



Show Me MO CKDintercept Breakout Session Descriptions

The most impactful piece of the Show Me MO CKDintercept event will be the breakout sessions. During these sessions, leaders and change-makers from various organizations will collaborate on strategies to improve CKD prevention, diagnosis, and treatment in Missouri. This is not the first time such a collaboration has occurred; in 2008, the Missouri State Legislature appointed a specialty task force to study the magnitude of CKD as a public health problem. Their report produced many recommendations, heavily stressing the importance of early intervention and treatment of CKD.¹ Despite the urgency of CKD as a public health problem, many of the task force's recommendations were not implemented and the obstacles identified by the group still exist today.

Below is a description of the breakout sessions that will be held during the Show Me MO CKDintercept event. Each breakout session focuses on a different aspect of CKD prevention and care and includes specific goals and background information to contextualize the topic. Recommendations from the 2008 task force are also included to highlight the longevity of the problem and the previously proposed interventions. Please carefully consider the set of questions for your breakout groups and arrive ready to discuss strategies and solutions that can be implemented to meaningfully improve CKD treatment in Missouri.

Wellness and Prevention

Goal: To develop a strategy to incorporate CKD testing and diagnosis into community wellness and prevention practices

Questions to consider:

- What wellness and prevention partners are providing services in Missouri?
- What are the strengths and weaknesses of these partners?
- Are there specific opportunities that we can see today?
- How can this be integrated into health equity efforts across the state?

Background: To date, almost 90% of people living with CKD remain undiagnosed in the population and the majority will not receive guideline recommended annual testing.² This breakout session will discuss the strategies that can be developed and employed to ensure that CKD testing and diagnosis are included as part of the wellness and prevention services (including corporate programs, diabetes prevention activities, etc.) that are available in the state of Missouri.

¹ "Missouri Chronic Kidney Disease Task Force." *Missouri Department of Health and Senior Services*, Oct. 2008. <https://health.mo.gov/living/healthcondiseases/chronic/diabetes/pdf/KidneyDiseaseReport.pdf>

² "Chronic Kidney Disease in the United States, 2021." *Centers for Disease Control and Prevention*, 4 Mar. 2021. <https://www.cdc.gov/kidneydisease/pdf/Chronic-Kidney-Disease-in-the-US-2021-h.pdf>



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MO CKD Task Force (2008): This report included an emphasis on prevention and the cost-effectiveness of early screening; wellness/prevention focus on weight loss, smoking cessation, and routine health screenings. Existing disease management programs should include the management of CKD.

Policy, Payment, and HEDIS Measurement

Goal: To develop a strategy to streamline CKD testing in primary care from a policy and payment perspective

Questions to consider:

- What policies and/or payment strategies limit CKD testing in primary care?
- What impact will the KHE HEDIS potentially have on existing policies and strategies?
- Are there specific opportunities that we can see today for collaboration?
- What implications can we see for changes in policy and payment on health equity in Missouri?

Background: In July 2020, the NCQA released the Kidney Health Evaluation for Adults with Diabetes HEDIS measure (KHE).³ This measure assesses the percentage of people with diabetes that receive both tests for CKD during the course of a year. When tested against over 70 claims datasets, this measure was achieved in only 35% of cases. This measure will begin collecting data for public reporting in October, 2021.

MO CKD Task Force (2008): This report stated that low-cost, high-yield screenings to detect CKD should be covered by all insurance plans as part of routine health screen, even if there is not a primary diagnosis. Additionally, eGFR should be universally used and recognized. It recommends reimbursement for CKD screening tests and assurance that results are communicated to patients.

Clinical Considerations for CKD in Primary Care

Goal: To discuss strategies and approaches that can be employed to improve CKD recognition and care in primary care settings

Questions to consider:

- What programs have achieved improved chronic care in primary care in Missouri today?
- Are there specific opportunities that we can see today for partnerships or collaborations?
- Who are the leaders in primary care and population health that we should be aligned with to improve CKD care?
- Are there specific tools, resources, or approaches that we should consider?

³ Brock, Matt. "Kidney Health: A New HEDIS Measure." *NCQA Blog*, 16 Jul. 2020.
<https://blog.ncqa.org/kidneyhealth/>



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Background: A large, national study illustrated that less than 12% of people with CKD were diagnosed in primary care.⁴ This included as many as 40% of people whose kidneys required specialty care. With the advent of new therapies demonstrated to slow or stop the progression of CKD, there is very real opportunity to improve quality of care for people with CKD across the entire spectrum of disease.

MO CKD Task Force (2008): This report stated that nephrologists should actively educate primary care providers and other health professionals in their referral base regarding screening of patients at risk and the appropriate management of those in CKD stages 1,2,3 to delay or prevent progression. Primary care providers must fully understand the risks for developing CKD, learn the importance of eGFR, and use this lab result in their evaluation of patients at risk. Primary care providers must also learn how to manage their patients in early stage CKD. Chronic disease managers who manage patients with diabetes, hypertension, or cardiovascular disease should be cross-trained in the management of people with CKD. Routine measurement of blood pressure should be done by all clinicians.

Engaging Community and Community-based Solutions

Goal: To develop strategies to advance CKD awareness through community engagement and to ensure that health care providers are aware of the community resources available to delay CKD progression

Questions to consider:

- What community programs are strong partners for collaboration in awareness activities?
- Are there specific opportunities that we can see today for partnerships or collaborations?
- Are there specific tools, resources, or approaches that we should consider?

Background: In the US today, only 10% of people with laboratory evidence of CKD know that they have kidney disease.⁵ Improved patient awareness, engagement, and self-management are vital to successfully slowing CKD progression. As diabetes and hypertension play significant roles in the development of CKD, working with community organizations that support people with chronic disease can be an important step toward raising public awareness of CKD among those at risk for CKD.

MO CKD Task Force (2008): This report recommends increased funding for CKD education and increased collaboration among interested parties (including NKF, the state QIO, pharmaceutical companies,

⁴ Szczech, Lynda A., et al. "Primary Care Detection of Chronic Kidney Disease in Adults with Type-2 Diabetes: The ADD-CKD Study (Awareness, Detection and Drug Therapy in Type 2 Diabetes and Chronic Kidney Disease)." *Public Library of Science*, 26 Nov. 2014. <https://doi.org/10.1371/journal.pone.0110535>

⁵ "Chronic Kidney Disease (CKD) Surveillance System: Awareness." *Centers for Disease Control and Prevention*. <https://nccd.cdc.gov/ckd/detail.aspx?QNum=Q97#refreshPosition>



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colleges, and other educational agencies). It points out the necessity of a coordinated public health approach.