

Letter to the Editor

Thank you for the special section, The Kidney Care Team, in the September issue of *Kidney News*, highlighting the collaborations among physicians, physician assistants (PAs), advanced practice registered nurses (APRNs), and pharmacists. The special section included numerous well-written articles that focused on the education, training, and responsibilities of the PA, APRN, and pharmacist team members, highlighting data that showed optimization of care for the nephrology patient through a team concept.

However, the article, “Use of Non-Physician Providers in the Nephrology Workforce Needs Careful Consideration and Urgent Attention,” by Christin Giordano McAuliffe, lacked evidence-based data and gave conflicting recommendations regarding the role of the advanced practice provider (APP). The author noted the included figure and table were her opinion; however, the suggested utilization of APPs neither reflects current practice nor the Centers for Medicare & Medicaid Services’ standard billing allowances. Furthermore, the suggestion of “under direct supervision” is contrary to standard practice in any setting and counters most state and federal laws regarding APP practice.

The shortage of nephrologists is a driving force behind the increased utilization of APPs within nephrology. These APPs are trained and educated in a manner that allows, and encourages, collaboration with board-certified nephrologists. Research demonstrates their inclusion increases access to care and provides high-quality care to the increasing number of patients with chronic kidney disease and end stage kidney disease (1–4). ■

Becky Ness, PA-C, MPAS, FNKF, is chair, National Kidney Foundation, Council of Advanced Practice Providers, and Peter Juergensen, PA-C, is president, American Academy of Nephrology PAs.

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Author’s Response to Letter to the Editor

By Christin Giordano McAuliffe

I am grateful to Ms. Ness and Mr. Juergensen for their reply to my article, “Use of Non-Physician Providers in the Nephrology Workforce Needs Careful Consideration and Urgent Attention,” published in this year’s September edition of *Kidney News*. They raise the important issue of balancing financial interests with the ethical practice of medicine. The practice of ethical medicine and finance are two separate, often conflicting, domains of modern health care that may fail to overlap when incentives for sound clinical practice and ethical billing are misaligned with corporate goals of maximizing profit and seeking highest-level billing for each encounter.

To maximize profits, corporations are increasingly using non-physician providers with supervision models created by executives and scope-of-practice guidelines created through lobbying rather than clinical evidence. Physician assistants working in nephrology typically earn approximately half the salary of their physician colleagues and can bill 85% to 100% of physician fees, depending on state laws. Thus, there is a strong incentive for corporations to hire them. This cost savings is not extended to patients in the form of lower out-of-pocket costs. Rather, it is appreciated as profit into corporate coffers. “Legal” and “ethical” are a mismatch where quality of care is paramount. *A Cochrane Review* (1) found the studies presented by Ms. Ness and Mr. Juergensen woefully inadequate, and another, more recent study (2) found that physician-led care contributed to better patient outcomes and lower health care costs.

A fully trained physician assistant has significantly fewer training hours than a fully trained physician, and the content of that training is vastly different. As a former physician assistant myself, I appreciate this difference. I earned my medical degree and completed 5 years of postgraduate training to provide expert nephrology care. Properly supervised NPPs improve patient access and I invite all non-physician providers to join me in advocating for the highest quality and safest care for patients, rather than the interests of any health care professional or corporation. ■

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References

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Empagliflozin Improves Outcomes in CKD at Risk of Progression

Across a wide range of patients with chronic kidney disease (CKD), treatment with empagliflozin reduces the risks of progressive CKD and death from cardiovascular causes, according to a clinical trial report in *The New England Journal of Medicine* (1).

In The Study of Heart and Kidney Protection with Empagliflozin (EMPA-KIDNEY), 6609 patients with CKD were randomly assigned to treatment with the sodium-glucose cotransporter-2 inhibitor empagliflozin at 10 mg/day or placebo. Eligible patients had an estimated glomerular filtration rate (eGFR) between 20 and 45 mL/min/1.73 m² or an eGFR between 45 and 90 mL/min/1.73 m² with a urinary albumin-to-creatinine ratio (UACR) of at least 200. Patients were “broadly representative” of patients with CKD with risk of disease progression. The mean age was 64 years, two-thirds were men, and 46% had diabetes.

At a median follow-up of 2 years, the groups were compared on a composite outcome of kidney disease progression, consisting of end stage kidney disease, sustained decrease in eGFR to less than 10 mL/min/1.73 m², sustained decrease in eGFR of at least 40% from baseline, and death from renal causes, as well as death from cardiovascular causes.

Rates of progressive kidney diseases or cardiovascular death were 13.1% in patients assigned to empagliflozin versus 16.9% with placebo. The benefit was consistent across eGFR ranges and in patients with or without diabetes. After an initial acute decrease, the empagliflozin group had a slower rate of decline in eGFR, with a difference of 0.75 mL/min/1.73 m² per year.

Empagliflozin was associated with a lower rate of all-cause hospitalization (hazard ratio, 0.86). Other secondary outcomes were similar between groups, including heart failure hospitalization, cardiovascular death, and all-cause

mortality. Serious adverse events were similar between groups.

There are limited data on the benefits of empagliflozin for patients with CKD at risk of disease progression. The EMPA-KIDNEY results show that empagliflozin reduces CKD progression and cardiovascular death in a broad range of patients with CKD at risk for progressive disease. The researchers noted “consistent benefits” in patients with and without diabetes, those with an eGFR less than 30 mL/min/1.73 m², and those with UACR under 300. ■

Reference

1. EMPA-KIDNEY Collaborative Group; Herrington WG, et al. Empagliflozin in patients with chronic kidney disease. *N Engl J Med*, published online ahead of print November 4, 2022. doi: 10.1056/NEJMoa2204233