Upstream Kidney Health

"…identify health care services for which there are substantial variation in practice patterns or high utilization trends in Washington state, without producing better care outcomes for patients, that are indicators of poor quality and potential waste in the health care system."

PROBLEM STATEMENT:

Chronic kidney disease (CKD) affects over 1 in 7 adults, yet nearly 90% are unaware they have it.[i] Cardiovascular disease risk increases substantially with worsening CKD progression (17x times higher risk with GFR<15 compared to normal kidney function).[ii] Many individuals with documented decrease in GFR and/or urine albumin changes go undiagnosed and without interventions that could delay progression and lower CV risk. Evidence has changed over time without practice changing, leading to large variations in care. Diabetes and high blood pressure are leading causes of kidney disease, and marginalized racial and ethnic populations are disproportionately affected by kidney disease[iii] and delays in treatment.[iv] Infrastructure support for early screening, identification and treatment can reduce costs, prevent disease progression and improve quality of life for Washingtonians at risk for and living with kidney disease.

DOES THE TOPIC HAVE (CHECK ALL THAT APPLY):

☒VARIATION IN CARE ☒ SAFETY CONCERNS

☒HIGH COST AND POOR OUTCOMES ☒EQUITY CONCERNS

PROPOSED SCOPE:

Scope Updating expectations on adequate screening for CKD, active approach to treating stage 3 and 4 CKD to prevent progression, System infrastructure for meaningful interpretation of CKD screening[v]; Identifying quality measures/metrics that can be used to monitor system-level care quality and align incentives

Out of scope: ESRD best practices, children and adolescents; practice guidelines for other chronic conditions (e.g., guidelines specific to diabetes)

EVIDENCE-BASED IMPACT STRATEGY:

Clinicians/Care Teams*:* screening with serum creatinine and urine albumin; early intervention with guideline-directed medical therapy; patient-centered care planning

Delivery Systems*:* proactive identification of patients with CKD; population-level management of patients at-risk for or with CKD; team-based coordinated care

Plans*:* Reduce financial barriers to first-line treatment, value-based payment for screening and early treatment, wrap-around support for members at high-risk

Purchasers*:* kidney-protective environment, benefit coverage of annual testing for at-risk employees, monitoring of system-level quality measures in kidney care

AVAILABLE DATA FOR MONITORING AND EVALUATION:

NCQA Kidney Health Toolkit[vi]

New HEDIS Kidney Health Evaluation (KED) for patients with diabetes; HEDIS DDE (Potentially Harmful Drug-Disease Interactions in Older Adults) one rate is chronic kidney disease and prescription for Cox-2 selective NSAIDS or nonaspirin NSAIDS

POTENTIAL PARTNERS:

DOH, HCA, American Diabetes Association, National Kidney Foundation, WHA,

HOW COULD THE BREE UNIQUELY IMPACT THE HEALTH OF WASHINGTONIANS

Bree could build awareness of hugely underdiagnosed and undermanaged condition that is causing harm, develop concrete steps on how to screen and treat CKD that can be easily implemented across health system, standardized referral criteria (primary care - nephrology), and identify quality measures for monitoring of quality kidney care at the system level and align payor incentives, and promote team-based care following chronic care model

[i] Centers for Disease Control and Prevention. (May, 15th 2024.). Chronic kidney disease initiative: Data & research. U.S. Department of Health & Human Services. Retrieved May 27, 2025, from https://www.cdc.gov/kidney-disease/php/data-research/index.html

[ii] Go AS, Chertow GM, Fan D, McCulloch CE, Hsu C-y. Chronic Kidney Disease and the Risks of Death, Cardiovascular Events, and Hospitalization. New England Journal of Medicine 2004;351(13):1296-1305. DOI: 10.1056/NEJMoa041031

[iii] National Kidney Foundation. (2025). Health equity and chronic kidney disease. National Kidney Foundation. https://www.kidney.org/kidney-topics/health-equity-and-chronic-kidney-disease

[iv] Purnell TS, Bae S, Luo X, et al. National Trends in the Association of Race and Ethnicity With Predialysis Nephrology Care in the United States From 2005 to 2015. JAMA Netw Open. 2020;3(8):e2015003. doi:10.1001/jamanetworkopen.2020.15003

[v] Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. (2024). KDIGO 2024 clinical practice guideline for the evaluation and management of chronic kidney disease. Kidney International Supplement, 105(4 Suppl), S117–S314. https://doi.org/10.1016/S0085-2538(23)00766-4

[vi] National Committee for Quality Assurance. (2023). *Population health roadmap for chronic kidney disease*. https://wpcdn.ncqa.org/www-prod/wp-content/uploads/NCQA-PH-Roadmap-Chronic-Kidney-Disease.pdf