ECONOMIST IMPACT

Country profile: Germany



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Key takeaways

- **International CKD clinical guidelines were translated and incorporated into national guidelines**. Germany uses international, evidence-based guidelines as a basis for its own guidelines on CKD patient detection and care at the primary level.
- **CKD is underrepresented in disease management policies.** The German Federal Government uses disease management programmes to help address the long-term care of patients with chronic diseases. CKD does not have a plan of its own, but is listed as a co-morbidity of other conditions, which could provide an opportunity for early detection and prevention strategies.
- **One registry makes for a promising start.** One registry captures Germany's CKD patient data. However, data and insights are limited because data entry is voluntary.
- **Progress is needed around eHealth and integrated health information.** Germany lacks integration across its CKD patient data sets, which are housed in separate systems across the country. This undermines information sharing, the ability to draw evidence-based insights and multi-stakeholder care strategies.
- **Awareness of CKD is low among physicians and the general population.** Studies show fairly low awareness among primary care doctors, the general population and even at-risk patients with comorbidities associated with CKD. Campaigns to raise awareness and educate these groups could significantly increase early testing and preventative actions.

Guidelines

Germany adapted internationally recognised clinical evidence-based guidelines for the German healthcare system, including from the National Institute of Health and Care (NICE) and Kidney Disease: Improving Global Outcomes (KDIGO).[1]

German guidelines for the management of patients with CKD in primary care were issued in 2019 by the German College of General Practitioners and Family Physicians (DEGAM).[1]

However, one study found German adherence to guidelines for detecting, monitoring and delaying CKD progression was low.[2] The study recommends increased awareness among patients and physicians to improve the implementation of best practices.

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Policies

At regular intervals Germany updates its disease management programmes (DMPs)—structured treatment programmes for chronically ill people first introduced by The German Federal Government in 2002—and adds new DMPs to address more chronic diseases. To date, there is no DMP for CKD.[3] However, there are DMPs for common comorbidities including diabetes and chronic heart failure.[4, 5]

When CKD is only recognised as a comorbidity, and not an important chronic disease by itself, an opportunity is lost to promote CKD early detection and prevention. Future DMPs dedicated to CKD would be an important step in reversing the national disease prevalence and progression rates. And updating diabetes and heart failure DMPs to address CKD as a common comorbidity could help improve early detection.

Renal registries

In 2010 the Forschungsnetzwerk Deutsche Nierenzentren Registry (FNDN Scientific Network of Germany Kidney Centers) was set up to electronically collect clinical data from a large number of CKD patients in stages 2-5.[6] The registry's data is already being used in studies on the nation's CKD burden.[7]

The first 71 nephrology practices fulfilling requirements began submitting data on a voluntary basis in 2010, with patient consent. While a promising initiative, the registry could be expanded to more practices.[6]

Table 1:[6]

Renal Registry	Forschungsnetzwerk Deutsche Nierenzentren Registry (FNDN Scientific Network of Germany Kidney Centers)
Year established	2010
Accessibility	Shared with an international observational research platform (The Chronic Kidney Disease Outcomes and Practice Patterns Study (CKDopps))
Stages included	Stages 3-5 in the first report
Outcome data	Unavailable
Data collected	Age, gender, weight, blood pressure, ICD 10-coded medical diagnoses, medications, information about hospitalizations and laboratory measurements such as haemoglobin, ferritin, creatinine, estimated eGFR, phosphorus, potassium, calcium, parathyroid hormone, cause of CKD

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Digital health and integrated health information

Germany is actively working towards the digitisation of health care. It implemented an electronic health card, which is mandatory for those entitled to social health insurance (SHI) benefits and creates a standardised exchange of information across various healthcare sectors.[8]

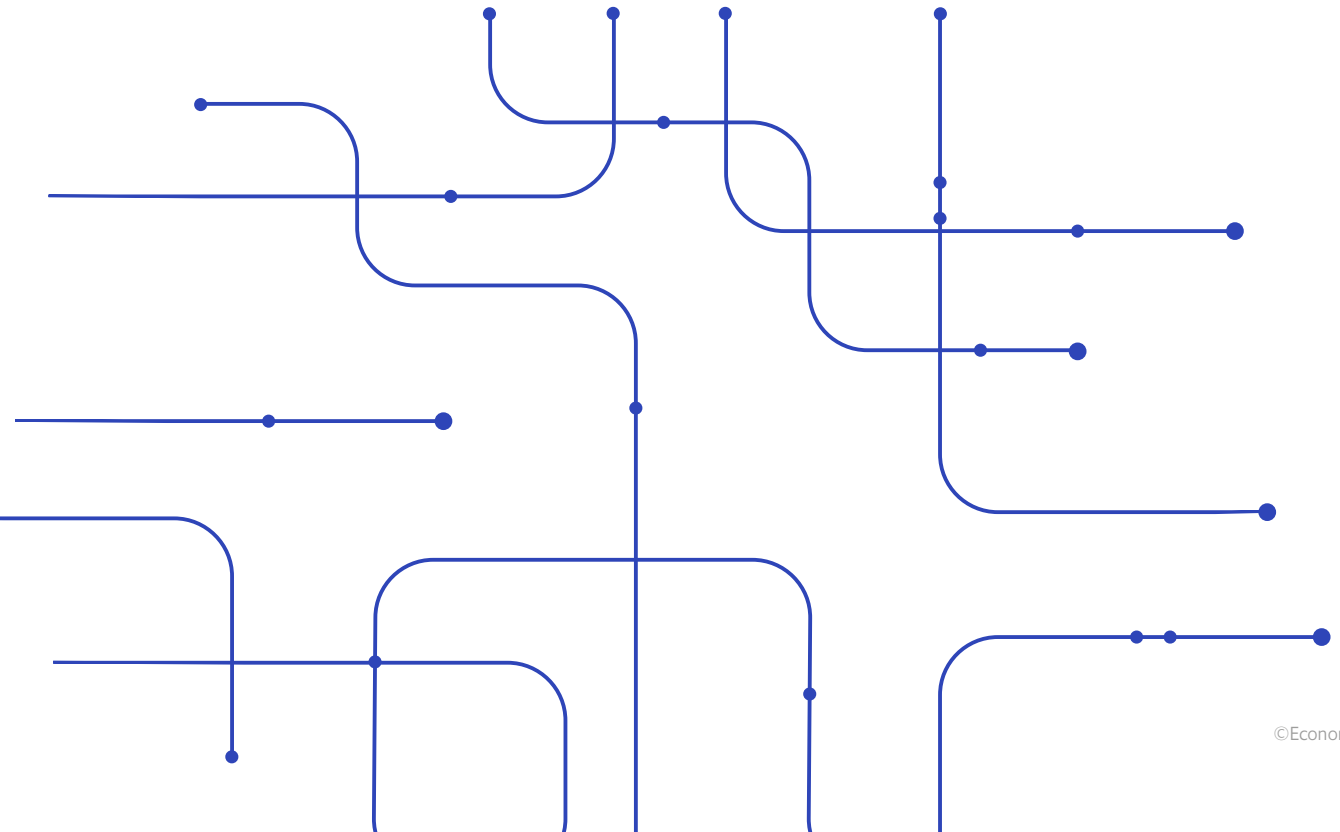
But within nephrology, there is no dedicated eHealth platform. CKD patient data is generally kept in separate, unintegrated systems across Germany.[9] This leads to data loss between the multiple stakeholders that support CKD patients' care and limits the application of machine learning/ artificial intelligence to improve treatment recommendations and detect at-risk patients.[9]

There are pilot ehealth platform programmes, such as NEPHRO-DIGITAL in the region of Hannover, that aim to facilitate an integrated, cross-sectoral data CKD exchange. The progress and learnings from the programme may be useful in the development of a federal system.[9]

Awareness

Despite the prevalence of CKD, both German physicians and the general population show low awareness of the disease, which hinders physician-patient communication about CKD, early diagnosis and treatment.[10, 11] Awareness is even low among patients with CKD-related comorbidities.[10, 11] For example 34% German patients with coronary heart disease were aware of CKD.[12]

Awareness campaigns for the general population, and particularly campaigns targeting at-risk populations, can improve awareness of the risk factors and encourage early detection. And clinical education programmes can enhance physician awareness and increase testing rates of at-risk patients.



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