NATIONAL KIDNEY FOUNDATION®

30 E. 33rd Street
New York, NY 10016

Tel 212.889.2210
Fax 212.689.9261
www.kidney.org

January 25, 2021

Suma Nair, Ph.D., MS, RD
Director, Office of Quality Improvement
Bureau of Primary Health Care
Health Resources & Services Administration

Judith M. Van Alstyne, MPH
Data and Evaluation Division
Office of Quality Improvement
Bureau of Primary Health Care

Dear Dr. Nair,

The National Kidney Foundation (NKF) wishes to thank the Office of Quality Improvement in the Bureau of Primary Health Care at the Health Resources and Services Administration for its time in speaking with us about early detection of chronic kidney disease (CKD) in Federally Qualified Health Centers (FQHCs). As a follow up to that discussion, we would like to formally request that the Office of Quality Improvement incorporate plan- and physician-level measures of chronic kidney disease (CKD) screening into the Uniform Data System (UDS).

CKD is an underrecognized public health crisis. 37 million Americans are estimated to have some form of CKD, but the vast majority are unaware. CKD has no signs or symptoms until its latest stages, so patients at risk must receive appropriate lab testing in order to be identified and managed. Simple, low-cost interventions such as blood pressure and blood glucose control and dietary and other lifestyle changes can delay CKD progression, however these cannot be applied if patients and their providers are not aware of the patient's kidney function. Once a patient's kidneys have failed, they are reliant on dialysis or a kidney transplant to survive.

CKD disproportionally impacts those served by FQHCs. Diabetes and hypertension are the leading causes of CKD. As HRSA is already aware, diabetes disproportionally affects racial and ethnic minorities, low-income populations, and those with lower levels of formal schooling and health literacy. Similarly, hypertension is more prevalent among non-Hispanic Black people, who, along with other members of racial and ethnic minorities, have lower rates of hypertension control when compared to non-Hispanic Whites.[1] Like diabetes, hypertension is more prevalent among those with lower educational attainment; other social determinants of health like access to health care and income also impact both hypertension prevalence and control.[2]

[1] https://www.cdc.gov/bloodpressure/facts.htm
[2] https://www.acc.org/latest-in-cardiology/articles/2020/04/06/08/53/racial-disparities-in-hypertension-prevalence-and-management

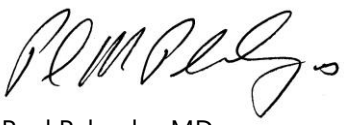
NATIONAL KIDNEY FOUNDATION®

CKD screening is a cornerstone of NKF's health care quality improvement efforts. Clinical practice guidelines from NKF and the American Diabetes Association (ADA) recommend, at minimum, annual kidney health evaluation based on estimated glomerular filtration rate (eGFR) and urine albumin creatinine ratio (uACR) in patients with diabetes to determine risk of CKD. However, data from Medicare and private insurance claims reveal that kidney evaluation using eGFR and uACR in patients with diabetes to determine risk of CKD remains suboptimal at only 41.8% within Medicare data and 49% within private insurer data.[3] As of yet, we have not been able to assess rates of combined eGFR and uACR screening in FQHCs because UDS does not collect these data. In order to incentivize the performance of these two tests in patients at high risk for CKD, NKF and the National Committee for Quality Assurance (NCQA) developed the quality measure, *Kidney Health Evaluation for Patients with Diabetes*. The measure was included in the NCQA HEDIS measure set for Measurement Year 2020 and we expect will be adopted by MIPS beginning in 2023.

We believe that ensuring kidney health evaluation is reported as an element of performance by health center grantees is aligned with other quality improvement activities, such as the implementation of diabetes control measures that align with Healthy People 2020 and 2030 goals pertaining to both diabetes and CKD prevention. FQHCs have achieved extraordinary benchmarks with regards to the control of hypertension and blood glucose among health center patients, far exceeding the national average. We hope that working in partnership, we are able to achieve similar targets for the prevention of CKD.

Our understanding is that the Office of Quality Improvement endeavors to align UDS with other health system quality measurement efforts and therefore that, as *Kidney Health Evaluation for Patients with Diabetes*, is adopted by HEDIS and MIPS, it may naturally be incorporated into UDS. NKF strongly encourages the Bureau of Primary Health Care to adopt the HEDIS measure expeditiously. We will provide periodic updates on the status of the physician-level eCQM as it proceeds through the pre-rulemaking process at CMS. Our goal is to ensure that all patients at risk for CKD, regardless of the setting in which they receive care, have the opportunity to learn about and manage their kidney health before the opportunity to intervene has passed. We are eager to assist HRSA in realizing this goal for the patient population seen in FQHCs. Please reach out to Miriam Godwin, Director of Health Policy, at miriam.godwin@kidney.org to discuss this request and other quality improvement activities.

Sincerely,



Kevin Longino
CEO and transplant patient

Paul Palevsky, MD
President

[3] https://www.ajkd.org/article/S0272-6386(19)31009-1/fulltext

NATIONAL KIDNEY FOUNDATION®