

INTRODUCTION

Policy Forum: *Chronic Kidney Disease in North Carolina*

North Carolina—and indeed the nation—is facing a chronic kidney disease (CKD) epidemic. Estimates are that nearly 1 million North Carolinians have chronic kidney disease, ranging from early stage to end-stage. We think this statistic may come as a surprise to many, as it did to us. This surprise is tempered, however, when one considers that 3 of the major risk factors for CKD—hypertension, diabetes, and cardiovascular disease—are health conditions that are very common among Americans. The earliest stages of CKD often go undetected—hidden by a guise of seemingly good health and proper kidney function. The disease is eventually diagnosed once it has reached a more advanced stage and kidney function is greatly impaired. Chronic kidney disease is like an iceberg where the tip represents end-stage CKD, while the much greater bulk of the iceberg's mass beneath the water is analogous to the early stages of CKD.

We know that particular groups are at increased risk for CKD, such as those people with certain chronic diseases and those of certain racial and ethnic groups. However, many of these individuals are unaware of their increased risk status. It is imperative to reach them through the many channels of our health care system. In order to reduce the burden of CKD in North Carolina, we must take steps to prepare our health professional workforce, especially primary care providers who are truly on the front lines of this epidemic as they are the point of entry into the health care system. This is made more important in North Carolina where the ratio of nephrologists to CKD patients is very low relative to other states and recommended standards—making it very unlikely that every CKD patient in the state will have access to a nephrologist.

Primary care providers (PCPs) must have the resources—including time and information—to develop and implement clinical systems that encourage the early detection of CKD and enable a referral to specialty care when needed. Given the shortage of nephrologists, the existing demands on PCPs, the prevalence of CKD, and the chronic nature of the disease, it seems apparent that we should promote the identification and training of allied health professionals who can provide case management and specialized care to those with CKD to help them lead the most productive and healthy lives possible.

The North Carolina Institute of Medicine Task Force on Chronic Kidney Disease recently published a report outlining recommendations to reduce the impact CKD has on North Carolinians and the state. Successful implementation of these recommendations will only happen through collaborative, statewide efforts from many individuals and groups. We hope this issue inspires the public to learn more about CKD, to raise awareness of this disease in communities, and to help people incorporate behaviors that will help prevent CKD. For professionals, we hope this issue will suggest new practices and methods that can improve the prevention, early detection, and treatment of CKD.

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