

# >> Making a Difference

How you can help stop the progression of CKD in Tennessee

## How You Can Help

Chronic kidney disease (CKD) is a progressive condition. When untreated, it worsens rapidly and eventually results in prematurely severe health consequences.

Unfortunately, many patients are first diagnosed with kidney disease after progressing to end stage renal disease and require dialysis.

This is why we need your help to identify at-risk patients early to slow the progression of the disease.

What simple things can you do to make a difference?

## Understand CKD and Its Related Conditions

When it comes to preventing CKD, the signs are simple to spot. Patients who have diabetes, hypertension, cardiovascular disease, have a family history of CKD and are obese, over the age of 60 and a minority, may be at risk for developing the disease.

## Know What Test to Perform and When

About 60 percent of patients with diabetes and CKD, and 90 percent of patients

with hypertension and kidney disease who do not have diabetes did not have a widely available and inexpensive urine test (microalbumin) performed within one-year of diagnosis.

Many doctors may not recognize that patients with diabetes and early-stage CKD (the stages when the best chance exists to slow disease progression) have poor glucose control with A1c values of less than 7 percent.

## Know When to Refer Patients

Knowing when to refer a patient to a nephrologist is key when treating a patient with CKD. Patients as early as Stage 2 should be referred to a nephrologist for frequent testing and monitoring of their condition. Because many patients remain undiagnosed until it is too late, their condition has already progressed into the later stages of CKD.

## Monitor and Submit Clinical Data

One way to early detect candidates developing CKD is to study your clinical data. This can help you manage care and better educate your patients on medical conditions that can lead to CKD.

As an incentive, physicians can receive up to 4 percent additional reimbursement of Medicare billing for using e-prescribing and simply reporting data on CKD clinical measures.



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