

It's complicated: Despite the challenges, collaboration is key in kidney disease care

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Most primary care physicians (PCPs) and kidney specialists favor collaborative care for a patient with progressive chronic kidney disease (CKD), but their preferences on how and when to collaborate differ, according to a study appearing in an upcoming issue of the *Clinical Journal of the American Society Nephrology* (CJASN). PCPs and kidney specialists need to partner more effectively to optimize care for patients with CKD.

Prompt referral of patients to kidney specialists can slow CKD progression or help patients prepare for [dialysis](#) or kidney transplantation in a timely manner. However, the evidence suggests that improved collaborations are needed between PCPs and kidney specialists. Clarissa Jonas Diamantidis, MD (University of Maryland School of Medicine) and her colleagues assessed physicians' desires to collaborate in the care of a hypothetical patient with CKD, their preferred content of collaboration, and their perceived barriers to collaboration.

A national sample of 124 PCPs and 120 kidney specialists filled out a questionnaire describing the care of a hypothetical patient with progressive CKD. Most physicians (85% PCPs and 94% kidney specialists) desired collaboration and preferred that PCPs play a significant ongoing role in care. Kidney specialists were more likely than PCPs to prefer collaboration focusing on therapy that prepares patients for dialysis or kidney transplantation (73% versus 52%) and [electrolyte](#) management (81% versus 46%). One half of kidney specialists believed patients were referred late. PCPs were more likely to desire

collaborative care if the hypothetical patient had both diabetes and [hypertension](#) and if they believed the care they provided was helpful in slowing disease progression. PCPs were less likely to desire collaborative care if they felt insurance restrictions limited their ability to refer a patient to a kidney specialist.

"Our findings provide evidence of consensus among PCPs and nephrologists regarding collaboration beneficial to patients," the authors wrote. PCPs and kidney specialists should specify the roles each physician should play, particularly as medical conditions become more complex and health care reform takes effect. "Improving the relationship between primary care providers and specialists is critical in ensuring optimal delivery of care to patients with chronic illnesses, including those with kidney disease. Open lines of communication between all providers can only help to improve the quality of health care that we provide to our patients," she said. Dr. Diamantidis added that identifying physicians' perspectives on how that care should be provided is the first step in a process that will ultimately benefit patients.

More information: The article, entitled "Primary Care-Specialist Collaboration in the Care of Patients with Chronic Kidney Disease," will appear online on January 6, 2011, [doi:10.2215/CJN.06240710](https://doi.org/10.2215/CJN.06240710)

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