

NC IOM Task Force on Chronic Kidney Disease

Potential Recommendations Organized
around a System of Care

Pam Silberman, JD, DrPH

President & CEO

NC Institute of Medicine

September 20, 2007



System of Care

- Proposed recommendations organized around a system of care which includes:
 - Primary prevention
 - Outreach and education
 - Screening of high risk individuals
 - A regular source of care with a primary care provider
 - Disease management, case management and quality improvement initiatives
 - Nephrologists
 - Early education and preparation for kidney replacement therapy



Primary Prevention (Rec. #1)

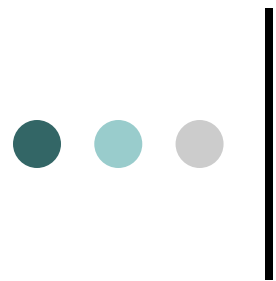
- **The Task Force supports ongoing efforts by the North Carolina Division of Public Health, Department of Public Instructions, and other state and local organizations to reduce the risk factors that may lead to chronic kidney disease.**

Question: Do we want another recommendation to put more funding into these primary prevention efforts?



Outreach and Education (Rec. #2)

- a) **The NC General Assembly should provide funding to the Division of Public Health to support chronic kidney disease education and outreach efforts.**
- b) **The Division of Public Health should use this funding to support community based education and outreach initiatives. Funding priority should be given to established outreach programs in counties that are not currently being served by other kidney education outreach efforts. The programs should target populations at increased risk for developing CKD, and incorporate local partners such as faith-based health ministries, beauty salons/barber shops, civic and senior citizen groups, public health departments and primary care practitioners.**



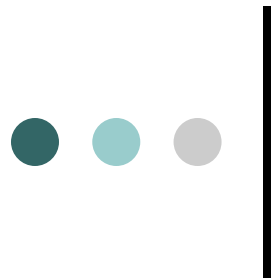
Outreach and Education (Rec. #3)

- **Public and private insurers should examine patient level eligibility and claims data to identify people who are at-risk of or diagnosed with CKD. Insurers should explore mechanisms to increase awareness of CKD among consumers at risk, such as targeted messaging that encourage consumers to be screened for kidney function.**



Screening High Risk Individuals (Rec. #4)

- a) **The North Carolina General Assembly should provide funding to the Division of Public Health to help pay for screenings for uninsured patients who are at high-risk for developing kidney disease, including people with diabetes, hypertension, cardiovascular disease, family history of CKD or age 65 or older. The Division of Public Health should work collaboratively with other health care organizations that can help provide or arrange for ongoing care for people who are identified with CKD.**



Screening High Risk Individuals (Rec. #4)

- b) Insurers and payers should provide reimbursement to screen insured patients who are at high-risk for developing kidney disease, including people with diabetes, hypertension, cardiovascular disease, family history of CKD or age 65 or older.**

Question: Do insurers pay for this now (i.e., when provider orders screening tests?) If so, then this recommendation may not be necessary.



Primary Care (Rec. #5)

- **The NC Area Health Education Centers program, National Kidney Foundation (NC Chapter), the University of North Carolina Kidney Center, NC Chapter of the American Society of Nephrology, North Carolina Medical Society, North Carolina Academy of Family Physicians, North Carolina Chapter of the American College of Physicians, NC Academy of Physician Assistants, North Carolina Nurses Association Council of Nurse Practitioners, and Community Care of North Carolina, should collaborate to educate primary care providers about the importance of early screening, diagnosis and evidence-based treatment guidelines of people with CKD following clinical guidelines. Education should be provided in a variety of settings, including but not limited to: *health professional schools, residency programs, continuing medical or nursing education, practice consultants, and quality improvement initiatives.***



Primary Care (Rec. #6)

- a) **Primary care providers should routinely screen their patients who are at high risk for chronic kidney disease, including: patients with diabetes mellitus, hypertension, cardiovascular disease, family history of CKD, or age older than 65 years. Screening should include urine microalbumin to identify proteinuria, and creatinine to obtain an estimated GFR.**
- b) **Patients who have been identified with CKD should be staged using the NKF five stages of kidney failure.**



Primary Care (Rec. #6)

- c) Patients who have been diagnosed with CKD should follow the KDOQI or other evidence-based guidelines to manage and slow the progression of CKD. These guidelines include, but are not limited to:**
- i. Treating patients to achieve a blood pressure of <130/80**
 - ii. Prescribing an ACE inhibitor or ARB**
 - iii. Using combination hypertensive therapy, which should include a diuretic**
 - iv. Detection and management of other cardiovascular risk factors, particularly cholesterol and tobacco use**



Primary Care (Rec. #6)

- d) Primary care providers should refer patients with GFR <30 to nephrologists for ongoing care. Other patients, with higher GFR, should also be referred to a nephrologist for consultation or comanagement if a clinical action plan cannot be prepared or the appropriate evaluation performed. There should be sustained coordination between the primary care provider and the nephrologists.**



Primary Care Support (Rec. #7)

The estimated GFR values should be automatically computed on all creatinine determinations by clinical laboratories in North Carolina.

- a) Hospital and commercial clinical laboratories should automatically include a calculated eGFR on all patient laboratory data that includes measurement of the serum creatinine.**
- b) Payers and insurers should require that all creatinine laboratory reports for their members and dependents automatically include the eGFR.**

- ● ● | Primary Care Support (Rec. #7)

- c) **[OPTIONAL: If the preceding recommendations are insufficient to make automatic eGFR reporting standard practice throughout the state [within X years],] The General Assembly should (consider) altering General Statutes to require all creatinine laboratory reports to include eGFR values.**



Primary Care Support (Rec. #8)

- **Businesses and organizations that develop electronic health records should provide the capacity for chronic disease registries and clinical decision support prompts that incorporate CKD screening and treatment measures for at-risk groups.**



Disease and Case Management and Quality Improvement (Rec. #9)

- a) Public and private insurers or payers, and other organizations that offer disease management or quality improvement initiatives targeted at people with diabetes, hypertension or cardiovascular disease should give greater emphasis to CKD prevention, screening and management.**
 - i. Payers, insurers and other organizations should remind patients and providers to obtain regular screenings to measure CKD, including urine microalbumin and estimated GFR from serum creatinine.**
 - ii. Payers, insurers and other organizations should adopt evidence-based clinical practice recommendations for screening and management of CKD, and should integrate appropriate performance measures into quality improvement and quality assurance programs.**

- ● ● | Disease and Case Management and Quality Improvement (Rec. #9)

- b) Insurers and payers that incorporate quality improvement and quality assurance programs should develop and include performance measures relevant to CKD prevention.**
- c) Public and private payers and insurers should provide targeted disease management or case management services to all patients with CKD once they have progressed to Stage 4. Patients should be provided information about different types of renal replacement therapy.
*Rationale: not enough PCPs and nephrologists to do intensive patient education; need trained educators***

- ● ● | Disease and Case Management and Quality Improvement (Rec. #10)

- **The National Kidney Foundation, American Society of Nephrologists, and the American Society of Pediatric Nephrologists should work with the American Diabetes Association, National Quality Forum (NQF), National Committee for Quality Assurance (NCQA), **XXX (which other groups)** to ensure that the evidence-based standards of care for patients with diabetes, hypertension, and cardiovascular disease include appropriate performance measures to assess screening for chronic kidney disease, and appropriate management of patients with comorbid conditions.**

- ● ● | Disease and Case Management and Quality Improvement (Rec. #11)

Community Care of North Carolina (CCNC) should create a separate CKD disease management initiative as part of its 646 Medicare waiver (which focuses on older adults age 65 or older, or people with disabilities who are also receiving Medicare).

- a) CCNC should pilot test population-based screening for dual eligibles to determine the cost effectiveness of a broader population-based screening of older adults.**
- b) CCNC should incorporate evidence-based treatment of people with CKD into the initiative, and identify clinical performance measures to assess the quality of care provided to patients with CKD.**

- ● ● | Disease and Case Management and Quality Improvement (Rec. #12)

- a) North Carolina foundations should provide funding to the University of North Carolina at Chapel Hill to pilot test and evaluate the Kidney Care Prevention Program (KCPP), a chronic kidney disease certification program being developed in conjunction with the NC Community College System.**
- b) Public and private payors and insurers should provide funding for individuals trained in CKD educators (*with competency requirements*) if the program is determined to be cost-effective, by reducing higher costs associated with people with more severe kidney disease or kidney failure.**

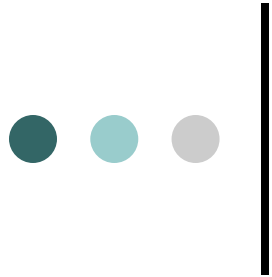
- ● ● | Disease and Case Management and Quality Improvement (Rec. #13)

- **Disease management or case managers who manage patients with diabetes, hypertension or cardiovascular disease should be cross-trained in the management of people with chronic kidney disease.**
- ***Need more diabetes educators, who was cross-trained in CKD, funding source to sustain this. (Marcus)***
 - ***More programs, expanded ones include CKD education***



Nephrologists (Rec. #14)

- a) **Primary care providers should refer patients with GFR <30 to nephrologists for ongoing care. Other patients, with higher GFRs, should also be referred to a nephrologist for consultation or comanagement if a clinical action plan cannot be prepared or the appropriate evaluation performed.**
- b) **Nephrologists should actively build collaborative relationships with primary care providers in their referral base, and educate other health care providers on current recommendations regarding detection and management of people with chronic kidney disease.**



Nephrologist

- Standardized consultations
 - Refer early for consultation, later for care. Need to flesh out what it means, what components should be included in a consultation with a primary care provider
 - Guidelines for how we proceed with coordinated care b/t PCP and nephrologist
 - (Tom and Cynda will help write this recommendation)
 - Supplement with use of certified disease patient educators

- ● ● | Early Education and Preparation for Kidney Replacement Therapy (Rec. #15)

- **Early education across continuum of stages (*KDOQI for recommendations*)**
- **Disease management or patient educators, in conjunction with primary care providers, nephrologists and private dialysis centers, should help educate patients about all renal replacement therapy options prior to the onset of kidney failure.**

- ● ● | Early Education and Preparation for Kidney Replacement Therapy (Rec. #15)

- **Patients in Stage 4 should be provided with early vascular access to prevent possible medical complications from emergency treatment for kidney failure.**

Move to nephrologists section.



Uninsured

- NC General Assembly should create a care system for the uninsured with chronic kidney disease
 - Similar to state funding for cancer control programs