



National
Kidney
Foundation®

Chronic Kidney Disease Early Detection and Management

Issue: Chronic Kidney Disease (CKD) affects 26 million adults in the United States while 1 in 3 (73 million) American adults are at risk for kidney disease, but most people are unaware they have the disease because it is under-diagnosed, even among people at the highest risk such as those with diabetes and hypertension. Minorities are disproportionately affected by CKD as African Americans develop CKD at a rate of 3 to 1 compared to whites and Hispanics at a rate of 2 to 1.

Background: Kidney disease is independently linked to increased risk of mortality, and is the 9th leading cause of death in the U.S. Kidney disease often has no symptoms, and it can go undetected until very advanced. A simple and low cost blood and urine test can detect kidney disease. Earlier detection among those at risk would allow introduction of low-cost medical management strategies and patient education necessary to slow the progression of kidney disease, reduce the associated co-morbidities, and better prepare those who do progress to kidney failure for dialysis or transplantation.

Medicare makes a substantial investment in the care of people with kidney disease. **Total Medicare expenditures for all stages of kidney disease were nearly \$100 billion in 2013**, not including prescription medications. Most of that cost, about \$68 billion, was spent caring for those with CKD who did not have kidney failure. In addition, Medicare is the largest payer in the U.S. for those with permanent kidney failure, also known as end-stage renal disease (ESRD), covering medical costs for most of these patients regardless of their age. Without the Medicare ESRD benefit, hundreds of thousands of patients would not have access to dialysis or a kidney transplant. It is time now to make the most of that investment by ensuring proper diagnosis and treatment of patients with CKD in the earlier stages.

Request: Congress should direct the Secretary of Health and Human Services to design a demonstration program that:

1. Creates a bundled payment tied to quality metrics that would facilitate primary care practitioners (PCPs) to detect at-risk patients for CKD and manage their CKD population.
2. Develops a capitated payment to nephrologists for CKD stage 4 management tied to quality metrics
3. Includes the development and implementation of quality measures, designed to improve CKD care, to support these CKD specific payment models and that can also be incorporated into other alternative payment models and quality improvement programs.