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editor's note

As professionals dealing with CKD and ESRD patients, we have already witnessed many recent changes that have impacted anemia management. Achieving and maintaining Hb/HCT values within target guidelines is now more tightly regulated and controlled by limitations set by providers and dialysis chains. Further changes will be in store in the next few years as services and injectable medications for dialysis will be bundled. It is important that we stay up-to-date with changes that will affect our work environment.

Nephrology PAs are being increasingly recognized for their crucial role in patient care. Laura Troidle was asked to chair a slide forum presentation at the Annual Dialysis Conference in March. The upcoming National Kidney Foundation meeting in April will have a specialty PA course (PA speakers, CME) and a PA position in the NKF CME committee. There will be numerous nephrology PA presentations at the upcoming AAPA conference in May. Laura Troidle and Peter Juergensen have also been asked to present at the international dialysis meeting in Istanbul, Turkey this June. Finally, we will hold our first AANPA CME meeting this August with the CME cruise, which should be an exciting opportunity for all concerned. Please view the AANPA website and click on "news and announcements" to view the kidney cruise flyer for more information.

We hope to continue publishing AANPA News twice a year and are trying to obtain additional funding. If you have suggestions, please do not hesitate to e-mail your opinion to aanpanews@sbcglobal.net.

Please note that the AANPA meeting at the AAPA meeting is Monday, May 26, at 3 pm. Please pencil in this time slot and join us.

Most respectfully,
Peter Juergensen, PA-C Marilyn Olsen, PA-C
Laura Troidle, PA-C Christa Hodges, PA-C

Survey Summary of Nephrology PAs: Numbers and Salaries Show Strong Growth

Marty Bergman, MS, PA-C

AANPA grew 38%, from 144 members in their 2005-2006 landmark survey to 199 PAs in the 2007-2008 survey. The survey, conducted between December 2007 and January 2008 from a secure website, had a 44% response rate. Demographics showed the average nephrology PA is almost 42 years old, has been a PA for approximately 10 years, and has worked in their current position for 6 years.

Daily functions of nephrology PAs include CKD stage 2, 3, and 4 clinics; ESRD dialysis management; access management; hospital rounds and dictations; and transplant patient management. Almost three-quarters (71%) of responders see office patients, with a mean of 23 office visits per week. The vast majority (92%) of PAs manage dialysis patients, with a mean number of 110 seen per week. These numbers were essentially unchanged from the 2005-2006 survey.

Reported work hours also remained constant, with a mean of 43 and median of 42 hours worked per week. In addition, approximately one-third of the responders continue to take call. Interesting to note is that the actual number of call hours has dropped 35% from 109 to 71 hours per month.

Salaries of nephrology PAs grew dramatically, by almost 10% in 2 years for responders working 32 or more hours per week. The mean/median salary of \$72,368/\$71,000 in the initial 2005-2006 survey increased to \$79,361/\$78,000, with a standard deviation of \$15,240. Overall benefits have remained constant. Nephrology PAs continue to be a cost-effective option for providing high-quality health care for the increasing population with chronic kidney disease.

[Read the complete membership survey report beginning on page 4.](#)

New Medicare Legislation—CHAMP Act-HR 3162

Christa R. Hodges, PA-C

The new provisions to the **CHAMP Act-HR 3162**, passed on August 1, 2007, will affect all who care for ESRD patients but may affect small, privately-owned dialysis clinics the most. The first section, #635, is the adjustment of ESAs, including the bundling of the composite rate for erythropoietin-stimulating agents (ESAs), labs, and other separately billable drugs. It will also include their oral equivalents and home dialysis training. This will all be bundled into a single payment and will include a 4% payment cut. Clinics will be paying more for medications than they are reimbursed, especially if the patient is on large doses of these medications. This may force smaller dialysis units to close because they will lose more money than they bring in. There will even be cuts to ESA payments to large dialysis organizations, and cuts will be made to CKD education programs for patients. The Congressional Budget Office (CBO) has proposed a \$3.4 billion cut to ESRD over the next 10 years.

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Headline News

Baxter Heparin Recall

On January 17, 2008, the FDA recalled heparin made by Baxter Healthcare. The FDA had received 350 reports of serious adverse events related to heparin, some of them very serious, and there have been a few reported deaths. This recall did not affect heparin that is 200 units per 100 cc in 500-cc or 1000-cc bags, which are made by a different supplier. Currently, we are uncertain how long this recall will last and how it will affect the management of our hemodialysis patients.

Increase in CKD incidence in the US

The *New York Times* reported on November 6, 2007, that the estimated number of people in the United States with CKD increased by 30% and now affects approximately 26 million. Dr. Joseph Vasalotti, chief medical officer of the National Kidney Foundation, stated that "the low level of awareness of chronic kidney disease is challenging the NKF to reach out to individuals with diabetes and hypertension who are at increased risk."

This report challenges all caregivers to increase awareness and to identify patients with CKD. It is especially important for PAs in nephrology to educate the public, patients, and caregivers alike.

Outcomes in Patients with CKD

Referred Late to Nephrologists: A Meta-analysis (*Am J Med.* 2007; 120:1063-1070.)

This clinical review study published December 2007 in the *American Journal of Medicine* reviewed all English literature from 1980 to 2005. Twenty-two studies with a 12,749 sample size met the inclusion criteria. The findings of the meta-analysis demonstrated that there is a significant increase in mortality and early hospitalization in CKD patients referred late to nephrologists.

These findings clearly demonstrate the need for CKD education and timely nephrology referral to help improve the outcomes of patients with CKD.

New Medicare Legislation—CHAMP Act-HR 3162

The proposed cuts for **section 635** will be to eliminate (average sale price) ASP+6% for large dialysis organizations for ESAs in 2008-2009. The payment is the lesser of ASP+2% or the new statutory rate. This will be \$8.75 for Epogen and \$2.92 for Aranesp. The small dialysis organizations were not mentioned in the bill, but may be indirectly impacted. The CBO score of this provision will remove \$300 million from ESRD.

Section 637, which includes the development of an ESRD bundling system, will be discussed as part of Medicare legislation later this year. The new bundling system will start in 2010 and will include the items listed above. CMS will have the authority, although not required, to allow small dialysis organizations to phase in over 4 years. In 2010, it will require the estimated 4% payment cut previously mentioned. It will provide limited funding for quality incentive payments, but these will not be enough to cover the payment cuts. The CBO score of this provision will remove \$3.1 billion from ESRD.

The provision for **section 636** is the site neutral composite rate, eliminating the differential between hospital-based centers

and freestanding clinics. The CBO score of this provision will remove \$100 million from ESRD.

So what does all of this mean? It means that cuts to ESA reimbursement could hurt the patient's access and the provider's ability to continue to provide care. Virtually all the other providers in Medicare receive ASP+6% payment for part B covered drugs. ESRD providers and ESAs (a single class of drugs) should not be targeted for cuts to this rate. There are even government reports that suggest payment cuts would be very harmful to patients and providers. We as providers can write to our congressional representatives and senators and ask that they not pass this legislation. These cuts will hurt our patients and many of our clinics.

Sources:

- Medicare Learning Network- Prospective Payment System Fact Sheet
- Medicare Claims Processing Manual Chapter 10, Section 10.1.8
- April 2007 Hospital Outpatient Prospective Payment System: Addendum B
- Medicare Hospital Inpatient Prospective Payment System 2008

2008 Upcoming Meetings

- May 24-29 AAPA's Annual Physician Assistant Conference
San Antonio, TX
- June 21-24 International Society for Peritoneal Dialysis
Istanbul, Turkey
- July 17-18 Renal Physicians Association – Nurse Practitioner & Physician Assistant Workshops
Arlington, VA
- November 4-9 American Society of Nephrology Renal Week
Philadelphia, PA

Lifelong Learning

Marilyn Olsen, PA-C, MHS

A commitment to lifelong learning is made by all PAs when we decide to care for our patients. It is an intrinsic part of our initial education, a requirement to remain certified, and is one of the fundamental goals for the future of the American Academy of Nephrology Physician Assistants (AANPA). Our commitment to this philosophy is so strong that we have incorporated it into our mission statement:

The mission of the American Academy of Nephrology Physician Assistants is to provide excellence in patient care among kidney patients and to promote the use of PAs in nephrology by education, professional development, and advocacy within the medical community.

The AANPA has endeavored to bring high-quality education with a focus on kidney disease to PAs in the field of nephrology as well as to increase awareness of CKD issues in the general population of physician assistants. An example of these efforts includes ongoing work toward creating and expanding a nephrology-specific track at the annual American Academy of Physician Assistants (AAPA) national conference in May. Further, Laurie Ellen Benton tirelessly serves on CME committees with both AAPA and the National Kidney Foundation (NKF) to improve educational opportunities. The NKF Spring Clinical Meetings now include a track with special attention to the credentialing and interests of mid-level practitioners in the nephrology

field. The Renal Physicians Association (RPA) has also worked with AANPA and other mid-level nephrology practitioners to create an annual CME program designed specifically for our needs. These segments are often taught by PAs, and the RPA continues to be open to suggestions for future topics and speaker requests.

Many of you have received a copy of a CD primer containing basic nephrology information as part of a new membership package or a mailing to existing members. Contributions to articles on this CD were made by members of the AANPA board of directors. This CD primer was created because a need was expressed by PAs new to nephrology who have indicated that initial training is often hurried and incomplete. The training of PAs new to kidney disease has continued to expand since this CD was created, and so the AANPA is now proud to announce some very exciting new options in nephrology education.

This August, the AANPA is presenting our first Kidney Cruise. Continuing medical education seminars will be available to PAs, NPs, APRNs, and other nephrology staff on board a cruise ship departing from Miami, Florida with stops at Nassau, St. Thomas, and St. Maarten. Be the first to experience this amazing opportunity to earn up to 24 Category I CME credits while having fun in the sun with other nephrology professionals. For further information call Cruise Planners at 888-545-0044 or visit their website at www.world2sea.com.

Future plans are just as exciting. The finishing touches are being made to a comprehensive online program for both entry-level nephrology PAs and seasoned professionals looking for advanced education in our specialty. This program will be in several modules that can be used individually or in combination to cater to the needs of each user. We are hoping to initiate this program sometime this summer. Also on the horizon is a partnership with the AAPA for a nephrology-specific CME conference with the goals of providing appropriate programs for those PAs without experience in kidney disease as well as advanced training for experienced nephrology PAs.

The role of the PA in nephrology is growing daily, just as the projected shortage of physicians in this field continues to increase. The number of patients with CKD rises annually, making the need for professionals to care for this population undeniable. We are at the forefront of an important movement to help our fellow professionals become well-trained practitioners and educators. Such further training and education will in turn help improve the care of our patients.

The commitment to lifelong learning goes on, and AANPA is poised to provide multiple opportunities to fit the needs of its members. Please contact AANPA Secretary, Marilyn Olsen, PA-C MHS, (meolsen@att.net) or AANPA CME Chair, Laurie Ellen Benton, PA-C, (lbenton@swmail.sw.org) with suggestions for topics, speakers, or new CME programs.

Results of the 2007-2008 AANPA Membership Survey

Introduction

2008 marks the 12th anniversary of the AANPA (American Academy of Nephrology Physician Assistants). This group has grown substantially from a small start of 10 nephrology PAs, led by Blaine Hall of North Carolina, to 219 PAs and students. In 12 years, the AANPA has become a force in nephrology, at the ASN (American Society of Nephrology), ISN (International Society of Nephrology), AKF (American Kidney Foundation), RPA (Renal Physicians Association), and the NKF (National Kidney Foundation). AANPA members have volunteered hundreds of hours helping to collect and tabulate data used by the federal government in the education of kidney disease, hypertension, and diabetes. The first international nephrology PAs have been trained. After the success of our 2006 landmark survey, the AANPA Board of Directors felt that it was time to take another snapshot of Nephrology PAs in the United States. As such, a membership-wide survey was conducted by the AANPA Board of Directors.

Methodology

An online survey of AANPA members was conducted between December 3, 2007 and January 13, 2008. The survey was posted on a secure website and an invitation with a link to the survey was sent via e-mail to all 199 non-student PAs who were members of AANPA. Reminder e-mails were sent to AANPA members on December 14 and January 1. By January 13, 2008, 94 responses had been received, and after deletion of six unusable responses, 88 observations were available for analysis (44% response rate).

The tables to follow present descriptive statistics of all items collected in this survey. Caution should be used in extrapolating these results to the population of nephrology PAs since the individuals invited to participate in this survey were not randomly selected from the entire population of PAs in nephrology, but rather, were all active PA members of AANPA at the time the survey was initiated.

Highlights

Functions Performed

A relatively large proportion of respondents indicated that they perform the following functions as part of their normal work: see CKD 5 (70%), access management (67%), hospital dictations (65%), see CKD 4 (64%), see CKD 3 (63%), hospital rounds (60%), see transplant patients (53%), see CKD 2 (52%). No other function was cited by more than half the respondents.

Call

About one-third (38%) of respondents indicated taking call. The mean number of hours on call per month was 71 for those who take call.

Seeing Office Patients

Almost three-quarters (71%) of respondents reported seeing office patients. The mean number of office patients seen per week was 23 for those who see them.

Seeing Dialysis Patients

The vast majority (92%) of respondents reported seeing dialysis patients. The mean number of dialysis patients seen per week was 110 for those who see them.

Source and Adequacy of Nephrology Training

Respondents who have been in practice less than two years were asked a) who did their nephrology training and b) whether they felt they were adequately prepared. Of the respondents who answered this question, all reported receiving their nephrology training on the job, either by their supervising physician (57%), an NP (3%), a PA (10%), or unspecified staff (30%). In response to the question about whether they felt that their nephrology training was adequate, slightly more than half (59%) said yes.

Hours Worked per Week

The mean number of hours worked per week was 43. Ten percent worked 34 or fewer hours per week while seventy-five percent worked 40 or more hours per week. The median was 42 hours per week.

Results of the 2007-2008 AANPA Membership Survey

Salary and Hourly Wage

The mean salary for respondents who reported working at least 32 hours per week and reported receiving a salary was \$79,361 (the median was \$78,000; the standard deviation was \$15,240). The mean hourly wage for the seven PAs who reported receiving an hourly wage was \$39 (the median was \$38; the standard deviation was \$6).

Benefits

Of the benefits referenced on the survey, the most commonly received were malpractice insurance (92%), medical insurance (81%), beeper (75%), recertification expenses (68%), and AAPA dues (65%).

Paid Vacation, Sick, Holiday, and CME Leave

The mean number of paid vacation weeks per year was 3.8; the mean number of paid sick, holiday, and CME days per year was 8.4, 6.6, and 5.5, respectively.

Age, Years as PA, and Years in Job

The mean age of respondents was 41.6 years; the mean years as a PA was 9.6, and the mean number of years in the current nephrology position was 5.9. The median number of PA jobs ever held was two.

Coworkers

Respondents reported working with an average of 2.6 other PAs and/or NPs, and 7.8 physicians in their nephrology practices.

Number of Dialysis Units Attended

The mean number of dialysis units attended was 3.7, the median was 3 and the standard deviation was 3.4. Ten percent of respondents reported attending eight or more dialysis units.

Geographic Distribution

Respondents reported working in 35 different states; however, 10 of the respondents did not report a state. The state with the most respondents was Pennsylvania with 9.

Table 1. Number and Percent Distribution of Respondents Who Perform Select Functions

	Count	Percent
Respondents	88	100.0%
PD, Daily hemo	38	43.2%
Access management	59	67.0%
Train other PAs	24	27.3%
Participate in speakers bureaus	30	34.1%
Hospital dictations	57	64.8%
See CKD 4	56	63.6%
Participate in research trials	30	34.1%
Home hemo	18	20.5%
Pediatrics	1	1.1%
Administration	10	11.4%
Supervise staff	5	5.7%
Hospital rounds	53	60.2%
See CKD 2	46	52.3%
See CKD 5	62	70.5%
See transplant patients	47	53.4%
Nighttime hemo	12	13.6%
Place catheters	9	10.2%
Quality assurance	17	19.3%
Give nephrology lectures	18	20.5%
ER/ED evaluations	24	27.3%
See CKD 3	55	62.5%
Recruit patients for research	19	21.6%
Do transplant surgery	1	1.1%



Results of the 2007-2008 AANPA Membership Survey

Table 2a: Number and Percent Distribution of Respondents by Whether Any Call Is Taken at Primary Nephrology Job

	Count	Percent
Respondents	68	100.0%
No	42	61.8%
Yes	26	38.2%

Table 2b: Summary Measures of Hours on Call per Month for Those Who Take Call

Respondents	26
Mean	70.6
Standard deviation	80.6
10th percentile	9.4
25th percentile	16.0
Median	42.0
75th percentile	84.0
90th percentile	180.0

Table 3a: Number and Percent Distribution of Respondents by Whether Office Patients Are Seen at Primary Nephrology Job

	Count	Percent
Respondents	78	100.0%
No	23	29.5%
Yes	55	70.5%

Table 3b: Summary Measures of Office Patients per Week for Those Who See Office Patients

Respondents	55
Mean	22.9
Standard deviation	17.1
10th percentile	4.0
25th percentile	10.0
Median	20.0
75th percentile	40.0
90th percentile	47.0

Table 4a: Number and Percent Distribution of Respondents by Whether Dialysis Patients Are Seen at Primary Nephrology Job

Respondents	85	100.0%
No	7	8.2%
Yes	78	91.8%

Table 4b: Summary Measures of Dialysis Patients per Week for Those Who See Dialysis Patients

Respondents	78
Mean	110.0
Standard deviation	76.9
10th percentile	27.2
25th percentile	50.0
Median	100.0
75th percentile	150.0
90th percentile	214.6

Table 5: Number and Percent Distribution of Respondents with Fewer than Two Years Experience as a PA by Source of Nephrology Training

	Count	Percent
Respondents	30	100.0%
OTJ - MD	17	56.7%
OTJ - NP	1	3.3%
OTJ - PA	3	10.0%
OTJ	9	30.0%

Table 6: Number and Percent Distribution of Respondents with Fewer than Two Years Experience as a PA by Whether Respondent Felt Adequately Prepared

	Count	Percent
Respondents	27	100.0%
No	11	40.7%
Yes	16	59.3%

Results of the 2007-2008 AANPA Membership Survey

Table 7: Summary Measures of Hours Worked per Week at Primary Nephrology Job

Respondents	86
Mean	42.5
Standard deviation	7.8
10th percentile	34.4
25th percentile	40.0
Median	41.5
75th percentile	47.0
90th percentile	50.0

Table 8: Summary Measures of Hourly Wage at Primary Nephrology Job for Respondents Who Receive an Hourly Wage

Respondents	7
Mean	\$39
Standard deviation	\$6
10th percentile	\$31
25th percentile	\$32
Median	\$38
75th percentile	\$45
90th percentile	-

Table 9: Summary Measures of Annual Salary at Primary Nephrology Job for Respondents Who Work at Least 32 Hours per Week and Receive a Salary

Respondents	76
Mean	\$79,361
Standard deviation	\$15,240
10th percentile	\$62,280
25th percentile	\$69,000
Median	\$78,000
75th percentile	\$85,000
90th percentile	\$100,000

Table 10: Number and Percent of Respondents Who Receive Select Benefits at Primary Nephrology Job

	Count	Percent
Respondents	88	100.0%
Malpractice insurance	81	92.0%
Disability insurance	47	53.4%
Beeper	66	75.0%
PDA	17	19.3%
Car allowance	9	10.2%
AAPA dues	57	64.8%
401/503B	53	60.2%
Medical insurance	71	80.7%
Long-term insurance	27	30.7%
Computer	36	40.9%
FAX	33	37.5%
DEA dues	54	61.4%
RPA/ASN dues	14	15.9%
Pension/profit sharing	73	83.0%
Dental insurance	51	58.0%
Cell phone	40	45.5%
DSL/Web hookup	21	23.9%
Mileage	46	52.3%
State organization dues	49	55.7%
Recertification expenses	60	68.2%
FSA	37	42.0%

Table 11: Summary Measures of Weeks of Paid Vacation per Year

Respondents	84
Mean	3.8
Standard deviation	2.6
10th percentile	2.0
25th percentile	2.0
Median	3.0
75th percentile	4.0
90th percentile	6.0

Results of the 2007-2008 AANPA Membership Survey

Table 12: Summary Measures of Paid Sick Days per Year

Respondents	69
Mean	8.4
Standard deviation	8.6
10th percentile	.0
25th percentile	1.5
Median	6.0
75th percentile	12.0
90th percentile	25.0

Table 13: Summary Measures of Paid Holidays per Year

Respondents	76
Mean	6.6
Standard deviation	3.0
10th percentile	1.7
25th percentile	5.0
Median	7.0
75th percentile	8.0
90th percentile	10.0

Table 14: Summary Measures of Paid CME Days per Year

Respondents	77
Mean	5.5
Standard deviation	3.5
10th percentile	2.8
25th percentile	5.0
Median	5.0
75th percentile	7.0
90th percentile	7.0

Table 15: Summary Measures of Age

Respondents	85
Mean	41.6
Standard deviation	9.4
10th percentile	29.6
25th percentile	33.0
Median	41.0
75th percentile	48.5
90th percentile	53.0

Table 16: Summary Measures of Years as a PA

Respondents	85
Mean	9.6
Standard deviation	8.5
10th percentile	2.0
25th percentile	3.0
Median	7.0
75th percentile	13.0
90th percentile	24.4

Table 17: Summary Measures of Years in Present Nephrology Job

Respondents	85
Mean	5.9
Standard deviation	5.6
10th percentile	1.0
25th percentile	1.8
Median	3.0
75th percentile	9.0
90th percentile	15.4

Table 18: Summary Measures of Total PA Jobs Ever Held

Respondents	85
Mean	2.2
Standard deviation	1.3
10th percentile	1.0
25th percentile	1.0
Median	2.0
75th percentile	3.0
90th percentile	4.0

Table 19: Summary Measures of Number of PAs and/or NPs in Current Nephrology Practice

Respondents	84
Mean	2.6
Standard deviation	2.0
10th percentile	1.0
25th percentile	1.0
Median	2.0
75th percentile	4.0
90th percentile	5.0

Results of the 2007-2008 AANPA Membership Survey

Table 20: Summary Measures of Number of Physicians in Current Nephrology Practice

Respondents	83
Mean	7.8
Standard deviation	10.1
10th percentile	2.0
25th percentile	3.0
Median	5.0
75th percentile	9.0
90th percentile	13.6

Table 21: Summary Measures of Number of Dialysis Units Attended by Respondents

Respondents	84
Mean	3.7
Standard deviation	3.4
10th percentile	.0
25th percentile	1.0
Median	3.0
75th percentile	5.0
90th percentile	8.0

Table 22: Number and Percent Distribution of Respondents by State Where Respondent Practices

	Count	Percent
Respondents	78	100.0%
AL	2	2.6%
CA	5	6.4%
CO	1	1.3%
CT	2	2.6%
FL	3	3.8%
GA	5	6.4%
IA/NB	1	1.3%
IA/NE	1	1.3%
IL	4	5.1%
IN	1	1.3%
KS/OK	1	1.3%
KY	1	1.3%
MA	2	2.6%
MA/CT	1	1.3%
MD	2	2.6%
MD/VA	1	1.3%
MI	2	2.6%
MO	1	1.3%
NC	5	6.4%
ND/MN	1	1.3%
NJ	1	1.3%
NM	1	1.3%
NY	3	3.8%
OH	1	1.3%
OK	1	1.3%
OR	2	2.6%
PA	8	10.3%
PA/WV	1	1.3%
SC	2	2.6%
TN	1	1.3%
TX	7	9.0%
VA/NC	1	1.3%
VT	1	1.3%
WA	2	2.6%
WI	3	3.8%
WV/OH/KY	1	1.3%