

# Participate to Improve Health Care for People with Chronic Kidney Disease



*HealthInsight* is pleased to announce that, with the support from community partners, we have been awarded the Centers for Medicare and Medicaid Services (CMS) contract to improve care related to chronic kidney disease (CKD) in Nevada. We are one of only 10 states in the country awarded this contract.

Every day in Nevada, two or three patients are newly diagnosed with chronic end stage renal disease (ESRD). Almost half of them are among the nearly 200,000 Nevadans with a primary diagnosis of diabetes. Although 7.5% of the population in Nevada has diabetes, the prevalence in Native Americans and African-Americans, who respectively comprise 1% and 7% of Nevada's population, is significantly higher. In addition, it is estimated that 10 – 20% of these patients with diabetes will die of renal failure. There is ample evidence to suggest that in at least half of patients with diabetes, ESRD could have been postponed or avoided with early detection and treatment with either an appropriate dose of an angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy.

Beginning August 1, 2008, we will bring together health care providers and other interested community members to formalize our plans and initiate improvement activities. We are currently creating a CKD Task Force with the assistance of our clinical consultant. Nephrologists, endocrinologists, cardiologists, PCPs, hospitalists, vascular surgeons, nurses, nurse practitioners, and certified diabetes educators are being invited to address CKD-specific aspects of diabetes care as part of this community collaboration, to evaluate the current state of CKD care in the state, identify community specific interventions, and implement appropriate interventions.

## **The focus areas for quality improvement in CKD include:**

1. Timely testing to detect kidney failure due to diabetes;
2. Slowing the progression of this disease in individuals with diabetes through the use of ACE inhibitor and/or an angiotensin receptor blocking (ARB) agent; and
3. Arteriovenous fistula (AV fistula) placement and maturation (as a first choice for arteriovenous access where appropriate) for individuals who elect hemodialysis for kidney failure.

Our goal is to recruit a total of 15 intensive intervention primary care sites (family practice, internal medicine), two of the large nephrology practices (a minimum of 15 nephrologists between these two groups), and a minimum of one cardiology practice and one endocrinology practice. These providers will work within and between clinics to improve the clinical measures.

Intervention efforts will be aimed at patients and their caregivers, providers, and community partners to achieve system-level changes related to the focus areas outlined above. Success will be a direct result of partnerships and community involvement to create and sustain improvements.

We are excited about this project and look forward to collaborating with you as part of a unified effort to improve CKD clinical measures in Nevada.

## **Contact for more information or to participate:**

Donna Thorson, MS, CPHQ  
Project Coordinator  
702-933-7327  
dthorson@healthinsight.org

**Salt Lake Office**  
348 East 4500 South, Suite 300  
Salt Lake City, UT 84107  
Phone: 801-892-0155  
Fax: 801892-0160

**Las Vegas Office**  
6830 West Oquendo Rd., Suite 102  
Las Vegas, NV 89118  
Phone: 702-385-9933  
Fax: 702-385-4586