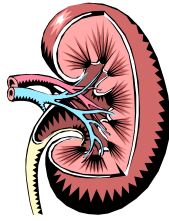


KIDNEY KRONICLES



An Information Newsletter from *HealthInsight*
Volume 2 – Issue 2 – March 2010

In this Issue

National Kidney Month
How are we doing?
Resources
FDA Alert

National Kidney Month - World Kidney Day, March 11, 2010 - Focus on diabetes

Diabetes is now the major cause of end-stage kidney failure throughout the world. It is the primary diagnosis causing kidney disease in 20%-40% of people starting treatment for end-stage renal disease (ESRD) worldwide. The first step to act on diabetic kidney disease must encompass public health campaigns aimed at prevention. A strategy to detect early kidney disease by screening for albuminuria as well as reduced glomerular filtration rate is the second step. An added difficulty to overcome is the remarkable lack of awareness among patients about their condition. Thus, public education is the third step required for acting on diabetic kidney disease in the community. Effective management using evidence-based therapies (the use of an ACE inhibitor or ARB with diabetic nephropathy as well as glucose, lipid, and blood pressure control) is the fourth step and the fifth step is development of new therapies. The problem is a global one and yet requires action at a local level. The focus on diabetic kidney disease for World Kidney Day 2010 brings awareness of the magnitude of the problem and ramifications for global health for people with diabetes and kidney disease. (Excerpt from: American Journal of Kidney Diseases, Vol 55, No 2 (February), 2010: pp 205-208. Pages 365-385 cover The Management of Diabetic Neuropathy in CKD)

Nationwide – How are we doing?

Both the National Kidney Foundation and the American Diabetes Association guidelines and standards of care recommend annual urine albumin testing for patients with diabetes starting at diagnosis for type 2 diabetes, and within five years following a diagnosis of type 1 diabetes. Yet Medicare claims for patients with diabetes show that only **30 percent** of the group received an annual urine test in 2008. These figures compare poorly with rates for other recommended tests: within the same group, 84 percent received at least one annual hemoglobin A1c test, 73 percent received a full lipid panel, and 57 percent received an annual dilated eye examination.

Nevada and Utah – How are we doing?

For our focus group of Medicare FFS beneficiaries with a diagnosis of diabetes that was screened for kidney disease, In NV we started at 29% (2007) and have increased to 33%. In UT we started at 33% (2007) and have increased to 37%. Your active engagement in the kidney cause has already made a difference and will continue to help in increasing awareness about the important role our kidneys play, prevent the onset of the disease where possible and detect and treat people with CKD. **Thank you.**

Resources

Check out our new website link – go to www.healthinsight.org and click on the left hand box labeled “Your Time is Now – Take care of your Kidneys”.

National Kidney Foundation of Utah – KEEP is a free health screening program offered by the National Kidney Foundation (NKF) for individuals at increased risk of developing kidney disease. KEEP Screenings will be held on March 10, 11, 19 and 20 in Utah. Details at:
<http://www.kidney.org/news/keep/KEEPevents.cfm?state=UT>

Material prepared by HealthInsight under a contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (DHHS).
The contents presented do not necessarily reflect CMS policy Pub# 950W-NV-2009-7.3-032.

FDA Alert

Patients with chronic kidney failure (includes patients on dialysis and those not on dialysis) using ESAs should:

- Know that the use of ESAs can increase the risk for stroke, heart attack, heart failure, blood clots, and death.
- Read the **Medication Guide** to understand the benefits and risks of using an ESA.
- Get blood tests while using ESAs. The test results may help guide the course of therapy and lower the risks of using these drugs. Patients' healthcare professionals should make them aware of how often to have blood tests.
- Talk with their healthcare professional about any questions they have about the risks and benefits of using ESAs.

Read the complete MedWatch 2010 Safety summary including links to the Drug Safety Communication and current Prescribing Information for these products, at:

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm200391.htm>

Have questions? Have input? Have best practices to share? Please contact us:
NV: Dr. William Berliner @ 702-933-7306 or Donna Thorson @ 702-933-7327
UT: Dr. Kim Bateman @ 801-892-6644 or David Cook @ 801-892-6623