

Kidney Health Evaluation for Patients with Diabetes

Importance of Annual Screening for Chronic Kidney Disease (CKD)

It is estimated that 20-40% of adults with diabetes have CKD.¹ CKD is the leading cause of end-stage renal disease (ESRD) leading to dialysis and kidney transplantation. Additionally, CKD increases risk for cardiovascular disease (CVD), structural heart problems, heart failure, sudden death, and atherosclerosis. Cardiovascular risk grows as kidney function (eGFR) declines. Notably, CVD is a greater threat to life than kidney failure for most CKD patients.²

This executive summary highlights the benefits of screening all patients with diabetes for CKD even if a patient may be on a renin-angiotensin system antagonist (RASA) medication. This document also reviews the use of sodium-glucose co-transporter 2 inhibitors (SGLT2is), glucagon-like peptide 1 receptor agonist (GLP-1RAs), and mineralocorticoid receptor antagonists (MRA) to further help delay the progression of CKD in diabetes.

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QUALITY MEASURE INFORMATION

- Static Scored Measure: members aged 18-85 with a diagnosis of Diabetes (type 1 and type 2)
 - Diagnosis is defined by either two diagnoses of diabetes on different dates of service during the measurement year OR
 - Pharmacy claims for antihyperglycemics PLUS at least one diagnosis during the measurement year or year prior. Metformin as a solo agent is not included.
- Members must receive a kidney health evaluation, defined by **BOTH** an **estimated glomerular filtration rate (eGFR)** and **urine albumin-creatinine ratio (uACR)** during the measurement year (can be same day or different dates of service)
- Both labs must be completed within a 12-month window to meet compliance
- Members with End-Stage Renal Disease (ESRD), on dialysis, or those who meet the criteria for both frailty and advanced illness are **excluded**.

SCREENING INFORMATION

WHAT IS THE KIDNEY HEALTH EVALUATION?^{1,2}

- It is an annual screening (eGFR + uACR) recommended by the American Diabetes Association (ADA) and Kidney Disease Improving Global Outcomes (KDIGO) for **all patients with diabetes**.
- **An annual kidney health evaluation is essential for kidney function monitoring and measure compliance, irrespective of their current medications, including renin-angiotensin system antagonists (RASA).**

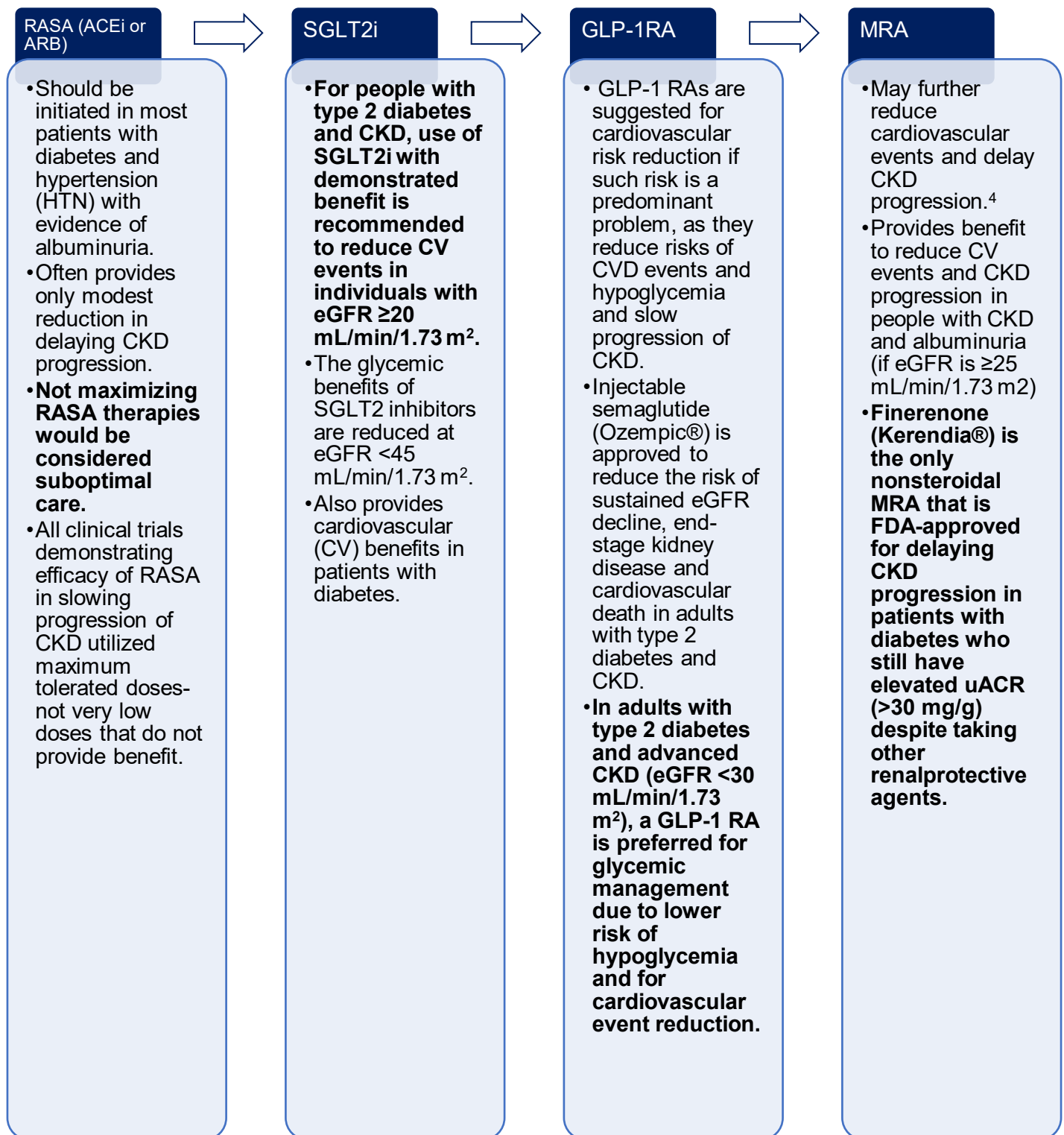
WHY SHOULD A KIDNEY HEALTH EVALUATION BE DONE AT LEAST YEARLY?¹

- Annual screening allows for early identification of CKD, **enabling timely interventions to prevent or delay disease progression, and facilitating appropriate referral to nephrology when needed.**
- If albuminuria (protein in the urine) is found, providers can initiate medications to further delay progression of CKD (see stepwise diagram below).
- Elevated albuminuria is associated with increased cardiovascular risk; specifically, **UACR values $\geq 30\text{mg/g}$ were associated with a 50% increased risk for a CV event in patients with Type 2 Diabetes**¹⁻³

INTERVENTIONS THAT LOWER ALBUMINURIA (PROTEIN IN THE URINE)¹

- Blood glucose control
- Blood pressure management
- Smoking cessation
- Weight management
- Sodium/protein restriction
- **Treatment with ACEi or ARBs**
- **Treatment with SGLT2i, MRAs, or GLP-1RAs (Currently only Ozempic® has indication)**

SLOWING CKD PROGRESSION WITH MEDICATIONS¹⁻⁴



REFERENCES

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