

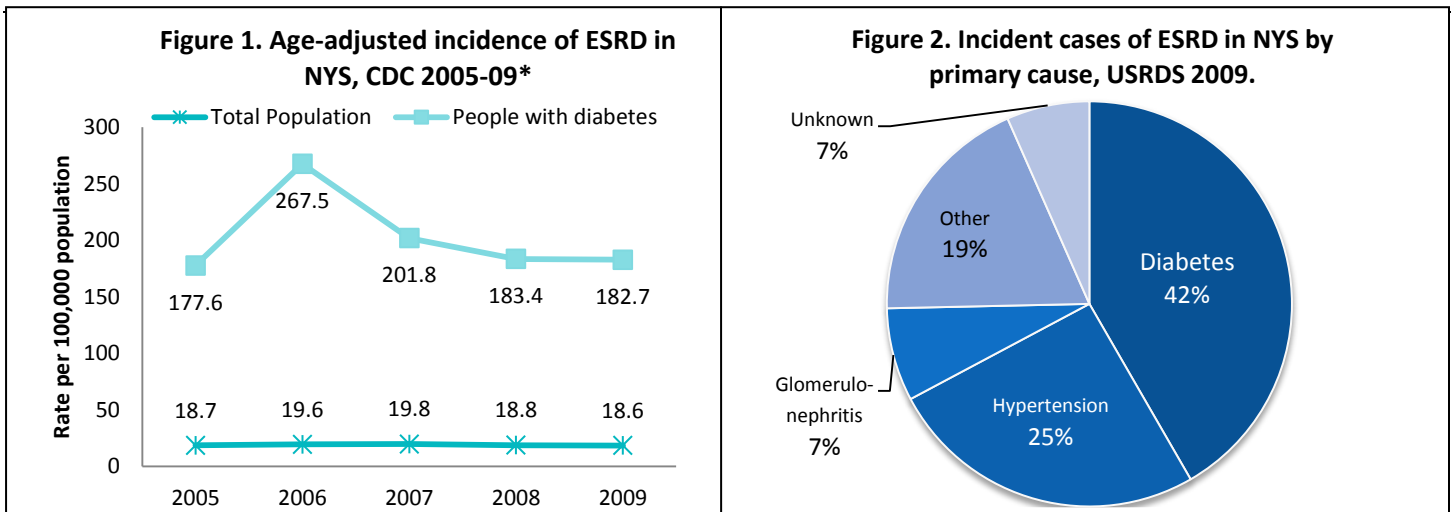
## Information for Action # 2013-4

### End Stage Renal Disease (ESRD) is costly but preventable.

End stage renal disease (ESRD) is the most severe stage of chronic kidney disease (CKD) in which the kidneys fail and treatment with dialysis or transplant is required.<sup>1</sup>

- The incidence of ESRD in New York State (NYS) is more than ten times higher among people with diabetes than among the general population (Figure 1).
- Diabetes and hypertension (high-blood pressure) are the leading causes of ESRD in NYS. In 2009, of the 6,967 new cases of ESRD, 42% (N= 2,903) were due to diabetes and 25% (N = 1,780) were due to hypertension (Figure 2).
- In 2008, the per-member, per-year costs for NYS Medicaid enrollees with diabetes and ESRD were approximately \$65,200, compared to \$16,400 for members with diabetes alone and \$9,400 for members without either condition.<sup>2</sup>

Improving blood sugar control and lowering blood pressure and cholesterol can prevent CKD and avoid its costly progression to ESRD.<sup>3,4</sup> Early assessment and treatment of CKD increases the success of these prevention strategies. However, awareness of CKD among adults with diabetes and primary care providers is low. In one study of adults at high risk for CKD, including those with diabetes, awareness was less than 10%. Research in primary care has shown that less than 20% of providers document CKD assessment in patient medical records.<sup>5</sup>



Data Source: Centers for Disease Control and Prevention (CDC), 2005-09 and United States Renal Data System (USRDS), 2009.

\*Incidence rates calculated by CDC using data from the USRDS, US Census, and US Behavioral Risk Factor Surveillance System.

#### PUBLIC HEALTH OPPORTUNITY

- Promote **health care provider** education and clinical quality improvement to improve blood sugar, blood pressure and cholesterol control and early detection and treatment of CKD among people with diabetes and /or hypertension.
- Raise **public awareness** about living a healthy lifestyle, the importance of controlling blood sugar, blood pressure and cholesterol, and keeping regular scheduled appointments with primary care providers.

#### Contact:

For more information about the data included and their specific implications for action, please send an email to [DCDIPIFA@health.state.ny.us](mailto:DCDIPIFA@health.state.ny.us) with IFA # 2013-4 in the subject line.

#### References:

<sup>1</sup> Centers for Disease Control and Prevention. National Chronic Kidney Disease Fact Sheet: general information and national estimates on CKD in the United States, 2010. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2010.

<sup>2</sup> NYS Medicaid Program, 2008

<sup>3</sup> James MT, Hemmelgarn BR, Tonelli M. Early recognition and prevention of chronic kidney disease. *Lancet* 2010;375:1296-309.

<sup>4</sup> Gilmer TP, O'Connor PJ. Strategies to reduce the cost of renal complications in patients with type 2 diabetes. *Diabetes Care* 2011;34:2486-7.

<sup>5</sup> Plantinga LC, Tuot DS, Powe NR. Awareness of chronic kidney disease among patients and providers. *Adv Chronic Kidney Dis.* 2010;17(3):225-36.

