

Kidney Health Evaluation for Patients with Diabetes

Neighborhood News – April 2025

Diabetes is the leading cause of chronic kidney disease (CKD), with approximately one in three adults with diabetes diagnosed with CKD. The disease occurs when an individual’s kidneys are damaged and unable to filter blood effectively. As many as 90% of those with CKD are not aware they have it because it often has no symptoms. CKD can worsen over time, leading to severe complications such as heart disease, stroke, and kidney failure. Thus, annual monitoring of kidney health is crucial for people with diabetes to prevent these outcomes and mitigate further kidney damage.

The new Healthcare Effectiveness Data Information Set (HEDIS®) Kidney Health Evaluation for Patients with Diabetes (KED) measure tracks the percentage of adults with diabetes (age 18-85) who received an annual kidney health evaluation. This includes tests for both an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR). The National Kidney Foundation-developed “kidney profile” amplifies testing that combines the eGFR, which assesses kidney function, with the uACR, which assesses kidney damage.

Comparison of Measures

Measure Criteria	Centers for Disease Control and Prevention: Medical Attention for Nephropathy	Kidney Health Evaluation for Patients With Diabetes
Denominator	18–75 years of age with diabetes	18–85 years of age with diabetes
Numerator	<p>Patients who had at least one of the following during the measurement year:</p> <ul style="list-style-type: none"> • A nephropathy screening or monitoring test (Urine Protein Tests) • Treatment for nephropathy or ACE/ARB therapy • Evidence of stage 4 chronic kidney disease • Evidence of end-stage renal disease (ESRD) or dialysis • Evidence of nephrectomy or kidney transplant • A visit with a nephrologist 	<p>Patients who received both of the following during the measurement year on the same or different dates of service:</p> <ul style="list-style-type: none"> • At least one eGFR lab test and • At least one uACR

How can you help?

- **Screening:** Order both uACR and eGFR lab tests annually for diabetic patients.
- **Patient Education:** Educate patients on the importance of annual lab work.
- **Timely Tests:** Encourage patients to complete tests/screenings before their appointments to facilitate timely discussions.
- **Routine Orders:** Implement standing orders for annual kidney function tests in diabetic patients.
- **Awareness:** Inform patients about the impact of diabetes on kidney health and share prevention tips.
- **Management:** Emphasize the control of blood pressure, blood sugar, cholesterol, and lipids.
- **Medication:** Recommend angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARBs) for kidney protection.
- **NSAIDs:** Advise against using non-steroidal anti-inflammatory drugs (NSAIDs) like naproxen or ibuprofen, which can harm kidneys.
- **Specialist Care:** Coordinate care with specialists such as endocrinologists or nephrologists as necessary.