GFR Reporting: Experience from France

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Entre, d'une part,
La Caisse nationale de l'assurance maladie des travailleurs salariés, représentée par M. J.-M. Spaeth (président);
La Caisse centrale de mutualité sociale agricole, représentée par Mme J. Gros (présidente);
La Caisse nationale d'assurance maladie des professions indépendantes, représentée par M. G. Quevillon (président);

Et, d'autre part,
Le Syndicat des biologistes, représenté par M. J. Benoit (président);
Le Syndicat national des médecins biologistes, représenté par M. C. Cohen (président);
Le Syndicat des laboratoires de biologie clinique, représenté par M. J.-C. Mas (président).
AcBUS IRC: the agreement

All private clinical labs agreed:

- to systematically report eGFR (which is called «creatinine clearance») estimated using the Cockcroft-Gault formula, each time S. creatinine is measured
- and to alert and inform physicians in case of abnormal value

Starting March, 27, 2003

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AcBUS IRC: the agreement

CNAM agreed to implement a campaign:

– To highlight the importance of early detection of CKD
– To explain how to estimate GFR using the Cockcroft-Gault formula and how to interpret eGFR

The target audience being directors of clinical lab and physicians

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AcBUS IRC: the reason

- About 20% of patients with normal S. creatinine levels have decreased renal function.

- An earlier diagnosis of CRF will allow:
  - A specific follow-up (drug dosage, blood pressure control, ...)
  - To delay the need for RRT

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AcBUS IRC: the follow-up

- Qualitative analysis of lab reports

- Assessment of the number of patients diagnosed with CRF while having normal S. creatinine, in order to estimate the savings induced by systematic reporting of eGFR and eventually give back part of these savings to health care professionals.

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AcBUS IRC: where are we

• eGFR is systematically reported by private clinical labs, using the C-G formula.
• 60 mL/min is usually considered as the lower limit of normal
• 30 mL/min and 15 mL/min are often used as thresholds, without explicitly mentioning the CKD classification
• «Cockcroft» tends to be used instead of «eGFR»

• Hospital-based clinical labs are starting to use the MDRD formula to report eGFR
AcBUS IRC: what were the hopes

- Earlier referral of CKD patients

- Better prescription of drugs in CKD patients

- Better care of CKD patients
AcBUS IRC: what were the fears

- Sudden increase in referrals
- «Unnecessary» referrals to nephrologists
- In particular, «unnecessary» referral of elderly
AcBUS IRC: what do nephrologists think

- Improved care of CKD patients:
- Improved detection of CKD patients:

- Induced undue referrals:
- Mostly among elderly:

- Improved care of KTx recipients: