**How to Increase Early Nutrition Intervention with CKD Patients:**
**Key Insights from a Roundtable Discussion with Renal Dietitians**

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*What role should nutrition professionals play in managing patients with chronic kidney disease (CKD)? How could primary care providers treating CKD patients better utilize nutrition professionals?*

These are the types of questions that the National Kidney Disease Education Program (NKDEP), an initiative of the National Institutes of Health, set out to answer in a recent roundtable discussion with renal dietitians. NKDEP convened a select group of renal dietitians in May 2007. Their task was to solicit ideas regarding ways to help prevent or delay end-stage renal disease (ESRD), also known as kidney failure or Stage 5 CKD, through nutrition intervention in the primary care setting.

Improving care for people with kidney disease is particularly important right now, with the latest National Health and Nutrition Examination Survey (NHANES) data suggesting an increase in CKD and ESRD rates. According to the 1999-2004 NHANES data, approximately 16.8 percent of the U.S. population aged 20 years or older had CKD. This percentage—compared to 14.5 percent in the previous NHANES survey (1988-1994)—demonstrates an increase of almost 16 percent, based on crude estimates of prevalence. In addition, over the past 30 years the incidence and prevalence of end-stage renal disease has increased. The numbers are expected to continue to rise through 2010 (1).

NKDEP is currently focusing on increasing knowledge and efficacy related to kidney disease among all healthcare professionals working in the primary care setting, including nurse practitioners, physician assistants, pharmacists, dietitians, and physicians. As part of this effort, NKDEP is interested in finding ways to promote nutrition intervention for patients with CKD in the primary care setting, where early intervention can significantly impact kidney decline and progression to ESRD. Specific nutrition intervention may include the introduction of a protein-restricted diet in addition to other dietary changes (2, 3).

This article highlights the key insights discussed during the roundtable discussion related to improving nutrition intervention, and outlines strategies identified for nutrition professionals working with patients with kidney disease.

## Key Insights from the Roundtable Discussion

**Participants stressed that dietitians should be an essential part of the primary care treatment of CKD due to the significant impact of nutrition on maintaining kidney function.** Specifically, a specialized nutrition plan may help slow down the loss of kidney function. Participants recommended certain essential diet and nutrition components, including protein, sodium, fluid, potassium, calcium, phosphorus, and calories. In addition, they noted that specific variants of the nutrition plan may change, depending on the individual's stage of disease. By educating primary care providers on

how specific nutrition components positively affect the status of CKD patients, dietitians can justify their role in nutrition intervention for CKD.

**Dietitians who don't practice renal education daily may not be as familiar with the specific challenges of the renal diet**. An increase in the incidence of CKD will increase the number of non-renal nutrition professionals who will need to provide care to these patients (4). The participants acknowledged that, as a result of reduced time for diet education and lack of basic education materials, non-renal dietitians may face difficulties providing education and care to patients with CKD. Although renal dietitians are often not working in the same facility as primary care providers, there is an opportunity for the renal dietitian to educate other nutrition professionals who do interact with primary care providers on a regular basis. Renal dietitians can convey the importance of nutrition intervention and guide other dietitians about effective renal education materials. In addition, renal organizations such as National Kidney Foundation (NKF), American Association of Kidney Patients (AAKP), and the American Dietetic Association Renal Dietitians Practice Group (RPG), need to promote this as well. The strength of these organizations is that they can reach many people much more efficiently and effectively than the single-person effort of a renal dietitian.

**There is a critical need for early intervention through nutrition referrals to improve care of patients with CKD and prevent or delay ESRD.** The renal dietitians stressed that that providers are not regularly referring patients to dietitians for nutrition intervention for CKD. They attributed this trend to a lack of awareness of Medicare reimbursement guidelines for nutrition therapy for CKD, limited understanding of the nutrition components of chronic kidney disease, and possibly a lack of team relationships between dietitians and primary care providers.

Medicare initiated coverage for medical nutrition therapy (MNT) for CKD in 2002. This Medicare coverage supports referral to the dietitian as part of treatment of CKD. However, the renal dietitians noted that physicians might not be aware of this reimbursement option. Thus, there is perception of a lack of Medicare coverage for MNT among primary care providers. (*Please see Figure 1 for more on Medicare coverage guidelines.*)

*Figure 1: According to the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000, as of January 1, 2002, medical nutrition therapy services are available for beneficiaries with renal disease. Specifically, patients who have a "reduction in renal function not severe enough to require dialysis or transplantation, with a GFR between 13-50 mL/min/1.73 m² are covered." This coverage involves initial and follow-up visits over a 12 month period (5).*

**Strategies Identified by Roundtable Participants:**

**Renal dietitians should facilitate education of CKD patients by working with non-renal dietitians to provide information and effective resources and materials.** Renal dietitians can offer workshops and training for non-renal dietitians to help them become more familiar with CKD nutritional guidelines.

**All dietitians are encouraged to educate primary care providers on the need for referrals for CKD.** Dietitians can offer providers factual information about the profound impact that a specialized nutrition prescription has in the treatment, management, and prevention of CKD.

**All dietitians have an opportunity to inform primary care providers of new reimbursement coverage from Medicare and how to obtain reimbursement.** Dietitians can assist providers in understanding the current Medicare reimbursement for CKD and help them determine if private insurance companies offer this benefit as well.

**Dietitians can help ensure continuity of care for patients with CKD by marketing their services and expertise, and developing relationships with primary care providers.** By offering educational sessions for primary care providers on how the dietitian can be effective in treating CKD patients, and providing a list of practicing renal dietitians in their area, dietitians can help facilitate the process of nutrition referrals.

**Dietitians should encourage a collaborative approach to care by helping to create a referral process in settings where non-physicians are more empowered to make a referral.** Dietitians can work with the entire provider team, including non-physicians, to establish effective practice guidelines for use in the primary care setting. In addition to physicians, nurse practitioners and physician assistants may also have authority to initiate referrals for MNT of CKD with follow-up approval and signature by the primary physician. Although these professionals do not have complete authority over standing orders, they may be more empowered in certain settings to refer to the dietitian, with physician approval. By working with other non-physicians to encourage referrals, the renal dietitian can create an opportunity to develop consensus practice standards.

## Developing an Agenda

The participants felt that dietitians can be an essential part of primary care treatment of CKD. They also expressed that substantial improvements in the quality and outcomes with medical nutrition therapy for CKD are needed, and can be achieved with the appropriate strategies initiated by dietitians.

This roundtable discussion is the beginning of a new effort by NKDEP to highlight ways in which we might help promote nutrition care in the primary care setting. We greatly value the participants' time in helping us identify opportunities and formulate ideas on how NKDEP may be able to impact and enhance nutritional care of CKD patients. With much appreciation, we thank our participants including: Theresa Kuracina, MS, RD, CDE, Diabetes Dietitian Albuquerque Indian Health Center; Susan Salmi, RD, LD Renal Dietitian, Kidney Specialists of Minnesota, PA; Karen Basinger, MS, LDN, Renal Dietitians Dietetic Practice Group/ADA Legislative and Reimbursement Chair; and Lois Hill, MS, RD, CSR, Nutrition Solutions. As we develop an active, prioritized agenda, we welcome your input in this ongoing process. Please contact us at nkdep@info.niddk.nih.gov to share your comments and ideas for how NKDEP can work with the nutrition community on improving care of CKD patients.

This article has been approved for 1 CPE unit and the CPE insert can be accessed in the Members Only Section of the RPG website from the CPE Inserts link.

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