



# Effective Health Care Care Coordination Strategies for Chronic Kidney Disease Nomination Summary Document

## Results of Topic Selection Process & Next Steps

- Care coordination strategies for chronic kidney disease was found to be addressed by a 2012 AHRQ Effective Health Care (EHC) Program review titled *Chronic Kidney Disease Stages 1-3: Screening, Monitoring, and Treatment*. Given that the existing report covers this nomination, no further activity will be undertaken on this topic.
  - Fink HA, Ishani A, Taylor BC, et al. *Chronic Kidney Disease Stages 1–3: Screening, Monitoring, and Treatment*. Comparative Effectiveness Review No. 37. (Prepared by the Minnesota Evidence-based Practice Center under Contract No. HHS 290-2007-10064-I.) AHRQ Publication No. 11(12)-EHC075-EF. Rockville, MD: Agency for Healthcare Research and Quality. January 2012. [http://www.effectivehealthcare.ahrq.gov/ehc/products/163/809/CER37\\_ChronicKidney\\_20120321.pdf](http://www.effectivehealthcare.ahrq.gov/ehc/products/163/809/CER37_ChronicKidney_20120321.pdf).
- This nomination will be reconsidered when the existing report is updated.

## Topic Description

**Nominator:** Organization

**Nomination Summary:** The nominator is interested in the comparative effectiveness of strategies to increase care coordination and collaboration for chronic kidney disease (CKD) in slowing CKD progression and reducing CKD complications.

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**Population(s):** Patients with CKD, including adults, children, elderly, obese, African-Americans, disparity populations

**Intervention(s):** Care coordination strategies

**Comparator(s):** Usual care, other care coordination strategies

**Outcome(s):** Estimated glomerular filtration rate (eGFR), creatinine, albuminuria, incidence of end stage renal disease (ESRD), other measurements of disease status and progression; blood pressure control, lipid abnormalities, other targets for optimal CKD care; preparation for dialysis (e.g., AV fistula placement)

**Key Questions from Nominator:**

1. What is the comparative effectiveness of strategies to increase care coordination and collaboration for chronic kidney disease (CKD) (i.e., primary care/nephrology and team-based approaches) in slowing CKD progression and reducing CKD complications?

## Considerations

- The topic meets EHC Program appropriateness and importance criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- Topic was found to be addressed by a 2012 AHRQ EHC Program review titled *Chronic Kidney Disease Stages 1-3: Screening, Monitoring, and Treatment*. Given how recent this review is and the limited number of new studies since the review, it is unlikely that there would be any more information on clinical outcomes provided by an additional review at this time. Key questions from this report are listed below. Key question 5 included intensive multi-component treatment interventions for CKD.
  1. In asymptomatic adults with or without recognized risk factors for CKD incidence, progression, or complications, what direct evidence is there that systematic CKD screening improves clinical outcomes?
  2. What harms result from systematic CKD screening in asymptomatic adults with or without recognized risk factors for CKD incidence, progression, or complications?
  3. Among adults with CKD stages 1–3, whether detected by systematic screening or as part of routine care, what direct evidence is there that monitoring for worsening kidney function and/or kidney damage improves clinical outcomes?
  4. Among adults with CKD stages 1–3, whether detected by systematic screening or as part of routine care, what harms result from monitoring for worsening kidney function and/or kidney damage?
  5. Among adults with CKD stages 1–3, whether detected by systematic screening or as part of routine care, what direct evidence is there that treatment improves clinical outcomes?
  6. Among adults with CKD stages 1–3, whether detected by systematic screening or as part of routine care, what harms result from treatment?