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### Situation Analysis

Black patients and patients from other historically underrepresented groups who have end-stage renal disease may experience delays receiving needed care or being listed for a kidney transplant. That's because a current clinical calculator that measures kidney function overestimates eGFR (estimated glomerular filtration rate) values for those patients. A higher eGFR score indicates better kidney function, so Black, Hispanic and Native American patients may be referred to a specialist and/or become eligible for a transplant later than White patients.

### Project Goals



Change the eGFR calculation to remove the race-based coefficient.



Design a clinical research pilot to identify changes in ambulatory patients with chronic kidney disease from stage 3 through stages 4 and 5.



Communicate results to clinical teams across the health system and collaborate with community partners to improve awareness of and education on kidney health and chronic kidney disease.

### Actions Taken

- CommonSpirit changed the eGFR calculation in 100% of labs across its system to remove the race-based coefficient.
- Increased awareness of chronic kidney disease risk factors, using the "Are You in the 33%?" campaign from the National Kidney Foundation and health literacy materials.
- Aligned work on this initiative with CommonSpirit's overall mission and health equity goals.

### Positive Outcomes

- By using an equitable algorithm to assess kidney risk factors, the health system addressed an identified health disparity.
- Educated more than 10,000 physicians and advanced practice providers on lab changes.
- Screened more than 1,000 people at community events in the health system's Arizona market.
- With work on this initiative, strengthened partnership and collaboration among hospital and health system teams and departments and with external organizations.

For detailed information, visit:

[www.aha.org/center/next-generation-leaders-fellowship](http://www.aha.org/center/next-generation-leaders-fellowship)