

ACTION BRIEF

Employer Strategies that Drive Value



CHRONIC KIDNEY DISEASE

PREVENTING, DIAGNOSING & DELAYING DISEASE PROGRESSION

37 million Americans have kidney disease; 90% don't know it



ACTION STEPS FOR EMPLOYERS:

1. Know the scope of the problem among the workforce and covered family members.
2. Require health plans and other disease management partners to offer, track and manage outreach programs for patients at risk for CKD; require plans to adhere to new [UACR](#) and [eGRF](#) screening guidelines.
3. Include first-dollar coverage for healthcare services and prescription drugs to prevent and treat conditions such as diabetes and hypertension.
4. Make healthy foods, exercise and wellbeing programs accessible and available to employees at no or low cost.
5. Educate and involve employees.

Every day, our kidneys filter blood to remove toxins, waste and harmful substances from our blood to keep us healthy. These powerhouse cleaners also help keep our blood pressure normal, tell our body when to make red blood cells, and pull extra fluid from the body.

But our kidneys need to be protected and maintained. This is an increasing challenge in America as the incidence of chronic kidney disease (CKD) grows, adding pressure to an already stressed healthcare system, increasing costs for patients and their employers, and compromising quality and length of life.

WHY EMPLOYERS SHOULD CARE

CKD is an expensive *and largely avoidable* disease. One study found that type 2 diabetes patients with protein in their urine (albuminuria) cost twice as much per member as those with normal levels (See chart on page 3: “The 5 Stages of Kidney Disease and Correlating Costs”). Further, progression of CKD from stage 1 to stage 4 — and finally to end-stage renal disease (ESRD) requiring dialysis — occurs very quickly. Today, stage 3 CKD is the most common stage in the US, likely because of late detection. Nearly half of patients reach stage 5 without knowing they have CKD, causing many to move directly into dialysis.

A staggering 35% of people with type 2 diabetes over age 20 have CKD. The American Diabetes Association recommends that everyone diagnosed with type 2 diabetes get a kidney health profile including eGFR (kidney function) and UACR (kidney damage) at diagnosis and then every year. In a recent study, however, only 41% of those with type 2 diabetes had been assessed using UACR — an important indicator of CKD severity — up to three years after diagnosis.

1. Know the scope of the problem among the workforce and covered family members.

Many employers are not aware of the seriousness or prevalence of CKD (see sidebar on page 2: “What is Chronic Kidney Disease?”). Determine the number of covered individuals with diabetes and estimate the number likely to have undiagnosed CKD. Run a report on the [new HEDIS](#) measure, “Kidney Health Evaluation for Patients with Diabetes,” to compare with national trends.

What is Chronic Kidney Disease?

With proper control of diabetes and hypertension, CKD progression can be greatly slowed or even prevented

CKD occurs when the kidneys do not work as well as they should due to chronic conditions like diabetes and high blood pressure, which account for three out of four new cases. When CKD reaches a critical point and the body cannot filter and clean the blood, dialysis is needed to do the job the kidneys can no longer do on their own. While clearly the goal is to avoid the need for dialysis, it does help many patients avoid serious complications like heart disease and stroke.

► Why are kidneys affected by diabetes and high blood pressure?

Diabetes causes damage to the tiny blood vessels (microvasculature) in the body. The kidneys rely on these tiny vessels to filter blood and waste. Over time, this leads the blood vessels to fail, cutting off blood supply. In addition, diabetes speeds up hardening of arteries (atherosclerosis) that can further damage the kidneys and other

organs sensitive to small vessels, such as the eyes. These changes are compounded when blood pressure is elevated. For those with diabetes, high blood pressure is one of the biggest factors that increases risk for kidney disease and the #2 cause of kidney failure, according to the American Kidney Fund.

- **How is CKD diagnosed?** CKD in its early stages does not have symptoms. Unless a doctor or medical provider performs specific blood and urine tests, it can go undiagnosed for years. The blood test to check the kidneys is called the estimated glomerular filtration rate (eGFR). Increasingly, a test called the urine albumin to creatinine ratio (UACR) is used for checking how the kidneys are working or if they are damaged. Guidelines from the American Diabetes Association recommend that people with diabetes be tested using both methods every year to catch CKD in its earliest and most treatable stage.

Type 2 diabetes is the primary cause of CKD for 11.8 million people. According to The National Kidney Foundation, “Diabetes is more prevalent in certain ethnic groups. In American adults aged 20 or older, diabetes has been diagnosed in 13.2% of non-Hispanic Blacks, 12.8% of Hispanics, 9% of Asian Americans, and 7.6% of non-Hispanic Whites.”









2. Require health plans and other disease management partners to offer, track and manage outreach programs for patients at risk for CKD; require plans to adhere to new UACR and eGFR screening guidelines.

Employers are encouraged to set expectations with their health plans and other disease management partners to ensure employees at risk for CKD are receiving personalized outreach and care management. Additionally, plans should adhere to new UACR and eGFR screening guidelines. Having prepared questions is a good place to start. For example:

- Are you actively reaching out to members with preventive care reminders?
- Are you contacting members diagnosed with diabetes accompanied by hypertension to see that they are receiving the education and care they need to avoid CKD (see sidebar: “What is Chronic Kidney Disease?”).
- How will you/are you tracking and managing member compliance, engagement and outcomes?
- Are you following national evidence-based guidelines for preventing and treating CKD, including adhering to new UACR and eGFR screening guidelines?
- Is screening for early signs of CKD included as part of value-based provider contracting strategies?
- Do you have strategies in place to address barriers to care/social determinants of health?
- Are programs updated to reflect the most up-to-date guidelines available (e.g., eGFR and UACR screenings, new HEDIS measure...)?

THE 5 STAGES OF KIDNEY DISEASE AND CORRELATING COSTS

(Average per patient annual cost <65 years)

| Stage of CKD | STAGE 1 | STAGE 2 | STAGE 3A | STAGE 3B | STAGE 4 | STAGE 5 |
|------------------------|---|---|---|---|---|---|
| eGFR | 90 or greater | Between 60 and 89 | Between 45 and 59 | Between 30 and 44 | Between 15 and 29 | Less than 15 |
| Level of kidney damage |  Mild kidney damage |  Mild kidney damage |  Mild to moderate kidney damage |  Mild to moderate kidney damage |  Moderate to severe kidney damage |  Kidneys are close to failure or have completely failed. You will need to start dialysis or have a kidney transplant. |
| Correlating costs | \$7,357 | \$16,770 | \$26,842 | \$43,547 | \$76,969 | \$121,948 |

CKD is an independent risk factor for developing coronary artery disease and more severe coronary heart disease. It is also associated with adverse outcomes in those with existing cardiovascular disease.

<https://www.ajmc.com/view/all-cause-costs-increase-exponentially-with-increased-chronic-kidney-disease-stage-article>

3. Include first-dollar coverage for healthcare services and prescription drugs to prevent and treat conditions such as hypertension and diabetes.

Because CKD is preventable for many patients, it is recommended that employers remove barriers to care such as copayments or coinsurance. The cost and logistics of seeing a doctor are daunting for many people with chronic disease. Eliminating or reducing the cost for prescription drugs and primary care; telemedicine; and onsite or near-site clinics are a wise investment for employers. Making sure UACR and eGFR screenings are covered is also important.

4. Make healthy foods, exercise and wellbeing programs accessible and available to employees at low or no cost.

CKD occurs after years of gradual progression. It begins with weight gain and decreased fitness, leading to metabolic syndrome, type 2 diabetes, hypertension, and atherosclerosis. Employers can help employees:

- ▶ **Avoid weight gain and reduced fitness.** Encourage physical activity and guide employees to healthy options, limiting fatty, processed foods.

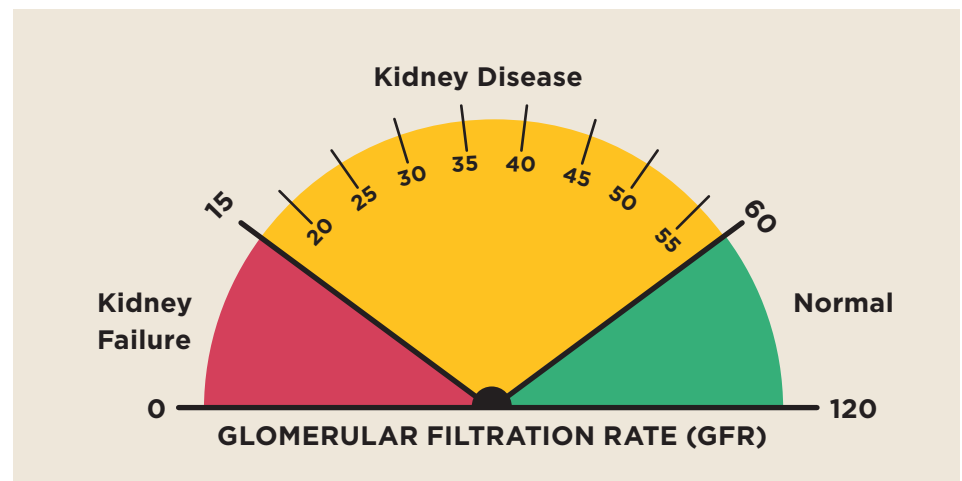
- ▶ **Quit tobacco.** Tobacco accelerates CKD, heart attacks, and strokes. Support tobacco cessation through no-cost programs and plan benefit design.
- ▶ **Reduce metabolic syndrome.** With weight gain, the body is less able to control fats, glucose and blood pressure. Programs to reverse metabolic syndrome are very effective in preventing or delaying diabetes, hypertension and high cholesterol.
- ▶ **Understand the importance of “knowing your numbers.”** Early diabetes, hypertension and CKD must be identified, addressed and controlled so they do not silently progress to serious illness or catastrophic health events. These conditions have no

symptoms in the early stages, leaving countless people in the dark. Knowing and controlling these numbers matters.

5. Educate and involve employees.

From preventive care, to screening, to treatment, employers can provide education and advocacy for employees and their families.

- ▶ Preventive care: Communicate about CKD, including what it is, who is at risk, and recommended screening.
- ▶ Provide targeted education about UACR for employees with diabetes. Remind employees about resources and programs in place to help preserve and manage health.





- Offer incentives and other motivation to engage employees in making healthy choices.

Currently 1 in 10 Americans has diabetes, if current trends continue, this number will be as high as 1 in 3 by 2050. Supporting employees and their families by addressing obesity, metabolic syndrome, diabetes, and high blood pressure could dramatically reduce costly and life-changing healthcare complications, including CKD. Taking action today will ensure employees and their families are prepared to prevent and, if necessary, treat CKD.

EMPLOYER CASE STUDY: STAKEHOLDER COLLABORATION LEADS TO BETTER CARE

A Findlay, Ohio-based collaborative made up of local employers, physicians, and a hospital system pooled data from employee health claims to find variation in the quality and cost of treatment for their employees. To reduce the variation, the collaborative encouraged physicians to follow standardized treatment protocols, especially for chronic conditions like hypertension and diabetes. The hospital system also redesigned its care practices for patients with diabetes with a goal of improving

outcomes and reducing lengths of stay. The collaboration has provided an opportunity for physicians to suggest changes to employer benefit programs that encourage patients to seek more preventive care and increase medication adherence. One employer in the collaborative went on to create a patient-centered medical home that has more than doubled cancer screenings while reducing emergency department use.

Courtesy of The Commonwealth Fund

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