



June 18, 2026

Endorsement and Maintenance Team  
Partnership for Quality Measurement  
PQMSupport@battelle.org

**Re: Support for Endorsement of the Rate of Annual Kidney Health Evaluation Among Adults with Diabetes and/or Hypertension (CBEID 5611e)**

Dear Members of the Partnership for Quality Measurement Endorsement and Maintenance Committee,

On behalf of the Coalition for Kidney Health, we are pleased to express our strong support for endorsement of the measure, *Rate of Annual Kidney Health Evaluation Among Adults with Diabetes and/or Hypertension (CBEID 5611e)*.

The Coalition for Kidney Health is committed to improving kidney health outcomes through earlier detection, evidence-based care, and coordinated efforts to reduce the burden of chronic kidney disease (CKD). We believe this measure addresses a critical gap in care by promoting the routine use of annual kidney health evaluations among individuals at highest risk for CKD, including those with diabetes and hypertension.

CKD remains an underrecognized public health challenge, affecting approximately 37 million adults in the United States. Because kidney disease frequently progresses without symptoms until advanced stages, many individuals are unaware of their condition until opportunities for prevention and intervention have been lost. Earlier identification of CKD is essential to improving outcomes, reducing complications, and slowing progression to kidney failure.

This measure evaluates the percentage of adults aged 18–85 years with diabetes and/or hypertension who receive both estimated glomerular filtration rate (eGFR) and urine albumin-creatinine ratio (uACR) testing during the measurement period. These tests are foundational components of comprehensive kidney health evaluation and are recommended by leading clinical organizations, including Kidney Disease: Improving Global Outcomes (KDIGO), the American Diabetes Association (ADA), the American Heart Association (AHA), the American College of Cardiology (ACC), and the National Kidney Foundation (NKF). Together, eGFR and uACR enable earlier detection, more accurate staging, risk stratification, and timely implementation of therapies that can preserve kidney function and improve patient outcomes.

We particularly note the measure's relevance to closing gaps in testing for individuals with hypertension only. Studies have shown that although guideline-concordant CKD testing is low in individuals with diabetes (28.7%) and diabetes and hypertension (41.4%), it is lowest in individuals with hypertension only (10.5%).<sup>1</sup> Accordingly, the 2025 AHA/ACC hypertension guideline now recommends uACR testing at the time of a hypertension diagnosis.

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<sup>1</sup> Alfego D, Ennis J, Gillespie B, Lewis MJ, Montgomery E, Ferrè S, Vassalotti JA, Letovsky S. Chronic Kidney Disease Testing Among At-Risk Adults in the U.S. Remains Low: Real-World Evidence From a National Laboratory Database. *Diabetes Care*. 2021 Sep;44(9):2025-2032. doi: 10.2337/dc21-0723. Epub 2021 Aug 5. PMID: 34353883; PMCID: PMC8740927.



Endorsement of the measure would help advance consistent, evidence-based kidney health screening practices across healthcare settings and strengthen accountability for identifying CKD in populations at elevated risk. Increased adoption of annual kidney health evaluations has the potential to improve diagnosis rates, reduce disparities in care, facilitate earlier treatment, and ultimately decrease the substantial human and economic burden associated with kidney disease and its cardiovascular complications.

For these reasons, the Coalition for Kidney Health strongly supports endorsement of CBEID 5611e. We appreciate the Partnership for Quality Measurement's continued commitment to advancing high-quality, patient-centered, and evidence-based care.

Thank you for your consideration.

Sincerely,

The Coalition for Kidney Health