

A Call for Action

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duct. They targeted achieving the participation of 30% of patients with chronic kidney disease in trials by 2030. This action plan has great aspirations and merit, but it still requires huge coordination and funding to pull it off.

Reasons for optimism

Still, there are great reasons for optimism. A rudimentary evaluation of ClinicalTrials.org (5) today suggests 6380 trials in kidney disease. This suggests an uptick in activity as compared with just several years back (1). As opposed to decades ago, when late-breaking clinical trials were largely yielding negative results, recent years have brought some apparent successes in intervention (such as rituximab in membranous nephropathy, sodium-glucose co-transporter protein 2 inhibition and perhaps endothelin blockade in diabetes, tolvaptan in polycystic kidney disease, and novel anemia therapies proving effective).

The US Food and Drug Administration has been active in evaluating and occasionally approving new endpoints

for clinical trials, which is one suggestion that the efforts of the Kidney Health Initiative may be paying large dividends. Several examples suggest that nephrologists are indeed working together in broader collaborations to bring about meaningful guidelines and to spur interest in clinical trials. Patient advocacy groups have been successful in extolling the virtues and central importance of patient-reported outcomes as part of research studies, allowing for greater interest and participation of patients in ongoing and upcoming trials. Journals, guideline organizations, and regulatory bodies seem increasingly interested in using the results of innovative study designs to inform or determine clinical decision-making.

More effective and value-based care is an absolute necessity for maintaining kidney health and for treating patients with kidney disease. Not only is kidney disease a common issue affecting many millions of people, but also it is one that imposes tremendous suffering and a huge cost, both nationally and internationally. Advancements in care depend on the development of sound interventions for properly targeted populations that are each subjected to appropriate and well-designed clinical trials to allow the determination of their safety, efficacy, and impact on patients' well-being. Progress is being made. Still, further

efforts to increase clinical trials are desperately needed. We must build on caregiver interest, patient participation, stakeholders' involvement, and funding, and we must develop increasing expertise in the design and execution of optimal clinical trials for our well-deserving population. ■

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Investment in Time, Resources Needed to Prepare Nephrology Nurses for Training Patients and Caregivers in Home Dialysis Delivery

By Glenda Payne and Tamara Kear

The World Health Organization has declared 2020, the 200th anniversary of the birth of Florence Nightingale, the Year of the Nurse. Nurses are encouraged by the exposure this will bring to the profession, as it promises to highlight their many roles. Further, nephrology nurses are cautiously excited about the recent focus on kidney health and the role nephrology nurses will play in implementing the Advancing American Kidney Health (AAKH) initiative launched in 2019. This executive order places a focus on kidney health by increasing patient choice with a focus on home dialysis therapy options, kidney disease prevention, and strategies to increase the number of transplantable kidneys.

facilities. Nephrology nurses are concerned that the kidney community and dialysis industry are currently unprepared for the increased number of patients who might choose home therapy.

There is no evidence base to support the “right size” for training. According to the Medicare Conditions for Coverage for ESRD Facilities (CMS-3818-F), a nurse is required to have 12 months of experience as a registered nurse plus 3 months of experience in the modality (i.e., hemodialysis or peritoneal dialysis), and some state ESRD regulations impose more stringent requirements. Frequently, home programs are small, with a single nurse responsible for providing patient training with little to no support from other

of home dialysis care. Home dialysis therapy requires that nephrology nurses and other health providers anticipate and prepare for any complications that may occur, to both smooth the course toward patient independence in home therapy and to prevent therapy failure.

We must invest in the time and resources needed to educate nephrology nurses so they have the proper skill set to train patients and their caregivers for home therapy, as well as prepare additional nurses to be competent in delivering home dialysis training and therapy management. In addition, nephrology nurse practitioners will require additional training and education to transition in-center patients to home therapies, provide adequate dialysis prescriptions, and troubleshoot complications.

There is concern that the kidney community and dialysis industry are currently unprepared for the increased number of patients who will transition to home therapy, and this may become a significant barrier to successfully achieving the home therapy goals of the executive order. ■

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Suggested Reading

American Nephrology Nurses Association. (2019). Letter from the ANNA Board of Directors to the Centers for Medicare and Medicaid Services Regarding the Advancing American Kidney Health Initiative. *Nephrology Nursing Journal* 46; 5:477–481.

The skills and training for patient education and care delivery for the in-center and home environments are not interchangeable. Nephrology nurses will require advanced training in home dialysis therapy.

The goals of the executive order connect to an area that is among the “top to watch” in 2020 and moving forward—the lack of nephrology nurses qualified to practice as home dialysis therapy nurses. With the final rules for the ESRD Treatment Choices (ETC) Mandatory Model coming in 2020 and the resultant changes in kidney replacement therapy, growth in home therapy will be a priority for many dialysis

experienced nurses.

The skills and training for patient education and care delivery for the in-center and home environments are not interchangeable. Nephrology nurses will require advanced training in home dialysis therapy. The basic level of training is not sufficient for the level of skills and competencies required of nurses who train patients and families in managing the complexities