

## DRAFT LETTER TO PCP FROM NEPHROLOGIST

(Sample Letter to PCPs and/or Insurance Companies--Your Letterhead Here)

Recipient's name  
 Recipient's Address  
 City, State, zip

Dear Colleague,

Caring for patients with chronic kidney disease (CKD) is a great challenge for both primary care providers and for nephrologists. This challenge increases when patients are referred late to a nephrologist, that is, when they require urgent dialysis. Delayed referral leads to emergency dialysis with higher morbidity, mortality and excessive cost. Emergency dialysis jeopardizes the dialysis modality choice, endangers the ability to maintain prolonged vascular access, precludes psychological preparation of patients and family and frequently necessitates hospitalization for a catastrophic complex illness. Mortality associated with acute dialysis can be as high as twenty-five percent.

Striving to provide optimal and cost-effective care to our mutual patients, we urge the early referral of patients to the nephrologist. A nephrologist should see all patients with a **GFR below 30 ml/min** (see attached CKD Guidelines). We also recommend referral of all diabetic patients with **GFR below 60 ml/min**. Ideally your laboratory will convert your serum creatinines to GFRs. However, if your laboratory does not do this, please remember that in the small-framed and the elderly a serum creatinine as low as 1.8mg% may indicate severe chronic kidney disease. Should you wish to make your own conversions of serum creatinine to GFR, an online calculator is available at [www.kdoqi.org](http://www.kdoqi.org), which can easily be used by your office staff or yourself.

### CKD Guidelines for Referral

Stage	Description	GFR, mL/min per 1.73m <sup>3</sup>	Prevalence, n (%)	Actions
-	At increased risk	≥60 (with chronic kidney disease risk factors)	-	Screening; chronic kidney disease risk reduction
1	Kidney damage with normal or increased GFR	≥90	5 900 000 (3.3)	Diagnosis and treatment; treatment of co-morbid conditions; slowing progression; CVD risk reduction
2	Kidney damage with mild or decreased GFR	60-89	5 300 000 (3.0)	Eliminating progression
3	Moderately decreased GFR	30-59	7 600 000 (4.3)	Evaluating and treating complications
4	Severely decreased GFR	15-29	400 000 (0.2)	Preparation for kidney replacement therapy
5	Kidney Failure	<15 (or dialysis)	300 000 (0.1)	Kidney replacement (if uremia present)

Table taken from the National Kidney Foundation Practice Guidelines for Chronic Kidney Disease: Evaluation, Classification, and Stratification.

Early referral of chronic kidney disease patients offers many advantages. In addition to beginning the process of education and preparation for renal replacement therapy, benefits include the following:

- A diligent search may reveal a potentially reversible cause of renal failure.
- A number of measures may be implemented to preserve the remaining renal function, e.g., good control of blood pressure, glucose control in diabetics, nutritional guidance, and avoidance of nephrotoxic drugs.
- Upper extremity vessels may be preserved for placement of a native arteriovenous fistula, which is the most reliable type of vascular access. Since it may take up to six months for a fistula to mature, it is critical that early surgical referral be made. Dialysis grafts and catheters are sub-optimal because of recurrent thrombosis and infection. In addition, central venous catheters may irreversibly damage proximal veins precluding future use of that extremity for vascular access. The cost of these complications in the U.S. amounts to over one hundred million dollars annually.
- Treatment of anemia with erythropoietin may significantly improve life quality.
- Secondary hyperthyroidism may be treated with phosphate binders and calcitriol.
- Referral to a team consisting of a nephrologist, renal dietitian, dialysis nurse, social worker and financial counselor allows time to establish the best treatment modality for the patient, develop financial support if needed and to allay the fears of both patient and family.

After referral to our office for consultation, your patient will be referred back to you as his (her) primary care physician for further care. We will develop a long-term management plan together to assist you in optimizing your patient's care until there is further progression toward end-stage renal failure. I wish to thank you for your help in providing better care for our mutual patients. Please feel free to contact me with any questions or suggestions.

Cordially,

*Nephrologist's Name*