PHYSICIAN FACT SHEET

Don't Go It Alone–Collaborative Care of Patients With Diabetes and CKD

Managing chronic diseases in the family medicine setting is more challenging today than ever before. In the United States, more than half of adult patients have at least one chronic condition, and 40% have two or more.[1] Estimates indicate that primary care physicians would need 7.2 hours per day just to handle chronic disease management for their patients.[2] Fortunately, family physicians don't have to go it alone when treating patients who have diabetes and chronic kidney disease (CKD). Collaborating with other physicians and health care professionals can help you provide recommended care and improve patient outcomes.

Diabetes and CKD: Best Practices

- Screen all patients with diabetes mellitus annually for CKD using two measures: estimated glomerular filtration rate (eGFR) and urinary albumin/creatinine ratio (uACR).[3]
- Recommend that your patients with diabetes and CKD have at least four office visits per year.[4] Evidence indicates that patients who have more dedicated visits for chronic conditions have better outcomes.[5]
- Designate a member of the care team to be responsible for follow-up tasks related to chronic disease management (e.g., lab results, medication titration).
- Ask your patients with diabetes and CKD if they have any structural challenges to accessing ongoing health care or following a treatment plan. If so, consider referral to a licensed clinical social worker or complex care nurse, if available.
- Consider referral to a nephrologist for your patients with CKD in the following circumstances[6-8]:
  - eGFR less than 30 mL per minute per 1.73 m^2
  - Consistent finding of uACR 300 mg per g or greater
  - Resistant hypertension
  - Rapidly progressing albuminuria
  - Diabetes but no other microvascular complications

Maintaining an open line of communication with other physicians and health care professionals on your patient's care team helps everyone stay informed and minimizes redundancies or gaps in care.

Guidelines from the American Diabetes Association and Kidney Disease: Improving Global Outcomes emphasize the importance of a multidisciplinary team-based approach to provide comprehensive care for patients with diabetes and CKD.[3] In addition to a family physician who coordinates overall care, this team may include the following:

- **Nephrologist:** Specializes in kidney care and CKD management
- **Certified diabetes care and education specialist:** Offers diabetes self-management education
- **Registered dietitian nutritionist:** Provides medical nutrition therapy
- **Clinical pharmacist:** Focuses on medication management and potential drug interactions
- **Licensed clinical social worker:** Gives psychosocial support and addresses social drivers of health
- **Complex care nurse:** Helps manage and coordinate care for patients with complex health conditions

REFERENCES

1. Buttorff C, Ruder T, Bauman M. Multiple chronic conditions in the United States. RAND Corporation; 2017. Accessed May 6, 2025. https://www.rand.org/pubs/tools/TL221.html
2. Porter J, Boyd C, Skandari MR, et al. Revisiting the time needed to provide adult primary care. *J Gen Intern Med.* 2023;38(1):147-155.
3. de Boer IH, Khunti K, Sadusky T, et al. Diabetes management in chronic kidney disease: a consensus report by the American Diabetes Association (ADA) and Kidney Disease: Improving Global Outcomes (KDIGO). *Diabetes Care.* 2022;45(12):3075-3090.
4. Al OM. Diabetes care and control: the effect of frequent visits to diabetes care center. *Ann Saudi Med.* 2014;34(3):229-234.
5. Morrison F, Shubina M, Turchin A. Encounter frequency and serum glucose level, blood pressure, and cholesterol level control in patients with diabetes mellitus. *Arch Intern Med.* 2011;171(17):1542-1550.
6. Levin A, Stevens PE, Bilous RW, et al. Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2012 clinical practice guideline for the evaluation and management of chronic kidney disease. *Kidney Int Suppl.* 2013;3(1):1-150.
7. Shubrook JH, Neumiller JJ, Wright E. Management of chronic kidney disease in type 2 diabetes: screening, diagnosis and treatment goals, and recommendations. *Postgrad Med.* 2022;134(4):376-387.
8. American Diabetes Association Professional Practice Committee; 11. Chronic kidney disease and risk management: standards of care in diabetes—2025. *Diabetes Care.* 2025;48(Supplement_1):S239–S251.

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