

Research Survey for Kidney Disease Control Promotion Project

Policy Recommendations on Strengthening Chronic Kidney Disease Strategies: Challenges and Solutions in Seeking Medical Care from the Perspective of Patients and Those Affected

HGPI conducted quantitative and qualitative surveys to shed light on the options, decisions, and difficulties experienced by people with health checkup findings suggestive of CKD in the process from checkup to treatment. Based on the results, an advisory board meeting was held on March 18, 2025, bringing together nephrologists and specialists in occupational health, public health, health economics. The meeting discussed means of improving CKD control such as intensifying post-checkup treatment recommendations for certain groups, and put together various policy recommendations.

Quantitative Survey on Behavioral Challenges in Seeking Medical Care

This survey used health checkup and health insurance claim statement data from the Health Insurance Association for Architecture and Civil Engineering Companies during the period from February 2020 to March 2024 to study the behavior of people with findings suggestive of CKD in seeking medical care.

Results

Individuals in the CKD group were more likely to be male, older, and have a high BMI than in the non-CKD group. Most cases of CKD detected in the health checkups were **mild to moderate**, with many showing an eGFR of 45–59 mL/min/1.73m² with a negative result for urinary protein (Figure 1). Although 10% of the CKD group received treatment for CKD-related disease names after the checkup, **this figure rose to nearly 50% when hypertension and diabetes disease names were included** (Table / Figure 2). Factors associated with receiving treatment were **female sex, abstention from smoking, and presence of comorbidities**. Barriers to receiving treatment after the checkup included lack of time (17.5%) and lack of information about where to seek treatment (9.3%).

Figure 1. Percentage of subjects that received treatment for a CKD-related disease name within 12 months of the health checkup

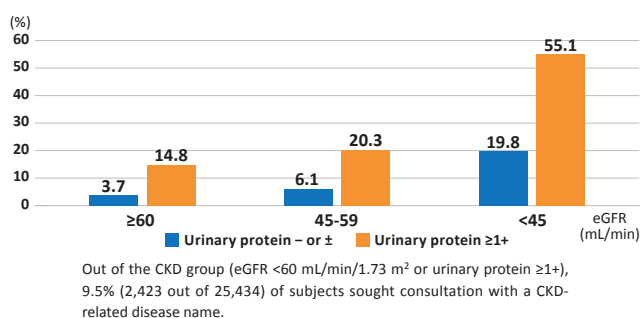
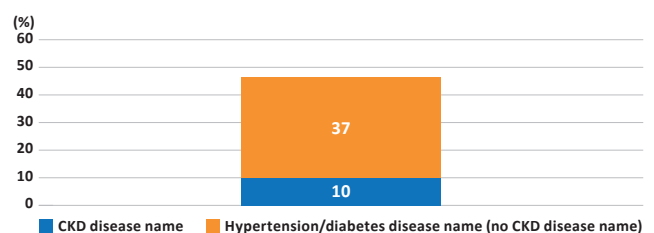


Table. Percentages of subjects

	Treated for hypertension/ diabetes disease name	Not treated for hypertension/ diabetes disease name
CKD group, treated	2,177 (8.6%)	246 (1.0%)
CKD group, not treated	9,292 (36.5%)	13,719 (53.9%)

Analysis of CKD group (subjects with an eGFR <60 mL/min/1.73 m² or urinary protein ≥1+) (n=25,434)

Figure 2. Percentages of subjects who received treatment for a CKD-related disease name or for a hypertension/diabetes-related disease name (no CKD-related disease name) within 12 months of the health checkup



Qualitative Patients Survey of Patients on Seeking Medical Care

This survey aimed to clarify non-dialysis-dependent patients' experiences in the process from checkup to treatment.

Results

Patients sought health checkups in a wide range of settings, including at local government or workplace checkups. The lag between health checkups and treatment varied: some patients consulted a healthcare institution soon after the checkup as directed, some consulted a healthcare institution after being repeatedly contacted by a public health nurse or occupational physician, and some did not undergo further tests in checkups after the initial checkup, and were diagnosed in a voluntary consultation several years later. In cases where patients sought treatment, a crucial factor was proactive intervention in the form of a consultation recommendation by an occupational physician or public health nurse, or referral by a nephrologist.

Policy Recommendations on Strengthening CKD Strategies: Challenges and Solutions in Seeking Medical Care from the Perspective of Patients and Those Affected

1. Standards for recommending consultation in cases with suspected CKD under the current health checkup system are applied in a one-size-fits-all manner, and do not adequately account for diverse medical circumstances such as comorbidities or the degree of reduced kidney function and proteinuria. As such, they are not necessarily effective standards for promoting medical consultation that reflects a patient's risk of further reduced kidney function. It is therefore necessary to provide consultation recommendations that take into account the comorbidities and risk factors present at the time of health checkup. Evidence-based standards for consultation recommendations should be formulated and unified in interdisciplinary discussions among specialists from a variety of fields.
2. CKD presents few subjective symptoms in its early stages, and the population presenting findings suggestive of the disease varies widely in attributes such as age, sex, and socioeconomic circumstances.
3. In treating non-communicable diseases (NCDs) including CKD, it is necessary to clarify roles and develop a system applicable across a wide range of diseases that facilitates coordination among clinical departments and disciplines. At the same time, ICT and health professional education should be promoted to ensure that medical care and prescription in all healthcare settings take patients' kidney function into account.
4. It is necessary to accumulate lifetime medical and checkup data, organize the data to facilitate long-term kidney function monitoring, and issue appropriate consultation recommendations in response to changes in patients' conditions.
5. It is necessary build momentum in society for evidence-based measures against kidney disorders by coordinating among specialists across disciplines to generate research results with a focus on consultation-seeking behavior and health disparities, while visualizing the cost-effectiveness of early detection and intervention and reflecting the figures in evaluation metrics.
6. To ensure that people found to have proteinuria or reduced kidney function in health checkups seek appropriate treatment, it is necessary to raise awareness from a patient-centered standpoint by providing evidence-based information and guidance on where to seek medical consultation, in coordination with insurers, occupational physicians, and other professionals.

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