MAC Educational Guidance on Patient Referral to Kidney Transplantation: Action Item for Board Consideration

OPTN/UNOS Board of Directors Meeting June 24-25, 2013

Meelie S. Debroy, MD Vice-Chairman





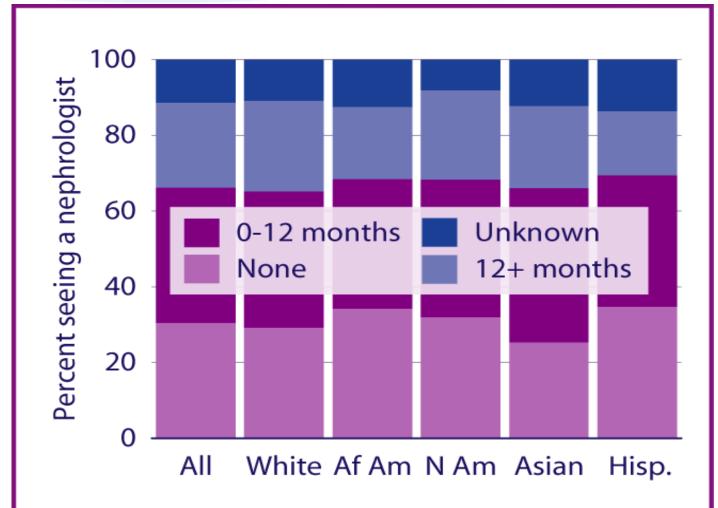
Problem Statement

- Minorities experience delays in referral, wait listing, and eventual transplantation as compared to Whites.
 - Majority of patients have seen a nephrologist
 12 months at time of initiation of dialysis
 - Many spend significant time on dialysis prior to referral for kidney transplant evaluation
 - Many never informed of transplant options





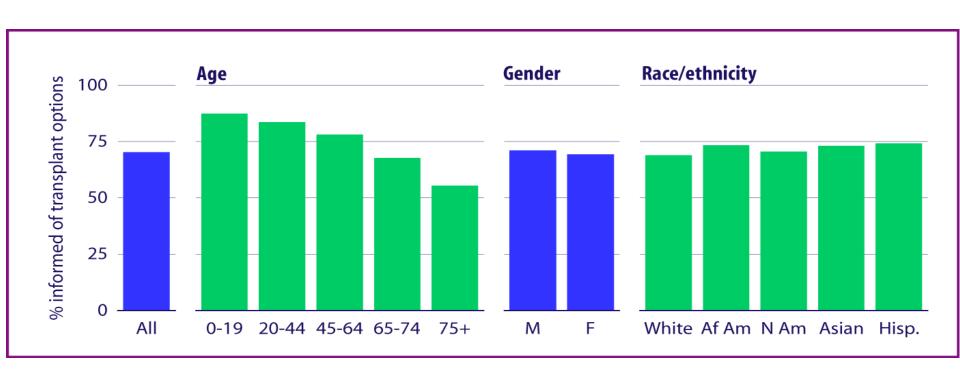
Nephrologist Care Prior to Dialysis Initiation







Patients Informed of Transplant Options at Initiation of Dialysis







CMS 2728 Medical Evidence Form

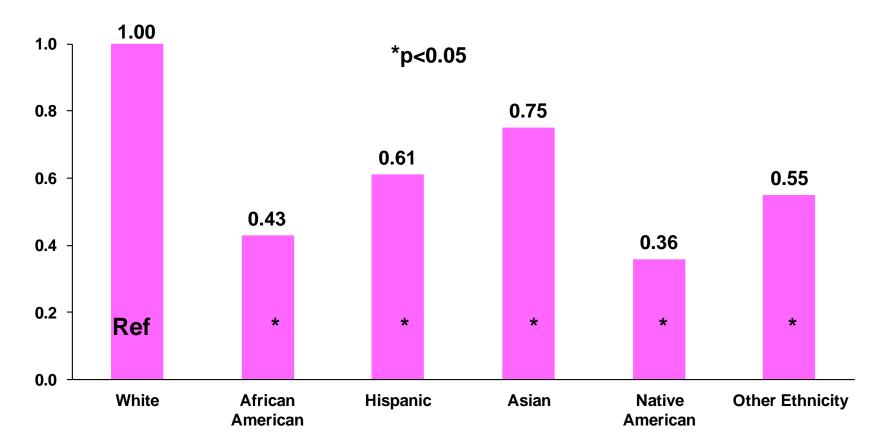
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B. COMPLETE FOR ALL ESRD PATIENTS IN DIALYSIS TREATMENT	
20. Name of Dialysis Facility	21. Medicare Provider Number (for item 20)
22. Primary Dialysis Setting	23. Primary Type of Dialysis
☐ Home ☐ Dialysis Facility/Center ☐ SNF/Long Term Care Facility	
	☐ CAPD ☐ CCPD ☐ Other
24. Date Regular Chronic Dialysis Began	25. Date Patient Started Chronic Dialysis at Current Facility MM DD YYYY
26. Has patient been informed of kidney transplant options?	27. If patient NOT informed of transplant options, please check all that apply:
☐ Yes ☐ No	☐ Medically unfit ☐ Patient declines information
	☐ Unsuitable due to age ☐ Patient has not been assessed
	☐ Psychologically unfit ☐ Other

FORM CMS-2728-U3 (08/04) EF(03/2005)





Adjusted Odds Ratio[†] of New ESRD Patients Being Placed on the Kidney Transplant Waitlist or Receiving a Living Donor Kidney Transplant by Ethnicity, Jul-Dec 2005

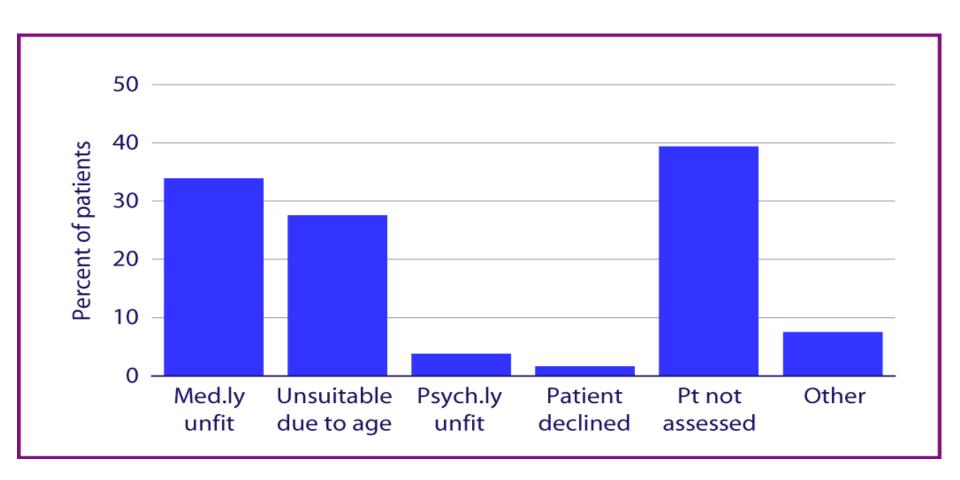




† Adjusted for gender, ethnicity, ESRD cause, comorbid conditions, insurance at incidence, employment at incidence, BMI group, and geographic region (census region); 4,360 of 36,176 patients were waitlisted or received a living donor transplant. (SRTR Analysis)



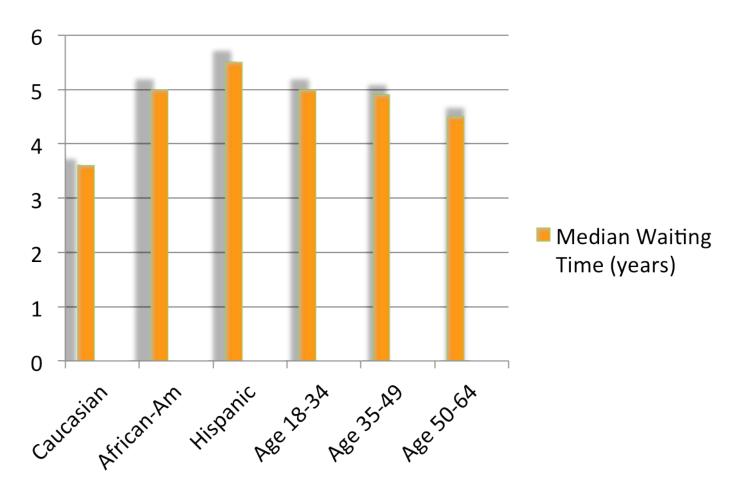
Reasons Why Patients Not Informed of Transplant Options







Median Waiting Time by Demographic Category







Problem Statement

There is no established system to ensure that medically appropriate candidates are referred to transplantation.





Kidney Referral Survey Results

- Overall lack of oversight of the transplant referral process.
- Even though kidney transplantation is the optimal treatment for ESRD, there is no system that monitors timely referral of all potential recipients
- Transplant centers generally do not have the resources to determine if eligible patients are referred for evaluation or even informed of transplant options.
- Educational efforts to encourage and improve timely referral are needed.





Problem Statement

Late referral has negative medical consequences for patients and limits future opportunities for successful transplantation.





Educational Guidance on Patient Referral to Kidney Transplantation

- Target Referring Providers
- Default pathway for CKD/ESRD patients should be transplant referral
 - Providers should not preempt decisions on transplant appropriateness
- Preemptive transplant is the goal and can only be achieved with timely (so called "early") referral
 - (GFR range = 25-30)
- Education about transplant must begin long before ESRD to be most effective
 - (Stage 3-4 CKD)





Organizational Input

Transplant Partners

- AST
- ASTS
- ASN
- NKF
- STSW
- NATCO

OPTN Committees

- Kidney
- Patient Affairs
- Living Donor
- TransplantAdministrators

Provider Organization Reps

- MOTTEP
- ANNA
- ACP





Major Feedback Themes

- Incorporating KAS Information (Dialysis Waiting Time)
- Appropriate Timing of Referral
- Transplant System Impacts
- Incorporating KDIGO 2012 Clinical Practice Guidelines
- Noncompliance





Resolution 3

RESOLVED, that the document entitled "Educational Guidance on Patient Referral to Kidney Transplantation," as set forth in Exhibit A to the MAC's report to the Board, is hereby approved, effective June 25, 2013.

*Page 6 of Board book



