

Kidney Medicine Is A Team Sport

By Susan E. Quaggin

A silent public health crisis, kidney diseases affect approximately 10% of all Americans, or 37 million people. In addition to the burden of kidney diseases, management of patients with acute or chronic kidney diseases is complex and requires a dedicated team of experts to achieve the best possible outcomes.

In this month's *ASN Kidney News*, a series of articles highlight the key and evolving roles of advanced practice providers (APPs)—nurse practitioners (NPs) and physician associates (PAs; also called physician assistants)—as well as pharmacists, who are invaluable members of the kidney care team. The articles discuss career paths to specialize in nephrology, as well as opportunities and challenges that must be addressed to strengthen the multidisciplinary team and improve outcomes for the millions of people with kidney diseases.

Over the past dozen years or so, the role of APPs has moved beyond in-center dialysis units to inpatient hospital settings, outpatient chronic kidney disease clinics, kidney transplantation, and home dialysis. In all settings, education and care delivery redesign can be provided by APPs, who are ideally positioned to identify and overcome gaps in these areas.

Besides the value APPs bring to kidney care, data clearly show that nephrology teams with a dedicated pharmacist can dramatically reduce medication-related problems (MRPs). Like the role of the APP, pharmacists bring their unique skills, knowledge, and experience to the kidney care team, providing medication reconciliation and review, identifying gaps in insurance coverage, and delivering education, which are all time intensive.

Despite the clear benefit for patients of members of the health care team who are not physicians, the authors identify several challenges. While there are ~150,000 registered

PAs in the United States, only 0.4% claim nephrology as their specialty. To increase this number, the American Academy of Nephrology PAs has initiated outreach programs. In addition, no accredited residency programs in nephrology for pharmacists currently exist. Furthermore, the Centers for Medicare & Medicaid Services does not provide reimbursement for specialty care or education provided by pharmacists, and health care systems are often slow to adapt holistic or multidisciplinary approaches to patient care because of funding restrictions and lack of innovation.

As the focus of our field has evolved from kidney failure to kidney health and to prevention and intervening earlier, the need for multidisciplinary teams has never been greater. As individuals and organizations, we recognize the need and must advocate for the expansion and support of all members of the kidney care team, who are invaluable, dedicated, admirable professionals.

Nephrology is a team sport with all members focused on a common goal: putting patients first...always. ■

Susan E. Quaggin, MD, FASN, is with the Division of Nephrology and Hypertension, Northwestern University Feinberg School of Medicine, Chicago, IL, and is ASN President.

Editor's Note: Terms used for PAs and NPs have evolved over the years. Some large organizations refer to PAs and NPs as Advanced Practitioners (APs) or Advanced Practice Providers (APPs), and a few articles reflect this usage. Because the professions have different backgrounds and training, the editors, as appropriate, have also used the terms PA and NP rather than one all-encompassing term.

Physician Assistants in Nephrology Training, Pathway, and Scope

By Sara Krome

Physician assistants (PAs) have been colleague providers in health care since the late 1960s (1). PAs are trained at accredited PA programs across the country in the "medical" model of instruction, in contrast to nurse practitioners trained by the nursing instruction model (2). Most PA programs offer graduate-level education, with a degree such as Master of Health Science or Master of Physician Assistant Studies. A few programs remain that offer PA degrees or certificates at the baccalaureate level. Most graduate programs are 27 months (3). PAs are not required to and do not routinely complete a post-graduate residency, although there are some 1-year residencies offered in fields such as cardiology, critical care, cardiothoracic surgery, and hematology or oncology (4), although not in nephrology (3). Most PAs are required to be board certified. (An exception is with the Department of Veterans Affairs, in which PAs can be licensed and/or certified.) The certification is offered in internal medicine, general surgery, or family practice. Even PAs in specialty care are required to have certification in one of the above fields to practice.

PA certification lasting 10 years requires passing a certification exam and 100 hours of continuing medical education (CME; at least 50 hours must be category 1) completed every 2 years with an accompanying fee.

For PAs interested in a career in nephrology, they can begin by exploring nephrology in their elective rotations during PA student instruction. Some graduates enter nephrology upon graduation from their PA program; others elect to pursue working for a period of time in an internal medicine field to hone their clinical skills.

After at least 1 year in nephrology practice, the PA can consider pursuing a certificate of expertise in nephrology, called the Certificate of Added Qualifications. This is pursued through the PA-certifying body, the National Commission on Certification of Physician Assistants. Candidates must meet the following requirements: current PA certification, license for unrestricted practice in their state (or unrestricted privileges at a government agency), 2 years' experience (1 year of which must be nephrology), 75 hours of category 1 nephrology CME (25 hours of which must be obtained 2 years before the exam date), attestation from a colleague, and passing a nephrology specialty exam (5).

PAs in nephrology work in all areas, including inpatient nephrology management and coverage, outpatient clinic general nephrology (chronic kidney disease and transplant), dialysis care, home therapy, and even taking calls. Although PAs are dependent providers, much of their work is autonomous with highly effective relationships with their collaborating physician partners. PAs have prescriptive privileges in all 50 states, and many PAs perform procedures such as line placement (temporary dialysis catheters and central line placements) and percutaneous biopsies (including the kidney) (6).

A career as a nephrology PA is rewarding, and many different models of incorporation exist. As the nephrology workforce continues to expand, and more PAs join nephrology groups, it is important to know the educational pathway of this unique group of health care providers. There is also an important opportunity to develop unique resources to enrich educational opportunities. ■

Sara Krome, PA-C, is with the Durham VA Health Care System, Nephrology, Durham, NC.

Ms. Krome, PA-C, graduated from Duke University in 1992 with a Master of Health Science and has been a PA for 30 years. She entered the field of nephrology 16 years ago and works at the Durham VA Health Care System, which is affiliated with Duke University. Her primary practice is in the outpatient setting of general nephrology and peritoneal dialysis. She works with a group of 15 physicians and five advanced practice providers.

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