GFR Reporting:
Experience fom France

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AcBUS IRC

Décrets, arrêtés, circulaires
Textes généraux
Ministère de la santé, de la famille et des personnes handicapées

Avenant à la convention nationale des directeurs de laboratoire privé d'analyses médicales

NOR: SANS0320604X

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).

Journal Officiel, February, 27, 2003

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

Journal Officiel, February, 27, 2003

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

Journal Officiel, February, 27, 2003

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

Journal Officiel, February, 27, 2003

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.

Journal Officiel, February, 27, 2003

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 referrral of CKD patients
- Better prescription of drugs in CKD patients
- *Better care of CKD patients*

AcBUS IRC: what were the fears

- Sudden increase in referrrals

- «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: