The List: Top Issues to Watch in 2014

Incorporating Supportive Care in Nephrology Research, Training, and Care

By Jean L. Holley and Sara N. Davison

Palliative care's value and intrinsic relevance to CKD care are now increasingly recognized, and nephrologists are embracing the challenges of incorporating palliative care into their research, training, and care delivery agendas. We still have a long way to go, but we anticipate a new age in clinical nephrology as we determine how best to address these issues.

Among ASN's contributions to the American Board of Internal Medicine's "Choosing Wisely" campaign (Five Things Physicians and Patients Should Question) was the statement: "Don't initiate chronic dialysis without ensuring a shared decision-making process between patients, their families, and their physicians." (1).

In short, advance care planning is needed in order to identify a patient's values and goals. Informed and shared decision-making about starting dialysis can be achieved only when the benefits and harms of dialysis are provided within the context of expected prognosis.

ASN's Choosing Wisely statement illuminates the importance of palliative care in the overall management of CKD. The statement continues: "Limited observational data suggest that survival may not differ substantially for older adults with a high burden of comorbidity who initiate chronic dialysis versus those managed conservatively"(1). Conservative management (palliative care and no dialysis) may be especially appropriate for elderly chronic kidney disease (CKD) patients with high comorbidity.

Palliative care is part of chronic disease management throughout a patient's illness and not only near the end of life. Shared decision-making, discussing prognosis, and advance care planning, along with symptom assessment and treatment, end-of-life care, and bereavement support are all aspects of palliative care in which nephrologists will increasingly engage within the realm of CKD management.

Despite the growing appreciation for the importance of palliative care, however, nephrologists are poorly prepared to participate in these aspects of CKD care. A 2003 survey of second year nephrology fellows showed that although most thought palliative care was an important part of nephrology, few felt they received training to assist them in the provision of such care (2). Ten years later, despite tremendous growth in the literature on renal palliative care and the publication of clinical practice guidelines addressing supportive care of CKD patients (3), nephrology fellows remain unprepared and poorly trained to deliver such care (4,5).

Recognizing the importance of palliative care to nephrologists, Kidney Disease: Improving Global Outcomes (KIDGO) has formed a workgroup to synthesize the literature around issues of of palliative care, including advance care planning. The workgroup will also look at prognostication; symptom assessment and management; initiating, withholding, and withdrawing dialysis; and conservative care in developed and developing countries. The ultimate aim is to develop clinical practice guidelines that will help integrate palliative care into renal care globally.

Stay tuned as the KDIGO guidelines unfold and palliative care gains increasing attention among those involved in kidney care.

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New ABIM Maintenance of Certification Regulations Take Effect in 2014

By Kurtis Pivert

Starting in 2014, physicians will have to meet new maintenance of certification (MOC) requirements designed to continually assess their knowledge base and performance. The American Board of Internal Medicine (ABIM) has expanded the conditions for MOC to include ongoing medical education activities and a patient safety requirement, and will report whether board-certified physicians are meeting MOC requirements.

"The American Board of Medical Specialties and ABIM have concluded that completion of MOC activities every 10 years is not adequate," said Gerald Hladik, MD, FASN, of the University of North Carolina at Chapel Hill Kidney Center. ABIM will now require diplomates to earn 100 MOC Points—as well as complete a patient survey and patient safety requirement—every 5 years.

What steps should physicians take to maintain their board certification? "In order for diplomates to keep their MOC current in 2014, they must first log in to www.abim.org starting in January 2014 to enroll in MOC by March 31, 2014, to be reported as 'Meeting MOC Requirements'," said Hladik. "An MOC activity, either offered by ABIM, ASN, or another organization, must be completed by December 31, 2015."

The number of points now required to meet MOC requirements has essentially doubled, and now includes new patient safety and patient survey requirements, added Hladik. MOC points must be earned every 2 years, and a total of 100 MOC points with a mix of Self-Evaluation of Medical Knowledge and Self-Evaluation of Practice Assessment modules must be earned by December 31, 2018.

Because physicians will still need continuing medical education (CME) credits in addition to MOC Points, many educational providers, including ASN, are offering the chance to earn both for educational activities. Each ASN NephSAP exam offers up to 10 MOC Points and 8 CME credits, and the ASN Dialysis Practice Improvement Module offers up to 20 MOC Points and 20 CME credits.

ASN plans to develop additional products, including a patient survey tool in the upcoming Transplantation Nephrology Practice Improvement Module (PIM) jointly sponsored with the American Society of Transplantation. "PIMs with a patient survey will count toward patient survey requirement," Hladik said. The ABIM is currently in the process of developing patient safety modules. Diplomates must still take a secure examination every 10 years."

Diplomates can visit www.moc2014.abim.org to review the changes that took effect in January. The ABIM website (www.abim.org) will indicate the requirements necessary for individual diplomates to maintain certification. Hladik added that "when these requirements are met, ABIM will report whether or not physicians are 'Meeting MOC Requirements' on the ABIM website."

One concern raised about these changes, and other potential MOC revisions in 2015, is that they are written with the clinician in mind and may not reflect the various settings in which nephrologists and other physicians practice, including research, education, and administration. ABIM has recognized this issue, and is working toward developing modified MOC activities for physicians with limited clinical activity.

To learn more about the ABIM MOC changes and ASN's educational offerings, visit http://www.asn-online.org/education/moc/.