Indian Health Diabetes Best Practices—

Kidney Disease

Indian Health Service Division of Diabetes Treatment and Prevention
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Is a Best Practice Kidney Disease Program right for your diabetes program?

➔ Do you want your diabetes program to be better at:

1. Raising awareness about chronic kidney disease? ❑ Yes ❑ No

   What you will be doing: Conducting community campaigns • Distributing newsletters and other materials • Making community presentations about the importance of prevention and early identification of chronic kidney disease

   ***Who will be doing it*:** Community program staff • Health care providers • Organization leaders

2. Identifying and evaluating patients with chronic kidney disease? ❑ Yes ❑ No

   What you will be doing: Estimating level of glomerular filtration rate (GFR) • Measuring urine albumin and creatinine • Assigning the stage of disease using the Kidney Disease Outcomes Quality Initiative (K/DOQI) chronic kidney disease classification • Evaluating patients to determine the type and severity of kidney disease, comorbid conditions, complications, and risk for loss of kidney function and for cardiovascular disease

   Who will be doing it: Health care providers

3. Managing and monitoring patients? ❑ Yes ❑ No

   What you will be doing: Developing clinic action plans based on the stage of kidney disease (e.g., maintain blood pressure at less than 130/80 and use ACE inhibitors, diuretics, or ARBs as necessary)

   Who will be doing it: Health care providers

4. Evaluating the progression of chronic kidney disease? ❑ Yes ❑ No

   What you will be doing: Assessing the rate of GFR decline • Preventing or correcting acute decline in GFR • Using interventions to slow the progression of chronic kidney disease • Following published guidelines

   Who will be doing it: Community program staff • Health care providers

5. Implementing improvements throughout your health care organization? ❑ Yes ❑ No

   What you will be doing: Assessing your organization for available infrastructure and capacity to manage chronic kidney disease and provide appropriate services • Following published guidelines

   Who will be doing it: Community program staff • Health care providers • Organization leaders

➔ If you answered "Yes" to many of these questions, go to page 2 to learn how a Best Practice Kidney Disease Program can benefit your diabetes program!

What is chronic kidney disease?

The kidneys prevent major changes in the composition of the blood by removing excess water and waste products produced by the body. If the composition of the blood changes significantly, the body cannot function normally. The most common cause of kidney disease is diabetes. Chronic kidney disease is generally progressive, irreversible, and causes few symptoms until more than three quarters of kidney function is lost. A patient requires dialysis or a kidney transplant to maintain health when more than 85% of kidney function is lost.

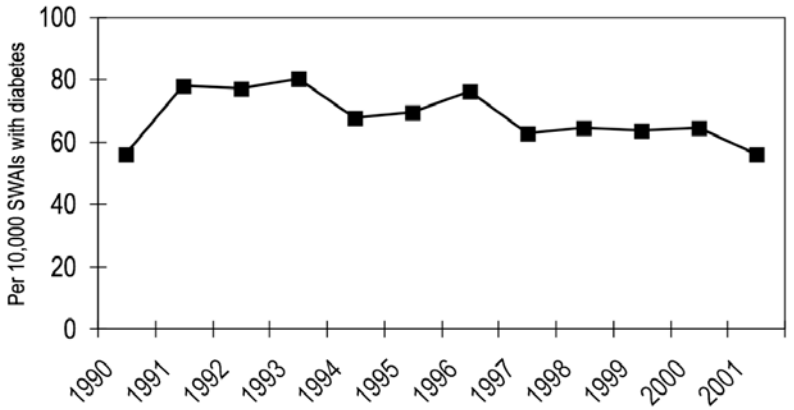
Why is kidney care important to American Indian and Alaska Native communities?

- American Indians and Alaska Natives experience high rates of chronic kidney disease. Their rates of end-stage kidney disease (dialysis or transplantation) are 3.5 times higher than those of white Americans.
- Chronic kidney disease leads to premature death and other medical complications, such as kidney failure and cardiovascular disease.
- Earlier stages of chronic kidney disease can be detected through laboratory testing.
- Treatment of earlier stages of chronic kidney disease is effective in slowing the progression toward kidney failure.

The good news about kidney care…

The complications and poor outcomes often associated with chronic kidney disease can be prevented or delayed. Early identification of chronic kidney disease is the key to slowing progression and reducing the number of people who will require dialysis or kidney transplants.

Age-adjusted incidence of diabetes-related end-stage kidney disease among southwestern American Indians (SWAIs) with diabetes, 1999–2001



Source: Burrows NR, Narva AS, Geiss LS, Engelgau MM, and Acton KJ. End-stage renal disease due to diabetes among southwestern American Indians, 1990–2001. *Diabetes Care*. 2005;28(5):1041–44.

After adjusting for the increasing number of people with diabetes in the SWAI population between 1993 and 2001, the age-adjusted incidence of diabetes-related end-stage kidney disease among SWAIs with diabetes decreased 31%, from 80.4 to 55.8 per 10,000 people with diabetes. How do your end-stage kidney disease rates compare?

A Best Practice Kidney Disease Program will require a coordinated approach. Here are some tips on how health care providers, community programs, health care administrators, and tribal leadership can work together.

➔ Working together to improve kidney disease care:

1. Who can help?

Ask for and enlist support from: Nephrologists, who are physicians who have received special training in kidney care • Certified diabetes educators • Registered dietitians • Community programs, such as senior centers, walking and running groups, and recreation centers • Local businesses • The media • Decision and policy makers

2. Why is it important to work together?

Working with clinic, community, and leadership partners will help you: Leverage resources • Avoid duplicating services • Share staff, ideas, and resources • Get support for your common goal of improving the health of your community

3. How can you work together?

Work with your partners to: Share what you are doing • Determine what each partner will do • Assign tasks and timelines • Plan and establish programs and activities • Develop and implement goals and objectives • Design evaluation plans • Maintain regular contact with each other