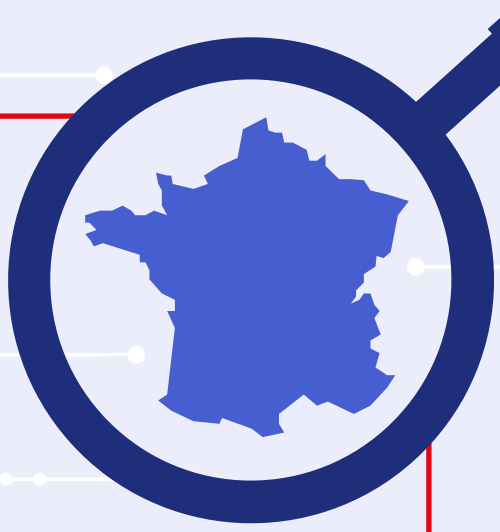
ECONOMIST IMPACT

Country profile: France



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Key takeaways

- **Promote and implement existing French clinical guidelines.** France published full national guidelines and comprehensive recommendations around chronic kidney disease (CKD) 20 years ago.[1] One study suggests that not all patients receive the recommended care due to organisational and human resource limitations. [2] A renewed focus on implementation, including targets, is needed to close the gap between guideline recommendations and practice.
- **Focus on early detection of CKD.** In 2017 the French Ministry of Health published a National Health Strategy.[3] The document has prevention as a key pillar, but we identified only one mention of CKD. Now is the time to renew policy advice aimed at evidence-based patient pathways, referral criteria, and to consider incentives for preventative actions and early detection.
- **Develop the links between administrative databases and national registries.** The national renal registry captures data on patients in stage five, including those preparing for renal replacement therapy by dialysis or kidney transplant.[4] The potential for linking administrative and clinical data has already been tested.[4] By collecting anonymised data from secure sources, healthcare professionals and policymakers could draw on better population-level insights about quality of care, testing and treatment strategies.
- **Leverage the progress being made on digital health to benefit those with CKD.** Telemedicine and digital applications linking people with CKD and their non-specialist or specialist teams have been developed in France.[5] These hold promise for further improving health and quality of life of those with CKD and its risk factors. Integrating across other non-communicable diseases.

Clinical guidelines

France has a long history of publishing evidence-based guidelines and care pathways, including those on CKD.[7]

In 2004 the Agence Nationale d'Accréditation et d'Evaluation des Soins, the French national agency for accreditation and evaluation of care, published recommendations for slowing the progression of CKD in adults.[6]

More recently, in July 2021 HAS published a care pathway guide for patients with CKD. [7] It includes a toolkit for testing protocols, criteria for a referral from a GP to a nephrologist and assessments for support and follow-up care.[8]

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Guidelines alone are not enough, monitoring quality of care is also important. A three-year study of moderate to severe CKD patients, published in 2021, found several gaps between the received and recommended clinical care. There were too few visits to specialists, largely due to resource and organisational limits.[2]

National policies and initiatives

In 2017 the French health ministry, (Ministère des Solidarités et de la Santé), briefly mentioned preventing CKD in the National Health Strategy. On page 30 they confirm an aim to "promote the autonomy of kidney function to avoid dialysis and delay transplants for people with kidney disease."[3] There is an opportunity now to renew this policy document with more focus on early detection as suggested by HAS in a care pathway guide.[8] After considering the economics of incentives, this could also include the concept of bundled payments as suggested by the Chronic Kidney Disease-Renal Epidemiology Information Network.[9]

Linking national policy and clinical guidelines on CKD with pathways of care is occurring. Preparing referral guides, toolkits for health professionals and defining targets for data collection are beginning. Some evidence of this comes from an algorithm developed by the Renal Epidemiology and Information Network (REIN) registry on historical data in the French Childhood Cancer Survivor Study cohort. This shows promise for a future tool that could identify those with the disease who are likely to progress.[10] This algorithm based on a range of routine data could be used in various contexts, and developed for earlier stages of CKD.[10]

Renal registries

The national registry developed by REIN was established in 2002.[11] The scope of the registry has expanded over the years. However, it only captures data on patients in stages 4 or 5 and on dialysis or with a kidney transplant.[12]

The registry has proven useful in improving overall patient care and helping to validate decision-making tools for health authorities and clinical nephrologists. However, the registry and the resulting insights could be enhanced if it expanded its geographical scope and to include patients in other stages of CKD.

Table 1: [11, 13, 14, 15, 16]

Chronic Kidney Disease Registry	REIN
Year established	2002
Accessibility	Good: information including annual reports, publications and aggregate data accessible via website, publicly available records or with assistance from registry staff
Stages included	Stages 4 and 5 including end-stage renal disease patients on dialysis or having had a transplant
Outcome data	Mortality/survival and/or hospitalisation/complications data available
Data collected	The REIN collects specific information such as initial care (eg, emergency start of dialysis, temporary vascular access) and patients' comorbidities at dialysis initiation that are updated annually during follow-ups.

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Digital health and health information systems

REIN shares its data with the French healthcare system's central administrative database, Système National des Données de Santé (SNDS). The SNDS routinely collects data that includes all ambulatory care and hospital stay reimbursement data nationwide including mortality.[4]

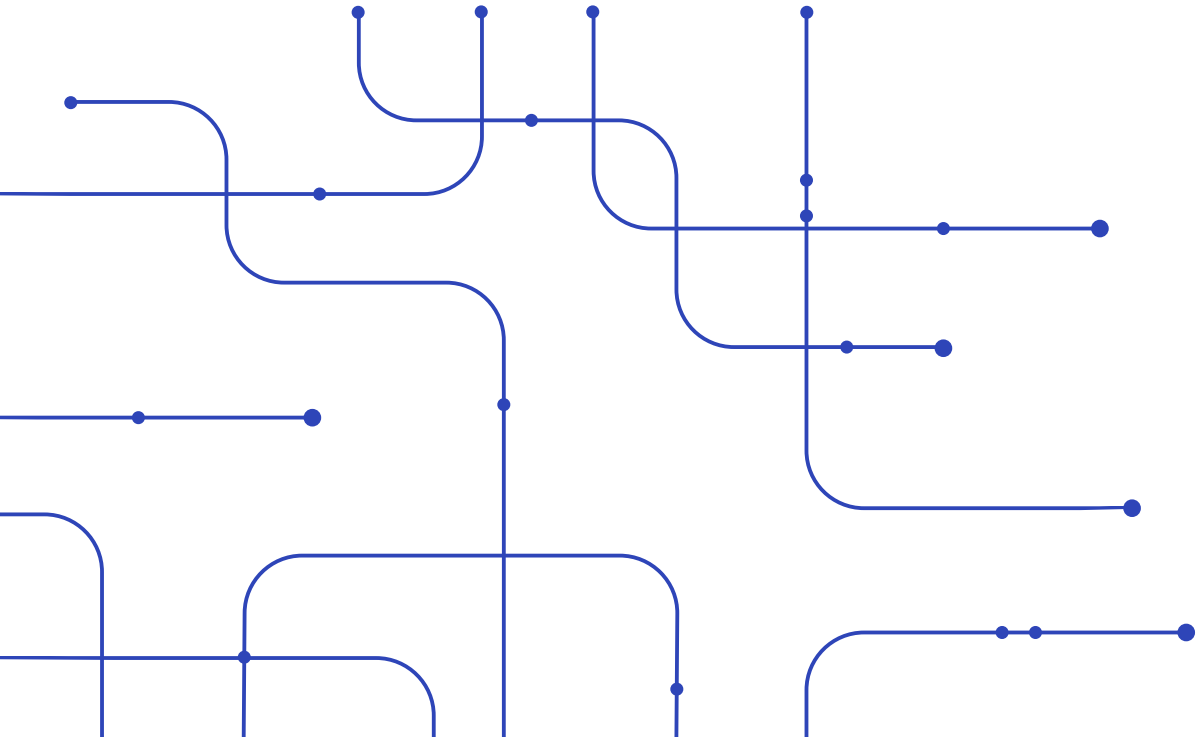
Among notable digital initiatives is the eNephro project. This is a home telemonitoring system selected by the French government for eHealth investment in 2013. The software creates shareable digital files and uses artificial intelligence to manage CKD patients online.[5]

Effectiveness and cost-effectiveness have been tested in a clinical trial.[17] The functionalities of the system allow patients to communicate with their nephrology team, share their clinical data from home and receive reminders of any upcoming appointments.[18]

Awareness

No recent studies indicate levels of CKD awareness among the French public or physicians. However, interviews with French academics and healthcare practitioners suggest it is fairly low among both groups, which is a common finding throughout Europe.[19]

Public campaigns can help increase engagement around prevention and early detection, which is particularly useful if targeting high-risk populations.[19]



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