

## Healthy People 2020 Summary of Objectives

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### Chronic Kidney Disease

<b>Number</b>	<b>Objective Short Title</b>
CKD-1	Chronic kidney disease
CKD-2	Chronic kidney disease with knowledge of impaired renal function
CKD-3	Renal evaluation after acute kidney injury
CKD-4	Medical evaluation of persons with diabetes and chronic kidney disease
CKD-5	Medical treatment of persons with diabetes and chronic kidney disease
CKD-6	Cardiovascular care in persons with chronic kidney disease
CKD-7	Chronic kidney disease deaths
CKD-8	End-stage renal disease
CKD-9	End-stage kidney failure in diabetics
CKD-10	Pre-ESRD care from a nephrologist
CKD-11	Vascular access for hemodialysis
CKD-12	Waitlisting and/or transplantation
CKD-13	Kidney transplantation within 3 years of terminal kidney failure
CKD-14	End-stage renal disease deaths

## Topic Area: Chronic Kidney Disease

**CKD–1:** Reduce the proportion of the U.S. population with chronic kidney disease.

Target: 13.6 percent.

Baseline: 15.1 percent of the U.S. population had chronic kidney disease in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

**CKD–2:** Increase the proportion of persons with chronic kidney disease (CKD) who know they have impaired renal function.

Target: 11.3 percent.

Baseline: 7.3 percent of persons with CKD knew they had impaired renal function in 1999–2004.

Target setting method: 4 percentage points.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

**CKD–3:** Increase the proportion of hospital patients who incurred acute kidney injury who have follow-up renal evaluation in 6 months post discharge.

Target: 12.4 percent.

Baseline: 11.3 percent of hospital patients who incurred acute kidney injury had a follow-up renal evaluation in 6 months post discharge in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

**CKD–4:** Increase the proportion of persons with diabetes and chronic kidney disease who receive recommended medical evaluation.

CKD–4.1 Increase the proportion of persons with chronic kidney disease who receive medical evaluation with serum creatinine, lipids, and microalbuminuria.

Target: 28.4 percent.

Baseline: 25.8 percent of persons with chronic kidney disease received medical evaluation with serum creatinine, lipids, and microalbuminuria in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

CKD–4.2 Increase the proportion of persons with type 1 or type 2 diabetes and chronic kidney disease who receive medical evaluation with serum creatinine, microalbuminuria, HbA1c, lipids, and eye examinations.

Target: 25.4 percent.

Baseline: 23.1 percent of persons with type 1 or type 2 diabetes and chronic kidney disease received medical evaluation with serum creatinine, microalbuminuria, HbA1c, lipids, and eye examinations in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

**CKD–5:** Increase the proportion of persons with diabetes and chronic kidney disease who receive recommended medical treatment with angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARBs).

Target: 60.0 percent.

Baseline: 54.6 percent of persons with diabetes and chronic kidney disease received recommended medical treatment with angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARBs) in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

**CKD–6:** Improve cardiovascular care in persons with chronic kidney disease.

CKD–6.1 Reduce the proportion of persons with chronic kidney disease who have elevated blood pressure.

Target: 66.7 percent.

Baseline: 74.1 percent of persons with chronic kidney disease had elevated blood pressure in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

CKD–6.2 Reduce the proportion of persons with chronic kidney disease who have elevated lipid levels.

Target: 26.6 percent.

Baseline: 29.6 percent of persons with chronic kidney disease had elevated lipid levels in 1999–2004.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

**CKD–7:** Reduce the death rate among persons with chronic kidney disease.

Target: Not applicable.

Baseline: 2.5 deaths per 100 person years occurred among persons with chronic kidney disease in 1988–2006.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS; National Death Index, CDC, NCHS.

**CKD–8:** Reduce the rate of new cases of end-stage renal disease (ESRD).

Target: 318.5 new cases per million population.

Baseline: 353.8 new cases of end-stage renal disease per million population were reported in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

**CKD–9:** Reduce kidney failure due to diabetes.

CKD–9.1 Reduce kidney failure due to diabetes.

Target: 139.2 per million population.

Baseline: 154.7 per million population reported kidney failure due to diabetes in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

CKD–9.2 Reduce kidney failure due to diabetes among persons with diabetes.

Target: 2,374.1 per million population.

Baseline: 2,637.9 persons with diabetes per million population reported kidney failure due to diabetes in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

**CKD–10:** Increase the proportion of chronic kidney disease patients receiving care from a nephrologist at least 12 months before the start of renal replacement therapy.

Target: 29.8 percent.

Baseline: 27.1 percent of chronic kidney disease patients received care from a nephrologist at least 12 months before the start of renal replacement therapy in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

**CKD–11:** Improve vascular access for hemodialysis patients.

CKD–11.1 Increase the proportion of adult hemodialysis patients who use arteriovenous fistulas as the primary mode of vascular access.

Target: 50.6 percent.

Baseline: 46.0 percent of adult hemodialysis patients used arteriovenous fistulas as the primary mode of vascular access in 2006.

Target setting method: 10 percent improvement.

Data sources: U.S. Renal Data System, NIH, NIDDK; and Clinical Performance Measures (CPM) Project, CMS.

CKD–11.2 Decrease the proportion of adult hemodialysis patients who use catheters as the only mode of vascular access.

Target: 26.1 percent.

Baseline: 29.0 percent of adult hemodialysis patients used catheters as the only mode of vascular access in 2006.

Target setting method: 10 percent improvement.

Data sources: U.S. Renal Data System, NIH, NIDDK; and Clinical Performance Measures (CPM) Project, CMS.

CKD–11.3 Increase the proportion of adult hemodialysis patients who use arteriovenous fistulas or have a maturing fistula as the primary mode of vascular access at the start of renal replacement therapy.

Target: 34.5 percent.

Baseline: 31.3 percent adult hemodialysis patients used arteriovenous fistulas or had a maturing fistula as the primary mode of vascular access at the start of renal replacement therapy in 2007.

Target setting method: 10 percent improvement.

Data sources: U.S. Renal Data System, NIH, NIDDK

**CKD–12:** Increase the proportion of dialysis patients wait-listed and/or receiving a deceased donor kidney transplant within 1 year of end-stage renal disease (ESRD) start (among patients under 70 years of age).

Target: 18.8 percent of dialysis patients.

Baseline: 17.1 percent of dialysis patients under 70 years of age were wait-listed and/or received a deceased donor kidney transplant within 1 year of ESRD start in 2006.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

**CKD–13:** Increase the proportion of patients with treated chronic kidney failure who receive a transplant.

CKD–13.1 Increase the proportion of patients receiving a kidney transplant within 3 years of end-stage renal disease (ESRD).

Target: 19.7 percent.

Baseline: 17.9 percent of patients under 70 years of age who received a kidney transplant within 3 years of ESRD in 2004.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

CKD–13.2 Increase the proportion of patients who receive a preemptive transplant at the start of ESRD.

Target: Not applicable.

Baseline: 3.4 percent of patients under 70 years of age who received a preemptive transplant at the start of ESRD in 2007.

Target setting method: This measure is being tracked for informational purposes. If warranted, a target will be set during the decade.

Data source: U.S. Renal Data System, NIH, NIDDK.

**CKD–14:** Reduce deaths in persons with end-stage renal disease (ESRD).

CKD–14.1 Reduce the total death rate for persons on dialysis.

Target: 190.8 deaths per 1,000 patient years.

Baseline: 212.0 deaths of persons on dialysis per 1,000 patient years occurred in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

CKD–14.2 Reduce the death rate in dialysis patients within the first 3 months of initiation of renal replacement therapy.

Target: 319.9 deaths per 1,000 patient years at risk.

Baseline: 355.5 deaths of dialysis patients per 1,000 patient years at risk within the first 3 months of initiation of therapy occurred in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

CKD–14.3 Reduce the cardiovascular death rate for persons on dialysis.

Target: 81.3 deaths per 1,000 patient years at risk.

Baseline: 90.3 deaths from cardiovascular disease among persons on dialysis per 1,000 patient years at risk occurred in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System NIH, NIDDK.

CKD–14-4 Reduce the total death rate for persons with a functioning kidney transplant.

Target: 29.4 deaths per 1,000 patient years at risk.

Baseline: 32.6 deaths among persons with a functioning transplant per 1,000 patient years at risk occurred in 2007.

Target setting method: 10 percent improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.

CKD–14.5 Reduce the cardiovascular death rate for persons with a functioning kidney transplant.

Target: 4.5 cardiovascular deaths per 1,000 patient years at risk.

Baseline: 6.5 cardiovascular deaths among persons with a functioning transplant per 1,000 patient years at risk occurred in 2007.

Target setting method: 2 percentage point improvement.

Data source: U.S. Renal Data System, NIH, NIDDK.