For years, researchers have looked into racial disparities in renal transplantation. While patient educational level and socioeconomic status are seen as predictors of lower transplant rates, many transplant professionals point to a lack of transplant education at the initiation of dialysis as a major barrier to wait-list access and eventual transplant.

One potential explanation is that, despite Centers for Medicare & Medicaid Services (CMS) requirements, some end-stage renal disease (ESRD) patients aren’t informed about transplantation as a treatment option. Who is at fault here? The dialysis center, the referring nephrologist or primary care doctor, or transplant professionals who perhaps should be educating dialysis staff, primary care doctors and payers such as CMS about the benefits of early transplantation?

African Americans Less Likely To Be Referred

According to Yoshio N. Hall, MD, assistant professor of medicine, nephrology, at the University of Washington in Seattle, several studies over the past decade have concluded that African Americans with ESRD are less likely than their white counterparts to be referred for kidney transplantation. In his own research, he has found that African Americans experience delays in both time from dialysis initiation to placement on the transplant wait list, and time from wait list placement to actual kidney transplant.

“This has been happening for a long time,” says Clive Callender, MD, professor of surgery at Howard University in Washington, D.C. “Nephrologists tell patients they have to be on dialysis for a year before they can be transplanted. I know that the Department of Health and Human Services has been trying to insist that renal patients be informed about transplantation.” But, some of Dr. Callender’s patients still complain they weren’t informed earlier about transplant as a treatment option.

One reason African Americans may not be getting a referral to transplantation is the “conventional wisdom” that says blacks do better on dialysis than whites. “That’s because the healthier black patients aren’t transplanted, like the healthier white ones are,” says Dr. Callender. Additionally, a recent study by Dorry Segev, MD, PhD, and his team at Johns Hopkins concluded that “the commonly cited survival advantage for black dialysis patients applies only to older adults, and those younger than 50 years have a higher risk of death.”

Worse in the American Southeast

The problem of racial disparity is particularly acute in the American Southeast, according to Rachel Patzer, PhD, assistant professor in the division of transplantation at Emory University School of Medicine in Atlanta, who has examined racial disparities in access to transplant among ESRD patients in ESRD Network 6—encompassing Georgia, North Carolina and South Carolina—which has the lowest rates of kidney transplant in the nation. This Network has a higher percentage of patients living below the poverty line than does the rest of the U.S., and 70% of its ESRD population is African American.

In our research, we account for differences in socioeconomic status and we still see a very significant disparity in access to transplant; black patients are still 59% less likely to get a transplant compared to white patients,” says Dr. Patzer. Her findings are published in this month’s issue of AJT (“The Role of Race and Poverty on Steps to Kidney Transplantation in the Southeastern United States,” p. 358.)
For-Profit Dialysis Centers May Also Play a Role

In some instances, chronic kidney disease clinics, many of which are owned by dialysis centers, and the dialysis centers themselves have been blamed for racial disparities. In 1999, Pushkal P. Garg, MD, and colleagues wrote in the New England Journal of Medicine that, for black patients, “the likelihood of being placed on the waiting list for a renal transplant was lower for patients treated at for-profit centers.”14

This issue of AJT also carries a study by Kucirka and colleagues showing that for-profit dialysis centers were more likely not to assess their patients within the first 45 days after initiating dialysis, as required by CMS (“Disparities in Provision of Transplant Information Affect Access to Kidney Transplantation” p. 351.) Additionally, they found that these centers were less likely to be affiliated with transplant hospitals and, therefore, may not have trained personnel dedicated to educating patients about transplantation. “Given long waiting times and high death rates on dialysis,” the authors say, “a delay in kidney transplant education for appropriate candidates leads to later referral and likely worse outcomes.” Furthermore, the authors conclude that problems “may be partially explained by disparities in provision of transplant information; dialysis centers should ensure this critical intervention is offered equitably.”

Form 2728

The CMS 2008 ESRD Conditions for Coverage mandates that dialysis facilities educate patients about transplantation as a method of renal replacement therapy and that they provide information about the selection and exclusion criteria for various transplant programs.6 One way in which CMS has hoped to achieve this requirement is with ESRD Conditions for Coverage Form 2728(5), which includes the questions: “Has patient been informed of kidney transplant options?” and, “If patient NOT informed of transplant options, please check all that apply: medically unfit, patient has not been assessed, patient declines information, psychologically unfit, unsuitable due to age, other.” This form is due back to CMS within the first 45 days of the patient initiating dialysis.

Interestingly, the Kucirka paper notes that the most commonly reported reason for not informing a patient about transplant was that the patient was not assessed at the time of Form 2728 filing. Dr. Segev, the senior author on the Kucirka paper, and his team presented a study at the 2011 American Transplant Congress in which they asked 901 nephrologists how much time they spent educating patients about transplantation.7 “Nontransplant nephrologists at for-profit centers were 22% more likely to report spending a suboptimal amount of time on transplant education compared with those at nonprofit centers,” says Dr. Segev.

A Call for Better Education

One solution to lowering racial disparity may be better education about transplantation within the dialysis centers. However, no standardized education is currently required or provided. Additionally, responses on Form 2728 have not yet been validated to determine whether dialysis staff members are actually providing the education they say they are.

In another paper in this issue of AJT (“Counseling Patients for Kidney Transplantation: Awkward Conversations?” p. 273), Kevin Abbott, MD, with the Nephrology Service at Walter Reed Army Medical Center in Washington, D.C., and Robert Gaston, MD, medical director of kidney and pancreas transplant at the University of Alabama, Birmingham, note that a “rational explanation of avoiding the conversation (e.g., transplant education) might include lack of reimbursement for time spent counseling, or perhaps, and equally plausible, the lack of up-to-date knowledge regarding transplantation among dialysis providers.”8

Drs. Abbott and Gaston suggest that transplant professionals may be partly to blame and may need to take an earlier, more active role in ensuring that information is available to nephrologists and dialysis units. “A lot of these issues start out laying the fault at the foot of the dialysis provider, but the more you look at it, the more we’re perhaps not being as aggressive and helpful as we should be in the mix,” Dr. Gaston tells “The AJT Report.” “Where the gap is,” says Bryan Becker, MD, immediate past president of the National Kidney Foundation, “is that critical link between the dialysis center and transplant center, how those links are made, and who is ultimately responsible for fortifying those links when patients receive information about transplantation.”

But, if education about transplantation isn’t provided until the patient reaches the dialysis unit, is it too late?

According to Neil R. Powe, MD, chief of medicine at San Francisco General Hospital and an epidemiologist who has written extensively about racial disparity, “The system barriers may impede African Americans and their families from getting evaluated for transplantation. Nephrologists should begin to explain the various treatment options before dialysis is needed and engage the patient’s family members in the discussion.”

Dr. Gaston, who has extensively studied racial disparities in transplantation, says that “if the process of educating patients about transplantation hasn’t occurred prior to the initiation of dialysis, then it becomes unlikely to occur.” AJT

References