Projections

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number of other providers—particularly nurses and PAs—has increased more dramatically. Interestingly, nephrology is one of only a few PA specialties. The only others are cardiovascular/thoracic surgery, emergency medicine, orthopedic surgery, and psychiatry.

In a recent report, the Institute of Medicine asserts that "transforming the health care system and the practice environment will require a balance of skills and perspectives among physicians, nurses, and other health care professionals." To help accomplish this goal, the Institute of Medicine recommends that "regulatory and institutional obstacles—including limits on nurses’ scope of practice—should be removed so that the health system can reap the full benefit of nurses’ training, skills, and knowledge in patient care.

The Medicare End-Stage Renal Disease (ESRD) Program instituted bundled payments this year and will start to pay-for-performance system in 2012. "Bundled payments could increase financial pressures on some dialysis providers, and instituting patient care protocols is one way that facilities may seek to control costs," explains Thomas H. Hostetter, MD, who chairs the ASN Public Policy Board. "Beginning in 2012, the pay-for-performance program will penalize providers when patients’ hemoglobin and urea reduction ratio values vary from a relatively narrow range."

Although Hostetter anticipates a shortage of nephrologists, he is concerned that the changes to the Medicare ESRD Program could create incentives for increasing standardization of dialysis care, potentially diminishing the need for the expertise of an autonomous nephrologist.

"As the bundled payment system and the pay-for-performance program push providers to administer more uniform care, the role of the nephrologist as an independent clinical decision-maker in the dialysis unit is arguably compromised," he says.

The actual impact of these changes on the Medicare program is unclear, but current incentives emphasize reimbursement for dialysis patients rather than prevention of kidney disease, including ESRD. "The amount of funding for medical research, including federal and corporate sources, going toward prevention and progression of kidney disease research is vastly disproportional to the health care dollars spent on kidney disease and its consequences," asserts ASN Councilor Bruce A. Molitoris, MD, FASN. "If this shift in priorities occurred, I can imagine a scenario where we may need fewer nephrologists."

Owing to the number of comorbidities, the care of patients with kidney disease involves other physicians besides nephrologists. For example, cardiologists treat heart disease and hypertension, endocrinologists care for patients with diabetes, surgeons perform organ transplants, and critical care specialists are often interventionists.

"I worry that other specialists will care for a significant number of patients with kidney disease in the future," says Stuart L. Linas, MD, FASN, who chairs the ASN Hypertension Advisory Group.

"Even if the workforce projections are wrong," concludes Adler, "nephrology should still try to attract the best medical students, because there will always be a need for experts in kidney disease to care for patients, conduct research, and teach the next generation. I think the best opportunities for nephrologists will be in the academic sphere."

Ted Ibrahim is executive director of the American Society of Nephrology.

By Evelyn Shapiro

According to concerns about the future of the nephrology workforce, the ASN is currently establishing a Workforce Committee. "A key goal of the ASN Strategic Plan is to advance patient care and research in kidney disease by strengthening the pipeline of clinicians, researchers, and educators," explains ASN President Joseph V. Bonventre, MD, PhD, FASN.

The ASN Workforce Committee will help the society meet this goal by

1. Implementing a strategy (based on the Final Report of the ASN Task Force on Increasing Interest in Nephrology Careers) to increase interest in nephrology careers, which includes promoting diversity within the nephrology workforce.
2. Making recommendations to the ASN Council for using travel support to ASN educational activities for physicians and researchers training in the field of kidney disease.
3. Making recommendations to the ASN Council for using the ASN Grants Program to support outstanding research and fostering career development.
4. Identifying, prioritizing, and making recommendations or strategies to the ASN Council for increasing interest in nephrology careers, particularly among graduates of U.S. medical schools.

Creation of the workforce committee stems from recommendations by the ASN Task Force on Increasing Interest in Nephrology Careers (Table 5.1). The task force issued its final report at the ASN Summit on the Nephrology Workforce/PhysicianSupplyDemand.pdf. Accessed February 16, 2011.

The task force added that one ASN member should be designated "to serve as a czar for increasing interest in nephrology." The ASN is currently exploring the possibility of establishing a committee. The task force issued its final report at the ASN Public Policy Board. "Begin implementing the 41 recommendations outlined in its final report, the task force urged the ASN to establish a committee. The task force added that one ASN member should be designated "to serve as a czar or czarina for increasing interest in nephrology." The chair of the ASN Workforce Committee would assume this important responsibility as well.

In its report, the task force addressed a variety of topics besides the need for a workforce committee. According to the task force, increasing awareness about the crisis is a central concern. The task force suggested publishing articles about the current situation, producing an annual report about the state of the nephrology fellowship, engaging policymakers about this issue, developing a public awareness campaign about kidney disease, and using social media more effectively.

The task force also recommended adapting medical student and resident rotations to highlight specific aspects of nephrology, developing new teaching tools, and supporting faculty development to increase student interest in nephrology. The ASN was encouraged by the task force to create new awards for medical schools and residency programs to recognize initiatives in increasing interest in nephrology; to focus grants and travel support on students and residents; and to expand opportunities at Kidney Week for students, residents, fellows, and educators; and to update the ASN website to correspond with the new initiatives.

When finalized later this spring, the ASN Workforce Committee will begin to implement the task force’s recommendations. To review the final report from the ASN Task Force on Increasing Interest in Nephrology Careers, please visit www.asn-online.org.}

Evelyn Shapiro is an ASN grants and development associate.

Table 5.1
ASN Task Force on Increasing Interest in Nephrology Careers

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