

# Quality Insights Renal Network 4

November 18, 2013

AIM 2: Innovation Pilot Project  
Transplant Referral

# Aim 2: Improve Transplant Coordination

- Quality Insights Renal Network 4 (QIRN4), under the direction of the Centers for Medicare & Medicaid Services (CMS), is to assist dialysis and transplant facilities in improving the quality of care they provide to End Stage Renal Disease (ESRD) patients.

# Aim 2: Improve Transplant Coordination

- QIRN4 welcomes your facility as we start this important initiative
- The Network role in this project:
  - Identified the baseline and the disparity in this population
  - Continue to examine ongoing transplant referral rates
  - Assist facilities in meeting CMS's goal in this project

# Aim 2: Improve Transplant Coordination

- **CMS Goal for this project:**

- Move towards achieving and sustaining a 50% transplant referral rate for **eligible** patients
- Incremental improvements: Demonstrate a 5% point increase from the baseline
- Decrease any identified disparity

# Aim 2: Improve Transplant Coordination

- **Baseline:**

- Calculated referral rates from referral data collected from all of the Pennsylvania and Delaware Renal Transplant Centers

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- **Current Network 4 baseline:**

- Analysis of data from Network 4 transplant centers

Overall Referral Rate (excluding closed providers):	Numerator	Denominator	Rate
	1,870	16,612	11.3%

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- Disparity assessed in the following order:
  1. Race (African American vs. White)
  2. Ethnicity (Hispanic vs. Non-Hispanic)
  3. Facility Location (Urban vs. Rural)
  4. Gender (Male vs. Female)
  5. Age (Younger than Age 65 vs. 65 and older).

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- **Baseline:**

- Found age disparity

Age Category	Numerator	Denominator	Rate
<65	1,399	8,613	16.2%
>=65	471	7,999	5.9%



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## ■ Studies

- Cooper M, Forland CL. The elderly as recipients of living donor kidneys, how old is too old? *Curr Opin Organ Transplant*. 2011 Apr;16(2):250-5. doi: 10.1097/MOT.0b013e328344bfd6.
- “PURPOSE OF REVIEW: Transplantation of the elderly often invokes strong and sometimes passionate arguments both in support and in opposition. Age alone has not been an absolute contraindication to a life-sustaining organ transplant for several decades. A comprehensive evaluation of the risks associated with surgery and suppression of the immune system in this often comorbid population becomes the focus. Risk for the recipient, however, must continually be evaluated and frequently updated in the context of that for the donor.
- RECENT FINDINGS: Following careful and critical evaluation, elderly patients appreciate the increase in life expectancy and improvements in quality of life as demonstrated in their younger counterparts. The outcome of recipients receiving kidneys from living donors has demonstrated superior graft and patient survival compared to deceased donors. Careful monitoring of medication levels for prevention of rejection while avoiding over immunosuppression and infection is critical to ensure such benefit.
- SUMMARY: Transplantation of the elderly via living donation is not only justified but in the appropriately chosen patient, with informed consent of both donor and recipient, is ethically sound. The expectations of both parties must be clearly stated and donor safety must remain the top priority. Living donors must be fully cognizant of the potential risk both in patient and graft survival prior to making such a life-changing decision to donate.”

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## ■ Studies

- Deceased donor kidney transplantation in elderly patients: is there a difference in outcomes? *Transplant Proc.* 2008 Dec;40(10):3413-7. doi: 10.1016/j.transproceed.2008.08.127.
- “INTRODUCTION: There is a paucity of data on long-term outcomes of older kidney recipients. Our aim was to compare the early and long-term outcomes of deceased donor kidney transplantation in patients aged  $\geq 60$  years with outcomes in younger recipients.
- MATERIALS AND METHODS: From 1998 to 2005, we performed 271 deceased donor kidney transplants. There were 76 recipients (28.1%)  $>60$  years old. Older candidates were carefully selected based on their physiologic, cardiac, and performance status. Demographic data, including clinical characteristics, early complications, mortality, and patient and graft survival rates, were collected and analyzed.
- RESULTS: Older patients had comparable perioperative mortality and morbidity, incidence of delayed graft function (DGF), length of stay, and readmissions compared with younger patients. The rates of acute rejection and major infections were also comparable between the 2 study groups. Among older recipients, 25/76 (32.1%) patients received extended criteria donor kidneys compared with only 35/195 (17.9%) of younger patients ( $P < .001$ ). Nevertheless, equivalent 1-, 3-, and 5-year allograft survival rates were observed in elderly and young patients; 91.5% versus 92.5%, 78.5% versus 81.9%, and 75.6% versus 78.5%, respectively. Overall patient survival was also comparable in both groups.
- CONCLUSION: Kidney transplantation in appropriately selected elderly recipients provides equivalent outcomes compared with those observed in younger patients. These observations support the notion that older recipients should not lose access to deceased donor kidney transplantation in the effort to achieve a perceived gain in social utility.”

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## **Process improvement strategies:**

- Patient Engagement
- Provide resources
- Promote accurate monthly reporting
- Individualized coaching calls as needed
- Share best practices

# Aim 2: Improve Transplant Coordination

- Patient engagement

- Recruit a patient representative

- » Empower the patient representative to be a part of the improvement team

# Aim 2: Improve Transplant Coordination

- Provide Resources

- Data
- Information on QIRN4 Website
- Tools
- Educational Opportunities
- Share Best Practices

## Aim 2: Improve Transplant Coordination

- Monthly Reporting
  - Facility will be responsible for monthly reporting of all transplant referral patients

## Aim 2: Improve Transplant Coordination

- Share Best Practices
  - Share patient success stories across the network

## Aim 2: Improve Transplant Coordination

### **QIRN4 Next Step:**

- Provide each facility's baseline data
- Provide directions on how to report transplant referrals
- Provide monthly progress/feedback report
- Individualized coaching calls as needed



## Aim 2: Improve Transplant Coordination

### **Facility Next Step:**

- Evaluate your process
- Email your contact person to Kou by end of December
- Recruit a Transplant Patient Representative
- Start Monthly Reporting in December

# Questions?

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