



Effective Health Care

Care Coordination Strategies for Chronic Kidney Disease Nomination Summary Document

Results of Topic Selection Process & Next Steps

- The topic, *Care Coordination Strategies for Chronic Kidney Disease*, was found to be addressed by an evidence-based clinical practice guideline from the Department of Veterans Affairs and the Department of Defense (VA/DoD) titled *Management of chronic kidney disease in primary care*. Given that the existing guideline covers this nomination, no further activity will be undertaken on this topic.
 - Department of Veterans Affairs, Department of Defense. VA/DoD clinical practice guideline for the management of chronic kidney disease in primary care. 2014. Accessed on March 19, 2015. <http://www.healthquality.va.gov/guidelines/CD/ckd/VADoDCKDCPG.pdf>.

Topic Description

Nominator(s): Johns Hopkins University EPC Chronic Kidney Disease Topic Identification Project

Nomination Summary: The nominator is interested in 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.

Staff-Generated PICO

Population(s): Patients with CKD; patients with CKD and comorbidities; high prevalence and disparity populations

Intervention(s): Care coordination strategies

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

Outcome(s): Measures of CKD progression; control of complications and comorbidities

Key Questions from Nominator: What is the comparative effectiveness of strategies to increase care coordination in improving the clinical outcomes of patients with CKD?

The search focused on effectiveness of strategies to increase care coordination (i.e. disease management approaches and multidisciplinary care teams) in CKD management.

Considerations

- Chronic kidney disease (CKD) is a significant public health problem affecting many adults in the United States, who are at increased risk of hospitalization, cardiovascular disease, end-stage renal disease, and death. Early recognition of CKD and implementation of effective therapies to slow CKD progression have been shown to improve patient outcomes.
- Despite existing guidance addressing CKD care, quality of care for CKD remains suboptimal. Patients with CKD often have multiple co-morbid conditions, which make the delivery of comprehensive CKD care and achievement of treatment targets more difficult. To address the complexity of caring for patients with CKD, enhanced care coordination has been proposed as a key strategy for improving patients' clinical outcomes and constraining the cost of care. Although strategies to increase care coordination have been widely adopted for chronic illness, the effectiveness of these strategies in CKD management is unclear.
- The topic was found to be addressed by the VA/DoD guideline titled *Management of chronic kidney disease in primary care*, which was updated in 2014. It was based on a systematic evidence review that covered literature published from 2007 to December 2013. While the target populations of the guideline are the populations covered by the VA/DoD health care systems (i.e., veterans, military and their families), the evidence review was not limited to these populations, and more general populations of patients with CKD were included. The review included the following key question, which seems to capture the relevant evidence related to the coordination of care for patients with CKD:
 - In adult patients with CKD, what integrated models of CKD patient care have been shown to improve outcomes? Outcomes of interest included: proteinuria, serum creatinine (SCr), slow progression to end-stage renal disease (ESRD), decreased hospitalization, functional status, and quality of life.