

Facility-level variations in diabetic kidney disease care within the VA health system

November 29 2018

A new study has uncovered variation across facilities in the Veterans Affairs (VA) Health System concerning the delivery of key measures of kidney disease care for veterans with diabetes. The findings, which appear in an upcoming issue of the *Clinical Journal of the American Society of Nephrology (CJASN)*, point to areas where care might be improved and standardized among facilities.

The VA Health System is the largest integrated [health care system](#) in the United States, and several programs have been implemented to improve the quality of care delivered through the [health system](#) to [patients](#) with [chronic kidney disease](#) (CKD). To assess the extent to which care for patients with CKD varies across different VA facilities, Sankar Navaneethan, MD, MS, MPH (Baylor College of Medicine) and his colleagues examined information on 281,233 patients with diabetes and concomitant CKD receiving care in 130 facilities across the VA Health Care System in 2013-2014.

Among those with stage 3 CKD, the median proportions of patients receiving guideline-recommended core measures were 37% for urine albumin:creatinine ratio/urine protein:creatinine ratio, 74% for hemoglobin measurement, 66% for angiotensin converting enzyme inhibitor/angiotensin receptor blocker prescriptions, 85% for statin prescriptions, 47% for achieving blood pressure

Citation: Facility-level variations in diabetic kidney disease care within the VA health system

(2018, November 29) retrieved 19 April 2024 from

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