

NYC Coalition to End Racism in Clinical Algorithms Meeting 5



Michelle E. Morse, MD, MPH

Chief Medical Officer

Deputy Commissioner, Center for Health Equity and Community Wellness
New York City Department of Health and Mental Hygiene

Agenda

01 Welcome – Dr. Michelle Morse

02 Establish OPTN Requirement for Race-Neutral eGFR Calculations – Drs. Amaka Eneanya & Kelly Lopoff

03 Review of CARDIA Lung Study – Dr. Charlene Ngamwajasat

04 5-minute Break

05 Breakout Groups by Algorithm

06 Closing + Next Steps

Establish OPTN Requirement for Race-Neutral eGFR Calculations

Amaka Eneanya, MD, MPH, FASN

Head of Strategy and Operations
Global Medical Office
Fresenius Medical Care

&

Kelley Poff, MSW

Policy Analyst
United Network for Organ Sharing (UNOS)

*Establish OPTN Requirement for
Race- Neutral eGFR Calculations*

OPTN Minority Affairs and Kidney Transplantation Committees

Reassess Race in eGFR Calculations Workgroup

- Formed in February 2021
 - OPTN Minority Affairs Committee members
 - OPTN Kidney Transplantation Committee members
 - Subject matter experts
 - Patients
- Determine what policy should be developed to address the use of the Black race coefficient in eGFR calculations
- Consider potential consequences of using the Black race coefficient
 - Delayed referral for transplant
 - Delayed initiation for qualified waiting time for non-dialysis patients
 - Impede timely CKD management and contribute to worse outcomes
 - Exacerbate existing disparities in transplantation

Pre-OPTN Policy Change

8.4.A Waiting Time for Candidates Registered at Age 18 Years or Older

If a kidney candidate is 18 years or older on the date the candidate is registered for a kidney, then the candidate's waiting time is based on the earliest of the following:

1. The candidate's registration date with a measured or calculated creatinine clearance or glomerular filtration rate (GFR) less than or equal to 20 mL/min.

2. The date after registration that a candidate's measured or calculated creatinine clearance or GFR becomes less than or equal to 20 mL/min.

3. The date that the candidate began regularly administered dialysis as an End Stage Renal Disease (ESRD) patient in a hospital based, independent non-hospital based, or home setting.

- OPTN policy was not prescriptive of what, if any, eGFR formula transplant program must use
- Formulas that include and exclude race were permitted for use in OPTN policy, including to qualify for initiation of waiting time accrual

Workgroup Progress

*Reassess Inclusion of Race in
eGFR Equation
Request for Feedback*
Summer 2021

*Establish OPTN Requirement for
Race-Neutral eGFR Calculations
Proposal*
Winter 2022 public comment
June 2022 Board approval

*Modify Candidate Waiting Time
Dates Affected by Race-Based
eGFR Calculations Proposal*
Summer 2022 public comment
December 2022 Board

Completed Work

Reassess Inclusion of Race in eGFR Equation- Request for Feedback

- Summer 2021 public comment
- **Evaluate the use of the Black race coefficient** in the eGFR calculation as it relates to OPTN policy
- Use OPTN community feedback to help determine what future policy should be developed

Establish OPTN Requirement for Race-Neutral eGFR Calculations Proposal

- Winter 2022 public comment
June 2022 Board approval
- **Prohibit use of any race-based variables in eGFR calculations in OPTN policy**
- Increase equity in access to transplantation for Black kidney candidates by more accurately estimating their GFR values
- Implemented: July 27, 2022

Current Work:
*Modify Waiting Time for
Candidates Affected by Race-
Inclusive eGFR Calculations*

Summer 2022 public comment, December 2022 Board approval

Modify Waiting Time for Candidates Affected by Race-Inclusive eGFR Calculations

Purpose

- Address waiting time modification for registered Black kidney candidates affected by race-inclusive eGFR calculations

Proposal

- Increase equity in access to transplantation by proving a pathway for affected Black candidates to regain any time lost due to use of race-inclusive eGFR calculations

Rationale: *Modify Waiting Time for Candidates Affected by Race-Inclusive eGFR Calculations*

- *Establish OPTN Requirement for Race-Neutral eGFR Calculations* was implemented prospectively on July 27, 2022
- *Modify Waiting Time for Candidates Affected by Race-Inclusive eGFR Calculations* provides an opportunity for transplant hospitals to apply race- neutral calculations to candidates already registered to the waiting list

Next Steps: *Modify Waiting Time for Candidates Affected by Race-Inclusive eGFR Calculations*

- Summer 2022 public comment: August 3– September 28, 2022
 - Submit public comments on the OPTN website: optn.transplant.hrsa.gov

Review of the CARDIA Lung Study

Dr. Charlene Ngamwajasat, MD

Population Health Clinical Advisory and Senior Informaticist

Bureau of Equitable Health Systems

Center for Health Equity and Community Wellness

NYC Department of Health and Mental Hygiene

Comparing Racial Differences in Emphysema Prevalence Among Adults With Normal Spirometry: A Secondary Data Analysis of the CARDIA Lung Study

Gabrielle Y. Liu, MD; Sadiya S. Khan, MD, MS; Laura A. Colangelo, MS; Daniel Meza, MD; George R. Washko, MD; Peter H.S. Sporn, MD; David R. Jacobs Jr., PhD; Mark T. Dransfield, MD; Mercedes R. Carnethon, PhD; and Ravi Kalhan, MD, MS

Objective: To determine the difference in emphysema prevalence between Black and White adults with different measures of “normal” spirometry results (calculated using standard race-specific and race-neutral reference equations).

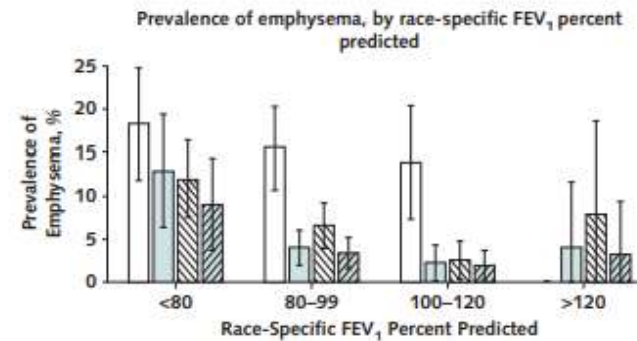
Participants: Black and White adults at 4 U.S. centers (N=2674)

Measurements: Self-reported race, spirometry, visually identified emphysema on CT scan

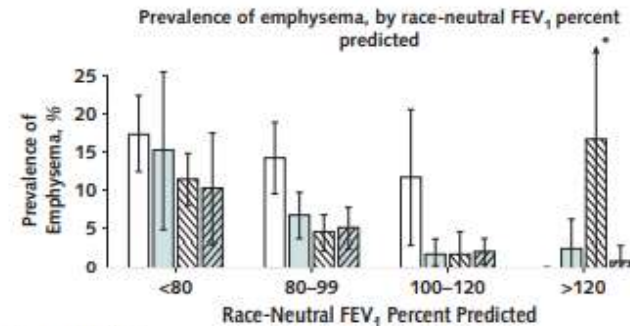
Key Findings:

The use of race-neutral equations to identify participants with an FEV₁ percent predicted between 80% and 120% attenuated racial differences in emphysema prevalence among men and eliminated racial differences among women.

- 13.9% of Black men with an FEV₁ between 100% and 120% of predicted have emphysema despite having “above-normal” values of FEV₁
- 15.3% of Black men in the study had evidence of emphysema on CT scan at a mean age of 50 years, only 1.4% self-reported having a diagnosis of COPD.



Prevalence, n/N (%)	<80	80-99	100-120	>120
Black men	25/137 (18.3)	34/219 (15.5)	15/108 (13.9)	0/19 (0)
White men	13/101 (12.9)	14/350 (4.0)	4/183 (2.2)	1/25 (4.0)
Black women	25/209 (12.0)	22/333 (6.6)	5/194 (2.6)	2/25 (8.0)
White women	10/110 (9.1)	13/381 (3.4)	5/246 (2.0)	1/31 (3.2)



Prevalence, n/N (%)	<80	80-99	100-120	>120
Black men	38/219 (17.4)	30/211 (14.2)	6/51 (11.8)	0/2 (0)
White men	7/46 (15.2)	18/267 (6.7)	5/269 (1.9)	2/77 (2.6)
Black women	36/317 (11.4)	15/333 (4.5)	2/106 (1.9)	1/6 (16.7)
White women	7/68 (10.3)	14/275 (5.1)	7/327 (2.1)	1/98 (1.0)

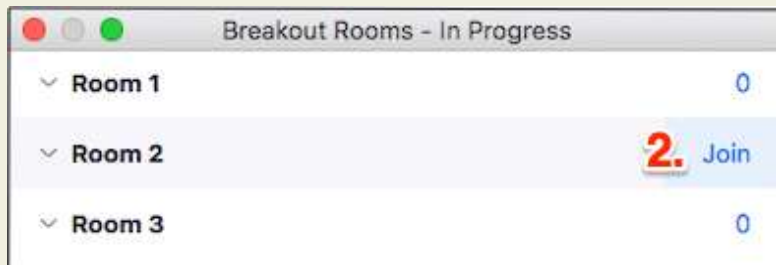
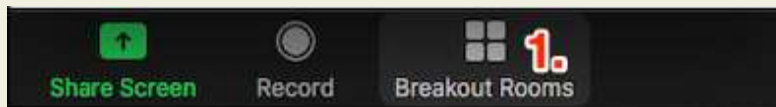
**We'll reconvene in
5 minutes.**



Breakout Groups by Clinical Algorithm

Facilitators:

- eGFR - Dr. Sophia Kostelanetz
- VBAC - Drs. Michelle Morse & Amita Murthy
- PFT - Dr. Duncan Maru



To join breakout rooms:

1. Click the Breakout Rooms icon in toolbar at bottom of your Zoom screen
2. Hover your pointer over number to the right of desired breakout room, click **Join**, then click **Yes**

Next steps:

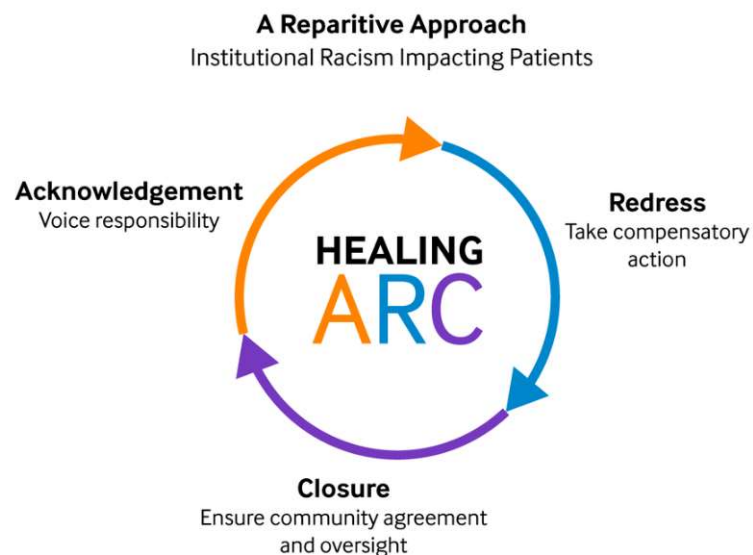
- *Health Equity* special issue on algorithmic bias in medicine and health care
- Update on CERCA Inaugural Report
- NKF collaboration
- *Leveraging Clinical Decision Support for Racial Equity: A Sociotechnical Innovation*

COMMENTARY

Leveraging Clinical Decision Support for Racial Equity: A Sociotechnical Innovation

The Healing ARC (*acknowledgment, redress, and closure*) is a care delivery model developed in response to documented racial inequities in access to specialist inpatient cardiology care and designed to be broadly applicable for addressing health inequities.

Healing ARC Model to Address Institutional Inequities



Source: Figure inspired by Henry Ashworth, MD, with content supplied by A. Kirsten Mullen, William A. Darity, and authors NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

HHS Office for Civil Rights in Action



HHS Announces Proposed Rule to Strengthen Nondiscrimination in Health Care

The proposed rule affirms protections consistent with President Biden's executive orders on nondiscrimination based on sexual orientation, and gender identity and on protecting access to reproductive health care.

July 25, 2022

Today, the U.S. Department of Health and Human Services (HHS) announced a proposed rule implementing Section 1557 of the Affordable Care Act (ACA)(Section 1557) that prohibits discrimination on the basis of race, color, national origin, sex, age, and disability in certain health programs and activities. This proposed rule restores and strengthens civil rights protections for patients and consumers in certain federally funded health programs and HHS programs after the 2020 version of the rule limited its scope and power to cover fewer programs and services.

gaps identified in prior regulations. In order to advance protections under this rule it: and activities.

Is to health insurance issuers that receive federal financial assistance.

Discrimination on the basis of sex including sexual orientation and gender identity.

tion on the basis of pregnancy or related conditions, including "pregnancy termination."

tionized by entities receiving federal funding by requiring civil rights policies and procedures.

- Requires entities to give staff training on the provision of language assistance services for individuals with limited English proficiency (LEP), and effective communication and reasonable modifications to policies and procedures for people with disabilities.
- Requires covered entities to provide a notice of nondiscrimination along with a notice of the availability of language assistance services and auxiliary aids and services.
- **Explicitly prohibits discrimination in the use of clinical algorithms to support decision-making in covered health programs and activities.**
- Clarifies that nondiscrimination requirements applicable to health programs and activities include those services offered via telehealth, which must be accessible to LEP individuals and individuals with disabilities.
- Interprets Medicare Part B as federal financial assistance.
- Refines and strengthens the process for raising conscience and religious freedom objections.

Next steps:

- *Health Equity* special issue on algorithmic bias in medicine and health care
- Update on CERCA Inaugural Report
- NKF collaboration
- *Leveraging Clinical Decision Support for Racial Equity: A Sociotechnical Innovation*
- HHS Announces Proposed Rule to Strengthen Nondiscrimination in Health Care
- Year 2 focus – patient engagement, policy advocacy, medical school engagement
- CERCA meeting #6 will be **Friday, September 23rd** from 1:00 to 2:30