



July 2, 2023

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195 Church Street
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New Haven, CT 06510
Center for Outcomes Research and Evaluation

RE: Addressing Social Needs Electronic Clinical Quality Measure (eCQM) Specifications Document for Public Comment

Dear Dr. Krumholz:

On behalf of the more than 37,000,000 Americans living with kidney diseases and the 21,000 nephrologists, scientists, and other kidney health care professionals who comprise the American Society of Nephrology (ASN), thank you for the opportunity to respond to the Addressing Social Needs Electronic Clinical Quality Measure (eCQM) Specifications Document for Public Comment.

The Yale Center for Outcomes Research and Evaluation (CORE) requests feedback on the development of an eCQM designed to measure screening of patients for social needs within four domains: food insecurity, housing insecurity, utility insecurity, and transportation insecurity, as well as if an intervention activity is performed. CORE reports that this measure aims to build upon existing measurement by making enhancements in the following:

1. Enhancing accuracy of measurement by refining social need domain definitions and requiring technical standards for endorsed screening tools;
2. Promoting efficiency and alignment across the ecosystem through the use of all-payer eCQMs;
3. Alignment with national health information technology interoperability standards (USCDI); and
4. Encouraging follow-up when screening is positive.

While the measure is initially being developed for the Inpatient Hospital Quality Reporting (IQR) program, the Centers for Medicare and Medicaid Services (CMS) anticipates including the measure in additional programs such as the Merit-based Incentive Payment System (MIPS), Medicare, and Hospital Outpatient Quality Reporting (HOQR). ASN offers its comments with these potential program uses in mind.

Kidney diseases result in an enormous burden on individuals, their families, their communities, and the overall health care system. Kidney diseases are the eighth-leading cause of death in the United States, and people with kidney diseases have a significantly higher risk of cardiovascular disease, kidney failure, and death. Individuals who progress to kidney failure often elect for kidney replacement therapy, including kidney transplant or dialysis. Individuals receiving dialysis have a five-year survival rate of less than 50 percent—worse than nearly all forms of cancer and may experience a high symptom burden associated not only with dialysis but also with the chronic conditions that resulted in kidney failure.

Socially marginalized and disadvantaged groups are overrepresented among Americans living with kidney diseases. For example, Hispanic and Black individuals with kidney diseases have a two-to-four-fold higher risk of progression to kidney failure compared to White individualsⁱ; and people with low incomes have a higher risk of kidney failure than people with higher incomes.^{ii iii} Social determinants of health contribute to these disparities. ASN believes the collection of social needs data within an eCQM is a positive step in identifying impacted individuals, collecting data, and identifying rates of follow-up efforts along with existing gaps. As this effort continues in health care, there must be ongoing collection and analysis of meaningful and impactful follow-up strategies and tactical steps to be taken.

Here are ASN's highlights:

Food Insecurity:

Food insecurity/poor access to food among low-income adults has been recognized as a risk factor for chronic kidney disease (CKD). Banerejee, Crews, Wesson, et al. identified that a significant percentage of adults with CKD are food insecure. Those with food insecurity had greater comorbidities (diabetes and hypertension) and were 38% more likely to develop end stage renal disease (ESRD).^{iv} Similar studies have reported an association between food insecurity and increased hospitalizations in children with kidney disease.^v Furthermore, patients with kidney disease often are prescribed specialized diets, including sodium, potassium, and phosphorus restrictions. These diets limit the available food options for patients with kidney disease. This is particularly challenging for patients with food insecurity because foods lower in sodium and phosphorus are typically higher cost (fresher and less processed), adding to the financial burdens on people with kidney disease. Along with state and local food assistance programs as well as federal-level assistance, ASN will continue to advocate to CMS that measures like this eCQM need to be supported by tangible follow-up steps with robust funding for social services, including the availability of medically tailored meals for people with kidney diseases.

Housing Insecurity:

Kidney diseases disproportionately affect individuals living with lower socioeconomic status.^{vi} For example, nearly 34% of individuals with newly diagnosed kidney failure live

in areas where more than 1 in 5 households live below the federal poverty line.^{vii} Kidney diseases are associated with a substantial financial burden that increases with disease severity, further depleting individual and family resources that could be applied to housing needs.

Individuals experiencing housing insecurity are less able to engage in recommended kidney protective measures or achieve optimal control of comorbid conditions, and they are also more likely to postpone needed medical care.^{viii} The inability to engage in protective measures along with the inability to control comorbid conditions puts individuals experiencing housing insecurity at a higher risk of developing kidney failure. Studies have shown that among those with CKD, people experiencing unstable housing are more likely to progress to kidney failure or die than people with CKD and stable housing.^{ix}

Unstable housing presents many additional obstacles for those living with kidney failure. For those experiencing housing insecurity, frequent moves, overcrowding, and limited access to transportation may result in missed dialysis sessions and shortened treatments. Unstable housing also limits access to home dialysis options such as peritoneal dialysis and home hemodialysis and can also lead to delays in post-hospital discharge for patients requiring rehabilitation services. Critically, transplant facilities also evaluate potential candidates for social supports; accordingly lack of stable housing all but eliminates an individual's chances of obtaining a kidney transplant.

Unstable housing affects kidney health via a complex interplay of individual and structural factors. Special consideration is needed when working with individuals faced with unstable housing to meet their unique needs, facilitate health care engagement, and optimize outcomes. ASN will continue to advocate for the development of tangible follow-up steps with robust funding for social services.

Utility Insecurity:

Energy is an increasingly important social and public health concern. As costs for residential heating, cooling and other household energy needs steadily increase, they account for a higher percentage of household budgets and enhance disparities between richer and poorer households. Energy insecurity is not well understood and needs to be more operationally defined to help fully measure its impact on health.^x Utility insecurity can also impact choices of treatment modality for kidney failure patients who might benefit from home dialysis. Due to potential clinical benefits and patient preference, many patients are considering home dialysis in the United States. However, utility insecurity can greatly factor into this decision.^{xi}

Patients considering home dialysis as a modality often face significant personal costs. According to the American Association of Kidney Patients, in order to perform hemodialysis at home, one needs wiring and special plumbing that costs between \$1,300 and \$2,100.^{xii} In addition, the cost of utilities, including general utility, water, and electricity, will increase once home hemodialysis begins. This poses a significant barrier

to those faced with utility insecurity, especially those who would otherwise benefit from or prefer home dialysis treatment.

Transportation Insecurity:

Reliable access to transportation is one of the most common barriers to quality health care faced by low-income communities and it is especially critical for the health and success of in-center hemodialysis patients.

For patients traveling to and from their dialysis facility three times per week, their transportation burden in the US translates to almost 139 million one-way trips annually. It is estimated that approximately half of patients rely on public sector transportation modes, including ADA para transportation, Medicaid's non-emergency medical transportation, Veterans Administration (VA) vehicles, human service agencies, taxis, and ambulances.^{xiii} Transportation insecurity has further complicated life for these individuals since the onset of the COVID-19 public health emergency. Currently there is a shortage of EMS staffing in many parts of the country, impacting ambulance availability. Dialysis patients with mobility limitations are often reliant on ambulance transportation as there are no alternative modes of transportation available, leading to delays in discharge from the hospital or admission to the hospital due to an inability to get to a dialysis facility from either home or a nursing facility.

When transportation is unreliable, it results not only in increased patient stress and anxiety but also in missed or shortened treatments. This can cascade into adverse health outcomes and increased hospitalizations. Unreliable transportation not only impacts the patient and their care partners but affects the entire kidney care team. Caregivers often spend hours dealing with delays, cancellations, no shows, and dialysis rescheduling – efforts that could be better spent providing and supporting life-sustaining care. ASN will continue to advocate on Capitol Hill and within CMS for increased resources to address the transportation requirements of individuals with social needs.

ASN supports both:

1. The four enhancements outlined by CORE in the development of this eCQM and cited at the beginning of this comment letter; and
2. CMS's need to align the measurements found in this eCQM with meaningful and impactful action items to accompany follow-up efforts. This includes recognition that collection of data and implementation of mitigating actions will require investment in resources at the hospital-level.

The measurement of these social needs is very important, but it needs to be supported by robust health care system efforts and resource investment to translate these efforts into improvements for the millions of Americans impacted by these social needs. ASN strongly encourages CMS and Congress to examine the meaningful steps needed to support the collection of this important and actionable data. If you have questions or

wish to discuss the contents of this letter, please contact David L. White, ASN Regulatory and Quality Officer, at dwhite@asn-online.org.

Sincerely,



Michelle A. Josephson, MD, FASN
President

ⁱ <https://usrds-adr.niddk.nih.gov/2022>

ⁱⁱ <https://pubmed.ncbi.nlm.nih.gov/25471628/>

ⁱⁱⁱ <https://pubmed.ncbi.nlm.nih.gov/18057219/>

^{iv} [Am J Kidney Dis. 2017 Jul; 70\(1\): 38–47.](#)

^v Michelle Starr. JAMA Pediatr. 2019;173(11):1097-1099

^{vi} [Race differences in access to health care and disparities in incident chronic kidney disease in the US - PubMed \(nih.gov\)](#)

^{vii} [Time trends in the association of ESRD incidence with area-level poverty in the US population - Garrity - 2016 - Hemodialysis International - Wiley Online Library](#)

^{viii} [Unstable Housing and Kidney Disease: A Primer - Kidney Medicine \(kidneymedicinejournal.org\)](#)

^{ix} Hall YN, Choi AI, Himmelfarb J, Chertow GM, Bindman AB. Homelessness and CKD: a cohort study. Clinical Journal of the American Society of Nephrology. 2012 Jul 1;7(7):1094-102.

^x <https://www.sciencedirect.com/science/article/pii/S0277953616304658?via%3Dihub>

^{xi} <https://www.sciencedirect.com/science/article/pii/S0277953616304658?via%3Dihub>

^{xii} <https://aakp.org/cost-associated-with-home-dialysis/>

^{xiii} [12-80-7313 BBG-JNSW Spr16 4.indd \(kidney.org\)](#)