommendations, and what processes and staff roles are important to implementation of the program.

**Conclusion**

It is important that development of new technology be continued with the active involvement of clinicians. Implementation studies such as this are vital in informing the broader integration of eCDS into general practice as recommended in the Primary Health Care 10 Year Plan.

References

1. Cooke G, Valenti L, Glasziou P, et al. Common general practice presentations and publication frequency. Aust Fam Physician 2013; 42: 65–68.
2. Australian Institute of Health and Welfare (2020). Chronic kidney disease. AIHW, Australian Government, accessed 05 April 2022.
3. Brown B, Gude WT, Blakeman T, et al. Clinical Performance Feedback Intervention Theory (CP-FIT): a new theory for designing, implementing, and evaluating feedback in health care based on a systematic review and meta-synthesis of qualitative research. Implement Sci 2019; 14: 40.