



Advancing Health Equity for Kidney Care

October 25, 2022

This program is brought to you by:

Qsource ESRD Networks 10 & 12

Midwest Kidney Network-Network 11

X4 Health



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Welcome Attendees!

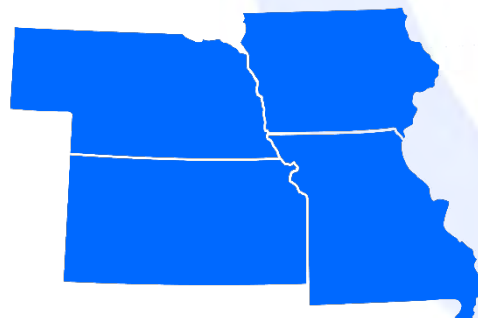
- This webinar is being recorded and will be available a few days after the live presentation.
- All lines are muted, but we do want to hear your questions during the Q&A portion of the call.
- Staff will be monitoring the Chat box, so feel free to add your questions or comments there during the presentation.
- Please fill out the survey at the end of the presentation to provide valuable feedback to us for future webinars.

Qsource ESRD Networks 10 & 12

Much of the territory in Networks 10 and 12 are considered rural, but most of the population (including ESRD patients) of the states live in urban cities including Chicago, IL, Kansas City, MO and St. Louis, MO.



ESRD Network 10
Illinois



ESRD Network 12
Iowa, Kansas,
Missouri, Nebraska



59,284 Dialysis and
Transplant Patients



685 Dialysis
Facilities



21 Transplant
Centers

Midwest Kidney Network 11

African Americans and Native Americans have a disproportionately higher incidence of kidney disease in the five-state region.

- At 83%, Detroit, Michigan has the second highest percentage of African American population in a US city.
- Midwest Kidney Network's five-state area contains more than fifteen Native American reservations with some of the largest populations in the United States.
- Over 10% of the population of South Dakota identifies as American Indian or Alaskan Native making it the state with the 4th highest percentage of Native American population in the US.



ESRD Network 11- North Dakota, South Dakota, Minnesota, Michigan, Wisconsin



51,145 Dialysis and Transplant Patients



542 Dialysis Facilities



20 Transplant Centers

Today's Speaker

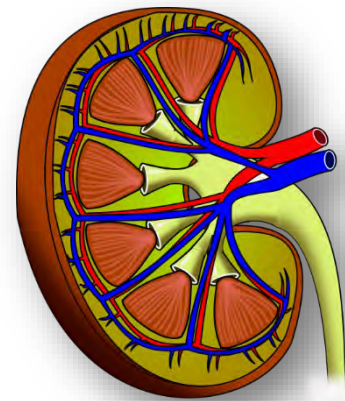


Pooja Kothari RN, MPH, is a nurse by training and is currently working with the Qsource team as a health equity subject matter expert. She has over 10 years of experience working on healthcare issues. Kothari spent 5 years working on quality improvement and measurement in New York, especially around bridging quality and equity. Prior to that, her experience has involved working in public health and consulting.

Advancing Health Equity for Kidney Care

Pooja Kothari, RN, MPH
Health Equity SME, QSource

October 25, 2022



Agenda

- Welcome
- Understanding Health Equity and Disparities
- Addressing Social Determinants of Health (SDOH)
- Providing Culturally and Linguistically Appropriate Services (CLAS)

Health Equity and Health Disparities

“Health equity means that *everyone has a fair and just opportunity* to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

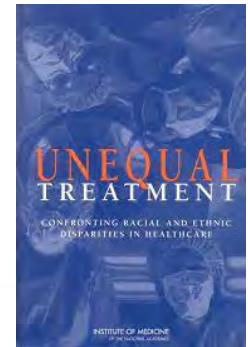
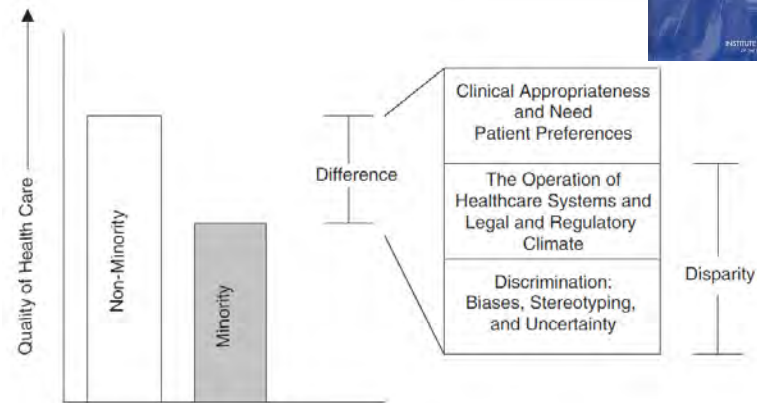
“Health disparities are *preventable* differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.”

Robert Wood Johnson Foundation, What is Health Equity,
<https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>
CDC, Health Disparities, <https://www.cdc.gov/healthyyouth/disparities/index.htm>



Disparities in Healthcare

- Racial and ethnic disparities in health care exist and are associated with worse health outcomes.
- Occur in the context of broader historic and contemporary social and economic inequalities.
- Many sources - including health systems, healthcare providers, and utilization managers - may contribute.
- Bias, stereotyping, prejudice, and clinical uncertainty may contribute to racial and ethnic disparities in health care.



Institute of Medicine. 2003. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.
<https://hospital.uillinois.edu/Documents/IGX/MSHC/IOM-REPORT-Summary.pdf>

Racial and Ethnic Disparities

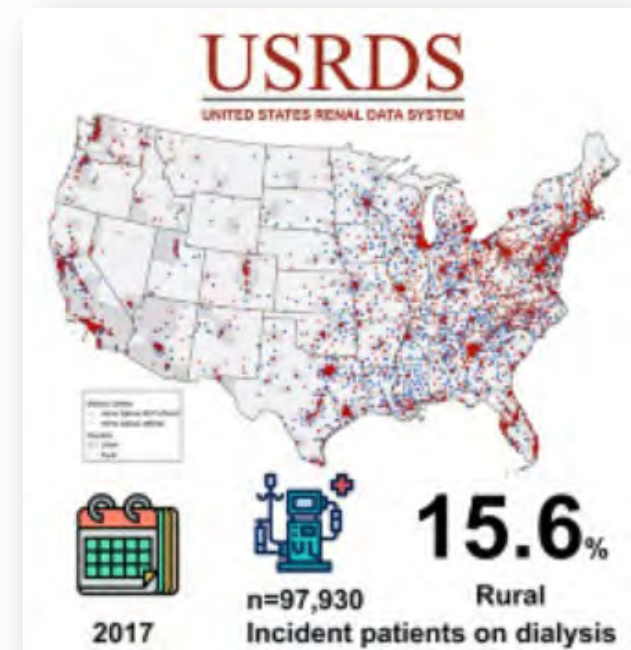
- 15% of adults in the U.S. have chronic kidney disease (CKD).
- Most adults (9 in 10) with CKD do not know they have it.
- African Americans are 3.6 times more likely to have kidney failure.
- Hispanic Americans and Native Americans are almost twice as likely to develop kidney failure compared to the general population.
- Racial minorities have a higher risk of progressing from CKD to ESRD more rapidly.



CMS, Chronic Kidney Disease Disparities: Educational Guide for Primary Care, April 2021.
<https://www.cms.gov/files/document/chronic-kidney-disease-disparities-educational-guide-primary-care.pdf>

Rural vs. Urban Health Disparities

- 240,000 rural patients with ESKD have less access to care and a higher mortality
- Over 15,000 rural patients began dialysis in 2017 which was ~15% of new dialysis nationwide
- Transportation is a need for rural patients with ESKD
- Racial and ethnic disparities are layered on top of rural/urban disparities



RHHub, Staving Off One's Mortality: Rural Kidney Health and Its Disparities.

<https://www.ruralhealthinfo.org/rural-monitor/rural-kidney-health/>

Adler JT, Husain SA, Xiang L, Rodrigue JR, Waikar SS. Initial Home Dialysis Is Increased for Rural Patients by Accessing Urban Facilities. *Kidney360*. 2022 Jan 4;3(3):488-496. doi: [10.34067/KID.0006932021](https://doi.org/10.34067/KID.0006932021)

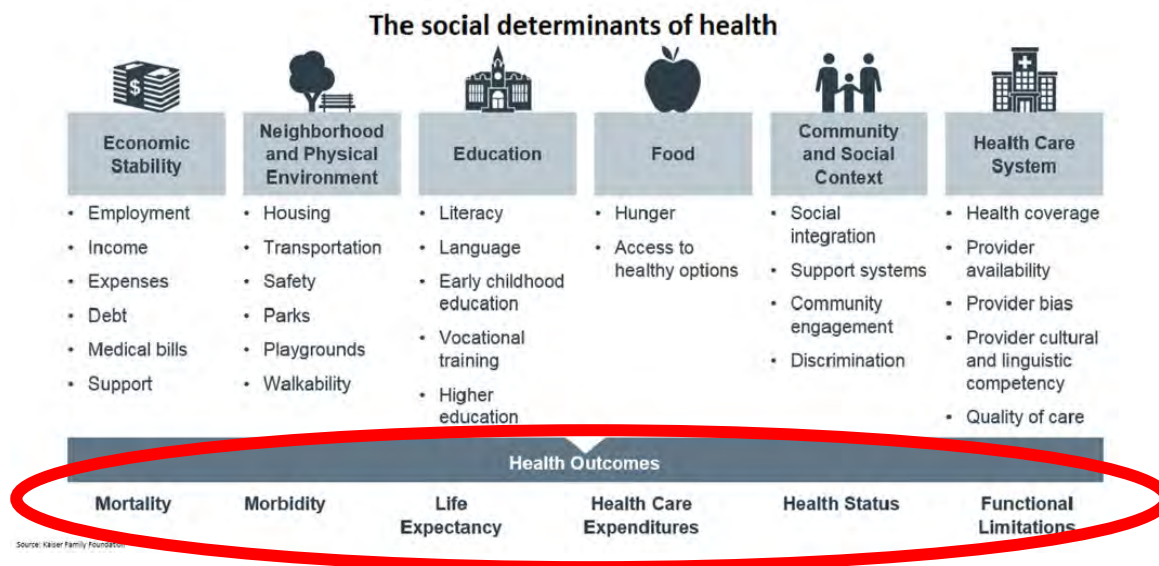
CMS Health Equity Framework



Centers for Medicare & Medicaid Services, CMS Framework for Health Equity 2022–2032,
<https://www.cms.gov/files/document/cms-framework-health-equity.pdf>.

Defining Social Determinants of Health (SDOH)

Social determinants of health (SDOH) are the “conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”



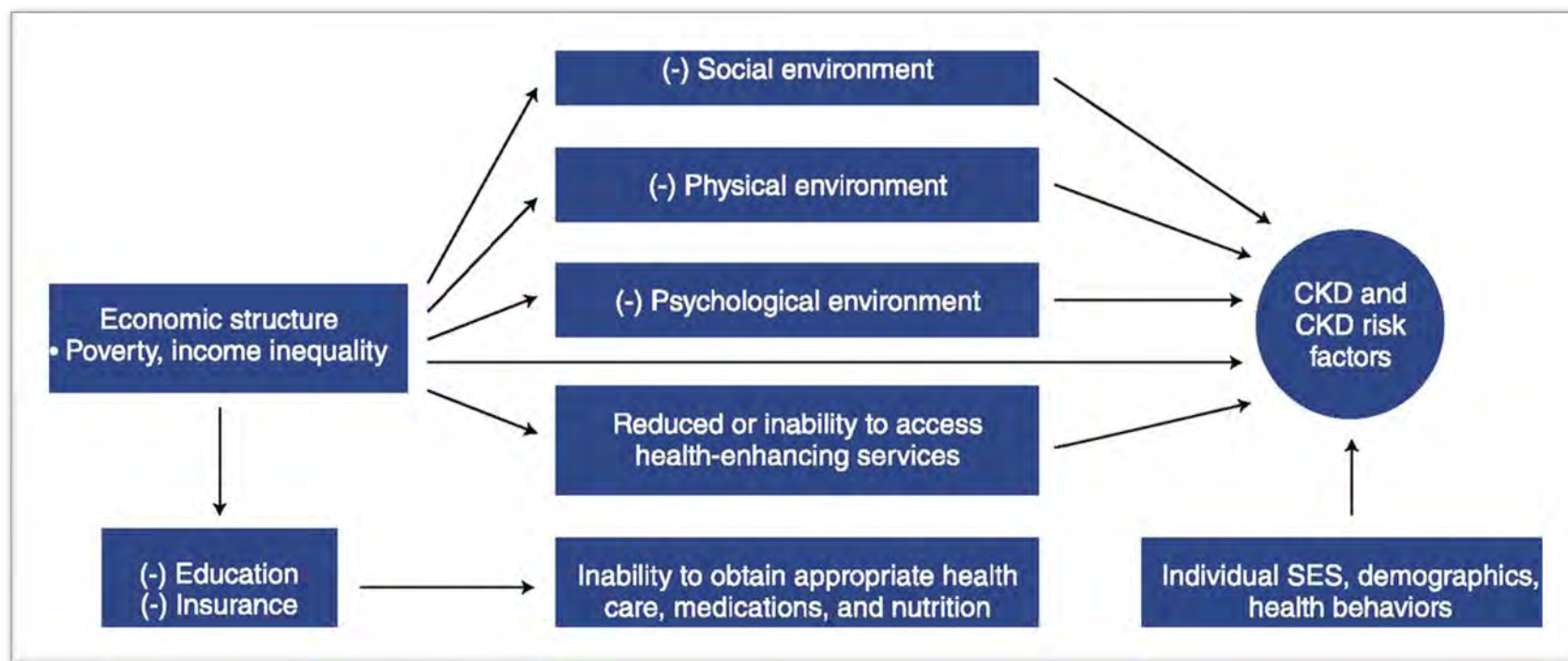
Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

<https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

UIC Center. What are the social determinants of health?

<https://www.center4healthandsdc.org/the-social-determinants-of-health.html>

SDOH and Kidney Disease

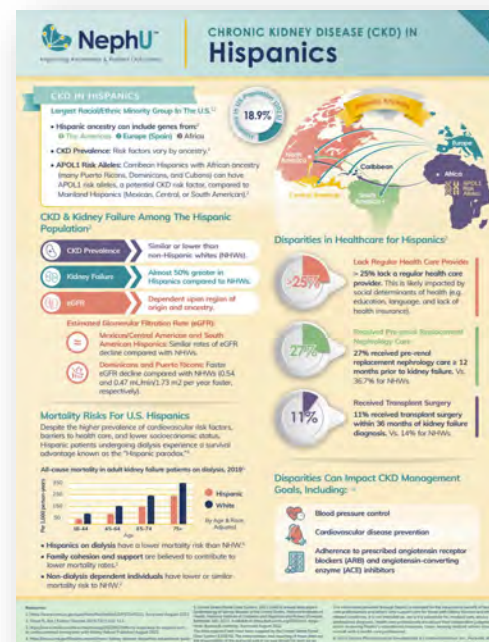


Norris, Keith C., and Bettina M. Beech. "Social determinants of kidney health: focus on poverty." *Clinical Journal of the American Society of Nephrology* 16.5 (2021): 809-811, <https://pubmed.ncbi.nlm.nih.gov/33441465/>

Best Practices to Address SDOH

1. Train and promote awareness about disparities and SDOH and how they can affect patients with chronic kidney disease
2. Screen for social needs especially during primary care visits and identify risk factors.
3. Partner with community-based organizations to direct referrals for services to patients with chronic kidney disease.
4. Increase access to home dialysis for diverse populations
5. Improve patient education and consider health literacy and cultural competency.

Train Staff on CKD Disparities



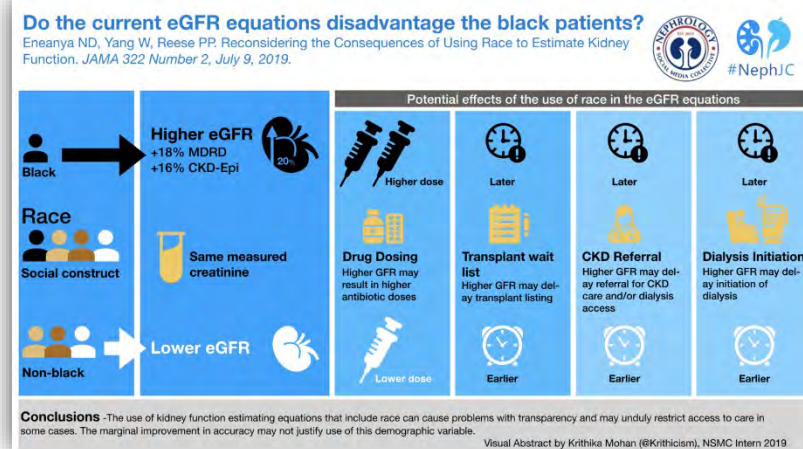
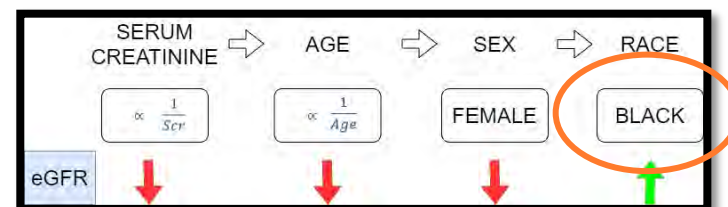
NepHU, Infographic – Chronic Kidney Disease (CKD) In Hispanics, September 16, 2022. <https://nephu.org/infographic-chronic-kidney-disease-in-hispanics>

NepHU, Significant Racial Disparities Exist Between Black & White Americans Along Every Step Of The CKD Patient Journey, November 4, 2020. <https://nephu.org/significant-racial-disparities-exist-between-black-white-americans-along-every-step-of-the-ckd-patient-journey/>

Revising Race Embedded in Clinical Algorithms

Estimated Glomerular Filtration Rate (eGFR) Equation

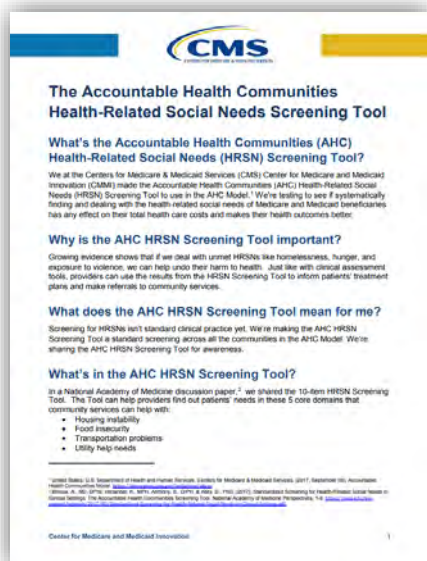
- Used to diagnose chronic kidney disease
- Higher values = better kidney function
- Race multiplier based on assumption Black patients had more muscle mass



Vyas, Darshali A., Leo G. Eisenstein, and David S. Jones. "Hidden in plain sight—reconsidering the use of race correction in clinical algorithms." *New England Journal of Medicine* 383.9 (2020): 874-882. <https://www.nejm.org/doi/pdf/10.1056/NEJMms2004740>

Eneanya ND, Yang W, Reese PP. Reconsidering the Consequences of Using Race to Estimate Kidney Function. *JAMA*. 2019;322(2):113–114. doi:[10.1001/jama.2019.5774](https://doi.org/10.1001/jama.2019.5774)

Screening for Social Needs



CMS, The Accountable Health Communities Health-Related Social Needs Screening Tool.

<https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf>

NACHC. PRAPARE Screening Tool. <https://prapare.org/the-prapare-screening-tool/>

Health Leads. The Health Leads Screening Toolkit. <https://healthleadsusa.org/resources/the-health-leads-screening-toolkit/>

Examples of Addressing SDOH for Kidney Disease

- Dialysis centers and registered dietitians partnered with local food programs to develop renal menus.
- A transport services provider partnered with dialysis centers to improve access to affordable transport for dialysis patients.
- Care navigators contacted patients and worked with them directly to understand their condition, treatment plan, and address barriers to treatment e.g., childcare, transportation.
- Indian Health Service cut the rate of kidney failure by 50% by improving diabetes control, developing routine laboratory monitoring, developing culturally relevant [patient education materials](#) and [EHR-based population health management tools](#).



Belmonte, K. Social Care and Medical Care Become Kidney Care, September 21, 2020.

<https://fmcna.com/insights/amr/2020/ckd-social-healthcare-outcomes/>

Healthmap. Health Equity and Kidney Disease Management, August 25, 2022.

<https://news.healthmapsolutions.com/blog/health-equity-and-kidney-disease-management>

Providing Culturally and Linguistically Appropriate Services (CLAS)

- Culturally and linguistically appropriate services ensure that the services you and your organization provide are *respectful* and *responsive* to each patient's culture and communication needs. They factor in cultural health beliefs, preferred language, health literacy, and communication needs.
- Culture plays an important role in health beliefs, behaviors, and practices as well as communication styles and treatment adherence. Language is central to communication, which is essential to patient care and safety.
- Cultural competence can lead to improved patient communication, patient safety, fewer healthcare disparities, and decreased costs.

U.S. Department of Health and Human Services Office of Minority Health, National CLAS Standards,
<https://thinkculturalhealth.hhs.gov/clas>

What Is Limited English Proficiency (LEP)?

The U.S. Census Bureau characterizes people with limited English proficiency as the population 5 years or older who self-identify as speaking English less than "very well."

This is similar to HHS's Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language and Disability Status.

13

a. Does this person speak a language other than English at home?

☐ Yes

☐ No → *SKIP* to question 14

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

☐ Very well

☐ Well

☐ Not well

☐ Not at all

} **LEP**

U.S. Census Bureau, Frequently Asked Questions (FAQs) About Language Use,
<https://www.census.gov/topics/population/language-use/about/faqs.html>

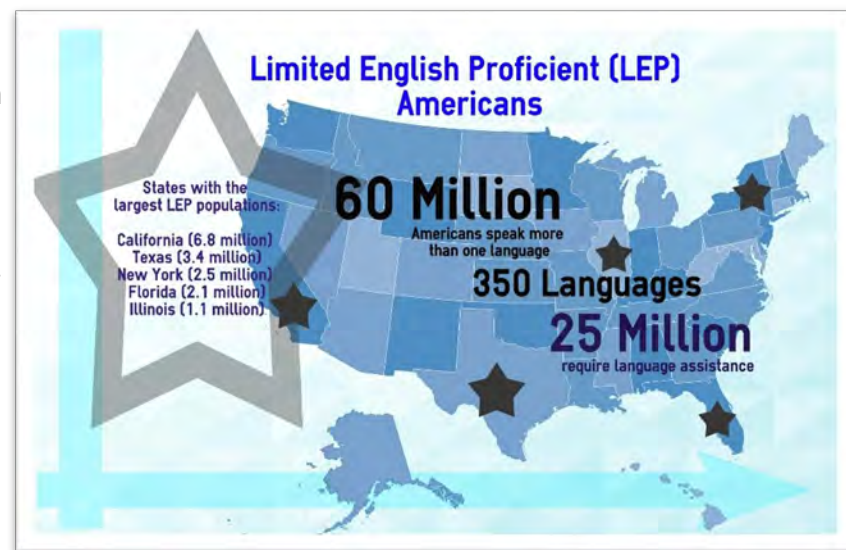
HHS Office of the Assistant Secretary for Planning and Evaluation, HHS Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status, <https://aspe.hhs.gov/reports/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-disability-0#III>

Why Focus on LEP Patients?

Approximately 20 percent of the U.S. population, speak a language other than English at home. The number has nearly tripled since 1980, and more than doubled since 1990.

More than 25 million, or 9 percent of the U.S. population, are defined as limited English proficient. This number is expected to increase to 67 million by 2050.

Title VI of the Civil Rights Act of 1964 requires that health care providers receiving federal funds implement guidance on providing *competent* interpreter services when needed.



Migration Policy Institute, The Limited English Proficient Population in the United States in 2013,

<https://www.migrationpolicy.org/article/limited-english-proficient-population-united-states-2013>

Center for Immigration Studies, 67.3 Million in the United States Spoke a Foreign Language at Home in 2018,

<https://cis.org/Report/673-Million-United-States-Spoke-Foreign-Language-Home-2018>

AMA Journal of Ethics, Language-Based Inequity in Health Care: Who Is the "Poor Historian"?, [https://journalofethics.ama-](https://journalofethics.ama-assn.org/article/language-based-inequity-health-care-who-poor-historian/2017-03)

[assn.org/article/language-based-inequity-health-care-who-poor-historian/2017-03](https://journalofethics.ama-assn.org/article/language-based-inequity-health-care-who-poor-historian/2017-03)

White House, Marking 15 Years of Improving Federal Access to the Limited English Proficient, December 18, 2015

<https://obamawhitehouse.archives.gov/blog/2015/12/18/marking-15-years-improving-federal-access-limited-english-proficient>

Some of the Disparities in Care Faced by LEP patients

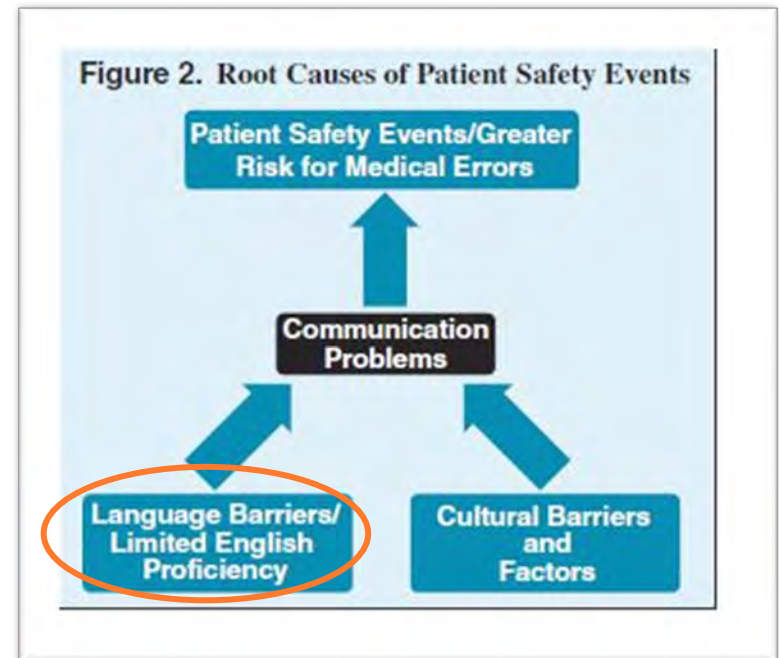
- 30 percent higher readmission rates
- 4.3-day longer hospitalizations
- 30 percent longer emergency department visits
- Greater risk of surgical infections, falls, and pressure ulcers.
- Greater risk of surgical delays due to difficulty understanding instructions, including how to prepare for a procedure.
- Difficulty understanding how to manage their conditions and take their medications, as well as which symptoms should prompt a return to care or when to follow up.

These disparities have been further exacerbated by the COVID-19 pandemic.

The Joint Commission, Quick Safety 13: Overcoming the challenges of providing care to limited English proficient patients, October 2021, <https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-issue-13-overcoming-the-challenges-of-providing-care-to-lep-patients/overcoming-the-challenges-of-providing-care-to-lep-patients/#.Y01VDHbMLEY>
Agency for Healthcare Quality and Research, Improving Patient Safety Systems for Patients With Limited English Proficiency, <https://www.ahrq.gov/health-literacy/professional-training/lepguide/chapter1.html>
United Hospital Fund, Language Access Equity: A Roadmap for Improving Care for Language-Minority Patients, January 25, 2022, <https://uhfnyc.org/publications/publication/language-access-equity/>

Common Causes of Adverse Events for LEP patients

- Use of family members, friends, or nonqualified staff as interpreters.
- Use of basic language skills by providers to “get by”
- Cultural beliefs and traditions that influence patient care e.g., pain reporting



The Joint Commission, Quick Safety 13: Overcoming the challenges of providing care to limited English proficient patients, October 2021, <https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety--issue-13-overcoming-the-challenges-of-providing-care-to-lep-patients/overcoming-the-challenges-of-providing-care-to-lep-patients/#.Y01VDHbMLEY>
Agency for Healthcare Quality and Research, Improving Patient Safety Systems for Patients With Limited English Proficiency, <https://www.ahrq.gov/health-literacy/professional-training/lepguide/chapter1.html>

Conducting a Needs Assessment

- Collect Race, Ethnicity, and Language (REaL) data to understand the population with LEP needs.
- Ensure there is linguistically accessible and appropriate services at every point of access for a patient e.g., call center, security, reception, exam room, website, written materials – discharge plan, educational packets
- Obtain feedback from stakeholders and community-based organizations and surveys of individuals with LEP as well as specific cultural considerations to better serve the communities' needs

CMS Office of Minority Health, Guide to Developing a Language Access Plan, <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Language-Access-Plan-508.pdf>



Improving Access to Services

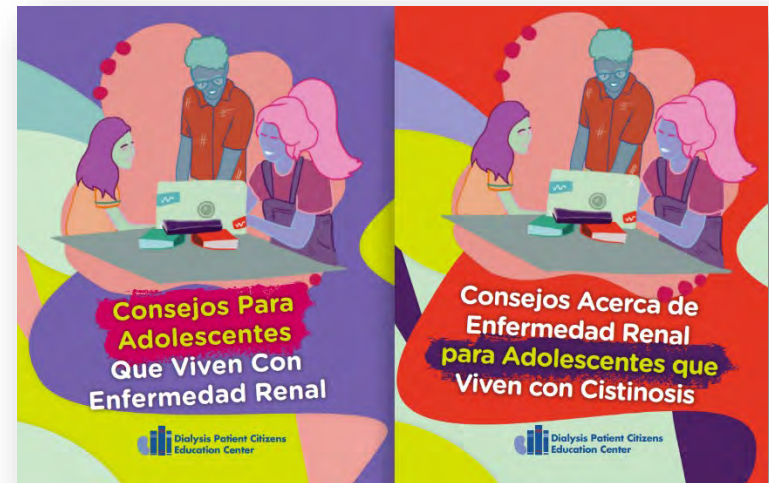
- Ensure access to program services and post notices in visible areas. Examples to help individuals with LEP identify their languages include:
 - “I speak” cards
 - Preferred sign language cards
 - Patient notices in a variety of languages
 - Taglines for language assistance



CMS Office of Minority Health, Guide to Developing a Language Access Plan, <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Language-Access-Plan-508.pdf>

Providing Appropriate Language Services

- Provide interpretation services – consider qualifications interpreters may need e.g., knowledge of medical terminology
- Provide translated materials – consider what documents are vital e.g., consent forms, patient rights and responsibilities, discharge forms
- Develop policies around translation – consider working with communities to ensure translations are culturally relevant



CMS Office of Minority Health, Guide to Developing a Language Access Plan, <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Language-Access-Plan-508.pdf>

Dialysis Patient Citizens Education Center, ESRD Teen Booklets Are Now Available in Spanish, <https://www.dpcedcenter.org/news-events/news/esrd-teen-booklets-are-now-available-in-spanish/>

Training on Language Assistance and Culture

- Provide training to all staff on language assistance for individuals with LEP, including receptionists, clinicians, security guards
 - Why this is important
 - How to effectively and respectfully communicate
 - Where to find resources e.g., list of translation and interpreter services, bilingual staff
 - How to capture preferred language e.g., upon registration, in EHR
 - What are procedures on working with interpreters
- Provide training to all staff on specific cultural considerations based on the communities and patients being served



CMS Office of Minority Health, Guide to Developing a Language Access Plan, <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Language-Access-Plan-508.pdf>

Evaluating Services Being Provided

- Assess and monitor the plan for providing appropriate language and culturally competent services
 - Review complaints or suggestions from the community, employees, patients
 - Understand local demographics by partnering with community-based organizations, local health departments, faith-based communities, schools
 - Review utilization of language access services
 - Survey staff and patients about whether language access services meet their needs
 - Explore use of technology and other tools to improve access for individuals with LEP
 - Ask the communities for feedback on culturally specific considerations

CMS Office of Minority Health, Guide to Developing a Language Access Plan, <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Language-Access-Plan-508.pdf>

Summary

- Disparities exist in chronic kidney disease care and treatment
- Focus on social determinants of health is important because of how social needs can impact health outcomes
 - Train staff on disparities and the impact of SDOH
 - Screen for social needs
 - Close the referral loop on social needs
- Provide cultural and linguistic appropriate care because there is a link to patient safety and health outcomes
 - Conduct a needs assessment
 - Improve access to services
 - Provide appropriate language services
 - Train on language assistance and culture
 - Evaluate language services

General Health Equity Related Resources

AMA - [Racial and Health Equity: Concrete STEPS for Health Systems](#)

AHRQ - [Improving Patient Safety Systems for Patients With Limited English Proficiency](#)

CMS/OMH - [Guide to Developing a Language Access Plan](#)

HHS/OASH - [Social Determinants of Health](#)

IHI - [Achieving Health Equity: A Guide for Health Care Organizations](#)

OMH - [Resources on Culturally and Linguistic Services](#)

The Joint Commission - [Overcoming Challenges of Providing Care to Limited English Proficient Patients](#)

TRAIN Learning Network - [Effective Communication For Healthcare Teams: Addressing Health Literacy, Limited English Proficiency and Cultural Differences](#) (Online training course with CE)

Q&A

Thank you!



Thank You

Qsource ESRD Networks
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