

Interventions to Reduce Kidney Transplant Disparities

Virtual visits were among the most effective in improving the kidney transplant evaluation process.

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Studies have shown that compared with white patients, Black Americans experience reduced access to [kidney](#) implants and are underrepresented on [kidney transplant](#) waiting lists. However, certain interventions could significantly improve access to kidney transplants for Black patients, according to a new study.

Published in the [Journal of the American College of Surgeons](#), the study found that streamlining and standardizing the evaluation process, expanding the utilization of virtual visits and organs from high-risk donors and improving staff and patient education improved access to kidney transplants for Black patients.

“Interventions to reduce structural barriers in access to transplants significantly increase the proportion of African Americans that can complete a transplant evaluation, be added to the transplant wait list and eventually receive a transplant,” said transplant surgeon Derek DuBay, MD, MSPH, the study’s lead author, in an [American College of Surgeons news release](#).

The five-year retrospective study was conducted by health care workers at the Medical University of South Carolina who observed data from 11,487 patients with end-stage kidney disease and measured the impact of interventions meant to reduce barriers to evaluation after a patient was referred for a kidney transplant.

DuBay noted that it was previously thought that Black patients were less often referred for evaluation for transplants, but recent data show that Black patients are actually more likely to be referred for evaluation than white patients, possibly because African Americans tend to go into renal failure earlier and are able to stay on dialysis longer, according to DuBay.

“The real problem was that the transplant centers were not getting them in for evaluations to get them on the wait list,” DuBay said. “We were pointing the finger elsewhere when the finger should have been pointed at us.”

Authors found that the interventions implemented significantly reduced inequalities linked to

initiated evaluations, completed evaluations, and waiting list additions. Interventions also increased Black patients' access to transplants without affecting outcomes and increased post-transplant survival.

Although the study did not determine which interventions were most effective, DuBay suggested that the impact of virtual visits was likely the most successful in reducing barriers to evaluation.

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