Health Equity Learning

Learning and Action Network (LAN)

April 23, 2024

Facilitator: Chiao Wen Lan and Emma Okamoto
End Stage Renal Disease National Coordinating Center (ESRD NCC)

Meeting Logistics

Call is being recorded.

All participants are muted upon joining the call.

We want to hear from you.

Type questions and comments in the “Chat” section, located in the bottom-right hand corner of your screen.

Meeting materials will be posted to the ESRD NCC website.

Who Is on the Call?

- Dialysis Facility and Transplant Professionals
- ESRD Network Staff
- Centers for Medicare & Medicaid Services (CMS) Leadership
- Patients and Families

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Key Objectives for Today

Hear from experts from Networks 7, 8, and 9.

Discuss and share.

Ways to Spread Best Practices from Today's LAN

- Listen and share your approaches/experiences via chat.
- Identify how shared information could be used at your facility.
- Apply at least one idea from today's LAN at your facility.
- Commit to sharing your learnings with other colleagues.

LANs bring people together around a shared idea, opportunity, or challenge to offer and request information and experiences to improve the identified topic of discussion.

Tonya Smith, BSN, MSN, CRNP

CMS Office of Minority Health

Network 8: Alliant Health Solutions Alabama, Mississippi, and Tennessee

Ericka Webb, MSSW

Health Equity LAN Presentation

April 23, 2024

Ericka Webb, LAPSW, Sr. Patient Services Manager, Network 8

Lessons Learned From 2023 on HE/CLAS Preparedness For 2024

ALLIANT
ESRD NETWORK 8

About Us: Network 8 Coverage Area

- **Alabama**
  - Poverty - Ranked #6
  - Illiteracy - Ranked #8

67.5% White
32.53% Other

- **Mississippi**
  - Poverty - Ranked #1
  - Illiteracy - Ranked #4

56% White
44.8% Other

- **Tennessee**
  - Poverty - Ranked #12
  - Illiteracy - Ranked #16

72% White
28% Other

About Us: Network 8 High-Risk Zip Code

210 Clinics

Preparing Your Clinic To Address HE/CLAS in 2024

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ESRD NETWORK 8

Do Now Suggestions:

- Ensure staff know about Health Equity concerns and CLAS initiatives
  - Utilize internal company training
  - Utilize provided Network resources
- Determine when your organization plans to roll out new HE and CLAS initiatives (preparing staff)

Helpful Ideas:

- Look up your facility zip code on the ADI map (share with staff).
- Schedule a meeting with your Network to address any additional questions you have about HE/CLAS.
- Utilize the NCC Change Packages for HE/CLAS.

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ESRD NETWORK 8

@ESRD8AND14

ESRD Network of Texas

@ESRDNetworkofTX

ESRD Networks 8 and 14

Produced under CMS Contract number 75FCMC19D005-75FCMC21F0001.

Network 9: IPRO
Indiana, Kentucky, and Ohio

Stephanie Roy, MPH

End-Stage Renal Disease
Network Program

Network 9
Learning and Action Network Call

Stephanie Roy, MPH
April 23, 2024

This material was prepared by the IPRO ESRD Network Program, comprising the ESRD Networks of New York, New England, the South Atlantic and the Ohio River Valley, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication #

Network 9 Demographics

- Ohio, Indiana, Kentucky
- 609 dialysis facilities
- 31,297 dialysis patients

Centers for Dialysis Care (Cleveland East)

Facility demographics

- Located in Cleveland, Ohio (Cuyahoga County)
- Urban geographic area
- Patient census: 213
- SVI: 0.7333
- National ADI Percentile: 76

Patient Count by Race and Sex

	Total	White		Black or African American		Asian	Unknow	
		Male	Female	Male	Female	Female	Male	Female
Total Pt	205	7	3	108	83	1	3	

Food as Medicine Program

Food Bank Collaboration

Greater Cleveland Food Bank

- Goal: connect patients to nutritious foods in order to reduce food insecurity
- Serves 350,000 clients a year
- Over 1000 programmatic partners in 6 counties

Community partnership helps:

- Expand screening for food insecurity
- Connect patients with benefits like SNAP
- Improve nutrition education
- Increase access to health foods

IPRO

CDC Cleveland East and Food Bank Partnership

- Started Sept 2019
- Food delivered once a month
  - Initially provided pallets of food, but currently has transitioned to provided food boxes
- Distribution Tuesday and Wednesday
  - Based on patients' dialysis schedule (MWF and TRS)

Program Requirements

- Program training prior to starting
  - Program rules
  - Food safety education
  - Data software training
- Patient information and food quantity tracked
- Data sent monthly

Program Impact

IPRO

- Food boxes are distributed to CDC East facility
- Providing nutritious food options
  - vegetables
  - fruits
  - bread
- Distributing 75 boxes per day
- Serving about 400 patients and family members each month

Similar Programs Across Network 9

IPRO

Kentucky

- Food as Health Alliance
  - Medically Tailored Meals: Lexington
  - Meal Box Delivery: Eastern Kentucky

Indiana

- Food Bank of Northwest Indiana
  - Food as Medicine Program

Questions?

End-Stage Renal Disease Network Program

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Network 7: Health Services Advisory Group Florida

Susan Cooper, MSW, LCSW

ESRD Networks 7, 13, 15, 17, 18

Utilizing the NCC's Transportation Tip Sheet and Decision Tree

Learning and Action Call

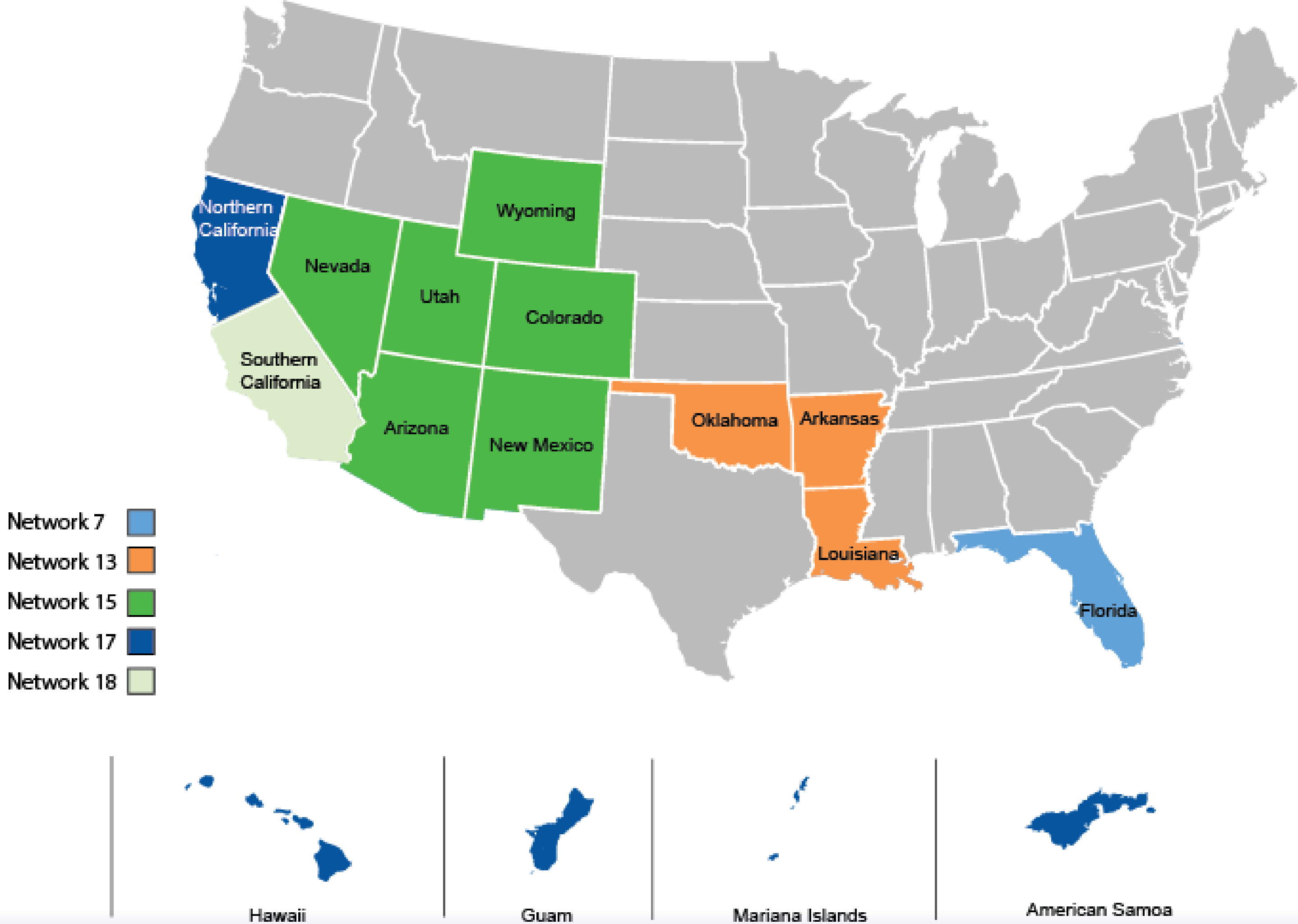
Susan Cooper, MSW, LCSW
Health Services Advisory Group (HSAG)
End Stage Renal Disease (ESRD) Networks
April 2024

NCC = National Coordinating Center

Agenda

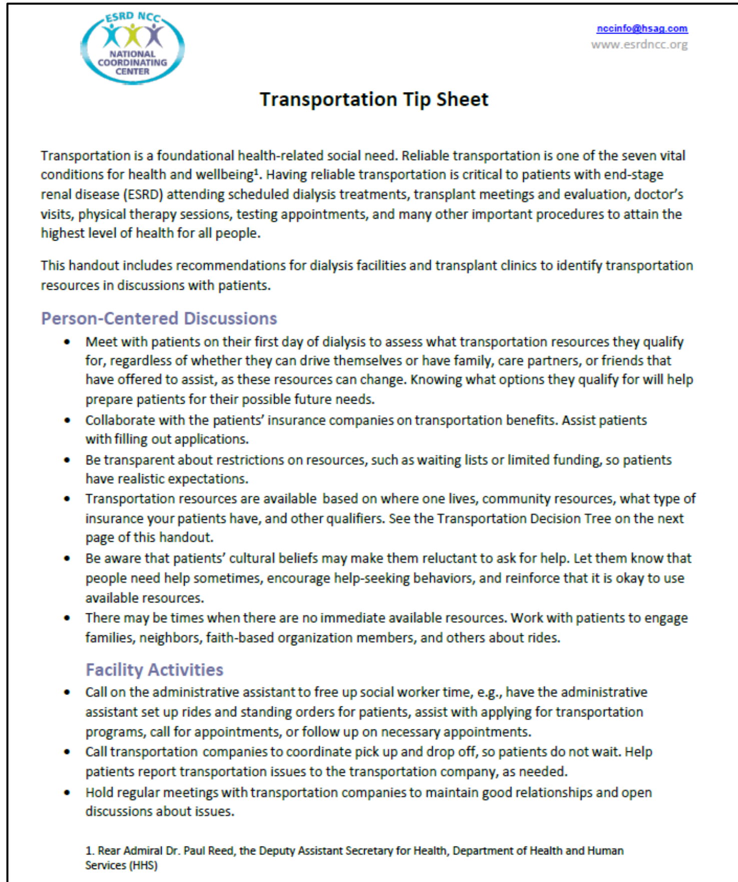
- Brief overview of HSAG
- Review Transportation Tip Sheet
- Review decision tree
- Questions & answers (Q&A)

The HSAG ESRD Networks



HSAG HEALTH SERVICES ADVISORY GROUP

Transportation Tip Sheet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Transportation Tip Sheet

Transportation is a foundational health-related social need. Reliable transportation is one of the seven vital conditions for health and wellbeing[1]. Having reliable transportation is critical to patients with end-stage renal disease (ESRD) attending scheduled dialysis treatments, transplant meetings and evaluation, doctor's visits, physical therapy sessions, testing appointments, and many other important procedures to attain the highest level of health for all people.

This handout includes recommendations for dialysis facilities and transplant clinics to identify transportation resources in discussions with patients.

Person-Centered Discussions

- Meet with patients on their first day of dialysis to assess what transportation resources they qualify for, regardless of whether they can drive themselves or have family, care partners, or friends that have offered to assist, as these resources can change. Knowing what options they qualify for will help prepare patients for their possible future needs.
- Collaborate with the patients' insurance companies on transportation benefits. Assist patients with filling out applications.
- Be transparent about restrictions on resources, such as waiting lists or limited funding, so patients have realistic expectations.
- Transportation resources are available based on where one lives, community resources, what type of insurance your patients have, and other qualifiers. See the Transportation Decision Tree on the next page of this handout.
- Be aware that patients' cultural beliefs may make them reluctant to ask for help. Let them know that people need help sometimes, encourage help-seeking behaviors, and reinforce that it is okay to use available resources.
- There may be times when there are no immediate available resources. Work with patients to engage families, neighbors, faith-based organization members, and others about rides.

Facility Activities

- Call on the administrative assistant to free up social worker time, e.g., have the administrative assistant set up rides and standing orders for patients, assist with applying for transportation programs, call for appointments, or follow up on necessary appointments.
- Call transportation companies to coordinate pick up and drop off, so patients do not wait. Help patients report transportation issues to the transportation company, as needed.
- Hold regular meetings with transportation companies to maintain good relationships and open discussions about issues.

1. Rear Admiral Dr. Paul Reed, the Deputy Assistant Secretary for Health, Department of Health and Human Services (HHS)

- Meet with patients before they start treatment or on the first day of dialysis, to see what transportation benefits they qualify for.
- Reinforce the importance of not missing treatments.
- Inform patients of their responsibility to call if late and other responsibilities they have regarding transportation.
- Be honest about restrictions on resources.
- Assist patients where needed, to complete applications, and to consider all options.

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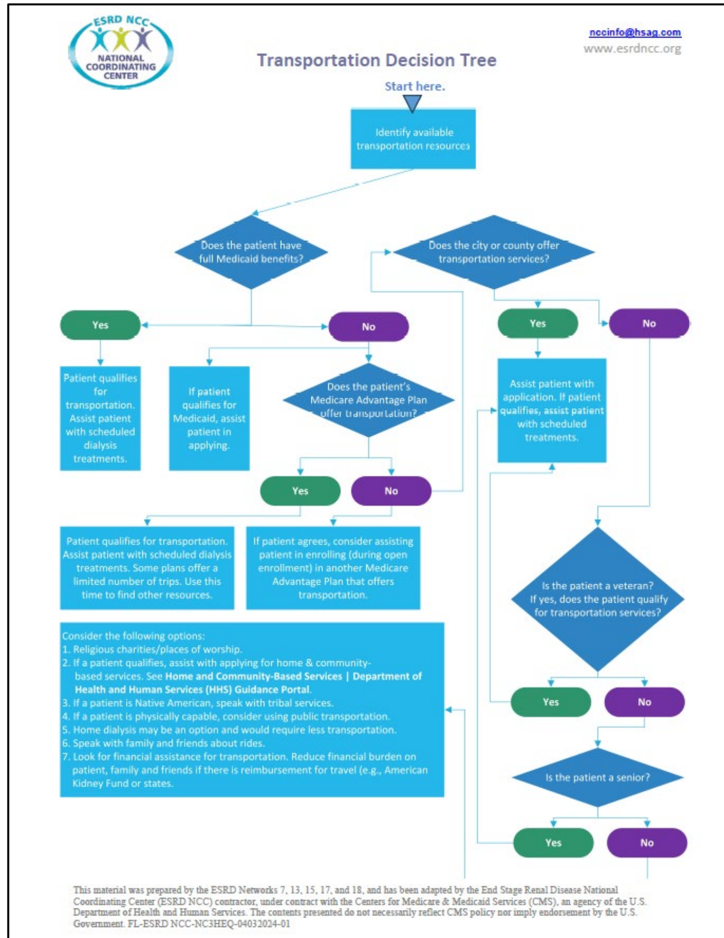
Transportation Decision Tree



- Use this Decision Tree to work through all options.
- Take notes directly on this page and scan into EMR for all teams to access.
- Be sure to address the patient’s preferred language and translate notes, if needed.
- Give a copy to the patient or family/caregiver, with any important phone numbers or instructions.

EMR = electronic medical record

HSAG HEALTH SERVICES ADVISORY GROUP

Thank you!

Susan Cooper, MSW, LCSW

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Discussion

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How to Be a Transplant Advocate
Key Considerations for Dialysis Facilities

Importance of Advocacy

Dialysis centers play a crucial role in the lives of people with end stage renal disease (ESRD) awaiting kidney transplantation. Being a transplant advocate is vital for improving patients outcomes, reducing health disparities, and offering comprehensive support for patients throughout the transplant journey.

Guiding Patients Through the Tranpslant Process

Gather Listing Criteria from Transplant Centers

- Note previous patients' experiences with transplant centers to help patients better understand the process.

Collaborate With Transplant Centers

- Establish care coordination teams with transplant centers and encourage regular communication with them.
- Foster a collaborative approach to patient care by inviting transplant center outreach coordinators to talk with the dialysis team and patients in the clinic.

Educate and Provide Patient Support for Multiple Listing

- Inform patients about the potential benefits of listing at multiple centers, such as increasing their chances of finding a suitable donor.

Reducing Barriers to Tranplant

Help with Healthcare System Navigation

- Provide patients with reminders for upcoming appointments to help them stay on track.
- Help patients with completing forms, making the process less overwhelming for patients.
- Use patient advocates to call and help patients feel supported.

Alleviate Financial Constraints

- Provide patients with comprehensive information about insurance options, financial aid programs, and cost-saving strategies to help alleviate financial burden (e.g., post-transplant care).

Offer Support Services

- Connect patients to support groups and counseling services that may optimize recovery and enhance quality of life.

Address Transportation Challenges

- Collaborate with hospitals, local resources, and the patient's insurance plan to address transportation challenges related to attending medical appointments.

ESRD NCC's Health Equity Change Package

A Change Package to Improve Health Equity

Key Change Ideas for Dialysis Facilities to Drive Local Action

Updated 2024

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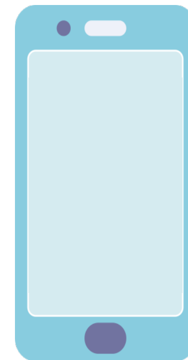
Moving from Learning to Action…

- Share best practices from this presentation with your colleagues.
- Use the ESRD NCC Changes Packages (i.e., Transplant, Home, Hospital, Vaccination, and Patient Experience of Care change packages) as a supplementary resource to improve your patient outcomes and overall patient experience of care.
- A Change Package To Improve Health Equity (esrdncc.org)



Use your phone's camera to scan QR code to go directly to the change package.

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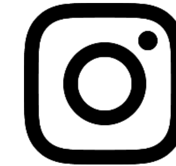
Social Media and Website

ESRD National Coordinating Center



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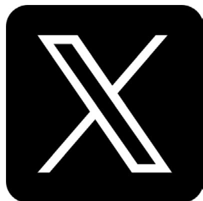

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