



STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

January 30, 2007

The Honorable Ulysses Currie
Chairman
Senate Budget and Taxation Committee
3 West Miller Senate Office Bldg.
Annapolis, MD 21401-1991

The Honorable Norman H. Conway
Chairman
House Appropriations Committee
131 Lowe House Office Bldg.
Annapolis, MD 21401-1991

RE: 2006 Joint Chairmen's Report (P. 107) – Report on Potential Savings
and Improved Health Outcomes Resulting from Early Identification and
Management of Individuals at High Risk of Chronic Kidney Disease

Dear Chairmen Currie and Conway:

The 2005 Joint Chairmen's Report (p. 126) required the Department of Health and Mental Hygiene to establish a plan to identify and evaluate individuals at highest risk for chronic kidney disease (CKD) in order to delay disease progression and onset of end state renal disease. In response, the Department designed a HealthChoice CKD performance improvement project to identify enrollees with impaired renal function prior to a diagnosis of end stage renal disease and HealthChoice enrollees who are at increased risk of developing CKD. The 2006 Joint Chairmen's Report (p. 107) directs DHMH to continue this project and report on potential savings and improved health outcomes resulting from early identification and management of these individuals. This letter provides an update on the Department's activities in this area.

CKD is estimated to affect approximately 4.5% of the general population. Applied to the HealthChoice managed care program, the number of affected people could be as high as 21,000 enrollees. As a result, the Department has designed a HealthChoice CKD performance improvement project to identify

Enrollees with impaired renal function prior to a diagnosis of end stage renal disease and HealthChoice enrollees who are at increased risk of developing CKD. The long-term goal of this project is to improve health outcomes for these high-risk populations.

This project is focused on those at higher risk for CKD. As CKD is a degenerative chronic condition whose primary risk factors are diabetes and/or hypertension, the project will focus mainly on those groups. Diabetics and those with hypertension represent approximately 60% of the CKD population. The remaining 40% are made up of those suffering from kidney infections (16%), cystic kidneys (4%), and all other causes (20%).

The Department is using indicators based on National Committee for Quality Assurance Health Plan Employer Data and Information Set (HEDIS), clinical practice guidelines, and educational materials from the National Institute of Diabetes & Digestive & Kidney Diseases at the National Institutes of Health. The indicators for the project are:

- Indicator 1: HEDIS Comprehensive Diabetes Care – Kidney Disease Monitored
The percentage of enrollees 18-75 years of age with diabetes (type 1 and type 2) who had kidney disease monitored.
- Indicator 2: Internally-Developed Indicator
Percent of enrollees diagnosed with hypertension that received at least one serum creatinine.

This HealthChoice performance improvement project will be monitored over a three-year cycle. CY 2004 baseline data was collected in June 2005 and the first re-measurement was collected in June 2006 for CY 2005. From 2004 to 2005, three managed care organizations (MCO) increased their score for Indicator 1 and four MCOs increased their score for Indicator 2. MCOs are expected to conduct an analysis of any identified performance deficiencies and develop and implement interventions designed to improve early identification, outreach, education and care management for individuals at risk of chronic kidney disease. Interventions being utilized by the MCOs include:

- Outreach phone calls to members diagnosed with hypertension and diabetes.
- Mailing educational materials to members diagnosed with hypertension and diabetes.
- Providing incentives to providers and members for nephropathy monitoring compliance.
- Providing patient-specific lists to PCPs identifying hypertensive patients in need of a CKD screen.

The Honorable Ulysses Currie
The Honorable Norman H. Conway
Page 3

The next re-measurement will be collected in June 2007 for CY 2006. The Department has found that it cannot provide an estimate of savings at this time due to the fact that the target population does not remain eligible for the required period of time, which may influence the measurement outcomes.

We would be happy to update you again next year when we have received the next measurement. If you have questions or need more information in the meantime, please do not hesitate to contact Diane Herr, Director of HealthChoice and Acute Care Administration, at (410) 767-5204.

Sincerely,

Signature on file

John M. Colmers
Secretary

cc: Diane Herr
Nadine Smith
Amy Gentile
Anne Hubbard