

Why Employers Should Invest in Early Kidney Care

April 30, 2025



Speakers



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What is Chronic Kidney Disease?

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Chronic Kidney Disease

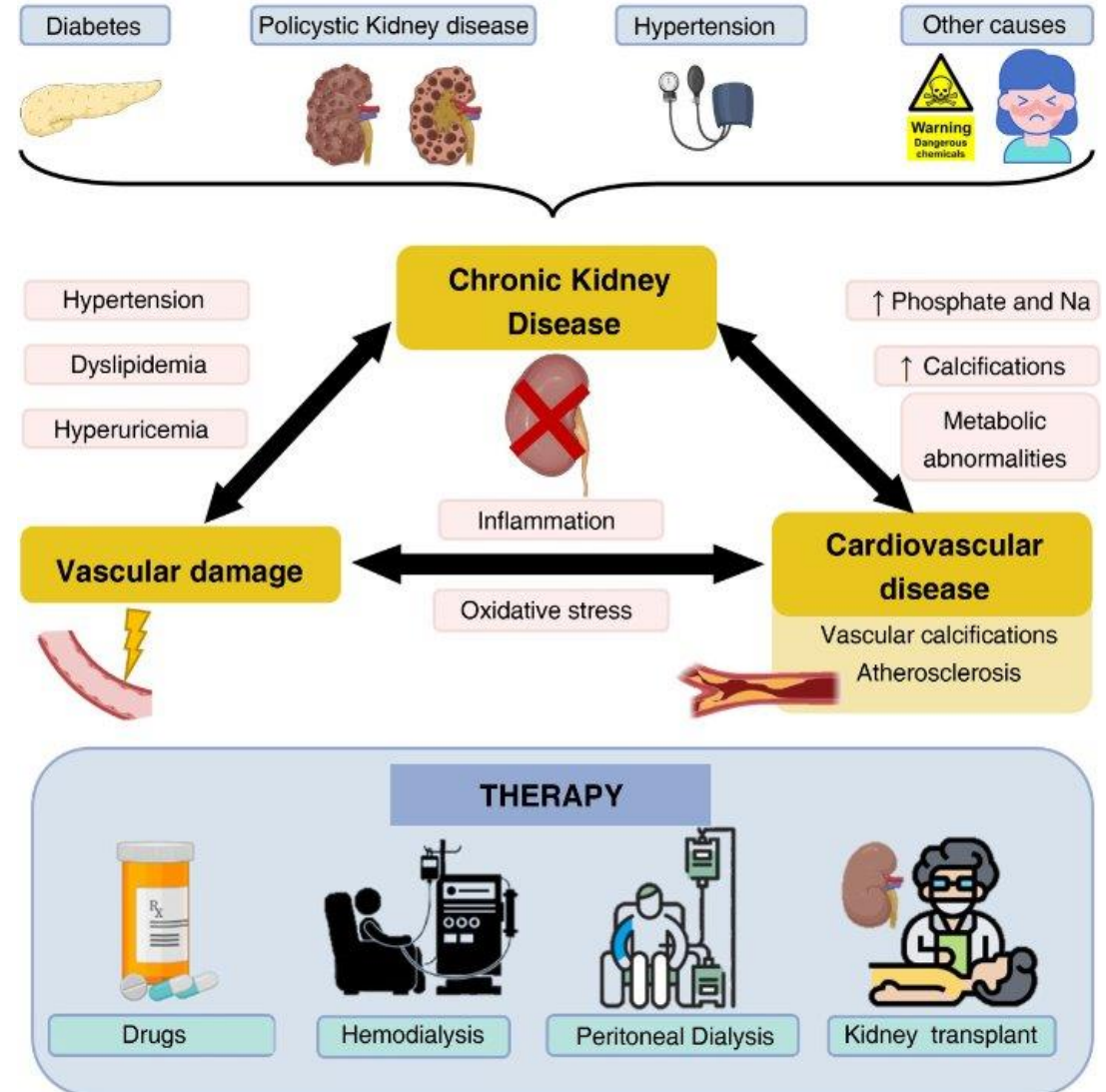
THE URGENCY OF EARLY CARE

- What is Chronic Kidney Disease?
- Who does it affect?
- Why early care matters
- What challenges are we facing in delivering that care?

Chronic Kidney Disease

What is it?

- Chronic Kidney Disease, or CKD, is a gradual loss of kidney function over time
- Kidneys filter waste, regulate fluids and electrolytes
- Support essential functions like blood pressure and red blood cell production
- Often symptoms don't present until later stages



Chronic Kidney Disease

Stages of CKD

Stage of CKD	eGFR result	What it means
Stage 1	90 or higher	<ul style="list-style-type: none">- Mild kidney damage- Kidneys work as well as normal
Stage 2	60-89	<ul style="list-style-type: none">- Mild kidney damage- Kidneys still work well
Stage 3a	45-59	<ul style="list-style-type: none">- Mild to moderate kidney damage- Kidneys don't work as well as they should
Stage 3b	30-44	<ul style="list-style-type: none">- Moderate to severe damage- Kidneys don't work as well as they should
Stage 4	15-29	<ul style="list-style-type: none">- Severe kidney damage- Kidneys are close to not working at all
Stage 5	less than 15	<ul style="list-style-type: none">- Most severe kidney damage- Kidneys are very close to not working or have stopped working (failed)

Chronic Kidney Disease

The Numbers are Rising

- 35 million Americans- or 1 in 7 have CKD
- 9 in 10 people don't know it
- CKD deaths are steadily rising- driven by diabetes and high blood pressure
- Black, Latino, and Native American communities are disproportionately affected
- More likely to progress to kidney failure
- Disclaimer: CKD is often silent, the numbers are thus an underestimation

Chronic Kidney Disease

Options

- Until recently- limited treatment options to slowing the decline or waiting dialysis or transplant
- New diagnostic tools
- Risk calculators
- Genetic testing
- Medications to slow progression and reduce cardiovascular risk: SGLT2 inhibitors and nonsteroidal MRAs

Chronic Kidney Disease

What does early kidney care include?

- Annual screening with serum creatinine and eGFR
- As well as urine albumin (UACR) in at-risk patients
- Managing diabetes and blood pressure
- Adjusting medications to protect the kidneys
- Patient education on lifestyle changes and risks
- Referring to nephrology
- IT MATTERS: Reduce the risk of progression by up to 50%, lower heart failure risk, and prevent unnecessary hospitalizations
- Case: 52- year old male with long standing diabetes

Chronic Kidney Disease

What's standing in the way?

- Underdiagnosis: less than 40% of high-risk patients get the recommended urine test
- Lack of awareness: among both patients and providers
- Structural barriers: minorities face disproportionate access issues
- Fragmented care: coordination between primary and specialty care may not be within the same system or communicate
- Workforce shortages: not enough nephrologists to meet the rising demand

Chronic Kidney Disease

- CKD is common, silent, deadly
- Modifiable with early action
- Better screening, education, equitable access to care

Estimating CKD's Impact on Employers and Employees

Neal Masia, Ph.D.

Adjunct Professor of Economics, Columbia University

Little Research to Guide Employers to Appropriate Investment in CKD Prevention

Our new research examines the savings opportunity for employers, with two key research questions guiding our analysis:

- 1. How does kidney disease impact employers in terms of...**
 - Healthcare costs?
 - Productivity loss/turnover?
 - Differences by type of worker (e.g., disparities between various subgroups based on race, urban/rural, etc.)?
- 2. How could earlier intervention in kidney disease impact employer costs in the next 5-10 years?**
 - Reduced healthcare spending (before considering the cost of intervention)
 - Productivity benefits

Kidney Disease Impacts at Least 11 Million Workers

There are 150 million people in the workforce ages 20-64, with **at least 11 million workers (7.4%) living with kidney disease.**

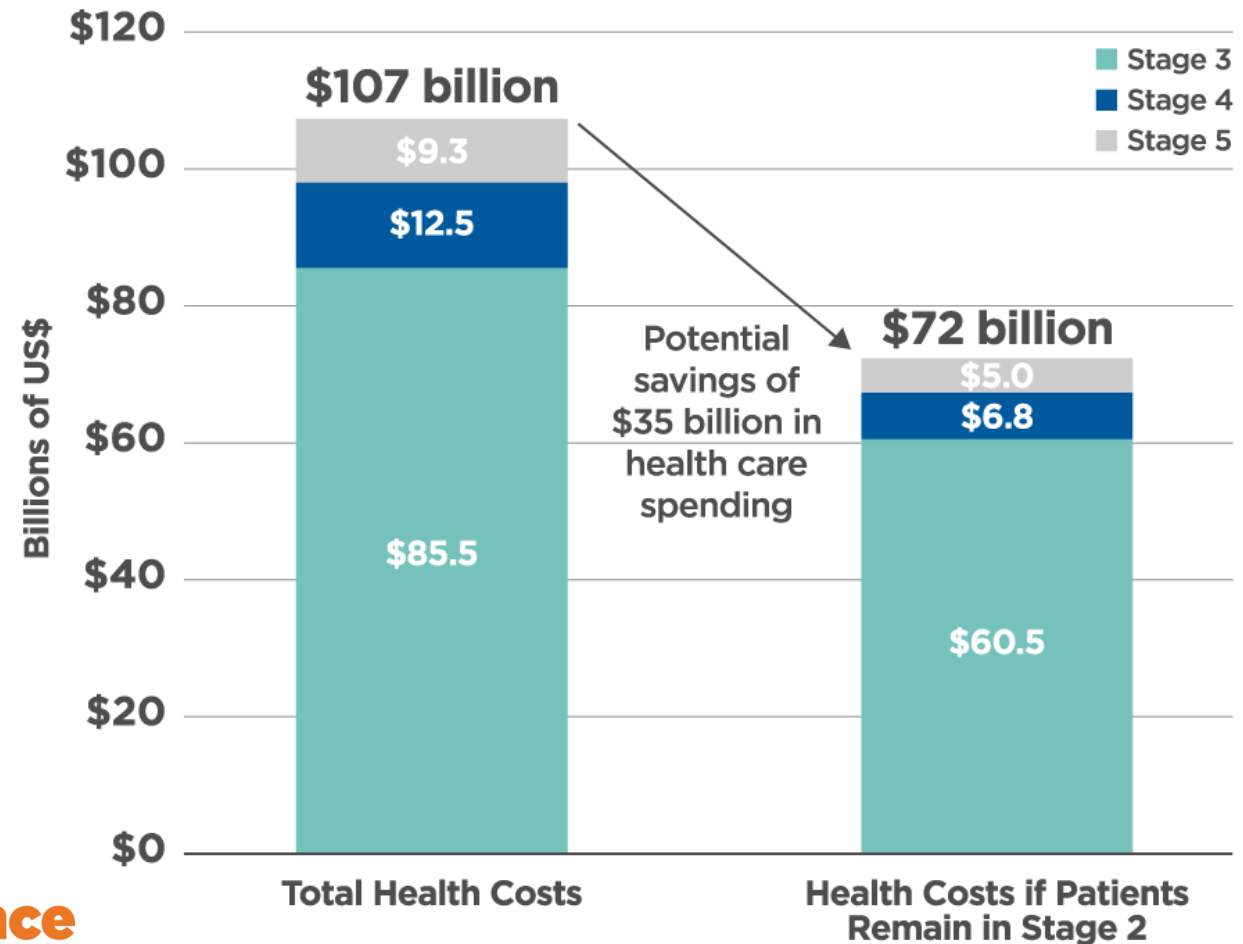
Applying prevalence data from the general population, we are able to draw some conclusions about the impact of kidney disease on the workforce:

- Prevalence is **higher among women than men.**
- **Black workers are disproportionately impacted** by kidney disease.
- Prevalence is **higher for less educated workers.**
- **Higher income workers** have significantly lower prevalence.
- **Significant geographic variations** exist in prevalence.

Estimated Moderate- to Late-Stage CKD Health Costs and Productivity Impacts on Total US Workforce, 2024

KIDNEY DISEASE STAGE	TOTAL WORKERS WITH CKD	HEALTH COSTS PER MEMBER PER YEAR	TOTAL HEALTH COSTS	ABSENTEEISM		PRESENTEEISM	
				RATE	COST	RATE	COST
3	1.6 million	\$54,939	\$85.5 billion	6%	\$5.7 billion	19%	\$17.9 billion
4	174,000	\$71,010	\$12.5 billion	8%	\$865 million	28%	\$2.9 billion
5	126,000	\$71,532	\$9.3 billion	13%	\$975 million	21%	\$1.6 billion
TOTAL	1.9 million		\$107.3 billion		\$7.5 billion		\$22.4 billion

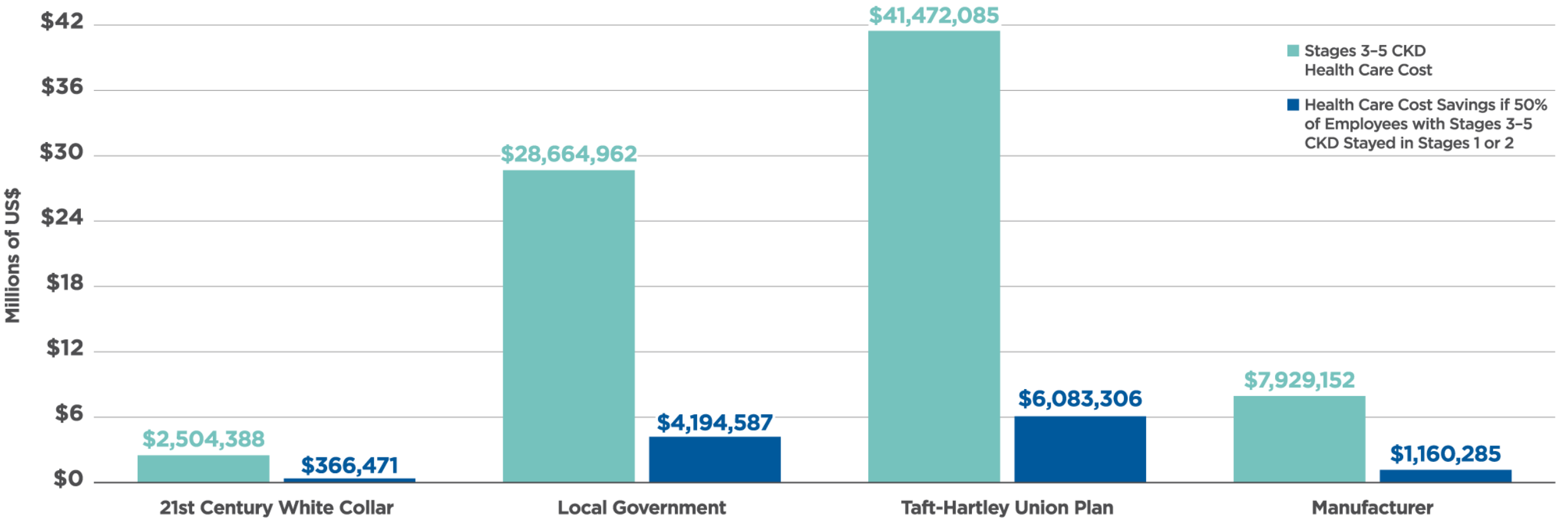
Estimated Savings in Employer Health Costs if Progression to Moderate- to Late-Stage CKD is Prevented, 2024



Illustrative Snapshot of Moderate- to Late-Stage CKD Associated Costs Across Four Types of Employers, 2024

	21ST CENTURY WHITE COLLAR	LOCAL GOVERNMENT	TAFT-HARTLEY UNION PLAN	MANUFACTURER
MEDIAN AGE	35	42	45	47
GEOGRAPHIC LOCATION	50% of the workforce on the West Coast	Primarily located in the Midwest	Primarily located in the Northeast	70% of the workforce in the South
DEMOGRAPHICS	Primarily college educated, male, and white	Approximately equal rates of college educated vs not; male vs female Racially diverse	65% do not have a college degree 50% Black and Hispanic	Primarily not college educated, male, and white
COVERED LIVES	25,000	40,000	50,000	10,000
ESTIMATED EMPLOYEES WITH CKD (ALL STAGES)	244	2,789	4,044	771
RATE OF CKD IN WORKFORCE	1.2%	9.8%	11.4%	10.9%
ESTIMATED EMPLOYEES WITH STAGE 3-5 CKD	41	471	683	130
STAGES 3-5 CKD PRODUCTIVITY COST	\$1,937,568	\$8,237,245	\$12,865,217	\$1,577,453
STAGES 3-5 CKD HEALTH COSTS	\$2,504,388	\$28,664,962	\$41,472,085	\$7,929,152
TOTAL STAGES 3-5 CKD COST	\$4,441,956	\$36,902,207	\$54,337,302	\$9,506,605

Estimated Health Care Cost Savings Across Four Types of Employers if Progression to Moderate- to Late-Stage CKD is Prevented, 2024



Chronic Kidney Disease Benefit Overview

Andy Baskin

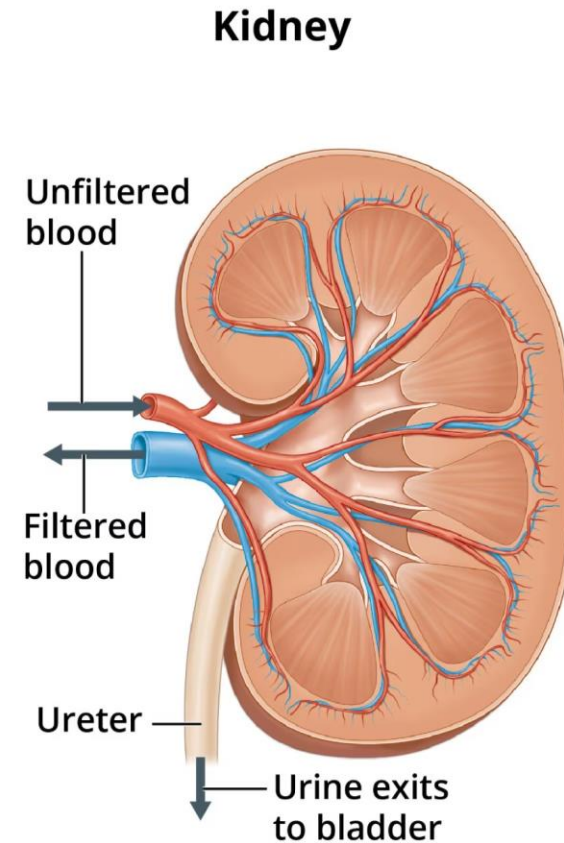
Independent Contractor

Former National Medical Director at Aetna

Chronic Kidney Disease (CKD): Risk Factors

CKD risk factors include, but are not limited to the following:

- Diabetes
- Hypertension
- Family history of kidney disease
- Age 60 or older (GFR declines normally with age)
- Race/U.S. ethnic minority status - African Americans, Hispanics, Asians/Pacific Islanders, and American Indians
- Frequent NSAID use
- History of acute kidney injury



Chronic Kidney Disease (CKD): Screening

- While there is insufficient evidence to recommend routine screening, the tests often suggested for screening that are feasible in primary care include testing the urine for protein (microalbuminuria or macroalbuminuria) and testing the blood for serum creatinine to estimate glomerular filtration rate. (Prior 2012 USPSTF recommendation; currently removed and under review)
- Yearly CKD screening for diabetic patients
- Consider screening for other high risk populations (interval ?)
- Screen patients with known CKD for progression (interval based on individual patient characteristics, but commonly at least annually)

Chronic Kidney Disease (CKD): Quality Measurement

- Healthcare Effectiveness Data and Information Set (HEDIS) measure (Kidney Health Evaluation for Patients with Diabetes: KED)
 - “percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year. The measure’s intent is to monitor kidney health among adults with diabetes to help identify and prevent progression of chronic kidney disease.” (from NCQA webpage)
- KED measure added to Medicare Stars program beginning in 2026

Chronic Kidney Disease (CKD) Preventive care coverage

- Control of underlying risk factors
 - Diabetes, Hypertension, Hypercholesterolemia
 - Lifestyle: smoking, obesity
 - Eliminate nephrotoxic drugs
- Preventive and Chronic medications patient cost sharing
- Medications
 - ACEI/ARBs (common antihypertensive medications, generally available as generics)
 - Sodium–glucose cotransporter-2 inhibitors (SGLT2i) (for diabetics)
 - Common brands: Invokana, Farxiga, Jardiance
 - Glucagon-like peptide 1 receptor agonists (GLP-1s for diabetics)
 - Common brands: Trulicity, Victoza, Rybelsus, Ozempic, Mounjaro
- IgA Nephropathy (IgAN) (prevalence approximately 2.5 per 100,000)
 - Relatively new medication, relatively expensive

Chronic Kidney Disease (CKD) Treatment costs

- Smoking cessation (no patient cost share?)
- Weight control (no patient cost share?)
- ACEI/ARBs (generic available, relatively inexpensive)
- Cholesterol medications (generics available, relatively inexpensive for most medications, injectables are more expensive)
- SGLT2i (list price +/- \$600/mo)
- GLP-1 (list price +/- \$1000/mo)
- IgAN (likely >\$100k/yr)



Chronic Kidney Disease Role of Employer

Cheryl Larson

President & CEO

Midwest Business Group on Health



Employers are Key to Helping Disrupt the Current Trajectory of CKD in the U.S.

Kidney disease currently affects **over 11 million workers**, accounting for

7.4%



of the US workforce.

only 1% of the workforce, they drive 8% of annual employer healthcare costs—a staggering

\$107 billion
each year.



\$30 billion
to the employer burden annually.

MBGH Employer Project – *Protecting Health Through Prevention & Treatment of CKD*

1. CKD was present in 30-35% of members with T2D.
2. Total and average costs for PMPY became progressively higher for each stage of disease progression.
3. Cost progressions reinforced their understanding of the importance of early vs. late-stage diagnosis and treatment.
4. Total and average dollar-paid claims for Stage 6 prompted questions concerning whether claimants received early Medicare coverage for those with ESRD.
5. Total and average cost of kidney function profile testing were a fraction of the costs of treating later stages.

Employer Case Study: Annual Medical Costs of CKD by Stage									
CKD Stage	Employer 1 2600 employees/4000 members			Employer 2 100K employees/63,000 members			Employer 3 30,299 employees/39,528 members		
	Number of Members	Total Cost	Average Cost	Number of Members	Total Cost	Average Cost	Number of Members	Total Cost	Average Cost
1	0	-	-	36	\$4,063	\$113	5	\$132	\$26
2	0	-	-	157	\$31,293	\$199	53	\$4,916	\$93
3	13	\$1,205	\$93	15	\$4,303	\$287	42	\$14,183	\$338
4	2	\$91	\$46	77	\$70,002	\$909	32	\$17,826	\$557
5	1	\$806	\$806	26	\$22,530	\$867	7	\$15,268	\$2,181
6	2	\$202,902	\$101,451	108	\$6,706,100	\$62,094	27	\$2,221,924	\$82,293

Costs of Kidney Function Profile Testing: uACR (urine) + eGFR (blood)								
Employer 1 4K members - 18 members with known CKD			Employer 2 63K members - 419 members with known CKD			Employer 3 39,528 members - 166 members with known CKD		
Number of Members Tested	Total Cost	Average Cost	Number of Members Tested	Total Cost	Average Cost	Number of Members Tested	Total Cost	Average Cost
291	\$2,382	\$8.19	4,036	\$21,650	\$5.36	1223	\$4,986	\$4.08

Key Employer Action Steps

1. Understand the impact of CKD in the US.
2. Conduct a thorough data review to assess workforce risk.
3. Prevent CKD through employee education about prevention, early intervention, and treatment.
4. Design benefit plans to support members.
5. Be prepared for the evolving kidney care landscape.

Plan Design Tip

The following plan exclusion language may be used to protect employers from paying for claims that should be paid by Medicare, auto insurance, worker's comp, etc.:

“Services that can be covered by another plan or 3rd party if an eligible person enrolled in and/or sought coverage.”

Employer Resources

ACTION BRIEF
Employer Strategies that Drive Health, Equity and Value

CHRONIC KIDNEY DISEASE
HEALTHY WORKFORCES, SUSTAINABLE FUTURES
The remarkable benefits of investing in lifesaving kidney care

About 35.5 million (more than 1 in 7) US adults have chronic kidney disease (CKD), 66% of whom don't know it. Without increased investment in prevention, the total number of patients with kidney failure will likely exceed one million by 2030.

Yet, recent advancements in the screening, diagnosis, and treatment of kidney disease have created an unprecedented opportunity for employers and other plan sponsors to intervene earlier to delay or prevent progression to kidney failure (also known as end-stage renal disease or ESRD).

Employers as plan sponsors have long recognized the importance of investing in chronic disease management and prevention to support the health of employees and their families. They are also uniquely positioned to promote and support earlier and more effective kidney care.

This *Action Brief* offers action steps and other helpful information to stop the trajectory of CKD, sometimes called the most under-recognized public health crisis.

SEE SPECIAL SIDEBAR ARTICLE ON PAGE 2: "Employers are Key to Helping Disrupt the Current Dire Trajectory of Kidney Disease in the US"

ACTION STEPS FOR EMPLOYERS

1. Understand the impact of CKD in the US.
2. Conduct a thorough data review to assess workforce risk.
3. Prevent CKD through employee education about prevention, early intervention, and treatment.
4. Be prepared for the evolving kidney care landscape.

Click this button for American Kidney Fund Facts and Stats

"Employers have a unique opportunity — and responsibility — to support the health and wellbeing of employees by investing in proactive measures that prevent serious chronic conditions like CKD. Access to preventive care is critical to improving health outcomes, increasing worker productivity, and reducing long-term healthcare costs."

*— Jillian Greenidge, President & CEO
National Alliance of Healthcare Purchaser Coalitions*

This detailed CKD Issue Brief demonstrates the potential savings for employers (or an sponsor, based on the current impact of kidney disease on the US workforce. It also illustrates the economic benefits of investing in upstream kidney care.

Chronic Kidney Disease: Healthy Workforces, Sustainable Futures



**Healthy Workforces,
Sustainable Futures:
Why Employers Should
Invest in Early Kidney Care**

American Kidney Fund
FIGHTING ON ALL FRONTS

National Alliance
of Healthcare Purchaser Coalitions
Driving Health, Equity and Value

Healthy Workforces, Sustainable Futures: Why Employers Should Invest in Early Kidney Care

EMPLOYER ACTION BRIEF

MBGH
Midwest Business Group on Health

Chronic Kidney Disease (CKD):
Protecting Health Through Prevention & Treatment

Quick view: Employer Action Steps

1. Collect data to better understand the business impact of CKD.
2. Promote prevention, early diagnosis, and appropriate treatment of CKD.
3. To avoid the high costs of hiring and training, put strategies in place to retain employees and maximize productivity.

See page 8 for a full set of action steps. [Click here for a PDF of the action steps.](#)

Prevalence of CKD

- More than 1 in 7 US adults (about 35.5 million, or 14%) are estimated to have CKD.
- As many as 9 in 10 adults with earlier stage (1-3) CKD and 40% of those with more severe CKD (stage 4-5 or 6) do not know they have it.
- Each day 360 people with ESRD begin very costly dialysis treatments.

These sobering statistics point to a need for employers to take action to prevent the development and progression of CKD in their members – a need that is strongly validated by costs associated with the later stages of the disease.

What is CKD?

People normally have two kidneys, about the size of a computer mouse, that filter all the blood in the body every 30 minutes. The kidneys perform functions important to a healthy life and healthy body, including:

- Removing natural waste products and extra water
- Balancing important minerals
- Manufacturing vitamins that control growth
- Regulating blood pressure, red blood cells, and the amount of certain nutrients in the body, such as calcium and potassium
- Keeping bones healthy

Chronic Kidney Disease (CKD) occurs when the kidneys become damaged to the point of being unable to adequately filter blood over 3 or more months. Although frequently preventable, CKD is typically not detected until later in the disease course (stages 3-5 or 6) and when untreated or undertreated, can progress to end-stage renal disease (ESRD).

Risks for CKD

CKD usually develops because of a combination of physical, environmental, and social determinants of health.

1 in 3 American adults is at risk for CKD and risk factors include:

- Being over age 60 or having a family history
- Having diabetes, high blood pressures, heart disease, obesity, an acute kidney injury or using tobacco.

According to the National Kidney Foundation, people of African American, Hispanic, Native American, Asian or Pacific Islander descent have increased risk. African Americans are 3 times more likely than Whites, and Hispanics are nearly 1.5 times more likely than non-Hispanics for CKD to progress to kidney failure.

Chronic Kidney Disease (CKD): Protecting Health Through Prevention & Treatment

Speakers



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National Alliance Chronic Kidney Disease Resources

Issue Brief



<https://www.nationalalliancehealth.org/resources/benefits-employers-investing-in-early-kidney-care/>



Action Brief

ACTION BRIEF
Employer Strategies that Drive Health, Equity and Value

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"Employers have a unique opportunity — and responsibility — to support the health and wellbeing of employees by investing in proactive measures that prevent serious chronic conditions like CKD. Access to preventive care is critical to improving health outcomes, increasing worker productivity, and reducing long-term healthcare costs."

—Shaun Gremminger, President & CEO

<https://www.nationalalliancehealth.org/resources/benefits-support-lifesaving-kidney-care/>

Upcoming Events

- **PBM Hub: Taking Back the Power: Building a Drug Spend Strategy**
June 9, 12:00 p.m.-5:30 p.m. CT
The Westin Las Colinas, Irving, TX
Open to employer/purchasers and Coalitions only! Registration is required!
Contact Karlene Lucas (klucas@nationalalliancehealth.org) for information
- **Strategic Leadership Summit**
Be the Change: Employers Driving Radical Transparency for Cost and Quality
June 10, 11:30 – 5:30 p.m. CT
The Westin Las Colinas, Irving, TX
Open to all!
Registration today!
<https://nationalalliancehealth.swoogo.com/2025strategicleadershipsommit/7811632>
- **Save the Date - 2025 Annual Forum**
November 10 – 12, 2025
Crystal Gateway Marriott, Arlington VA
Call for Speaker now open!



Keynote Speaker
Mark Cuban

Disrupting the Drug Industry to End Ridiculous Prices