

CHRONIC KIDNEY DISEASE PREVENTION

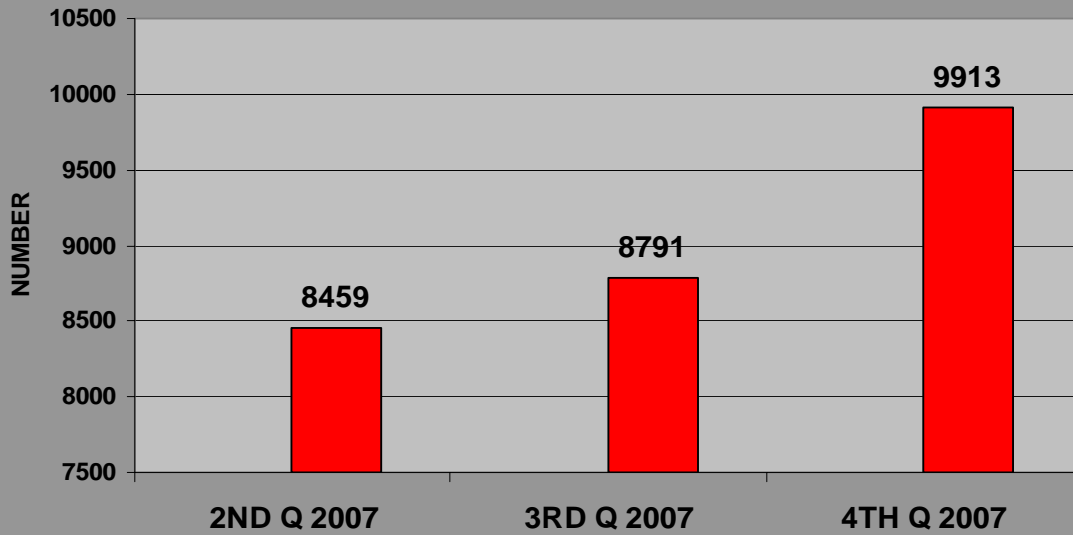
THE IDENTIFICATION AND TREATMENT OF PATIENTS WITH CHRONIC KIDNEY DISEASE TO PREVENT OR DELAY PROGRESSION TO KIDNEY FAILURE

Chronic Kidney Disease (CKD) is a secondary result of many of the acute and chronic diseases seen in the HCSD population. Diabetes mellitus and hypertension combine to cause approximately 85% of CKD in system. CKD typically is asymptomatic until the late stages, just like diabetes and hypertension. By this time, the patient is ready for renal replacement therapy, i.e. dialysis. It is estimated that the cost of renal replacement therapies average about \$50,000 per patient per year. More importantly, mortality rates are high and morbidity is higher. If CKD can be prevented or have its progression delayed, society will benefit.

Within HCSD, once impaired kidney function is identified the appropriate levels of care and treatment are instituted. This system of care has never been attempted on such a large scale but has been successful in small populations. Currently, there are almost 10,000 patients in the HCSD population with CKD and this population is growing every day.

This chronic disease prevention program will pinpoint the patients with problems as they move from one level of kidney disease to another, allowing their physicians to optimize their treatment according to best published and agreed upon national guidelines. By giving patients the knowledge and training to modify their lifestyle and given treatments that impact their disease, the positive benefit will be a longer and a healthier, better quality of life. This will be accomplished through a combination of education, nutrition, counseling, aggressive management of co morbid diseases and, when appropriate, early referral for surgical placement of a vascular conduit in order to provide dialysis. It has been well documented that following this course of action, less hospital days, less consequences of CKD, fewer hospital admissions and Emergency Department visits, all at a substantially reduces cost, can be achieved.

LSUHCS D CKD POPULATION STAGE 3, 4, & 5



PRIMARY CARE CLINIC VISITS

