HEDIS® Tip Sheet

Kidney Health Evaluation for Patients with Diabetes (KED)



CarePartners of Connecticut's HEDIS Tip Sheets offer insights into specific HEDIS measures. These best practices and tips can optimize HEDIS scores and identify opportunities to improve patient care.

The KED measure assesses adults aged 18-85 with diabetes who received an estimated glomerular filtration rate (eGFR) AND a urine albumin-creatinine ratio (uACR) during the measurement year.

- eGFR is a blood test to assess kidney function by testing for waste products (creatinine) in the blood.
- uACR is a urine test to assess kidney damage by testing for proteins (albumin) in the urine.

Annual kidney health evaluation can contribute to early detection and treatment of chronic kidney disease in patients with diabetes.



Provider Best Practices

- **Educate** patients on how diabetes can damage blood vessels which can lead to loss of kidney function.
- Reinforce with patients the importance of preventing kidney damage by:
 - Controlling blood pressure (BP), blood sugars, cholesterol and lipid levels
 - · Taking ACE inhibitors or ARBs as prescribed
 - Avoiding potentially harmful medications such as naproxen and ibuprofen
 - Limiting protein and salt in diet
- Coordinate patient care with endocrinologists and/or nephrologists, as needed.
- **Ensure** that members have an eGFR **and** uACR each calendar year by ordering annual labs.
- Submit lab codes for uACR or submit separate quantitative urine albumin and urine creatinine tests within four days of each other. (A urine albumin test is not sufficient.)
- **Keep** your lab practices and billing up to date with the most recent recommendations to use the CKD EPI creatinine equation that estimates kidney function without a race variable.
- Verify that your lab is coding the uACR correctly. Refer to HEDIS specifications when billing for these services to ensure coding accuracy, gap closure, and compliance.

Did you know?



Approximately 1 in 3 adults with diabetes has chronic kidney disease.

Unlike a dipstick test for albumin, **uACR** is unaffected by variation in urine concentration and sensitive enough to **detect small amounts** of urine protein.



Additional Resources

The <u>National Institute of Diabetes and Digestive and Kidney Diseases</u> and the <u>National Kidney Foundation</u> offer educational content, tools, and resources for providers.

