



Kidney Health Evaluation Focus Study

VHA EPRP FY2021Q3

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Focus Study

- Purpose: Collect additional data for one new pilot measure:
 - Kidney Health Evaluation for Patients With Diabetes (ked1h)
- Study Period will be **1/01/2019 through 1/31/2020**
- Data Accountability Checklists (DACs) and Exit Reports are required



Kidney Health Evaluation for Patients With Diabetes (ked1h)

- Denominator: 18–85 years of age with diabetes (type 1 and type 2)
- Numerator: Kidney health evaluation completed during the measurement year
- Kidney health evaluation is defined as patients that received both of the following:
 - At least one estimated glomerular filtration rate (eGFR) lab test
 - At least one urine albumin-creatinine ratio (uACR) by both quantitative urine albumin **and** a urine creatinine test



Kidney Health Evaluation

- Veterans flagged for diabetes will be included in the pull list
- Patients who meet any of the following are excluded:
 - Age > 85
 - Have a diagnosis of End Stage Renal Disease (ESRD) or are on dialysis
 - Hospice, palliative care or terminal illness
 - Age > 66 living long-term in an institution, have frailty *and* advanced illness, dispensed dementia medication
 - Age > = 81 with frailty



Data Abstraction Tool

- Total of 18 questions
- The first set of questions model the Validation module in CGPI, with the first two questions identifying if the patient was seen in the past year at a Nexus Clinic, and includes the following questions:
 - Seenyr: If value 2, or No, the record will be excluded
 - Nexusdt
- Patients with a mental health flag will also receive the question:
 - Othrcare
 - A yes answer will complete review, otherwise additional exclusions will be evaluated
 - Remaining exclusion questions follow



Exclusions

The next several questions should be familiar from CGPI

- **hospice**: the patient is enrolled in a VHA or community-based hospice program during the past year
- **pallcare**: the patient is enrolled in a VHA or community-based palliative care program during the past year
- **termill**: Any of the following documented in the medical record: diagnosis of cancer of the liver, pancreas, esophagus, or patient's life expectancy is less than 6 months



Exclusions

Patients are excluded from kidney health evaluation for the following reasons as documented in the medical record:

- **> 66 years**
 - **inltcset**: lived long-term greater than 60 consecutive days during the past year
 - **advillns**: active condition or diagnosis considered an advanced illness **AND frailty**: condition or diagnosis consistent with frailty in the past year
 - **demeds**: active prescription for a dementia medication
- **> = 81 years**
 - **frailty**: condition or diagnosis consistent with frailty in the past year



Exclusion (renaldis)

- At any time prior to or on the study end date is there documentation in the medical record of any one of the following:
 - End stage renal disease (ESRD):
 - Chronic kidney disease, stage 5 (stage V)
 - End stage renal failure
 - Dialysis:
 - Hemodialysis
 - Peritoneal dialysis
- Table 8 includes codes and terminology that would indicate the patient has a diagnosis of ESRD or is receiving dialysis



Kidney Health Evaluation

- The remaining questions in the module determine whether the patient passes the numerator criteria and will ask if there is documentation in the medical record within the past year that the following lab tests were documented:
 - eGFR
 - urine albumin
 - urine creatinine
- If these labs are documented, the exact date for the most recent test documented should be entered
- Cases that have all three lab tests documented will pass numerator criteria



egfr & egfrdt

- egfr: During the past year is there documentation in the medical record of an estimated glomerular filtration rate (eGFR)
 - The eGFR is a blood (plasma or serum) test
 - The eGFR may be reported as a numerical value or with cut points
 - The eGFR is usually reported with a reference range
 - Example of lab report: 12/23/2019 8:10 Plasma: eGFR result > 60 (Ref: >=60)
- There must be a result present to select value “1” or yes, if yes egfrdt requires the date the eGFR was done
 - Enter the most recent eGFR test done in the past year prior to the study begin date and up to the study end date
 - If exact date cannot be determined, enter month and year at a minimum (enter 01 for day, if unable to determine)



eGFR example

eGFR	26.5	27.1	32.7	mL/min
GFR	73	54 L	73	88 mL/min Ref: >=60



ualb & ucreat

- Urine albumin and urine creatinine must be taken from a urine lab study such as
 - Urinalysis
 - Urine chemistry profile
 - 24 hour urine collection
- Various abbreviations may be used to represent these tests
 - Ualb, Albumin, Malb, MICAlb in a **Urine** lab test
 - Ucreat, Creatinine or Creat in a **Urine** lab test



ualb & ualbd

- ualb: During the past year is there documentation in the medical record of a quantitative urine albumin test
 - Look at the lab results to determine that a result is present for urine albumin documented in the past year
 - Urine microralbumin is acceptable
 - Urine protein is *Not* acceptable
 - Example: urinalysis results document protein 2+ or protein negative
- If the urine albumin was collected, ualbd requires entry of the exact date of the most recent urine albumin test
 - If the exact date cannot be determined, enter month and year at a minimum
 - If the day cannot be determined, enter 01 for day

ualb example

Oct 04, 2019 08:15 URINE, 24 HOUR Albumin (LC): 36.3

UCREAT	101	mg/dL	
MIALB	87 H	mg/gCr	0 - 20



ucreat & ucreatdt

- ucreat: During the time frame from ualbd – 4 days to ualbd + 4 days is there documentation in the medical record of a urine creatinine test
 - Look for a urine creatinine test done in the past year within 4 days prior to or after the urine albumin test
 - Exclude: creatinine blood (serum) tests
- If urine creatinine was collected, ucreatdt requires the date of the most recent urine creatinine test
 - If the exact date cannot be determined enter month and year at a minimum
 - If the day cannot be determined, enter 01 for day

ucreat example

URINE (T-7X10)				Oct 13 2020 07:25	Reference
	Units	Reference	Range		
AMYLASE	U/L	16 - 491			
CA	mg/dL	COMMENT -			
PO4	mg/dL	COMMENT -			
URIC AC	mg/dL				
NA	mmol/L	40 - 220			
K	mmol/L	25 - 125			
CL	mmol/L	85 - 250			
OSMOLAR	mOsm/kg	273 - 1097			
MC-RSE	mg/dL	0 - 1850			
CREAT	mg/dL	COMMENT -			
BUN	mg/dL	COMMENT -			
ALBUMIN	mg/dL	NEG - NEG			
ACETONE	mg/dL	NEG - NEG			
CO2	mmol/L				
SI-FIP	mg/dL	0 - 13.5			
H-ALB	mg/dL	.2 - 1.9			



uacratio

- If the patient had a urine creatinine and urine albumin documented in the past year, this question asks if a urine albumin-creatinine ratio (uACR) is documented in the medical record
 - may be documented in the laboratory report or
 - the provider may document the calculated ratio in a progress note
- Examples of documentation: uACR, uALB/CR, or MALB/CR
 - Often reported in mg/G with reference range 0 – 30 mg/G
- If there is no documentation or documentation that the ratio could not be calculated, select value “2” or No

urine albumin-creatinine ratio (uACR) example

URINE	CA	PO4-AI	GLU	BUN	MC-CR	UA/CR
						8
Ref range low						0
Ref range high						1.5
	mg/dL	mg/dL	mg/dL	mg/dL	mg/g	mg/g
(p) Feb 01, 2020 12:15						1.38
(q) Apr 25, 2020 09:02						1.28
(r) Dec 23, 2019 09:05						1.00
(s) Jun 07, 2019 09:30						0.942

UR CREA	123.5	mg/dL	0 - 200
ALB/CRE	5.1 <td>mg/g</td> <td>Ref: <=30</td>	mg/g	Ref: <=30
MIU	6.3 <td>MS/L</td> <td>Ref: <=40</td>	MS/L	Ref: <=40

Comments: 0
 b. ~Collect in 8-10 months
 Evaluation for ALB/CRS:

Category	Range (mg albumin/g creatine)	Description
11	<30 mg/g	Normal
12	30-300 mg/g	Microalbuminuria
13	>300 mg/g	Clinical albuminuria

b. Evaluation for UA/CR S:
 UA/CR Ratio: 30-300 mg/g = Evidence of early nephropathy.
 >300 mg/g = Nephropathy



Pointers

- Read each question and definition/decision rules carefully
- For this study, lab results are often found on the lab tab that can be filtered to look for labs in the past year
- Provider progress notes where labs are listed may be used
- Please ensure you are looking at all lab information prior to answering the questions



Submission of Questions

- If you have a question related to documentation in a specific record, please include:
 - Question name
 - Facility name & number
 - Control number
 - Brief summary of documentation and your question
- Email questions to:
 - tstump@qualityinsights.org



Next Steps

- Pull list is anticipated to be received by **3/25/21**
- **The estimated sample size is 30 records/facility**
- Abstraction and exit conferences must be completed by **5/05/21**



Thank you for your participation in this
Focus Study!

