



ESRD Networks 7, 13, 15, 17, 18

Preparing for the ESRD QIP Facility Commitment to Health Equity Reporting Measure

Quickinar Series—Part One

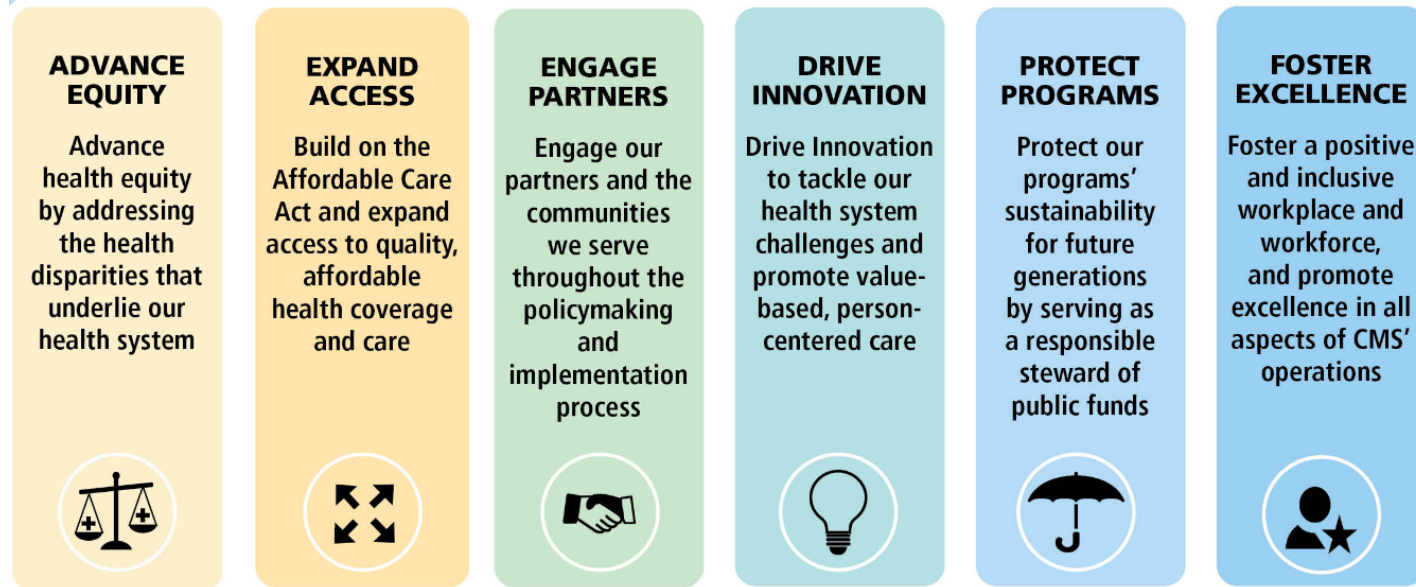
ESRD = End Stage Renal Disease

QIP = Quality Incentive Program

OBJECTIVES

- Review health equity, health disparities, and priority populations.
- Identify the importance of making health equity a strategic priority.
- Discuss the reporting periods and deadlines for the measure.
- Explore ways the facility can attest to all elements within each of the measure's five domains.

CMS Strategic Plan to Advance Health Equity



Long-standing health inequities and poor health outcomes remain a challenge:

- 80–90% of modifiable contributors to health outcomes are social factors.
- Clinical care impacts only 20% of county-level variation.
- This means that things like where a person lives, his/her income, education, and access to healthy foods play a huge role in the health outcomes of our ESRD patient population.

CMS = Centers for Medicare & Medicaid Services

Health Disparities

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

Some racial and ethnic minorities experience high rates of poor health and increased rates of chronic conditions.

- Diabetes
- Hypertension
- Obesity
- Asthma
- Heart disease
- Cancer
- Pre-term birth

CDC = Centers for Disease Control and Prevention

CDC. What is Health Equity? Available at https://www.cdc.gov/health-equity/what-is/?CDC_AAref_Val=https://www.cdc.gov/healthequity/whatis/index.html. Accessed on October 28, 2024.

Why Address Health Disparities



- Part of a facility's mission, vision, values
- To serve the underserved
- Part of community health needs assessment
- Human toll



- High resource utilization
- Increased readmission rate
- Increased non-compliance
- Increased emergency department utilization
- Increased chronic conditions



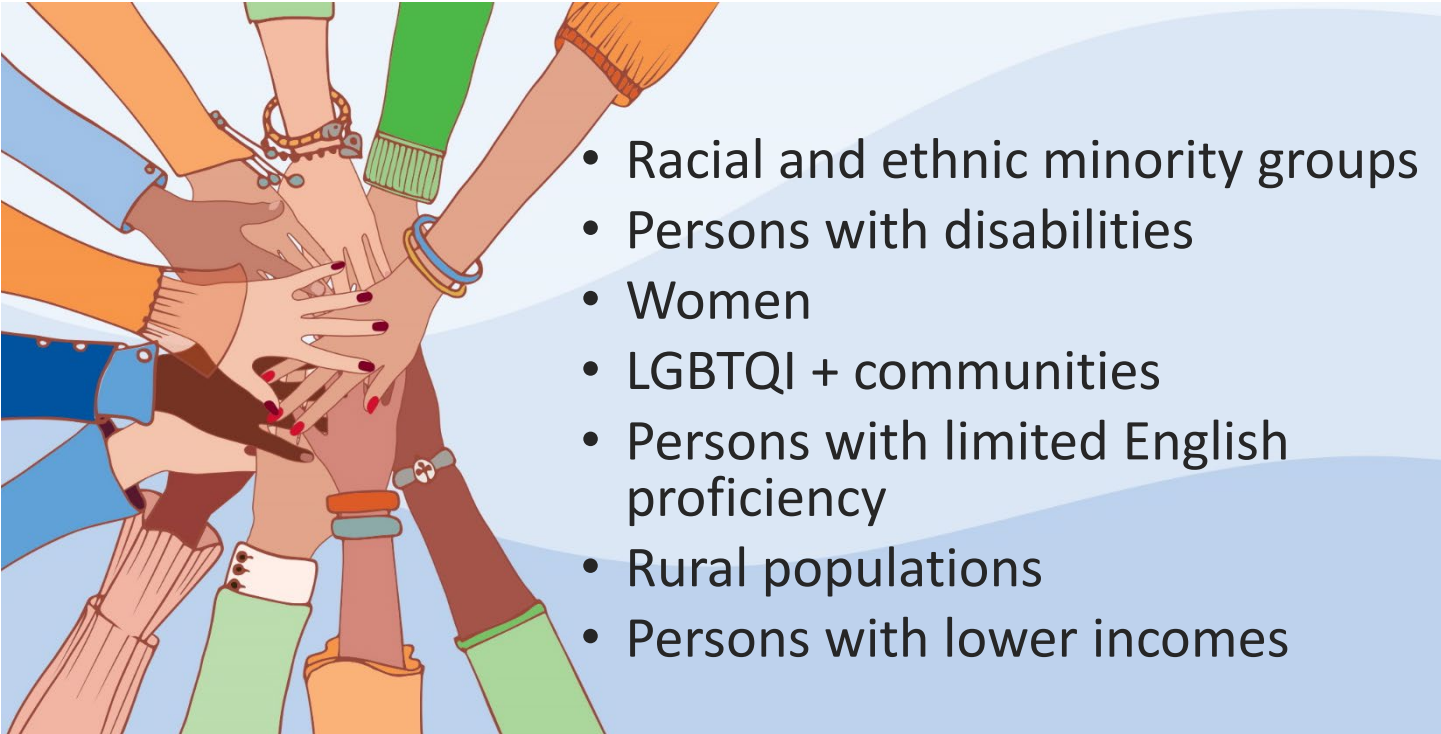
- \$93 billion in excess medical costs annually¹
- Expected to rise to \$1 trillion by 2040²
- Increase in unreimbursed care
- Value-based payment penalties due to increases in adverse outcomes

1. Turner A. Business Case for racial Equity. WK Kellogg Foundation. July 24, 2024. Available at <https://wkkf.issuelab.org/resource/business-case-for-racial-equity.html>. Accessed on October 28, 2024.
2. Putka P. How Much Do Health Disparities Actually Cost? MedPageToday. Available at <https://www.medpagetoday.com/special-reports/features/99398>. Accessed on October 28, 2024.

What Is Health Equity?



Priority Populations: Individuals With Special Healthcare Needs



- Racial and ethnic minority groups
- Persons with disabilities
- Women
- LGBTQI + communities
- Persons with limited English proficiency
- Rural populations
- Persons with lower incomes

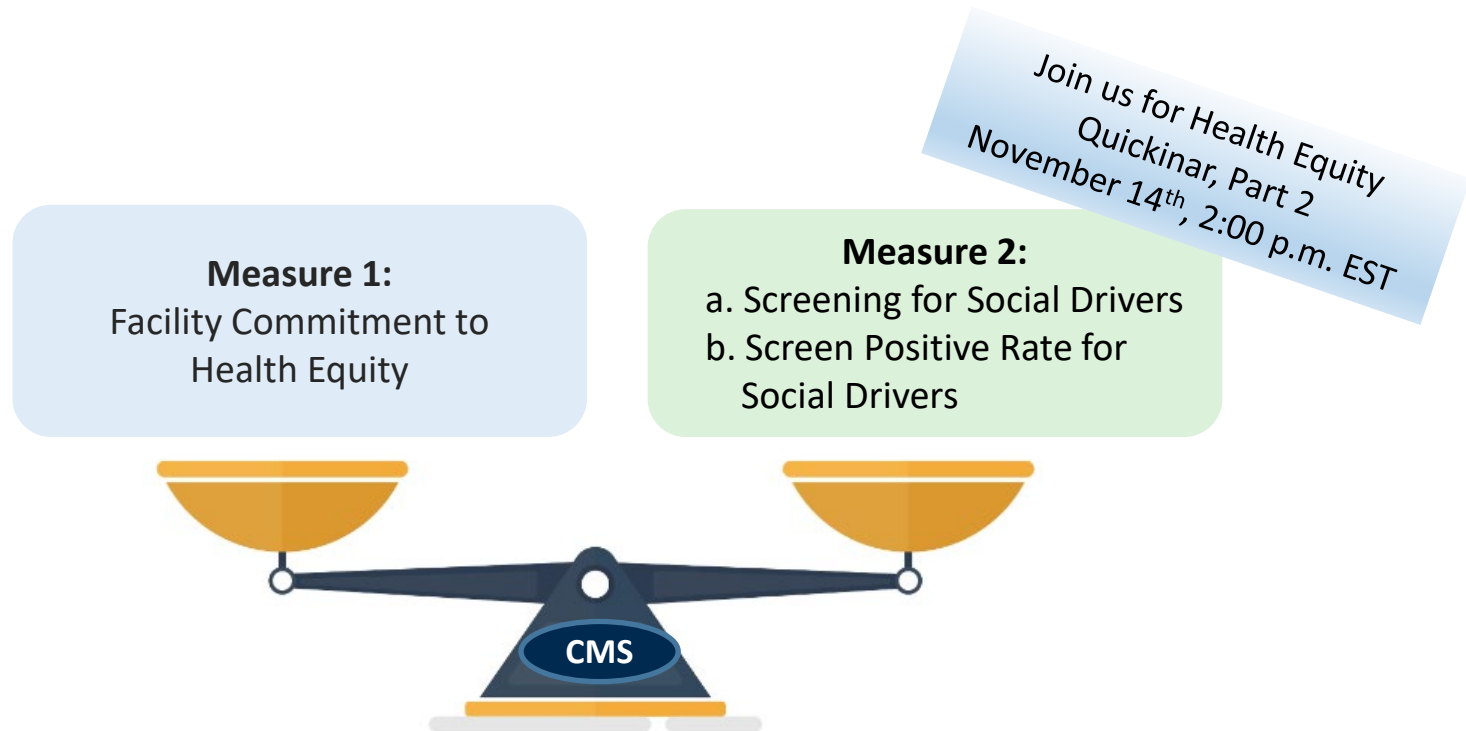
LGBTQI: Lesbian, gay, bi-sexual, transgender, queer, intersexual

ESRD QIP

Health Equity Reporting Measures



New QIP Facility Health Equity Reporting Measures



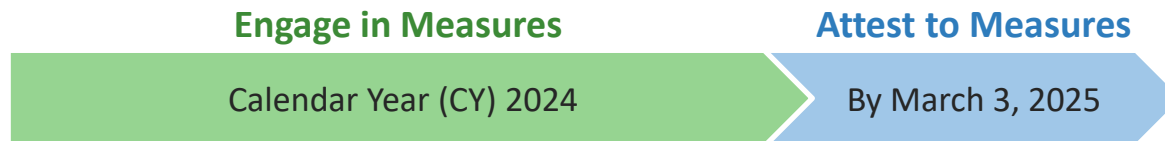
Why a Dialysis Facility's Commitment to Health Equity Is Important

- Significant and persistent disparities in healthcare outcomes exist in the United States.
- Belonging to a minority group, living in a rural area, being a person with disabilities, or being near or below the poverty level is often associated with worse health outcomes.
- Studies demonstrate these groups receive lower quality of care and experience more complications and readmissions.
- Inequities in these groups are interrelated and influence a wide range of health, quality-of-life outcomes, and risks.



Facility Commitment to Health Equity Reporting Period

- What is the attestation period for this measure?
 - The dialysis facility needs to attest that it engaged in the measures from January 1–December 31, 2024. It is not necessary to have engaged in the activities for the entire year, but if your facility has engaged in activities related to the measure during any time in that period, the facility may attest “yes” to the measure.
- What is the reporting period for this measure?
 - The attestation for all measures must be completed between January 1, 2024–March 3, 2025, at 11:59 p.m. PT.



Facility Commitment to Health Equity Domains

5 Health Equity Commitment Domains¹

Domain 1: Equity is a Strategic Priority

Domain 2: Data Collection

Domain 3: Data Analysis

Domain 4: Quality Improvement

Domain 5: Leadership Engagement



- Structural measure
- Competencies aimed at achieving health equity
- Must meet all elements under each domain
- Begins CY 2024/PY 2026
- Attest via EQRS
- Submission deadline: March 3, 2025

EQRS = End Stage Renal Disease Quality Reporting System

CY = Calendar Year

PY = Payment Year

Domain 1: Equity as a Strategic Priority

Must have a strategic plan that:



Identifies priority populations currently experiencing health disparities



Identifies healthcare equity goals and action steps to achieving those goals.



Outlines specific, dedicated resources focused on achieving health equity goals.



Describes the approach for engaging key stakeholders and community organizations/resources.

Domain 2: Data Collection



Collects demographic information, including race/ethnicity **and/or** social determinants of health information, on a **majority** of patients.



Trains staff in collecting culturally-sensitive demographic **and/or** social determinants of health information.



Inputs demographic **and/or** social determinants of health information into structured, interoperable data elements using certified EHR.

EHR = electronic health records

Domain 3: Data Analysis



Stratifies key performance indicators by demographic and/or social determinants of health variables to identify equity gaps.



Domain 4: Quality Improvement



Participates in local, regional, or national quality improvement activities focused on reducing health disparities.



Domain 5: Leadership Engagement



Annually reviews, by senior leadership and the entire governing body, the strategic plan for achieving health equity.



Annually reviews, by senior leadership and the entire governing body, key performance indicators stratified by demographic and/or social factors.

Questions





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Thank you!

Susan Cooper, MSW, LCSW
Health Services Advisory Group (HSAG)
Quality Improvement Manager II
scooper@hsag.com | 480.578.9306

This material was prepared by HSAG: ESRD Networks 7, 13, 15, 17, and 18, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.
Publication Number NW-ESRD-7N4HEQ-10282024-01