

Title:

Integrating Social Risk Screening in Kidney Disease Care: Ethical Considerations and Approaches

Abstract:

Background: The Centers for Medicaid and Medicare (CMS), announced two recent policies advancing social risk screening and interventions in kidney disease care: (1) In 2023, the End-Stage Renal Disease Prospective Payment Plan mandated that screening for social drivers of health become a required quality reporting measure for dialysis centers starting in 2027. (2) In 2024, the Innovations in Organ Transplantation (IOTA) Model, designed to improve the quality of kidney transplantation care, also set social risk screening and interventions as required reporting measures. While these policies emphasized the importance of addressing social risks to advance health equity in kidney disease, they do not provide guidance on integrating screening tools or addressing social risks. Kidney health practitioners require further guidance to ensure effective screening and avoid potential harm.

Objective: Identify the impact of transportation insecurity across the transplant cascade (referral, evaluation, waitlisting, activation, and transplant) and opportunities to utilize social risk screening and interventions to improve access and equity to kidney transplantation without causing harm.

Methods: Qualitative interviews with 49 patients with end-stage kidney disease (ESKD) treated with in-center hemodialysis and 29 dialysis staff focused on the role of social risk on kidney health.

Results: Patients with ESKD treated with in-center hemodialysis face layered social risk. Existing systems and staff within dialysis centers lack training and skills to robustly identify and address these risks. As a result, patients facing social risk are not viewed as “good” transplant candidates, creating a cycle of limited access to kidney transplantation for these individuals.

Conclusion: Without training and support to screen and address social risks in the ESKD population, health policy decisions promoting social risk screening may exacerbate inequities. Coordinated efforts are needed to better target screening and develop interventions that ethically collect social risk data to support patients to gain comprehensive kidney care.