

PRIVATE PRACTICE NEPHROLOGY: THE BALL IS IN OUR COURT

By Katherine Kwon

Much has been written in the past few years about the nephrology workforce crisis. Fellowship positions go unfilled; some recent graduates choose to work as hospitalists instead. However, there are many bright spots on the horizon. Exciting new therapies, such as the sodium-glucose cotransporter-2 (SGLT2) inhibitors, offer the chance to help keep more people from reaching kidney failure. Meanwhile, recent policy advances, especially the Advancing American Kidney Health Executive Order in the United States, will help shift the practice of nephrology toward more comprehensive care of patients living with kidney diseases.

Nephrologists in private practice tend to value their independence and autonomy. In the US healthcare system, however, medicine is a team sport. The majority of US nephrologists are in private practice; it is imperative that their voices be heard in the policy debates. Nephrologists in any practice setting should seek to understand the forces that shape their working world. In this issue of *Kidney News* dedicated to private practice nephrology, we start to examine some of these interplaying forces. The full scope of the nephrology ecosystem is of course beyond one magazine. As you read this issue, I hope you start to think of some parts of your professional world in a different way.

Every nephrologist I know works hard. My belief is that bringing new nephrologists into our profession requires us to also work smart. If there are areas of our practice that need reimagining, we are the ones to do it. Nephrology is a small workforce; this is an opportunity. There are terrific professional nephrology organizations that will help shape the practice environment in the years to come, and each of them welcomes new members. If one of the questions we raise in this month's issue resonates with you, there is no one better to answer it than you. The Editorial Board welcomes ideas for potential articles or even direct submissions on ways we can all make our field better. ■

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PRIVATE PRACTICE TRANSPLANT NEPHROLOGY

ADVANTAGES AND DISADVANTAGES

By Francis L. Weng and Heather Lefkowitz

Over the past 30 years, kidney transplantation has grown greatly, and there are now >200 Centers for Medicare & Medicaid Services (CMS)-approved kidney transplant centers. As a result, many transplant nephrologists are not faculty members at a medical school and do not attend at large teaching centers but instead work in private practice. Almost all private practice nephrologists see some kidney transplant recipients, typically patients who are at least several months posttransplant and relatively stable. Private practice transplant nephrologists, however, also care for transplant recipients during the immediate peri- and posttransplant periods and are on staff at kidney transplant centers.

Private practice transplant nephrology offers many potential rewards. Some transplant nephrologists prefer that private practice focuses on clinical care, without the necessity to perform research, publish scholarly articles, or teach trainees. Private practice usually allows transplant nephrologists to continue practicing general nephrology. Private practice may offer reimbursement opportunities, such as joint ventures with dialysis units, that are unavailable to academic transplant nephrologists. Private practices, by functioning outside the complex structures of academic medicine, may have minimal “red tape” and administrative hassles.

Compared to transplant nephrology at academic medical centers, private practice transplant nephrology also has some disadvantages. Many transplant nephrologists enjoy research, scholarship, and teaching, and these are not as easily possible in private practice. Some transplant nephrologists would prefer to focus solely on transplant medicine. However, such focus requires a larger transplantation volume, and many private practice transplant nephrologists are based at hospitals with lower transplantation volumes. Smaller private practices may lack the infrastructure to fully support the career development of their transplant nephrologists. Private practice transplant nephrologists may be fully employed by their private practices or partly employed or contracted to the hospital and transplant center; these arrangements can be complex. Finally, transplant nephrologists in private practice may find conflicts between the demands of their private practice and the transplant center. For example, the private practice may compete with other nephrology groups that refer patients to the transplant center.

Private practice transplant nephrology is a sometimes-overlooked segment of nephrology that should be considered by trainees. Given the current focus on increasing rates and numbers of kidney transplants, we will likely see a growing need for transplant nephrologists in the private practice setting. ■

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