

**ASP-American Geriatrics
Society Foundation for
Health in Aging Award**

**Award Recipient:
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**Project:
“Referral Patterns and Associated Clinical
Outcomes for Older Adults with Chronic
Kidney Disease”**



Kellie H. Campbell, MD

Defined as a progressive and asymptomatic loss of kidney function, chronic kidney disease (CKD) is an under-recognized yet rapidly growing public health problem that disproportionately affects older adults, with more than 33% prevalence in adults over the age of 70. The National Kidney Foundation released practice guidelines in 2002 that recommend patients with CKD be referred to a nephrologist well before dialysis is needed. Through this recommendation, the foundation aims to prevent progression of CKD to end stage kidney disease and improve outcomes of those individuals who go on to require renal replacement therapy. However, older patients are often referred by their primary care providers later than younger persons or not at all. While some data exist about older patients who have received referrals for dialysis, very little is known about the overall referral patterns for older adults with CKD. In particular, there is little known about those patients who have not yet started on dialysis or the clinical consequences of these referral patterns. Understanding why certain older adults with CKD are referred and why others are not has significant consequences for patients, providers, and the health care system. A complete understanding of the referral decision is vital to understanding the care of older adults with CKD.

My overall research goal is to elucidate the referral patterns for older adults with CKD. To achieve that goal, my research team aims to identify the patient, provider, and system factors that influence these referral patterns; and, to develop interventions which will improve the appropriateness of nephrology referrals and improve outcomes for older persons with CKD.

Through support from the ASP-American Geriatrics Society (AGS) Foundation for Health in Aging Award, we will perform a longitudinal cohort study of 9,000 older patients using data from the Kaiser Permanente Northern California Diabetes Registry. We will evaluate: 1) the frequency of CKD and nephrology referral in older adults comparing at-risk populations of adults 50-70 years old with those greater than 70 years old; 2) the role of age-associated factors, including cognitive impairment, functional disability, and competing medical co-morbidities in referral patterns for these older patients; and 3) the impact of the referral patterns on clinical outcomes including mortality and hemodialysis initiation. Results of this study will better characterize the referral patterns for older adults with CKD and identify potential intervention strategies for improving the referral process.

In addition, the support of the ASP-AGS award will provide me with the additional training, mentorship, and support needed to achieve my long-term research goals of developing educational initiatives in the emerging area of geriatric nephrology. This award will also advance my research in the areas of CKD and geriatrics, thereby leading to a successful career as an independent investigator.