

# UW Health: Lupus clinic improves health quality for patients with kidney disease

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Madison, Wis. – A new study shows that Wisconsin’s only multidisciplinary clinic for lupus patients with suspected kidney disease cut the time to diagnosis by 40% and improved other measures of health care quality for those patients.

The study looked at outcomes for patients with lupus nephritis, a complication of lupus in which the body’s immune system attacks the kidneys. Patients with lupus nephritis have a tenfold higher risk of end stage kidney disease and are 26 times more likely to die than same-aged peers. Lupus can strike anyone but is primarily a disease of young women ages 15 to 44. Women of color are more likely to be affected.

UW Health opened Wisconsin’s first multidisciplinary [lupus clinic](#) in early 2018. Along with her nephrology colleagues, Dr. Shivani Garg, assistant professor of medicine at UW School of Medicine and Public Health and a rheumatologist at UW Health, wanted to see if having a racially concordant team that includes physicians, pharmacists and social workers available to a patient made a difference in the time it took to diagnose the disease and whether the approach improved care.

The study compared results for patients seen in the seven years before 2018 (prior to the launch of the clinic) to those who received care at the clinic. The study found that after the clinic became established, the time for completion of a kidney biopsy, which is the gold standard test needed to diagnose the disease, dropped from an average of 26 days to 16 days.

“These findings are encouraging, because we know that delays in diagnosing and

treating lupus nephritis can lead to irreversible kidney damage,” Garg said.

The mix of patients in the clinic also changed. Earlier, 26% of the lupus nephritis patients were non-white, a percentage that increased to 48% of the patients after the clinic opened. Previous studies showed that social barriers – such as lack of transportation, housing, food or financial security – also contributed to a delay in diagnosis because some patients would cancel procedures due to lack of transportation or concerns about medical bills. At the UW Health clinic, social workers and pharmacists are part of the care team and help patients navigate these barriers to improve care quality.

Additionally, the team noted that the time to start non-corticosteroid-based treatment after kidney biopsy remained low, approximately seven days, after the clinic opened. Other care metrics showed improvement, such as patients being up to date on vaccinations and getting social support when needed.

“Our multidisciplinary lupus nephritis clinic provides prompt evaluation and consistent care to monitor response to therapy, and it offers the much-needed additional care of social work and pharmacy to target barriers that interrupt care,” she said. “These steps could improve survival and quality of life in patients with lupus over time.”

She says future goals include identifying how to reduce the risk of kidney failure, cardiovascular disease, and early deaths in the people with lupus and lupus nephritis by continuing to address social barriers and to provide comprehensive care at multidisciplinary clinics.

Dr. Garg’s co-authors from the University of Wisconsin School of Medicine and Public Health include Dr. Christie Bartels, Dr. Tripti Singh, Dr. Sarah Panzer., and Dr. Brad Astor. The study was [published](#) in the American College of Rheumatology’s open access journal, *Open Rheumatology*.