



# Chronic Kidney Disease Dashboard Project

Overview & Information Session

**SESSION #2**

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TUESDAY, OCTOBER 24, 2023

# Welcome!

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## Minnesota Diabetes and CKD Improvement Initiative

Project overview



## CKD Dashboard

Overview



## Audience Q & A



## Next Steps

*\*This session is being recorded*

# CKD Dashboard

## Brief Overview

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### What is it?

Data analysis tool created to support medical groups and clinics onboarded into PIPE system for tracking and assessing improvement efforts related to CKD prevention and treatment among patients with diabetes.



### What's included?

Features several different analyses for nine metrics developed by the DPAC related to CKD prevention and treatment among patients with diabetes. Medical groups can also access patient-level gap reports, which will be available via MNCM's PIPE system.



### Will this information be publicly reported?

No, this information will only be made available to participating medical groups and is intended to be used as a quality improvement tool.

### Funding Disclosure

*Funding to support this project has been provided by Bayer Healthcare Pharmaceuticals, Inc. To ensure program integrity, MNCM is following its Guidelines for Engagement of Commercial Interests.*

# Dashboard Release Schedule

Dashboard Version	Date of Release	Metrics Included
v1	11/21/2023	<ol style="list-style-type: none"><li>1. Overall CKD Screening among Patients with Diabetes</li><li>2. HbA1c Management among Patients with Diabetes</li><li>3. Blood Pressure Management among Patients with Diabetes</li></ol>
v2	2/27/2024	<ol style="list-style-type: none"><li>1. Overall CKD Screening among Patients with Diabetes</li><li>2. HbA1c Management among Patients with Diabetes</li><li>3. Blood Pressure Management among Patients with Diabetes</li><li><b>4. Prescription for ACE/ARB among Patients with Diabetes and Hypertension</b></li><li><b>5. Prescription for SGLT-2 Inhibitor among Patients with Type 2 Diabetes and CKD</b></li><li><b>6. Prescription for Non-Steroidal MRA among Patients with Type 2 Diabetes and CKD</b></li></ol>
v3	5/21/2024	<ol style="list-style-type: none"><li>1. Overall CKD Screening among Patients with Diabetes</li><li>2. HbA1c Management among Patients with Diabetes</li><li>3. Blood Pressure Management among Patients with Diabetes</li><li>4. Prescription for ACE/ARB among Patients with Diabetes and Hypertension</li><li>5. Prescription for SGLT-2 Inhibitor among Patients with Type 2 Diabetes and CKD</li><li>6. Prescription for Non-Steroidal MRA among Patients with Type 2 Diabetes and CKD</li><li><b>7. Follow-up UACR among Patients with Diabetes</b></li><li><b>8. Follow-up eGFR among Patients with Diabetes</b></li><li><b>9. Missing Diagnosis of CKD among Patients with Diabetes and Abnormal Labs</b></li></ol>

# Participating in the Dashboard

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## Who can participate?

Any medical group onboarded into MNMCM’s PIPE system will be able to opt-in to the CKD Dashboard. There is no cost for medical group participation.



## When can medical groups participate?

There will be three periods (or, cohorts) in which medical groups can opt-in to the dashboard:

Cohort	Cut-off Date for Enrollment	Deadline for Retroactive Data Calculation*	Dashboard Access Start Date	Dashboard Access End Date
1	11/10/2023	11/10/2023	11/21/2023	11/18/2025 (Dashboard close)
2	4/26/2024	5/10/2024	5/21/2024	
3	10/25/2024	11/8/2024	11/19/2024	

\*Most retroactive data will already be in PIPE because of annual reporting for Optimal Diabetes Care, which is the base denominator for all metrics.



## How do medical groups opt-in to the dashboard?

Medical groups will need to enroll in the project and sign an amendment to their existing Data Use Agreement (DUA) with MNMCM to authorize MNMCM to include their data in the dashboard.

# Medical Group Tasks for Participation

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## Signing Up

- Complete enrollment form
- Sign Data Use Agreement (DUA) Addendum



## Before Accessing Dashboard

Calculate quarterly data for retroactive data\* using custom measure periods set up in PIPE

\*Most of this data has been already uploaded in PIPE through the data submitted for calculation of the Optimal Diabetes Care measure in 2021 and 2022 measurement years (and potentially 2023 depending on cohort).



## Using Dashboard

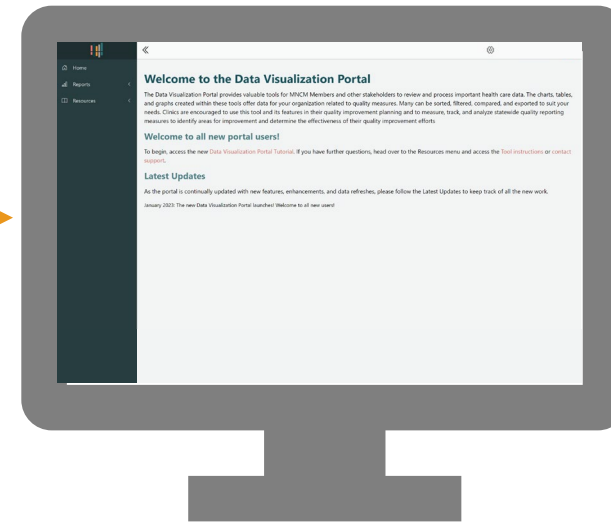
- Upload regular PIPE Data Standard files every quarter (at minimum)
- Calculate the measure in PIPE every quarter using custom measure periods
- Attend Learning Collaborative sessions

# Accessing the Dashboard

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*Metrics calculated in PIPE  
Patient gap reports available in PIPE*



*Dashboard available through MNCM's  
Data Visualization Portal (DVP)*

# Patient-level Gap Reports

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## What are they?

Patient-level reports based on the metric calculations.



## How can I use the reports?

The reports can be used by medical groups to identify patients that are experiencing gaps in care (e.g., BP < 160/100).



## How do I access the reports?

The reports can be accessed directly within the PIPE system for download.



## When can the reports be accessed?

The reports will be generated every quarter in alignment with when the dashboard refreshes. However, medical groups can opt to upload data files and calculate results as frequently as every month, if they choose.

## What's included?

- MG Name/ID
- Clinic Name/ID
- Patient Demographics (ID, DOB, Sex, ZIP Code, RELC, Primary Insurance)
- Eligible Visit Date/Code
- Diabetes Diagnosis Date/Code
- Numerator Specific Information (e.g., BP date and values, numerator compliance)



# Discussion

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## Participating in Project

- What questions do you have for preparing to participate in the project?
- What reservations or concerns do you have in participating in the project?
- What are you most excited about for this project?
- What kind of information will be most helpful to your organization to address CKD prevention and treatment in patients with diabetes?

## Current Practices/Lessons Learned

- What are barriers to screening that your organization currently faces or has faced for the prevention and treatment of CKD in patients with diabetes?
- What kinds of things has your organization implemented to improve prevention and treatment of CKD in patients with diabetes?
- What have you learned about CKD prevention and treatment within your organization?

# Next Steps

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- Enroll in project [here](#)
- MNCM staff will send out session slides, session recording and FAQ document

For additional questions, please contact Jess Donovan at [donovan@mncm.org](mailto:donovan@mncm.org)