

Aligning IgAN Care: Dual-Audience Education Improves Competence but Reveals Persistent Communication Gaps

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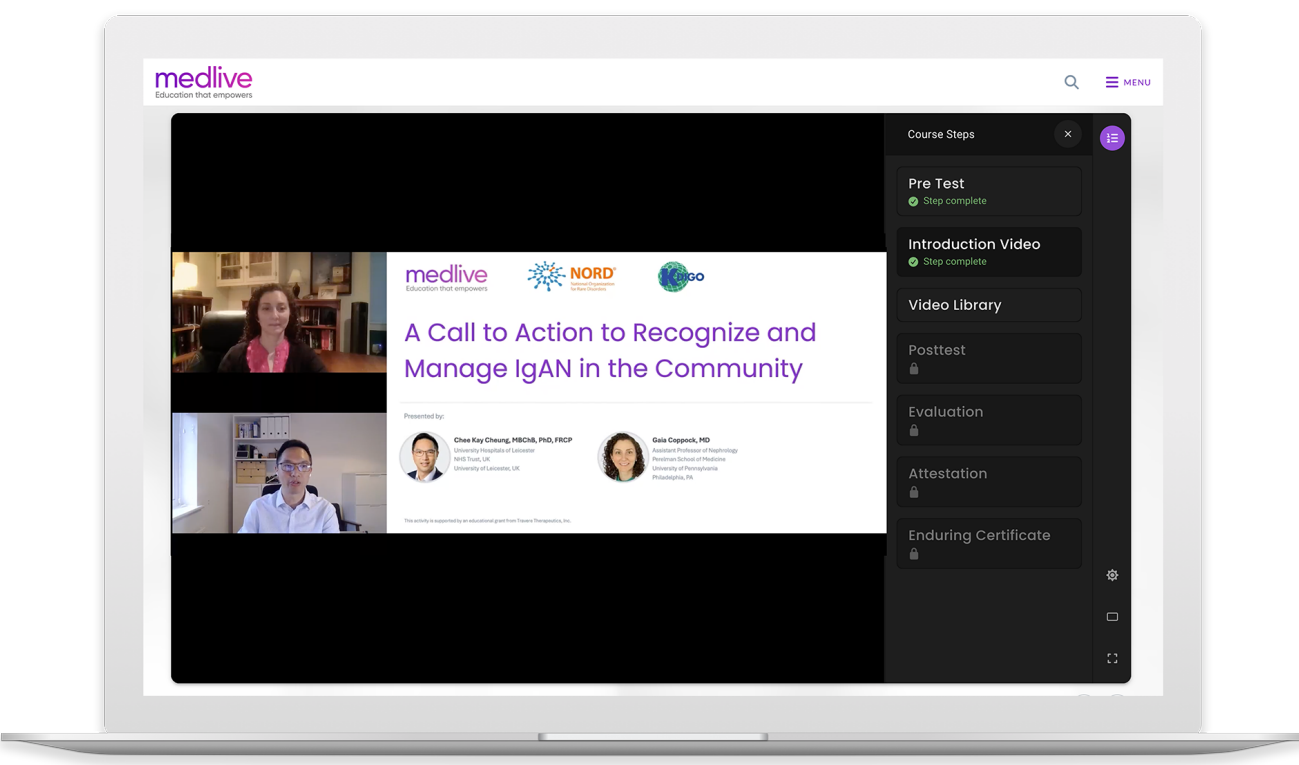


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INTRODUCTION

With rapid advances in therapies for IgA nephropathy (IgAN) and updated KDIGO guidelines, optimal management increasingly depends on alignment between clinician (HCP) decision-making and patient/caregiver (P/C) understanding. This study utilized outcomes from a dual-audience educational initiative to identify continuous gaps in HCP–P/C alignment.



METHODOLOGY

Educational Program and Evaluation Details

- P/C:**
- 3 x 20-minute modules available online for 12 months
 - Social media videos via The IgA Nephropathy Foundation's Facebook/Instagram
- HCP:**
- 60-minute online-live activity and endured activity available on-demand for 12 months
 - Learners: nephrologists, renal pathologists, transplant nephrologists, primary care physicians, nephrology nurses, PAs, and NPs
 - Targeted micro-learning videos (NPI-verified HCPs) via IQVIA/LinkedIn

MEASUREMENTS AND ANALYSES

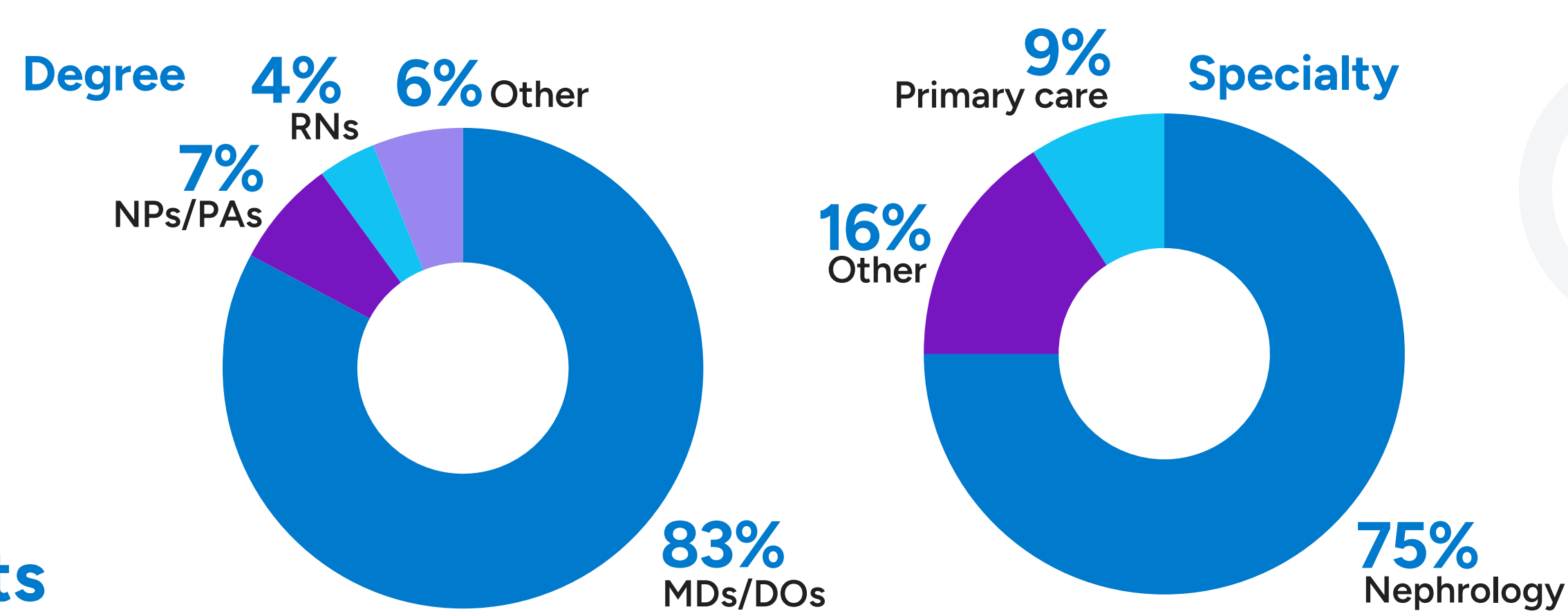
- P/C:** Likert-scale and multiple-choice questions assessed experience with and perceptions of quality of care
- HCP:** Pre- and post-activity multiple-choice questions evaluated change in knowledge/competence,¹ self-reported intended practice changes, and barriers to change
- Cohort analysis for nephrologists and renal pathologists
- Chi-square statistical tests of significance compared pre to post activity
- Qualitative comparisons between select “tethered” questions across **HCP** and **P/C** education related to perceptions of care

RESULTS

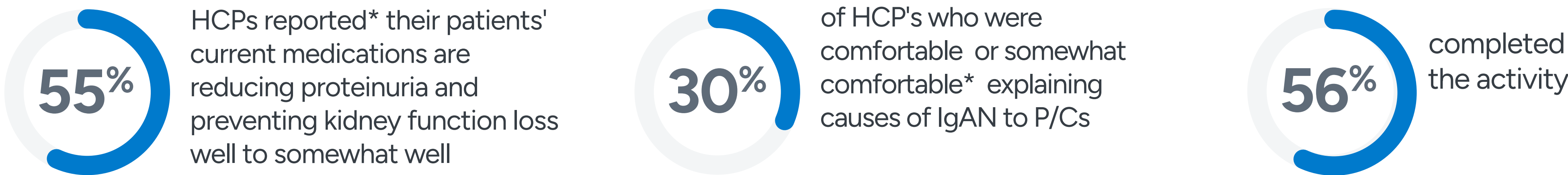
HCP



2,287 Participants
790 CME + 1,497 micro-learning NPI-verified nephrologists



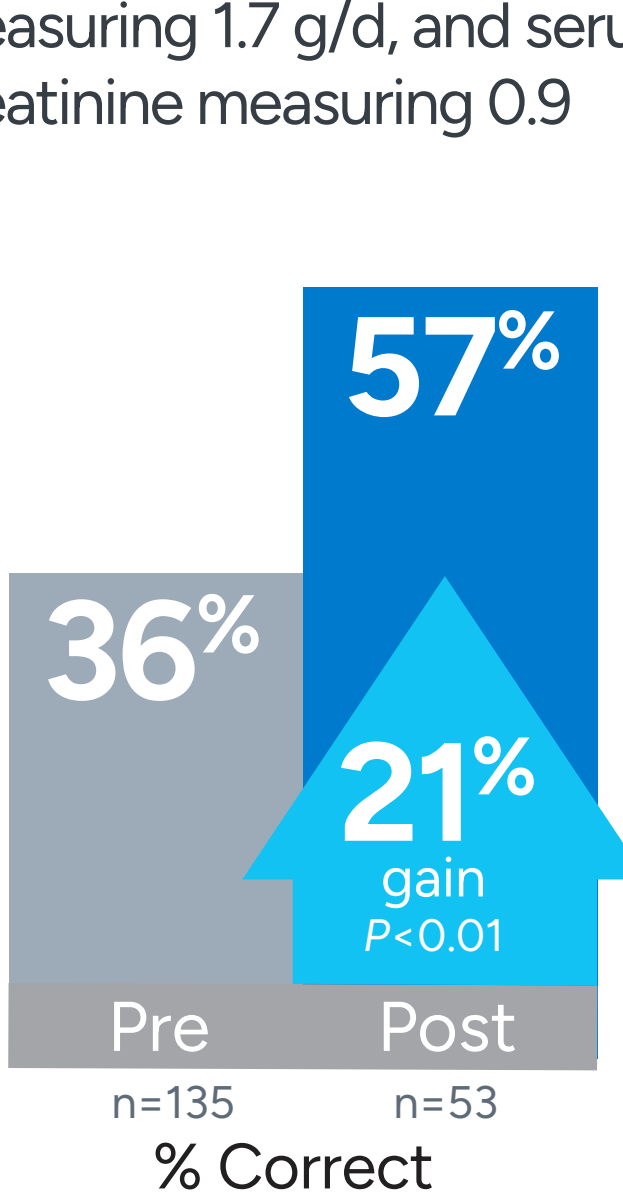
HCP Baseline Perspectives (CME)



HCP Learning Gains

Proteinuria as a Treatment Target

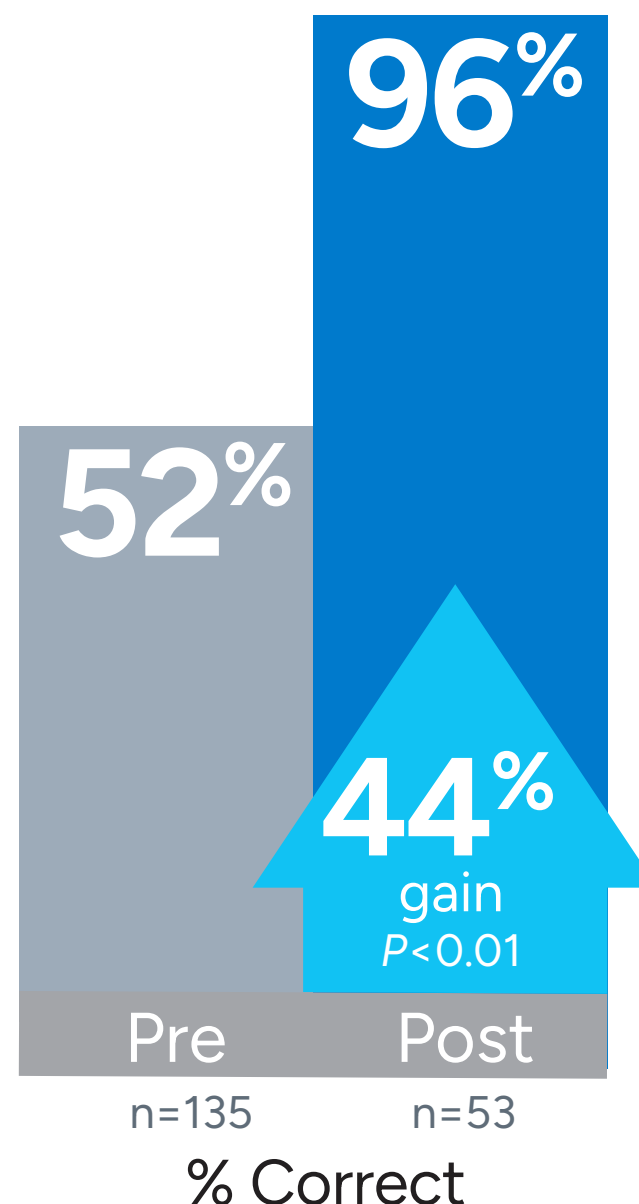
Janis is a 28-year-old woman who is in your clinic two weeks after an episode of gross hematuria associated with an upper respiratory infection. A full workup reveals microscopic hematuria, proteinuria measuring 1.7 g/d, and serum creatinine measuring 0.9



Nephrology and pathology learners only

Hemodynamic/Podocyte Injury in IgAN

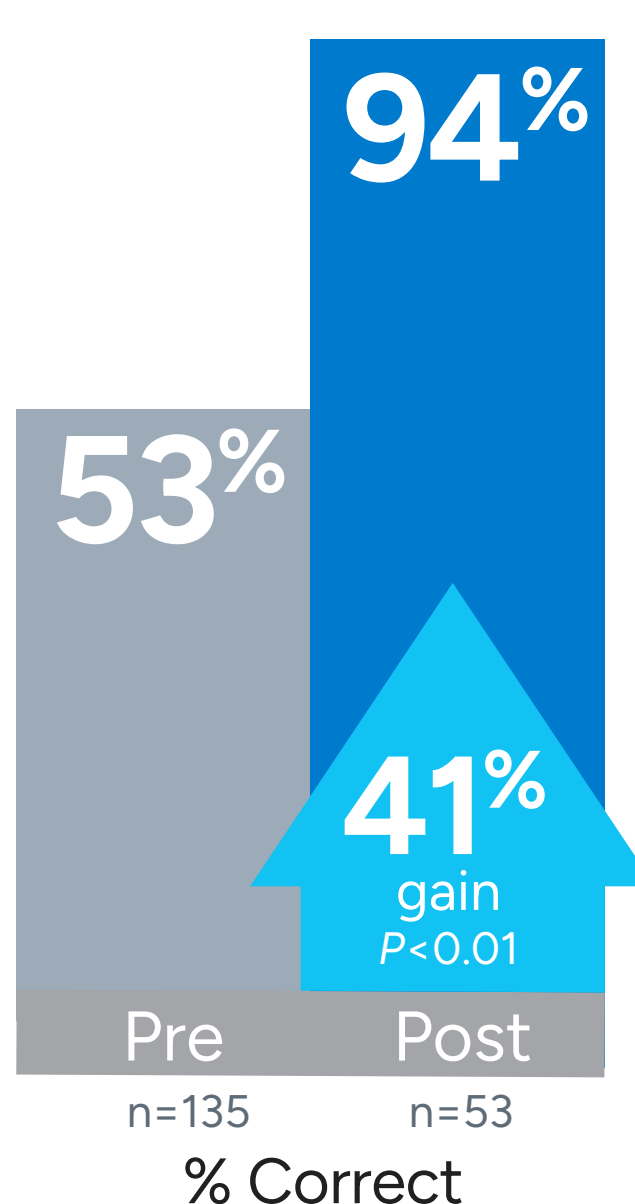
In which “hit” in the “4-hit hypothesis” for IgAN pathogenesis does endothelin A and angiotensin 2 play a role?



Nephrology and pathology learners only

New Therapies

Which IgAN clinical trial showed an additive effect on proteinuria reduction when a sodium-glucose cotransporter-2 inhibitor (SGLT2i) was added to the study drug?

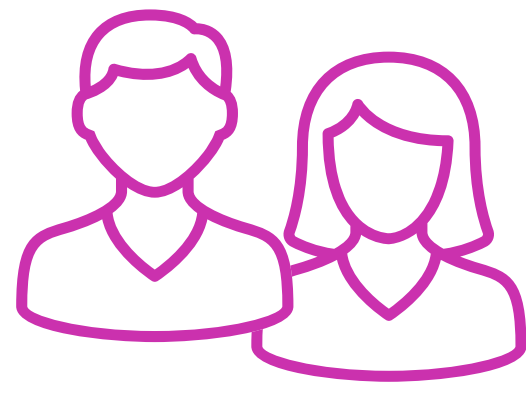


Nephrology and pathology learners only

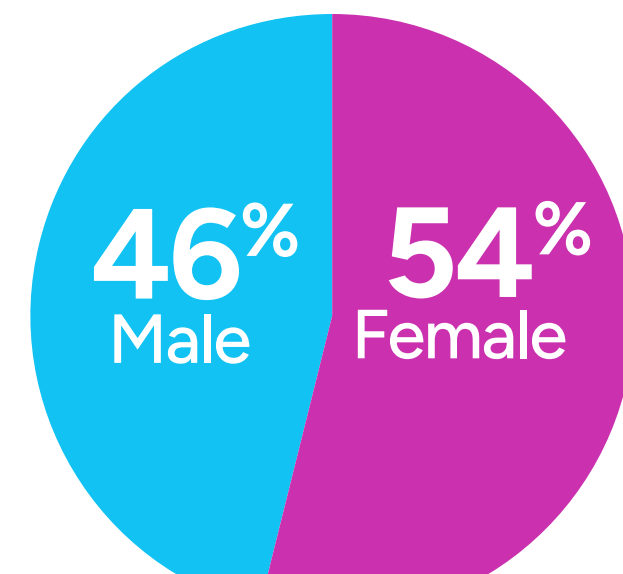
Intended HCP Practice Changes

Prioritize early diagnosis in patients with proteinuria or hematuria	59%
Optimize supportive care with RAS inhibitors and SGLT-2 inhibitors	36%
Incorporate newly FDA-approved agents into treatment plans	31%
Implement shared decision-making to better engage patients in treatment choices	26%
Tailor treatment plans based on individual risk of disease progression	25%
Adopt KDIGO 2024 guidelines for initiating treatment	24%

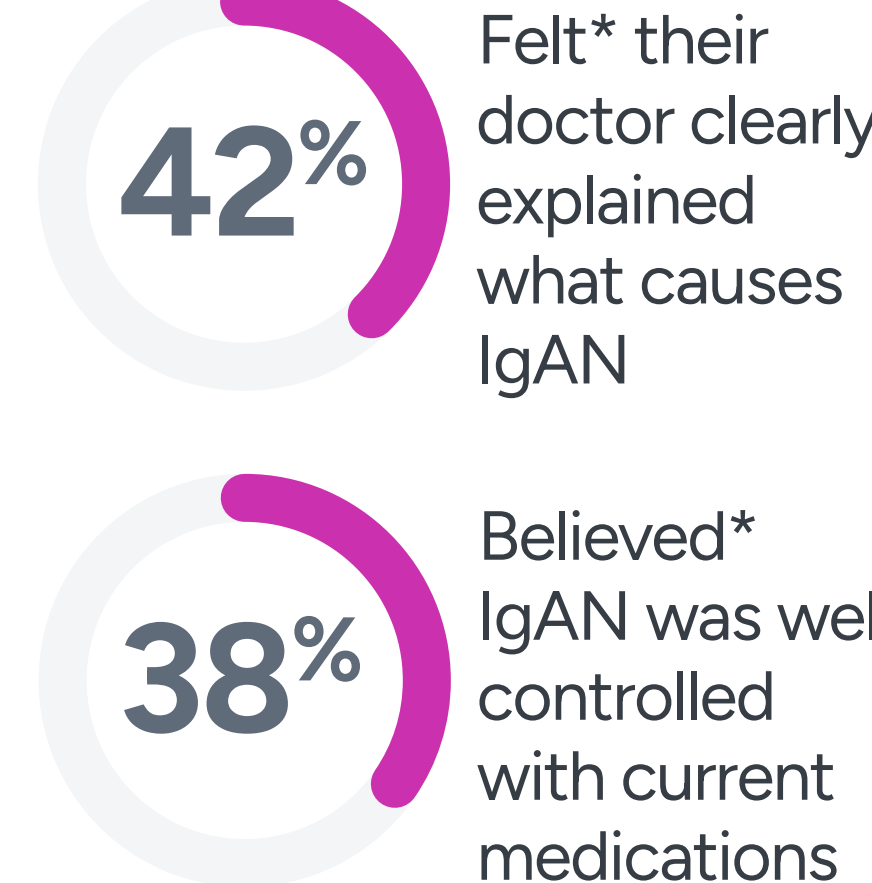
P/C



964 Education views
62,194 social media views

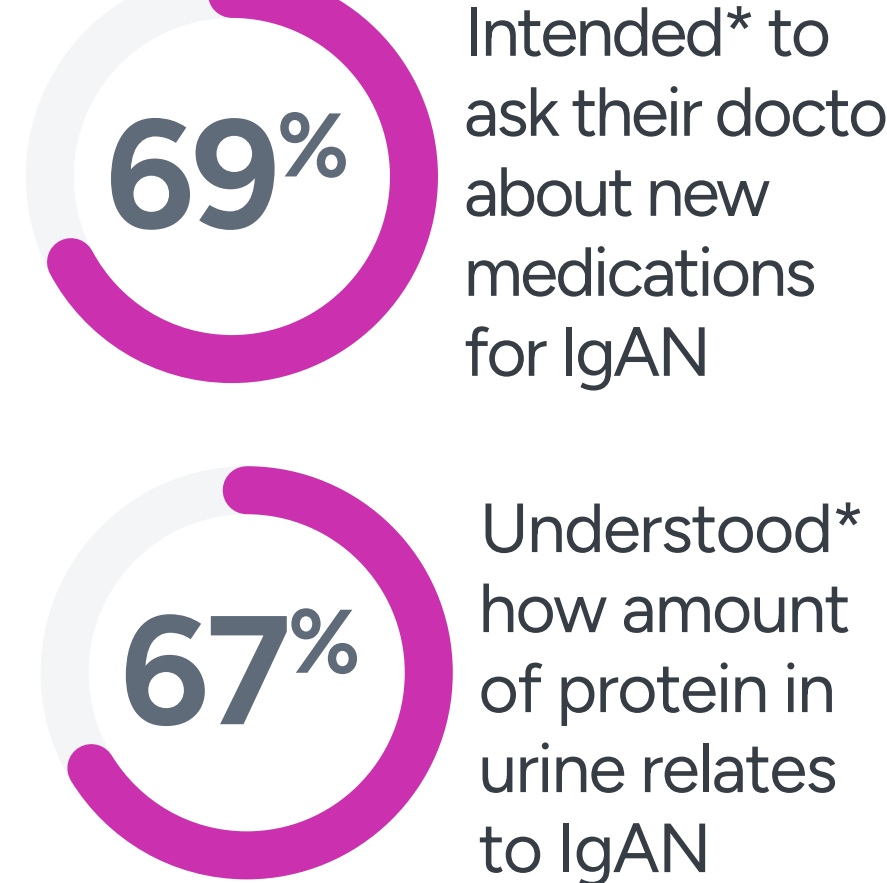


P/C Baseline

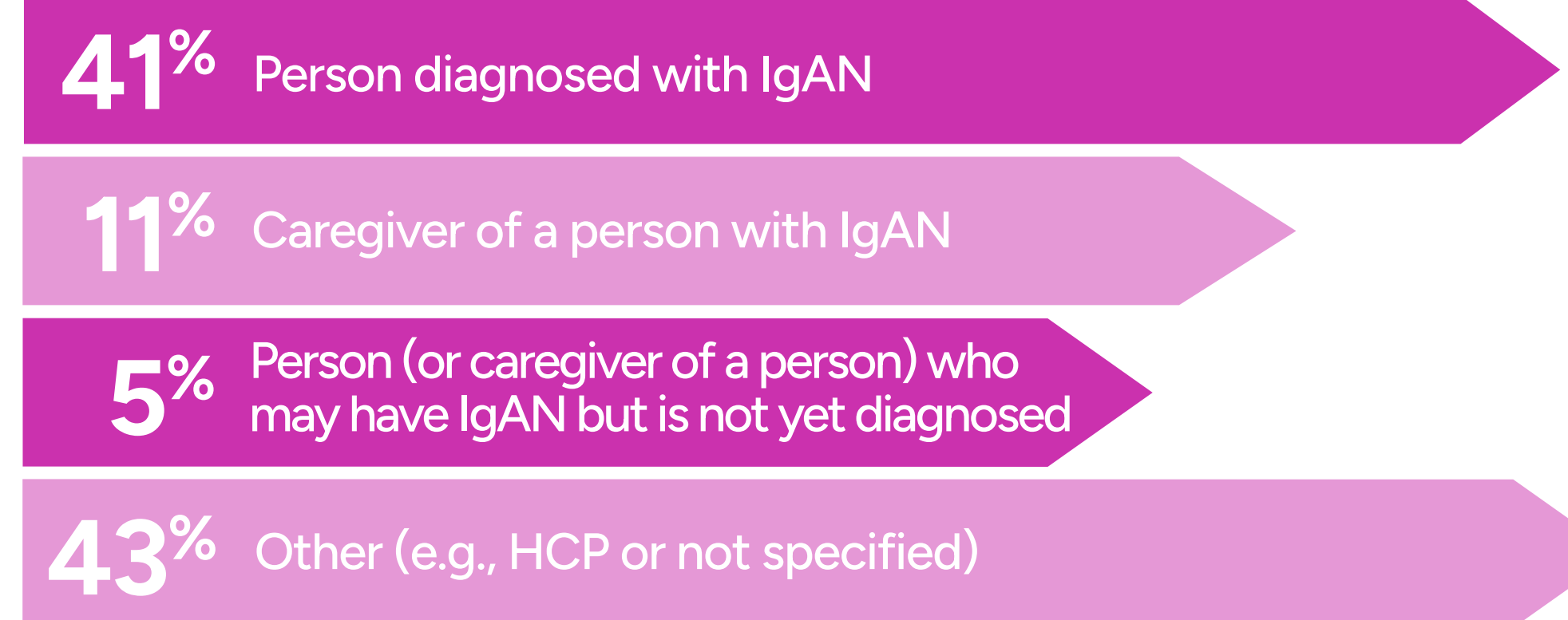


*Rating of 4 or 5 on 5-point scale

P/C Post Education



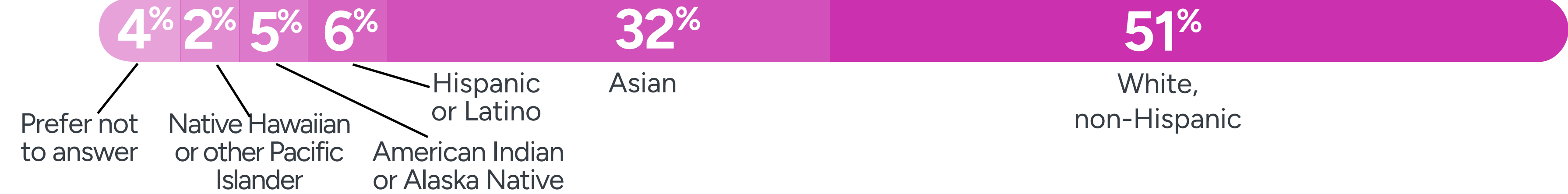
Learner demographics:



Age



National Origin



Current treatments to manage IgAN (select all that apply):

Blood-pressure medication (ACEi or ARB)	78%
Oral steroids	36%
Immunosuppressants other than steroids	27%
Sparsentan	20%
Nefecon	13%
Treatment showed continued reliance on traditional therapies, with limited exposure to newer agents	

Intended changes to IgAN care in the next 6 months (select all that apply):

Discuss guideline recommendations with HCP	42%
Inquire about medications that may soon be available	40%
Make additional lifestyle changes	35%
Discuss newer treatment options with HCP	33%
Inquire about clinical-trial opportunities	5%

Topics for future education (select all that apply):

Lifestyle changes to prevent IgAN worsening	48%
How well different medications control IgAN	64%
How IgAN evolves over time	58%
How to manage side effects	42%
How to know if treatments are working	42%

HCP

Strong, statistically significant gains across all learning objectives
Intent to tailor therapy based on risk and guideline recommendations
Intent to implement (26%) shared decision-making; increased comfort with place-in-care for newly approved agents and interest in incorporating them into treatment plans

Perceived Control: >50% believed treatment with RASi and immunosuppressant reduced proteinuria; 30% reported being (somewhat) comfortable explaining IgAN causes

Clinical Action: Intended practice changes focused on earlier diagnosis, optimization of supportive care, and adoption of new agents

HCP–P/C Alignments and Disconnects in IgAN Care

Build Conceptual Foundation with Education through

- Knowledge acquisition
- Creation of shared understanding of disease and treatment goals
- Enabling shared decision-making

Identified Gaps through Dual-audience Education

- Misalignment about disease and treatment success understanding
- Divergence in future treatment planning

P/C

- Enhanced understanding of the relationship between proteinuria and disease progression
- Intent to discuss treatment goals and guideline recommendations with HCPs; Patients still report incomplete explanations at diagnosis
- Increased comfort sharing concerns with HCPs and intent to ask about new and emerging therapies

Lived Uncertainty: <50% felt IgAN was well controlled or clearly explained at diagnosis and expressed anxiety about progression

Coping Readiness: High interest in future education on lifestyle modification, treatment monitoring, side-effect management, and disease evolution

CONCLUSION

Education improved HCP competence and P/C activation, but gaps persist between HCP intent and P/C experience. Enhanced communication and shared decision-making are needed to align care and optimize outcomes.