

Clinical Community Integration

An Innovative and Cost-effective Chronic Kidney Disease Awareness and Prevention Program (CKD-APP)

According to the 2017 National Chronic Kidney Disease Fact Sheet from the Centers for Disease Control and Prevention (CDC), an estimated 30 million people or 15% of U.S. adults have CKD; of those, 48% have severely reduced kidney function, are not on dialysis, and are unaware of having CKD.

The Problem

Chronic Kidney Disease (CKD) is an under-diagnosed, insidious disease with dramatic long-term public health costs and consequences. Unfortunately, CKD is often asymptomatic, with 96% of individuals unaware of their condition and primary care clinicians rarely catching it before it progresses to a chronic condition.¹

Yet opportunities to prevent CKD and decrease the progression of the disease exist through implementation of evidence-based interventions that engage providers, patients, and families/caregivers.

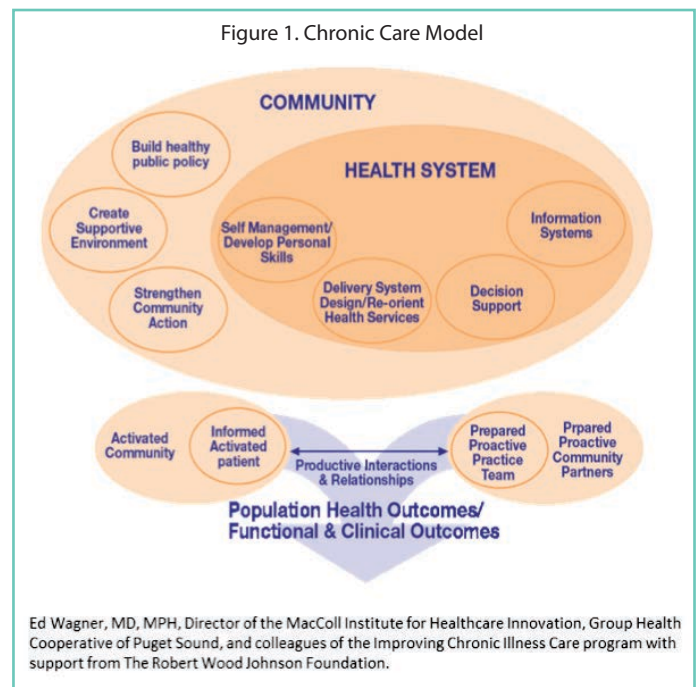
The Approach

IPRO's Chronic Kidney Disease Awareness and Prevention Program (CKD-APP) is a two-year Special Innovation Project (SIP) that engages patients, caregivers, and grassroots stakeholders with the goals of increasing CKD screenings, delaying disease progression, and improving patient outcomes. IPRO's multi-faceted approach aims to elevate CKD diagnosis and management to the front lines of preventative health for New Yorkers. The CKD-APP amplifies local awareness of kidney disease and creates a culture where early detection and slowing disease progression become imperative. Moreover, the project presents strategic recommendations for conducting activities that will generate the broadest impact and have replication potential for future QIN-QIO initiatives.

Program Goals and Metrics

IPRO is working with providers and community-based organizations to achieve four bold aims within the two-year project period:

- Educate 1,000 Medicare beneficiaries at risk for CKD (hypertension & diabetes) and those who have Stage 3 CKD using the IPRO-developed Chronic Kidney Disease Self-Management Programs (CKDSM).
- Enroll a minimum of 40 providers with a high volume of at-risk CKD Medicare beneficiaries (including dual eligible) and those who have Stage 3 CKD.
- Reduce the patient rate of disease progression from CKD Stage 3 to Stage 4 by 10% (relative improvement) among CKD participating providers.



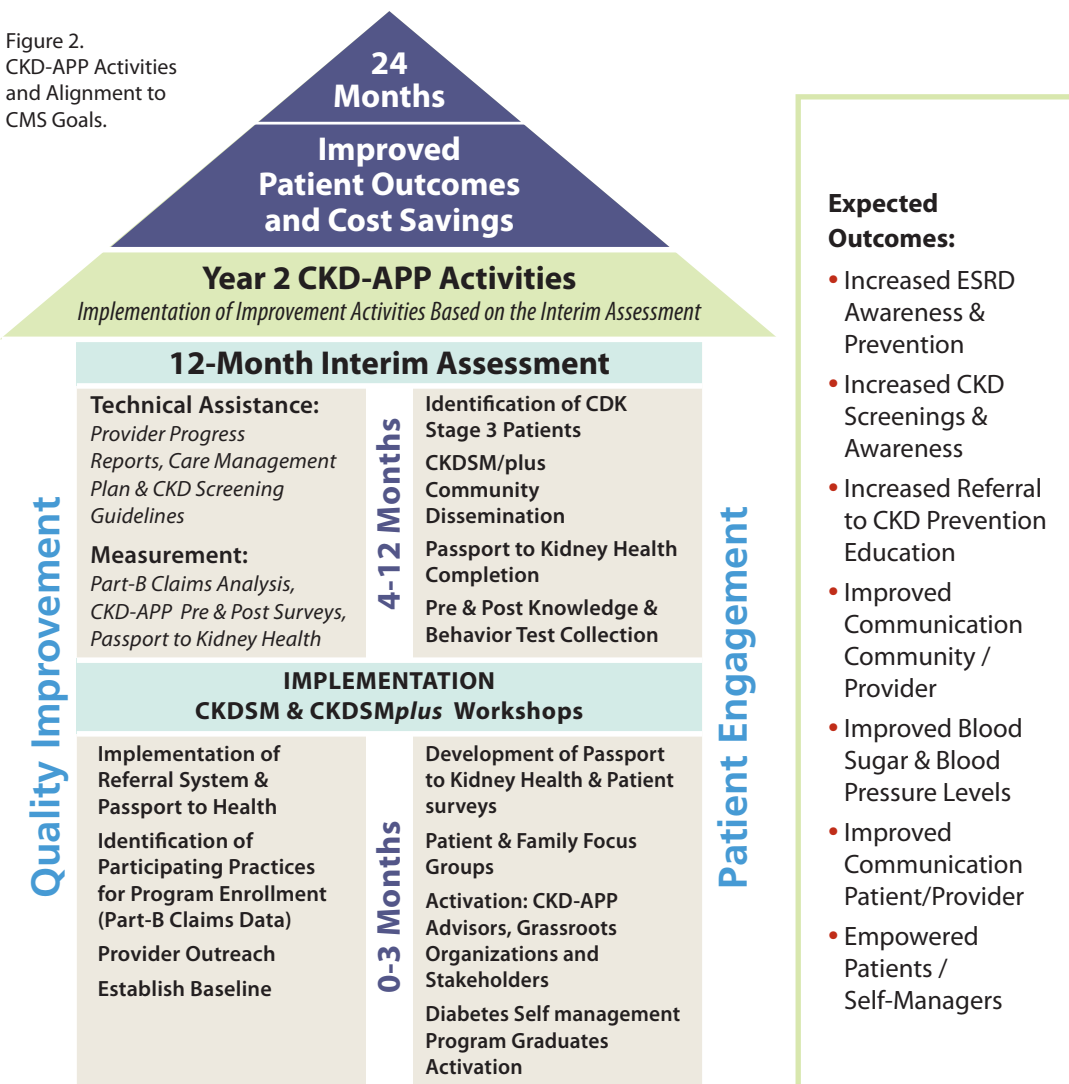
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Program Goals and metrics (continued)

- 40% of CKDSM program participants at-risk for CKD will be screened for CKD.
 - At-risk CKDSM program participants screened for CKD sustain behavior changes and don't progress to CKD
- 80% percent of CKDSM program participants improve knowledge and behavior post-survey scores and complete the Passport to Kidney Health.

Figure 2. CKD-APP Activities and Alignment to CMS Goals.



IPRO brings policy ideas to life

IPRO helps clients realize better health through its organizational competencies. We

- Support state and federal government agency problem solving
- Foster consensus among varied stakeholders for quality improvement action
- Evaluate and select most appropriate methodologies to investigate clinical quality problems
- Facilitate collaborative provider education and action
- Harness information technology to drive quality improvement
- Build and apply quality measures
- Collect and analyze data on large scale
- Create tools to assess performance

1. 2017 National Chronic Kidney Disease Fact Sheet from Centers for Disease Control and Prevention (CDC). <https://www.cdc.gov/diabetes/programs/initiatives/ckd-fact-sheet.html>

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