

SCREENING PRACTICES FOR CHRONIC KIDNEY DISEASE(CKD)IN SOUTH CAROLINA

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The Medicaid Act 124 states that all patients with a diagnosis of diabetes, hypertension or family history of CKD should be evaluated for kidney disease through routine clinical laboratory assessments of kidney function. However, very little is known about screening practices for CKD in South Carolina (SC)This study will evaluate screening practices among South Carolina primary care physicians and if race, geographical location, age, and other co-morbidities play a role.

This is an observational study which includes members of the Hypertension Initiative database. This database includes more than 70 clinical sites in the southeast and tracks over 200,000 patients.

Screening practices for CKD in SC is sub-optimal. Patients are less likely to be screened for CKD by serum creatinine if they are African-American, or from rural or very rural regions in SC.

Variable	OR	95% CI	P Value
Age (Years)	1.004	1.002-1.006	<0.0001
Female	1.210	1.153-1.270	<0.0001
African-American	0.793	0.752-0.835	<0.0001
HTN	1.293	1.050-1.592	0.0178
Diabetes	1.213	1.149-1.280	<0.0001
CVD	0.810	0.760-0.862	<0.0001
CHF	0.908	0.812-1.016	0.0934
Hyperlipidemia	1.841	1.741-1.946	<0.0001
Rural	0.387	0.366-0.410	<0.0001
Very Rural	0.673	0.610-0.742	<0.0001

