

# HCP Perspectives on Co-Managing Patients With CKD Associated With T2D

Physicians Agree on Need for Earlier Testing and Increased Communication for People Diagnosed With Chronic Kidney Disease (CKD) Associated With Type 2 Diabetes (T2D), as Revealed by a Bayer Survey of 1000 Healthcare Professionals (HCPs)

## Importance of Collaboratively Managing CKD Associated With T2D

T2D is a major risk factor for CKD, a progressive illness that if left untreated can progress to end-stage renal disease.<sup>2</sup>

People often receive initial care from their primary care physician (PCP) when first diagnosed with CKD associated with T2D. They're usually only referred to a nephrologist (kidney specialist) after their CKD has progressed.<sup>3</sup>

Research has shown that co-management between a PCP and a nephrologist is associated with improved quality of care, delayed dialysis and more frequent testing.<sup>4</sup>



## Need for More Frequent CKD Screening

The majority of HCPs agree the medical community could do better and diagnose CKD in people with T2D earlier.



While a majority of HCPs are using estimated glomerular filtration rate (eGFR) blood tests to assess kidney function at least once every few months,



urine albumin-creatinine ratio (uACR) tests are significantly underutilized, clashing with guideline recommendations to test more frequently.



## Patient Education Essential for Better CKD/T2D Care and Outcomes

87% (n=868)

of HCPs agree PCPs need to be talking more transparently with T2D patients and preparing them for a potential CKD diagnosis

87% (n=868)

of HCPs agree T2D patients aren't very familiar with CKD, and only 49% believe their T2D patients know they're at higher risk

94% (n=942)

of HCPs agree many Americans don't know what the risk factors are for CKD



78% (n=784)

of HCPs agree CKD is one of the biggest threats to Americans' health

## Better Understanding of CKD/T2D Impacts on Cardiovascular System Is Crucial in Patient Care

90% (n=901)

of HCPs agree patients don't understand how interconnected the heart and kidneys are

83% (n=826)

of HCPs agree that they need to be thinking more about the link with heart disease and bringing in cardiologists more often, especially as under one-quarter (21%) of CKD/T2D patients are referred to cardiologists



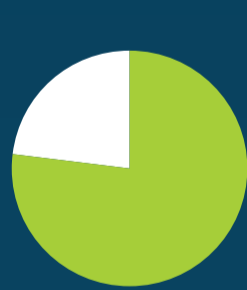
## Challenges of Co-Management Among HCPs

Who Should Be the CKD Quarterback for T2D Patients?



Most nephrologists believe they should be the lead HCP in both diagnosing and managing CKD in T2D patients (58% [n=115] and 90% [n=180], respectively), while PCPs see this as their role (88% [n=438] and 56% [n=281], respectively)

The vast majority of HCPs agree nephrologists need to be brought in earlier



Yet, 88% (n=441) of PCPs may choose not to refer people with CKD to a nephrologist

77% (n=773)

of HCPs agree that their patients become confused about who to go to for what when both PCPs and nephrologists are treating them

59% (n=293)

of PCPs agree that PCPs themselves often underestimate the risks and severity of CKD

## Top Reasons PCPs Choose Not to Refer People With CKD to a Nephrologist

59% (n=293)

believe they can manage CKD themselves

45% (n=226)

feel the patient doesn't want to see a nephrologist

34% (n=172)

don't feel their patients' symptoms require a nephrologist

## About the Survey



MedSurvey conducted a 15-minute online survey between January 20 and February 16, 2023. The survey included 1000 U.S. HCPs, including nephrologists (n=200), family medicine/general practice/primary care internal medicine (n=500) and nurse practitioners or physician assistants (n=300) who are duly licensed in the state where they practice and are currently treating people diagnosed with CKD associated with T2D. The survey asked HCPs about their current collaborative care practices and looked to identify barriers and disparities in these practices to improve the treatment of CKD associated with T2D and its associated conditions. The online survey is not based on a probability sample, and therefore, no estimate of theoretical sampling error can be calculated.

NP=nurse practitioner; PA=physician assistant.

References:  
1. Bayer survey conducted by MedSurvey, January 20-February 16, 2023. 2. Preventing diabetic kidney disease: 10 answers to questions. National Kidney Foundation. Accessed February 21, 2023. <https://www.kidney.org/atoz/content/preventkidneydisease> 3. Dharod A, Bundy R, Russell GB, et al. Primary care referrals to nephrology in patients with advanced kidney disease. *Am J Manag Care*. 2020;26(11):468-474. doi:10.37765/ajmc.2020.88526 4. Skolnik NS, Style AJ. Importance of early screening and diagnosis of chronic kidney disease in patients with type 2 diabetes. *Diabetes Ther*. 2021;12(6):1613-1630. doi:10.1007/s13300-021-01050-w