

Measure at a Glance

CBE #5611e: Rate of Annual Kidney Health Evaluation Among Adults with Diabetes and/or Hypertension

Measure Summary (Where does this measure seek to improve care?)

This measure looks at how often patients receive kidney health testing. It focuses on adults aged 18-85 years who have diabetes and/or hypertension (high blood pressure). The goal is to see if these patients get a kidney health evaluation during a set time period. A kidney health evaluation includes two tests:

- estimated glomerular filtration rate (eGFR), a blood test that checks how well the kidneys work
- urine albumin-creatinine ratio (uACR), a urine test that checks for protein

The measure includes patients who have at least one health care visit during the measurement period. It counts how many of these patients received both tests or similar tests done within 4 days. The measure is reported as a percentage of eligible patients that received a kidney health evaluation with both tests.

Some patients are not included, such as those with end-stage renal disease (ESRD), advanced chronic kidney disease (CKD Stage 5), or those receiving hospice or palliative care.

The measure looks at care provided by individual clinicians or groups/practices in outpatient settings such as clinics or offices.

Meaningfulness (Why does this matter to patients, and how could it improve their care?)

CKD is common and often not found early. About 90% of people do not know that they have kidney disease. Patients with diabetes and/or hypertension are at higher risk of developing kidney disease. Testing with eGFR and uACR may help find kidney problems sooner.

Patients and caregivers helped develop this measure and shared their views. They said they wish they had known about kidney disease earlier. Earlier awareness may allow patients to make lifestyle changes and consider treatment options. This measure may support clearer communication between patients and care teams about kidney health and risks.

Usability (How will providers use this measure to improve care delivery?)

Clinicians and health care teams may use this measure because it focuses on clear and defined testing steps (whether patients receive two specific tests, eGFR and uACR, during routine care). Clinical guidelines recommend these tests for patients with diabetes and/or hypertension. The measure uses information already collected during regular visits, which may help care teams check performance without adding new steps.

Health care teams may use this measure to track how often patients receive recommended kidney testing. The results may help identify where testing is low and where care may be improved.

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Because the measure is reported at both the individual clinician level and the group or practice level, it allows results to be reviewed in different ways. At the individual level, the measure shows how each clinician performs based on the percentage of their patients who received both kidney tests. At the group or practice level, the measure combines results across clinicians within the same clinic or organization to show overall performance.

This approach supports comparison across clinicians, groups, or clinics using the same measure criteria. Care teams can review these results to understand where kidney testing rates are higher or lower and identify areas where improvement may be needed for patients at risk.

Feasibility (How can this measure be implemented without adding burden for providers and patients while still improving care?)

This measure relies on data in electronic health records (EHRs), which are digital patient records. Testing in clinics using a common EHR vendor (Epic) showed that 23 out of 30 data elements are in standard fields during routine care. The remaining data elements are still captured within the system in other ways.

While setting up a new measure takes time, this one fits into existing workflows. That means that doctors and care teams can collect and report the needed information as part of their usual work, without extra steps or major new costs.

Many clinicians already collect this same information for a related kidney health measure used in the Merit-Based Incentive Payment System. However, that related measure focuses on patients with diabetes. This new measure adds patients with hypertension, which is also a common risk factor for chronic kidney disease. Including both conditions helps identify more patients at risk and supports more complete kidney health testing.

Impact (How will using this measure improve patient experiences and outcomes?)

CKD affects many people and can lead to serious health problems, including hospital stays and a higher risk of death. Testing with eGFR and uACR may help find kidney disease earlier. Earlier testing may give patients and care teams more time to talk about care options. It may also allow steps that could slow kidney damage or reduce health risks. Research shows that better CKD care may lower hospital stays by up to 40%, emergency visits by 30%, and monthly health care costs by up to 17%. Regular testing may support earlier care and may help improve health outcomes over time.

Performance Gap (Based on current performance, where and how much care can improve?)

This measure shows a gap between recommended care and actual care for kidney health testing. The testing data are from January 1, 2025, through December 31, 2025, and include 7,885 patients across six clinics and 374 clinicians. Measure reporting includes data on mean (average) and deciles. The mean is the sum of all scores divided by the number of scores. Deciles divide results into 10 equal groups, from lowest to highest performance, to show how scores are distributed.

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At the clinician level, the mean performance score was 24.59%, meaning 24.59% of eligible patients received a kidney health evaluation with both tests. Performance across deciles ranged from 8.69% in Decile 1 (lowest performance) to 44.43% in Decile 10 (highest performance).

At the group or practice level, results across six clinics showed a mean performance score of 24.38%. Performance across deciles ranged from 14.28% in Decile 1 (lowest performance) to 34.84% in Decile 10 (highest performance).

The overall performance across all patients was 23.8%. The measure developers also reported differences by patient characteristics, insurance type, and clinic, including variation by payer type such as Medicare Advantage and Medicare fee-for-service.

Disclaimer: Battelle used generative artificial intelligence in the initial drafting of this document. Actual humans with relevant expertise subsequently validated and revised the content.