Nephrology has been a leader in the delivery of high-quality metric- and value-driven care for many years. The roles and responsibilities of medical directors have changed and increased significantly since 1972, when Medicare entitlement was extended to those with kidney failure, irrespective of age (1). In October 2008, the CMS reissued the Conditions for Coverage (CIC) updating and clarifying the role of the medical director for the first time in 30 years (2,3). This update not only helped crystalize the role but expanded its importance as medicine evolves from a volume- to value-based system. Today, with many of whom have helped build and shape the field of nephrology, the role of the medical director as a focal point in facility-driven quality care has been key to this evolution. In our opinion, this has been a unique feature of renal medicine compared with other specialties.

The success of the subspecialty of nephrology depends not only on properly executing the basic “blocking and tackling” as articulated in this series, but also on rising to the next level of performance required of true leaders in the field of renal medicine.

Disclosures
R.P. is employed by and is a shareholder of DaVita Healthcare Partners and is also a shareholder of Vasc-Alert LLC, Nephroceuticals LLC, and Roo LLC. J.L.H. is chief medical officer of Fresenius Medical Services and serves on the Renal Physicians Association’s Board of Directors and the Nephroceuticals LLC Scientific Advisory Board.

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