

# NC IOM Task Force on Chronic Kidney Disease

CKD Prevention in Primary Care  
and State Health Programs

# Agenda

- Incorporating CKD management into CCNC
- Incorporating CKD into State Employees Health Plan
- Ideas for primary care practice generally

# CCNC

- Core concept of CCNC is building integrated care teams around a medical home
  - Primary care medical homes
  - Per capita reimbursement
  - Case management
  - 14 non-profit medical networks, each independent (little top-down)

# CCNC

- Medicaid; bimodal age distribution
- One third of Aged/blind/disabled
- Potential for Medicare expansion

# Statewide initiatives:

- asthma,
- diabetes,
- decreasing ER use,
- congestive heart failure
- developing statewide hypertension initiative

# CCNC Case Managers

- Share data from chart audits, utilization, claims data
- Work directly with patients and with practices (for quality improvement)
- Limited to high risk patient

# Diabetes

- Uses *ADA guidelines*
  - Recommends microalbumin and creatinine to estimate eGFR
  - However, CCNC doesn't collect and report data on whether PCP measuring microalbumin and creatinine (eGFR)

# Hypertension

- 80% of those older than 50
- 50,000 medicaid patients
- Requires more intensive chart review process
- JNC-VII guidelines vs NKF guidelines

# SEHP

- Health dialogue provides SMART registry information to PCP re: people with chronic diseases (diabetes, CAD, CHF, hypertension and COPD)
  - Report on whether microalbumin levels checked
  - Trying to identify gaps in service for providers
  - Can utilize health coaches to educate patients about kidney disease

# Renaissance

- Hiring nurse to work with UNC lab data with SEHP and refer them into case management
  - Testing the best way to mine claims data.
  - Mine the claims data and then go to the labs to get the eGFR (payor can get the lab values)

# Questions

- Enhance current disease management vs. separate initiative
- Should we screen based on known risk factors, or do we incorporate screening into hypertension and diabetes
- Which guidelines best for CKD
- How do we maximize treatment benefits

# Guidelines

- National Kidney Foundation developed KDOQI
  - Controversy because of conflict of interest with companies and KDOQI guidelines
  - Particularly focused on anemia management of the KDOQI guidelines

# Screening & Treatment

- In certain groups, if you provide ACE inhibitors or ARB will help if significant proteinuria
  - In diabetics (I or II), data overwhelming – microalbuminuria (ACE inhibitor or ARB) will help reduce overt proteinuria (reduces chance of developing kidney failure)
  - If non-diabetic, great data that if have proteinuria (1 gram) and put on ACE inhibitor or ARB, chance of developing overt proteinuria is reduced
  - If someone with renal insufficiency (less than 60 or 50), Ace inhibitors and ARB delay progression of overt proteinuria

# Recommendations

## Short Term:

- 1) Incorporate CKD management focus into diabetes chronic disease management programs
- 2) Case Managers Co-trained in CKD management
- 3) Increase reporting and use of eGFR
- 4) Add microalbumin and eGFR to measurement set

# Recommendations

## Short Term:

- 1) Incorporate CKD management focus into a hypertension chronic disease management program
  - develop proposal for networks
- 2) test screening for people who have not been identified as diabetics to see how many people are identified with CKD
  - determine prevalence of CKD

# SEHP

- Work with UNC to identify people from claims data and lab results
- Work with Renaissance to identify people more effectively and provide case management services
- Using the SMART system to provide feedback to providers

# Recommendations

## Long Term:

- Create focused CKD disease management initiative (as part of 646)
- Potential study of CKD screening in general population

# eGFR

eGFR with microalbumin should be obtained for diabetics and people with hypertension

- Use together with microalbumin
- Increase use of beneficial medications
- Educate patients,
- Indicator for nephrologist referral
- Indicator of effective treatment

# eGFR

- Medicaid should require eGFR for all lab results
- Medicaid, IPIP, professional societies can ask for eGFR
- SEHP & BCBSNC should ask for it

# Screening

- Diabetes
- Hypertension
- Risk Factors
- General Population

# Issues

- Guidelines
- Pre-diabetes, Pre-hypertension
- Screening the general population