**Abstract Title**
**Albuminuria Detection, Prevalence, and Nephroprotection Prescription Trends Across 100 General Practices in the Hunter New England Diabetes Alliance Program Plus: Is the Message Getting Through?**

**Aim**
To evaluate albuminuria prevalence and nephroprotection prescription trends in over 100 general practices participating in the Diabetes Alliance Program Plus (DAP+), an integrated care model that strengthens diabetes management in primary care through case conferencing, performance feedback, quality improvement, and clinician education.

**Methods**
A repeated cross-sectional analysis of monthly aggregate data from an average of 46,541 adults (range: 41,480-49,335 each month) with type 2 diabetes across 104–115 general practices between January 2023 and December 2024. Albuminuria categories included normoalbuminuria, microalbuminuria (urine ACR >3 mg/mmol), and macroalbuminuria (ACR >30 mg/mmol). Prescription rates of ACE inhibitors (ACEI), angiotensin II receptor blockers (ARBs), SGLT2 inhibitors (SGLT2i), and GLP-1 receptor agonists were assessed. Finerenone and spironolactone were excluded and longitudinal patient data with the time of testing was not available for analysis. The proportion of patients within each category was modelled using linear regression with auto-correlated residuals.

**Results**
Over 50% of patients had normoalbuminuria, while 19% and 5% had micro- and macroalbuminuria, respectively, which was stable across the 2-year period. About 80% of patients with significant albuminuria received ACEI/ARB. While ACEI/ARB use remained stable, SGLT2i prescriptions rose significantly (range: 17–55%) across all albuminuria stages. Notably, 24% of patients lacked any albuminuria testing, which correlated with lower prescribing rates of nephroprotective therapies. Nearly 60% of these patients exhibited evidence of chronic kidney disease, defined by an eGFR <90 mL/min/1.73m², with the majority retaining renal function within a range sufficient for nephroprotective therapy.

**Conclusion**
Among those tested, there is steady ACEI/ARB use and increasing uptake of SGLT2i for albuminuria management. However, a substantial proportion remain unscreened, potentially missing out on guideline-recommended therapies. Enhanced clinician education and systematic albuminuria testing are needed to reduce the burden of diabetic kidney disease in primary care.