Post-AKI Care Is a Research Priority

By Jia H. Ng

Acute kidney injury (AKI) occurs in 16%–25% of patients who are hospitalized and is linked to deaths and higher risk of chronic kidney disease and permanent kidney failure (1–4). As recovery from moderate to severe AKI may take several months, patients are discharged to recover through self-management and outpatient care. Yet, studies investigating AKI intervention outside of the hospital setting are limited.

Research studies on pharmacotherapy to treat AKI have shown disappointing results, leading to increased interest in improving processes of care for AKI. This is because the health care needs of patients with AKI are variable and dynamic. Depending on the type of AKI, severity of AKI, kidney recovery, and comorbidities, each patient will need a different care plan. Some patients will need full nephrology care at the dialysis unit, whereas some patients will need intermittent monitoring of kidney function, medication dosing adjustment, and resumption of nephroprotective medication. However, there is no clear evidence for how to care for patients who survive an episode of AKI after hospitalization. Barriers to developing interventions for post-AKI care are numerous and include: 1) a lack of understanding about the different phenotypes of AKI and their recovery period; 2) heterogeneity in the definition of kidney recovery; 3) suboptimal transition of care plans due to poor communication channels; and 4) high variability in care delivered after hospital discharge in terms of specialties (nephrology vs primary care), modalities (in-person vs televisits), and frequency of follow-up (5, 6).

Interventions to improve post-AKI care

Research communities and professional AKI workgroups recognize the need to improve post-AKI care. The Acute Disease Quality Initiative and the AKINow: Recovery/Post-AKI Workgroup have included post-AKI care as part of their research priorities (5, 6). Additionally, the National Institute of Diabetes and Digestive and Kidney Diseases recently awarded grant funding to the University of Pittsburgh, Cleveland Clinic, and Vanderbilt University Medical Center for the Caring for Outpatients after AKI study. The goal of the 5-year project is to assess interventions to improve clinical and patient-centered outcomes after a patient has developed an AKI.

Thus, for 2023, we anticipate more publications related to the following:

1. Identification of best practices and interventions to improve clinical and patient-centered outcomes
2. More effort into understanding and improving processes for post-AKI care
3. Review of standardized definition of AKI recovery and outcome measures
4. The use of digital technology to improve post-AKI care (e.g., telemedicine, digital mobile platforms, and better health information technology interoperability)
5. Effective education for health providers, patients, and care partners.

References

The 2022 Nephrology Match: More Filled Programs, More Filled Positions…and More Offered Positions

By Samira S. Farouk

It’s that time of year again—results of the 2022 National Resident Matching Program (NRMP) Medicine and Pediatric Specialties Match are out. Among 99 specialties (including adult, pediatric, addiction, and multidisciplinary specialties), a total of 3361 programs offered 8724 positions. Of all positions, 88% were filled, with cardiovascular disease, interventional pulmonology, and oncology filling all offered positions (1).

In 2009, nephrology’s “heyday,” 95% of 367 offered positions filled—with 89% of adult nephrology programs filling (2). These numbers reached a decade-nadir in 2016 with 59% of 466 offered positions filled and only 41% of programs filling. For the 2023 academic year (AY), 178 adult nephrology programs offered 493 positions (an increase of 9 from AY 2022), with 58% (a 7% increase from AY 2022) and 75% (a 5% increase from AY 2022) of programs and offered positions filling, respectively (1, 2). Out of 42 pediatric nephrology programs and 67 offered positions for this year’s match, 17 of 42 (40%) and 36 of 67 (54%) programs and offered positions were filled, respectively (1).

Among adult specialties, nephrology ranked 5th in offered positions, 6th in filled positions, 11th in percentage of programs filled, and 12th in percentage of positions filled in the 2022 Match (Figures 1 and 2). Since 2009, the number of nephrology offered positions has increased by over 30%, with the number of filled positions increasing by only 3% (2). The number of new spots included in the few years after the 2009 Match was likely a result of the “all in” match policy (3) and the inclusion of existing positions, which were not listed previously. Although the number of filled positions has modestly increased over the last few years, we have a clear supply-greater-than-demand mismatch. One potential solution, although with its own challenges, was outlined in a 2017 editorial: “We believe that these trends and hiring practices are not good for nephrology and that radical solutions are needed to reverse the ongoing disinterest in our field. We believe that the best way to save nephrology is to reduce the number of training program slots to <300” (4).

A 2020 focus group study of 25 internal medicine residents (5) cited several well-known factors associated with lack of interest in nephrology as a subspecialty: high complexity; low compensation and prestige; and lack of exposure, advances, and mentors. Although the nephrology community’s efforts to address some of these challenges may be contributing to slowly recovering Match statistics, the supply of offered positions continues to increase. Let’s keep calm, keep recruiting, and think about innovative approaches to tackle the supply-demand inequality.

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References