

Labs and eGFR: An Important Piece of the Treatment Algorithm

Preliminary Findings

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Background

- CKD under-diagnosed and under-treated
- Lost opportunities to detect CKD early
- Upper Midwest Fistula First Coalition formed
- Early Referral Workgroup looked at automatic reporting of eGFR
- Partners include National Kidney Foundation of Wisconsin, Early Referral Workgroup, and Diabetes Prevention and Control Program
- Wisconsin identified as pilot in March 2007



Methods

- Partners developed questionnaire
- Mailed questionnaire addressing practices of eGFR collection and calculation
- Piloted with Wisconsin CLIA-certified laboratories
- Results received at central office via facsimile and mail over four week period



Results

■ Participation

- 166 laboratories received questionnaire
- Nearly 2/3 of labs completed and returned questionnaire
- A small percentage (7.8%) of labs completing questionnaire were ineligible (creatinine testing not in scope of testing)

■ Lab Characteristics

- 83% of labs were part of a hospital-based system
- 76% of labs had <500 patient encounters/day



Results (continued)

■ eGFR Reporting

- Three-fourths of labs reported either they or their reference laboratory currently automatically calculate and report eGFR on the patient lab report when a serum creatinine is ordered
- All labs with 500 or more patient encounters include eGFR calculation on the patient report
- One-third of labs with less than 500 patient encounters include eGFR calculation

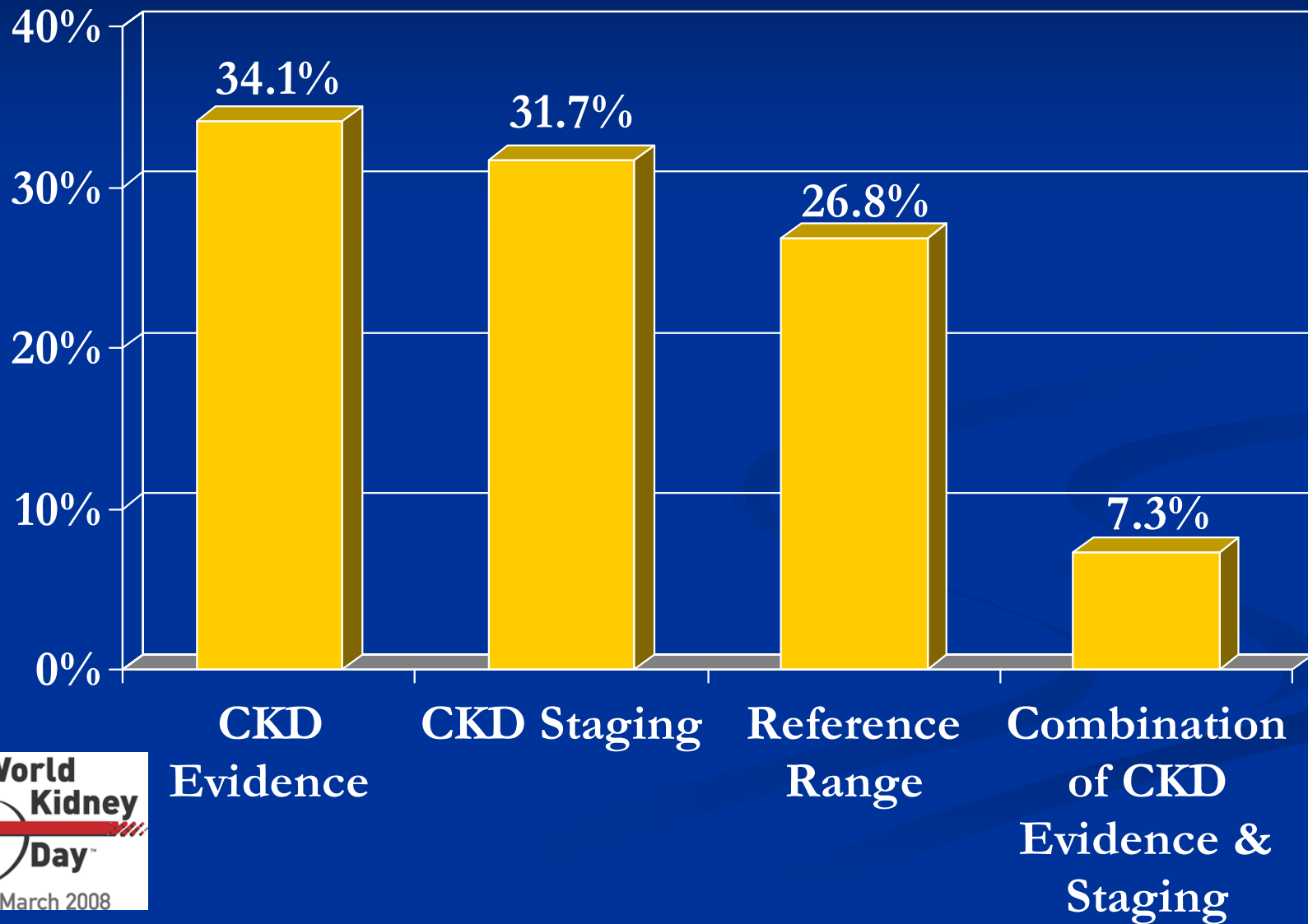


Results (continued)

- eGFR Calculation and Interpretation
 - Nearly all labs who report eGFR (90%) use the MDRD (Modification of Diet in Renal Disease) formula to calculate eGFR
 - 54% of labs that calculated and reported eGFR included a statement to assist the physician with eGFR interpretation
 - In addition, 78% of labs include written instructions for interpreting eGFR values for African-Americans and non-African-Americans

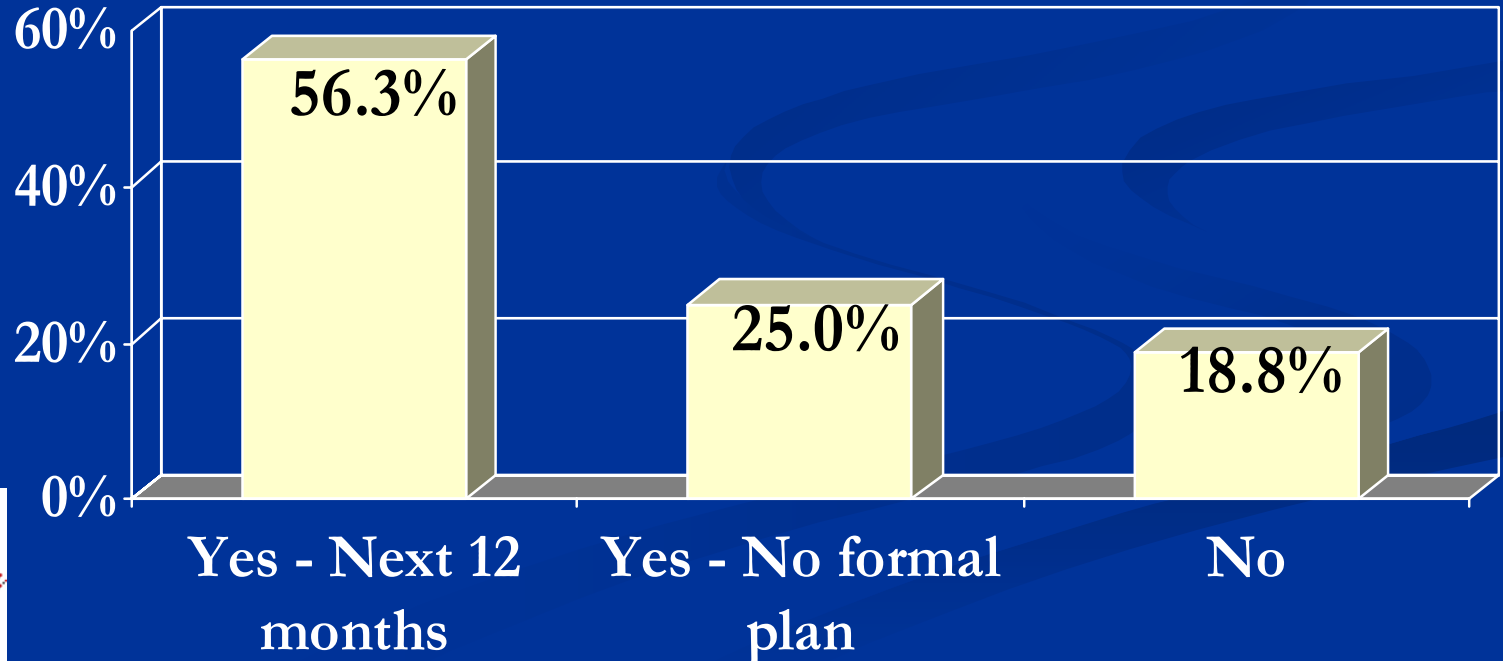


eGFR Interpretation Statements



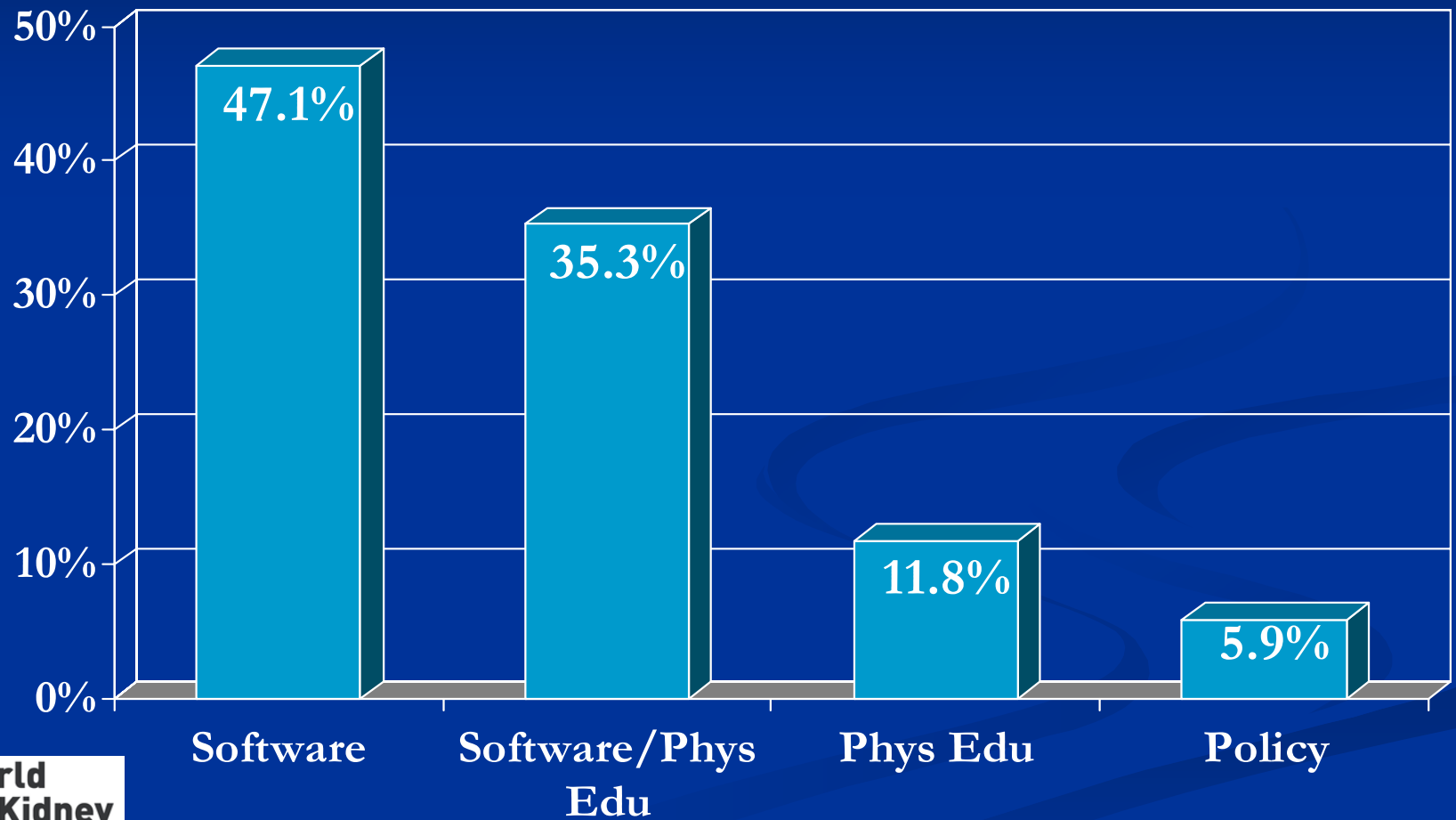
Plans to Implement

- Just over a quarter of labs reported that no automatic calculation of eGFR was being done. Of these:
 - 81% plan to implement eGFR reporting
 - 19% do not plan to implement eGFR reporting



Barriers to Automatic eGFR Reporting

(of those labs who currently don't report eGFR)



Results (continued)

- A significant number of labs stated that their eGFR goals focused on improvement of physicians ordering eGFR instead of automatic reporting
- Of the labs that do not report eGFR, 10 of 18 (56%) responded they would be open to technical assistance to implement automatic reporting



Conclusions

- Majority of labs in Wisconsin are automatically reporting eGFR when serum creatinine is ordered
- Majority of labs include eGFR interpretive statements
- MDRD formula primarily used
- 81% of labs not currently reporting eGFR plan to implement automatic reporting
- Several labs cited barriers to automatic reporting



Next Steps for Workgroup

- Assess lab practices and technical assistance needed in four other states (MI, MN, ND, SD)
- Primary care physician education on identifying patients for CKD screening and subsequent eGFR interpretation
- Development of lab best practices on automatic eGFR reporting implementation



Thank You Partners for Addressing Kidney Health

**UPPER MIDWEST
FISTULA FIRST
COALITION**

Wisconsin Diabetes
Prevention and
Control Program



**National Kidney
Foundation[®]**
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We can make a difference together!

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