

**Kidney Transplantation Referral** 

## Reducing Racial Disparities, Increasing Referral Rates, and Improving Transplant Coordination

Implementing Focused Patient and Staff Education with Peer Mentoring Facilitates Patient Activation and Informed Decision Making Twelve dialysis facilities in New York State had a transplant referral rate of less than 25% and a disparity between referral rates for African American and White Caucasian American patients greater than 5%, representing more than 1,600, or nearly 6% of the total patient population in the Network's service area.

## The Challenge

Kidney transplantation (KT) is the optimal renal replacement therapy for eligible patients with end-stage renal disease (ESRD) as it offers the best quality of life with the lowest rates of morbidity and mortality. Despite the substantial advancements in kidney transplantation, significant disparities still exist between African Americans and White Caucasian Americans, including longer time on the transplant waiting list, increased incidence of new onset diabetes after transplant, lower access to Live Donor Kidney Transplant, and lower rates of graft survival.<sup>1</sup> Timely decision support regarding the full range of treatment options may help to ensure that all clinically suitable patients have an opportunity to consider transplantation as a treatment option. Ongoing provider-patient and provider-family communication highlighting the benefits and improved health outcomes of KT may also help alleviate unmet treatment modality concerns and improve knowledge and consideration for ethnic minorities.<sup>2</sup>

## The Approach

Transplant coordination was selected as IPRO's End-Stage Renal Disease (ESRD) Network of New York (Network 2) Population Health Focused Pilot Project (PHFPP), to

- Increase the rate of transplant referrals for qualified patients,
- Improve transplant coordination, and
- Address barriers in the referral process across systems of care in New York.

The project included a six-month baseline period (April 1 through September 30, 2015) and a six-month intervention period (April 1 through September 30, 2016). Specific project goals were to achieve a 5% increase in the rate of transplant referrals for eligible patients and a 1% reduction in the identified disparity gap.

To address this gap, Network 2 collaborated with multiple ESRD Networks, their Advisory Committees and Board members, transplant centers, and patient subject matter experts to implement focused interventions to foster practice changes in education and staff involvement in transplant coordination, including the following:



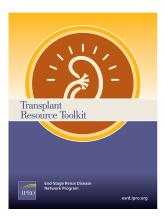
- Participating facilities created "education stations," supplied with resources in a Transplant Resource Toolkit compiled by the Network;
- Facility referrals were tracked and assessed monthly by the Network through a rapid cycle improvement PDSA coaching process;
- With a focus on customer value, the Network trained regional PAC Chairpersons to be peer mentors, serving as 'Transplant Navigators" to sustain continued education and activate patients to explore transplant as a treatment option; and



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continued

• Facilities demonstrated improvement in closing the disparity gap, utilizing a Disparity Goal Forecasting Tool provided by the Network.



#### Transplant Resource Toolkit

- Transplant Center Referral Guide
- Staff Education Resources
  Peer Mentoring Training
- Program Patient Success Story Sampling
- Conditions of Coverage CMS Excerpt
- External Organization Article Sampling



Transplant Waiting List Poster

## The Results

At the conclusion of the PHFPP, the Network demonstrated a 1.8% reduction in the disparity gap and a 7.7% increase in the overall transplant referral rate, meeting both goals of the project. The education stations, which were designed to minimize facility burden and provide a sustainable way to educate patients and staff, have been successfully integrated into facility processes. Also, a Transplant Coordinator has been designated at each facility to serve as a communication liaison to the Network and ensure interventions are implemented on an ongoing basis. The Network continues to support facilities by replenishing materials upon request.

Promoting the use of Toolkit materials at facilities helped foster conversations between staff and patients about transplant as a treatment option.

- 100% of participating facilities indicated that the education stations increased their patients' interest in being referred to a transplant center.
- 73% of the facilities indicated that patients asked to learn more about transplant as a treatment option due to the availability of resources in the Network toolkit.

#### Citations:

- 1. Harding K, Mersha T, B, Pham P, -T, Waterman A, D, Webb F, J, Vassalotti J, A, Nicholas S, B. Health Disparities in Kidney Transplantation for African Americans. *American Journal of Nephrology*. 2017; 46:165-175
- 2. Purnell TS, Xu P, Leca N, Hall YN. Racial Differences in Determinants of Live Donor Kidney Transplantation in the United States. *American Journal of Transplantation*. 2013 Jun; 13(6): 1557-65.

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