

Nephrology Quality Agenda Themes and Corresponding Society Activities*

ABMS Standard 18, Development of a Quality Agenda: In collaboration with stakeholder organizations, Member Boards must facilitate the process for developing an agenda for improving the quality of care in their specialties. One area of emphasis must involve eliminating healthcare disparities.

- Member Boards are expected to support a quality agenda in alignment with their specialty-at-large.
- Member Boards must collaborate with key organizations, including specialty societies and other quality organizations, to identify areas in which patient care can be improved, review the areas and define strategies to improve care.

Problem	Drivers	Relevant Society Strategies
AIM 1: Promote health equity and reduce health disparities through addressing the social determinants of health, such as income, race, ethnicity, gender, geography, and other factors		
Health disparities impacting nephrology patients can result in worse outcomes and are often due to structural barriers like poor insurance, lack of access, workforce shortages, lower health literacy and implicit bias	<ul style="list-style-type: none"> • Improve access to care in under-served populations for kidney transplantation and access to home dialysis. • Conduct ongoing assessment of current processes and development of new strategies to increase equity in kidney care • Reinstate Race and Ethnicity Data Collection through the ESRD Quality Reporting System • Expand appropriate use of the ICD-10 codes including the APOL-1 Mediated Kidney Disease code finalized in 2025 	<ul style="list-style-type: none"> • Request to Reinstate Race and Ethnicity Data Collection through the ESRD Quality Reporting System
AIM 2: Increase awareness for early screening of chronic kidney disease (CKD).		
One in three adults are at risk for CKD and are unaware of it. Early screening and intervention allow for prompt diagnosis and treatment.	<ul style="list-style-type: none"> • Encourage the collection of high-quality data to evaluate screening the U.S. population most at risk for kidney diseases, focusing on known evidence gaps, systematic reviews, and meta-analyses. • Support standardized screening guidelines for CKD through a multi-society strategy, the United States Preventive Services Task Force, or other mechanism. • Expand use of kidney health evaluation for patients with diabetes measure. • Expand use of earlier uACR testing 	<ul style="list-style-type: none"> • NKF's Call to Establish Standardized Screening Recommendations for Chronic Kidney Disease

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AIM 3: Improve access to treatments and medications for nephrology patients.		
<p>Medication and treatment management for the treatment of CKD and end-stage renal disease involves a combination of factors, including, more care coordination between nephrologists and referring primary care physicians, prescribing the right medications, adjusting dosages, monitoring for potential side effects, and ensuring patient adherence.</p>	<ul style="list-style-type: none"> • Improve use of evidence-based medications to slow CKD progression. • Provide early education on the use of home dialysis modalities. • Expand patient access to and choice between the full range of kidney treatments. • Amplify the importance of four classes/inflection point in care to slow CKD progression. • Increase access to and use of SGLT2s and GLP1 agonists as well as other existing therapies. • Ensure that payment pathways support access to treatments and medications for nephrology patients. • Strengthen Medicare Advantage oversight and payment policy to ensure patients with CKD and end-stage kidney disease have timely access to comprehensive nephrology services. • Increase referrals by nephrologists to underutilized services including medical nutrition therapy provided by a registered dietitian nutritionist and kidney disease education for CKD G4–G5. • Promote structured education programs addressing risk factor control, CKD progression prevention, CKD complications, social drivers of health and early modality education (home dialysis and transplant evaluation). • Advance the development and adoption of kidney-specific outcomes and care coordination quality measures to ensure accurate assessment and improved patient outcomes. • Explore the role of AI on CKD risk progression as well as its influence on care coordination models. 	<ul style="list-style-type: none"> • <u>KidneyX: The Kidney Innovation Accelerator</u> • <u>CMS-1830-P: End-Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals with Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, and End-Stage Renal Disease Treatment Choices Model</u> • <u>Chronic Kidney Disease Learning Collaborative</u>

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AIM 4: Address nephrology workforce issues.		
<p>There is a significant nephrology shortage in the United States, due to an aging workforce, current difficulties for international medical graduates (IMGs), compensation concerns and a declining interest in the specialty among medical students.</p>	<ul style="list-style-type: none"> • Develop mentorship programs between trainees and early-to-mid career nephrologists to increase interest in the field of nephrology. • Identify changes needed to the training programs to ensure fellows are provided with more well-rounded opportunities so they have the skills to be appropriately prepared to practice nephrology. • Some programs will reduce the number of training spots due to long-term inability to recruit qualified candidates. Due to anticipated workforce shortages in the future, efforts should continue to improve recruitment, especially due to the exciting new treatments in the field. 	<ul style="list-style-type: none"> • HRSA Physician Workforce: Projections, 2023-2038 • RPA, Organized Medicine Letter on Loan Forgiveness in Rural Areas • RPA, Organized Medicine Letter on Federal Medical Student Loans • RPA, Organized Medicine Call on Senate HELP Committee on Medical Student Loan Pathway • RPA, Organized Medicine Share Concerns Regarding Student Loans in H.Con.Res.14 • RPA, Organized Medicine Urge Passage of Lorna Breen Health Care Provider Protection Act

**Please submit any comments or questions you may have to StrategicAlliances@abim.org. Thank you!*