

## ASN President's Update

## Tackling the Unacceptable Together

By Deidra C. Crews



This past year was tremendous for ASN, and I would like to thank Michelle A. Josephson, MD, FASN, for her outstanding tenure as the society's president. ASN was particularly fortunate to have Michelle, a transplant nephrologist, at the helm during a year when important and long-overdue changes to US transplant policy occurred—policy changes that Michelle valiantly championed throughout her career.

The year was capped off in many ways with a superb Kidney Week in Philadelphia, PA, which saw a return of much of the energy the meeting has historically been known for but that has been impacted during the COVID-19 pandemic. I am already excited to see (and feel) the kind of energy that Kidney Week 2024 will bring.

By way of introduction, for the many of you who I have not had the pleasure of meeting, I thought I would share a bit about my background. I was born and raised in southern Virginia (on the East Coast of the United States) in a relatively small manufacturing town. My father worked at the local Goodyear Tire and Rubber factory as a pipefitter, and my mother taught for many years and later served as principal of an elementary school. Both of my parents contributed in numerous capacities to our local community, instilling in me and my brother, who is now a structural engineer, a strong commitment to staying connected to our community and helping however, and whenever, we can.

My father has approximately 90 first and second cousins, so you can imagine how large my family is! Unfortunately, like far too many Black American families, mine has been significantly impacted by kidney diseases. It is not uncommon for chatter during our family reunions to include peer-to-peer encouragement to consider home dialysis modalities or celebrations of kidney transplant anniversaries.

I am the first physician in my family. My first exposure to career opportunities in medicine (aside from my family physician) came via the Medical Explorers' Club, established for school-aged students at our local hospital. It was led by a pathologist, Jack C. Turner, MD, who had a beautiful electron micrograph of a glomerulus hanging in his office—surely guiding me toward a career in nephrology.

After completing my undergraduate studies at the University of Virginia in nearby Charlottesville, I spent 3 years working at the United Network for Organ Sharing (UNOS), which manages the US organ transplant system. During my time at the UNOS Organ Center, I was immersed in the world of transplantation—particularly kidney

transplantation. After matriculating into medical school at Saint Louis University School of Medicine (with the help of a recommendation letter from Dr. Turner), I was awestruck by our kidney physiology block during our second year and attending nephrologists like Wendy Weinstock Brown, MD, MPH, who taught me at the bedside. By the time I graduated medical school, I was certain I wanted to become a nephrologist.

It was during residency and nephrology fellowship training at The Johns Hopkins (JH) Hospital that my clinical and research interests in kidney health really began to take shape. My earliest experiences were in dialysis outcomes research, working with nephrologist Bernard G. Jaar, MD, MPH, FASN, and general internist Neil R. Powe, MD, FASN. After completing my training at the JH Bloomberg School of Public Health and the Welch Center for Prevention, Epidemiology and Clinical Research and joining the faculty at JH University, I began to move my focus “upstream” to explore social and behavioral risk factors for the development and progression of chronic kidney disease (CKD).

Through a series of studies, my colleagues and I chipped away at trying to find the root causes for racial and socioeconomic disparities in kidney health. We looked at factors such as access to healthy foods, insurance status, and experiences of discrimination. Around this time, as my passion for health equity research deepened, I continued to enjoy conducting observational/epidemiological research studies, but I developed a strong desire to lead clinical trials addressing disparities in CKD and its risk factors. In some way, I had grown weary of seeing report after report about disparate rates of CKD among people of color and people with low socioeconomic status with very few studies focused on addressing these disparities.

Working with general internists Edgar R. Miller, III, MD, PhD; L. Ebony Boulware, MD, MPH; Lisa A. Cooper, MD, MPH; and others, I pursued this line of investigation and currently co-lead a large research center award conducting four clinical trials to address cardiometabolic health inequities. Partnering with community members, including those with lived experiences with kidney diseases, has been essential to ensuring that our work is relevant and designed to be sustainable.

As my career has advanced, mentoring early career clinicians and scientists has been an important part of my day-to-day activity and a key source of my professional joy. I am the founding director of a research-intensive post-baccalaureate program for students with socioeconomically under-resourced backgrounds. It has been amazing to watch them find their passions, including those who are budding kidney professionals and have attended Kidney Week as Kidney STARS (Students and Residents).

I have had the honor to not only serve ASN but also to represent the society in partnerships with the National Kidney Foundation, the American College of Physicians, and the Council of Medical Specialty Societies. These partnerships—which span kidney, internal medicine, and medical specialty communities—and others will be key to the work that lies ahead for ASN and our vision of “a world without kidney diseases.”

This year, I plan to focus on four broad goals that will continue the momentum of both ASN and the broader ASN Alliance for Kidney Health. These goals leverage our success in 2023 in reforming transplant policy to speed progress on the We're United 4 Kidney Health campaign's other priorities to intervene earlier, accelerate innovation, and achieve equity (1).

Aligned with my research focus and my family background, I am eager to emphasize, as a first goal, the We're United 4 Kidney Health's fourth priority of achieving equity

and eliminating disparities in kidney health. It is not acceptable that in 2024, *where* you live so strongly influences *whether* you live and whether your kidneys function optimally (2). Nor is it acceptable that historically marginalized communities experience lags in accessing effective therapies for slowing CKD progression, such as sodium-glucose co-transporter-2 inhibitors (3).

We have a real opportunity to make progress on this priority during 2024 that builds upon the accomplishments of the National Kidney Foundation–ASN Task Force on Reassessing the Inclusion of Race in Diagnosing Kidney Diseases (4) and leverages increasing focus on kidney health equity among research funders (5) and payers (6). This work is urgent, as profound inequities in kidney health will likely worsen as a consequence of climate change (7).

Several objectives will guide our efforts to achieve equity, including:

- ▶ Identify health and public policy levers that could support kidney health equity and health care justice.
- ▶ Ensure all ASN clinical initiatives operate within a context of health equity.
- ▶ Encourage investment in kidney health equity research.
- ▶ Seize opportunities to expand awareness and education about kidney diseases to populations experiencing disparities.

The second goal builds on the progress we have already made in implementing the 10 recommendations from the ASN Task Force on the Future of Nephrology's final report (8). To continue this progress, we must focus on helping nephrology fellowship training program directors navigate the new Accreditation Council for Graduate Medical Education (ACGME) requirements, which will go into effect on July 1, 2024. We will also need to ensure the success of the ASN–American Society of Transplantation Task Force on ACGME Accreditation for Transplant Nephrology.

Given the workforce challenges that many of our colleagues are facing, I am excited that ASN is joining forces with the American Nephrology Nurses Association to identify ways to strengthen the kidney care team. In addition, we have developed a partnership with the American Nephrologists of Indian Origin to address issues faced by graduates of international medical schools, particularly surrounding visas and immigration. And we will continue to develop ASN's version of cardiology's Core Cardiovascular Training Statement (“COCATS”), which is intended to standardize nephrology training.

As a third goal for 2024, ASN will start to produce “Kidney Health Guidance” to support the ability of clinicians caring for patients with kidney diseases to access up-to-date, timely evidence that can guide their treatment plans. ASN, which is one of the few medical societies that has historically not produced such information to help guide clinical practice, will issue its first guidance in 2024. Please stay tuned for more information about this effort in the coming months.

Of course, producing Kidney Health Guidance builds on other ASN clinically focused efforts—from Nephrologists Transforming Dialysis Safety (NTDS) to the relationship with Home Dialysis University (HDU) to “wins” in the legislative and regulatory arenas—toward improving care for people with kidney diseases. From a budget perspective, ASN's three largest operations are Kidney Week, publications (including the three peer-reviewed journals: *CJASN*, *JASN*, and *Kidney360*, as well as *Kidney News*), and ASN Excellence in Patient Care (which includes NTDS and the relationship with HDU).

My fourth and final goal for this upcoming year is to galvanize the kidney community to advocate for increased and coordinated public and private funding for kidney research across the entire spectrum, starting with basic/fundamental research and extending to implementation research. Although it was thrilling to learn about new discoveries and treatment insights at Kidney Week 2023, support for kidney research still lags far behind many other disciplines. This unacceptable reality must change, and I am optimistic that it *will* change as excitement for new therapeutics mounts.

Investment in research will only result in improved therapies for the millions of people with or at risk for kidney diseases if payers, particularly insurers and the Centers for Medicare & Medicaid Services (CMS), accept these treatments and pay a fair price for them. Outreach to insurers and CMS will be an important part of our advocacy, as will expanded partnerships with primary care physicians, cardiologists, endocrinologists, rheumatologists, and any other specialty that treats people with diseases that affect the kidney (9).

Although I am especially excited about these four priorities for 2024, they are just the beginning of all that I know we will accomplish together during the coming year. ASN has always been my professional home, and I am deeply honored and privileged to serve as ASN president. Working together with ASN members like you, my fellow councilors, and the hundreds of members who volunteer to serve the

society; other colleagues in the kidney community; and the society's staff, I know that nephrology's ascension will continue in 2024. ■

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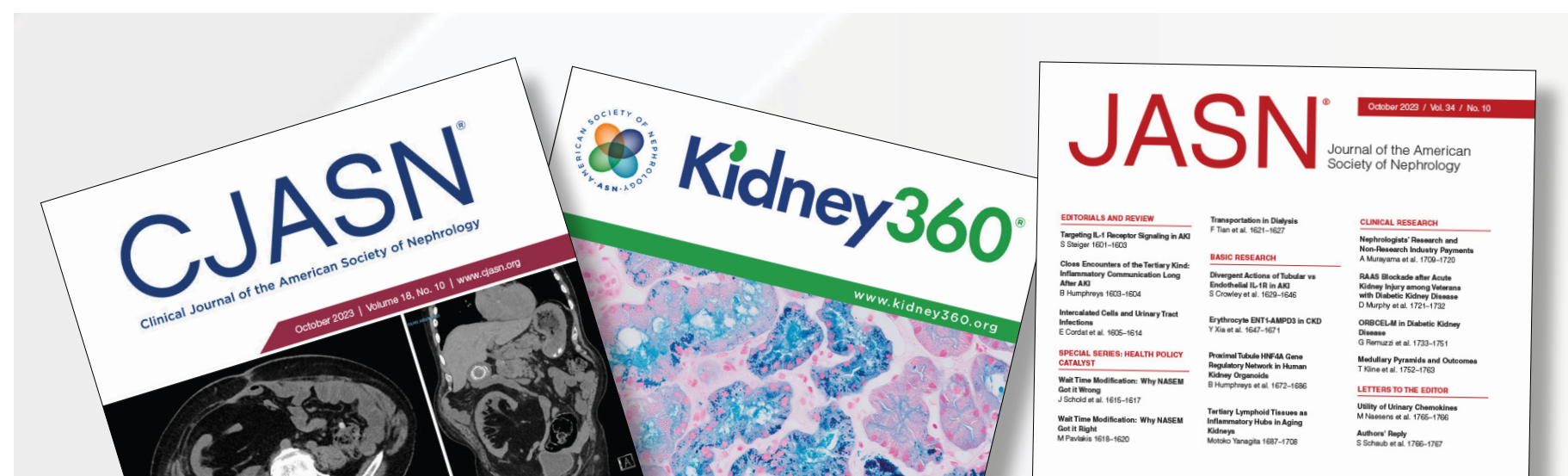
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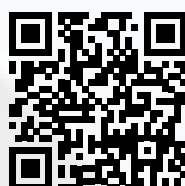
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