The Journey to Transplant: Assessing Transportation Security during Kidney Transplant Evaluation

Background

Kidney transplantation is the optimal type of kidney replacement therapy for eligible people living with end-stage kidney disease (ESKD). Transportation insecurity is a known barrier to kidney transplantation. However, there is a paucity of research on how kidney transplant teams evaluate and address transportation insecurity.

Purpose

We conducted a national survey of transplant providers to identify how transportation security is evaluated during transplant eligibility decisions and assess providers' perceptions regarding the impact of transportation access in kidney transplantation.

Methods

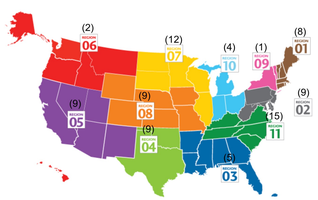
- Qualtrics survey with 20 close-ended questions and 2 free text questions
- Survey distributed to transplant provider associations: Society of Transplant Social Workers (STSW) and the American Society of Transplantation (AST) - Kidney and Pancreas Community of Practice.
- Descriptive analysis of survey responses and thematic analysis of free text.

Demographics of Respondents

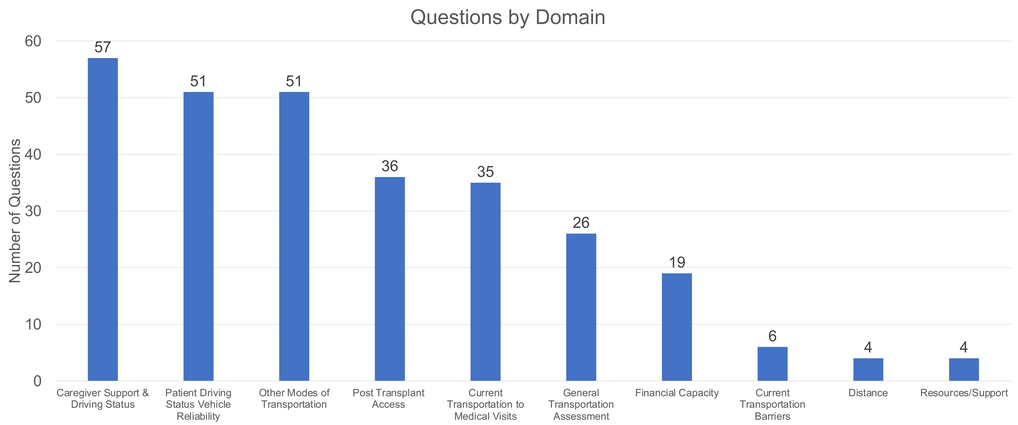
Table 1. Characteristics of Survey Respondents (N = 80)

Characteristic	No. (%)
Provider Role	
Kidney Transplant Social worker	69 (86.0)
Nephrologist	8 (10.0)
Transplant Surgeon	3 (4.0)
Years in Current Role	
< 1 year	4 (5.0)
1-5 years	26 (32.5)
6-10 years	17 (21.3)
> 11 years	33 (41.2)
Annual Kidney Transplant Volume	
0-50 transplants per year	16 (20.0)
51–150 transplants per year	28 (35.0)
151–300 transplants per year	26 (32.5)
≥ 300 transplants per year	7 (8.8)

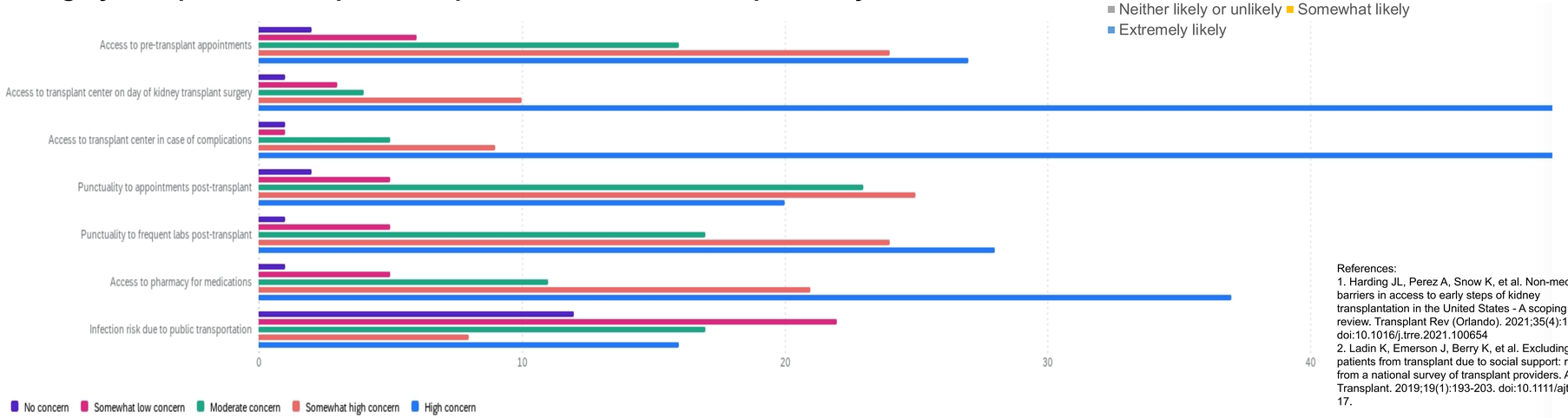
Respondent's Organ Procurement and Transplantation Network (OPTN) Region



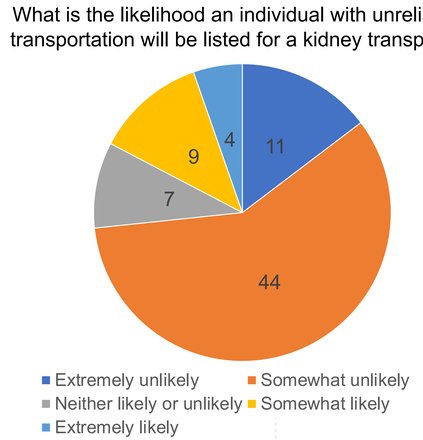
1. Lack of standardization for how transportation security is evaluated with overemphasis on evaluating whether a patient or caregiver drives



2. Respondents shared 3 main transportation concerns: reliability on day of surgery; complication and post-transplant care; and access to pharmacy.



3. Among patients missing dialysis due to unreliable transportation, 65% viewed patients as "somewhat likely" or "extremely likely" to be non-adherent and 73% respondents rated individuals with unreliable transportation as "somewhat unlikely" or "extremely unlikely" to be listed for kidney transplant.



References:
1. Harding JL, Perez A, Snow K, et al. Non-medical barriers in access to early steps of kidney transplantation in the United States - A scoping review. Transplant Rev (Orlando). 2021;35(4):100654. doi:10.1016/j.trre.2021.100654
2. Ladin K, Emerson J, Berry K, et al. Excluding patients from transplant due to social support: results from a national survey of transplant providers. Am J Transplant. 2019;19(1):193-203. doi:10.1111/ajt.14962 17.

Conclusions

- Kidney transplant teams routinely evaluate transportation, but do not do so in a standardized manner.
- Kidney transplant teams are most concerned about access to the hospital for transplant, post operative care.
- Emphasis on driving to assess transportation security may negatively impact those who lack private vehicles to access transplantation.
- To improve access to kidney transplantation, standardization and support with transportation is necessary.
- Future work should also examine the impact of transportation modes on transplant outcomes to test the assumptions of these perceptions.

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