

A Vision for Value-Based Approaches to Early Kidney Disease Prevention and Management



Fall 2025

The Coalition for Kidney Health announces a set of recommendations for actions the Center for Medicare and Medicaid Innovation (CMMI) should take to expand its focus on early detection and management of chronic kidney disease (CKD).

Overview

- Value-based care models aim to expand treatment options for kidney failure and encourage home dialysis and transplantation. However, they have not generated substantial Medicare savings or tackled the earlier stages of CKD, where the biggest opportunities to prevent disease progression and reduce costs lie.
- Chronic kidney disease (CKD) is one of the most underrecognized and costly chronic illnesses in the United States. 37 million adults live with CKD, yet 90% do not know they have it. CKD leads to disability, premature death, and high health care costs, especially for Medicare, which spends over \$50 billion annually on kidney failure.
- Kidney disease is linked to diabetes, hypertension, and cardiovascular disease, creating a cycle of illness that is expensive and devastating for both patients and payers. Others are rare, leading to a challenging diagnostic journey and the threat of recurrence after transplant.
- The Coalition for Kidney Health white paper, *A Vision for Value-Based Approaches to Early Kidney Disease Prevention and Management*, calls on CMMI to pivot its kidney strategy upstream—toward early detection, prevention, and management of CKD—to improve health outcomes, reduce costs, and better align with the “Make America Healthy Again” (MAHA) vision.

"I am thrilled for policies that advance kidney health over kidney failure. Moreover, I look forward to a greater sense of urgency adopting the use of medications that are nephroprotective"



*Kevin Fowler,
Kidney Patient*

Making the Case for Early Kidney Care

Preventing kidney failure before it starts is the most promising way to improve lives and control costs. By shifting focus upstream, CMMI can reduce dialysis dependence, avoid costly hospitalizations, and empower patients to manage their health earlier. The coalition's recommendations are feasible within CMMI's current authority and align with national goals to make prevention and patient-centered care the foundation of Medicare's value-based strategy.



*Mary Baliker,
Kidney Patient*

"For ages, we have waited for sickness to tell the story of kidney disease. A patient centered approach fueled by early prevention; rewrites the story. It will ensure that every person with kidney disease not just lives longer, but has a much better quality of life."

Why Early CKD Intervention Matters

- **Silent progression:** CKD often has no symptoms until advanced. One in three adults with late-stage CKD does not know they are living with CKD.
- **Comorbid burden:** Most CKD patients have diabetes, heart failure, or both, leading to complex care needs and higher hospitalization rates.
- **Costs:** People with CKD plus heart failure and diabetes cost nearly \$50,000 per year in Medicare Parts A, B, and D spending: more than double the cost for those with CKD alone.
- **Rare and inherited diseases:** Conditions like glomerular disease can cause early kidney failure and complications with kidney transplants.

"As someone who crashed into dialysis, I recognize how the approach to kidney disease needs to change. We must go from the reactive treatment of advanced illness to proactive prevention and management. Early intervention, including kidney screenings, access to education, and medical nutrition therapy, will empower patients and clinicians to manage CKD before irreversible damage occurs while also reducing the financial burden on individuals as well as the healthcare system."

*Pesh Patel,
Kidney Patient*



Evidence shows screening for kidney disease is cost-effective and population health strategies, such as proactive testing and coordinated care, can reduce hospitalizations and improve outcomes.

Tactical Recommendations Correspond to CKD Policy Goals Under the MAHA Strategy

Early Chronic Kidney Disease Policy Goals	Innovation Center Tactics
Kidney disease prevention through early, comprehensive screening	Benefit Enhancements (BEs) and Beneficiary Engagement Incentives (BEIs) (e.g., waivers, model requirements)
Patient activation and clinician education	Multipayer Alignment (e.g., model incentives, payor convenings)
Reduce disability and improve quality of life	Accountable Care (e.g., incorporating specific kidney disease policies and incentives in ACO designs)
Improved coordination between primary and specialty care	Population Health Approaches
Increase disease management support	Quality Measurement
Delay kidney disease progression	Facilitating Education (e.g., advance vision and increase stakeholder buy-in through HCPLAN)
Close care gaps for vulnerable populations	

Making the Case for Early Kidney Care

Preventing kidney failure before it starts is the most promising way to improve lives and control costs. By shifting focus upstream, CMMI can reduce dialysis dependence, avoid costly hospitalizations, and empower patients to manage their health earlier. These recommendations are feasible within CMMI's current authority and align with national goals to make prevention and patient-centered care the foundation of Medicare's value-based strategy.

Access the Full White Paper Here

