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DIALYSIS PROVIDERS' AWARENESS OF RACIAL DISPARITIES IN TRANSPLANTATION IS LOW

Highlights

- Among 655 healthcare providers at dialysis clinics in the United States, 19% were aware of racial disparities in waitlisting.
- Although a quarter of dialysis facilities had >5% racial difference in waitlisting within their own facilities, only 5% of the providers were aware of the disparity at their own facilities.

Nearly 70,000 US patients have end-stage renal disease, and most would benefit from kidney transplantation.

Washington, DC (April 12, 2018) — In a recent study of dialysis facilities with low rates of waitlisting for transplantation, healthcare providers' awareness of racial disparities in kidney transplant waitlisting was low. The findings, which appear in an upcoming issue of the *Clinical Journal of the American Society of Nephrology* (CJASN), point to the need for education and training for clinicians to improve equity in access to transplantation.

Kidney transplantation is the optimal treatment for most patients with kidney failure, but racial disparities in access to transplantation have been well documented, with racial differences existing in all steps including referral for transplant evaluation, placement on the deceased donor waiting list, and receipt of a transplant.

Healthcare providers at dialysis facilities play an important role in reducing racial disparities in access to kidney transplantation in the United States, but little is known about their awareness of these disparities. To investigate, a team led by Rachel Patzer, PhD, MPH (Emory University School of Medicine) analyzed information from a 2016 survey of providers from 655 low waitlisting dialysis facilities across all 18 End-Stage-Renal-Disease networks in the United States. The information was merged with 2014 United States Renal Data System and 2014 United States Census data.

Among 655 providers surveyed, 19% were aware of the national racial disparity in waitlisting: 50% (57/113) of medical directors, 11% (35/327) of nurse managers, and 16% (35/215) of other providers. In analyses adjusted for provider and facility characteristics, nurse managers (vs. medical directors) and white providers (vs. Black) were more likely to be unaware of a national racial disparity in waitlisting. Facilities in the South (vs.

Northeast) and facilities with a low percentage of Blacks (vs. high) were more likely to be unaware. A quarter of facilities had >5% racial difference in waitlisting within their own facilities, but only 5% were aware of the disparity.

“Despite the influence that dialysis providers have in patients’ decision-making process and in reducing barriers that contribute to racial disparities in kidney transplantation, this study suggests that many providers are unaware of these racial disparities,” said Dr. Patzer. “As a result, they may not only be less compelled to implement interventions to address disparities, but can also unconsciously exacerbate the problem by failing to address the mechanisms through which they themselves can contribute to racial disparities in access to transplantation—such as provider bias and culturally incongruent care.”

Study co-authors include Joyce Kim, BA, Mohua Basu, MPH, Laura Plantinga, PhD, Stephen Pastan, MD, Sumit Mohan, MD, MPH, Kayla Smith, BS, Taylor Melanson, BA, and Cam Escoffery, PhD, MPH.

Disclosures: Dr. Pastan is a minority shareholder in Fresenius Dialysis, College Park GA. The authors reported no other financial disclosures.

The article, entitled “Awareness of Racial Disparities in Kidney Transplantation Among Healthcare Providers in Dialysis Facilities,” will appear online at <http://cjasn.asnjournals.org/> on April 12, 2018, doi: 10.2215/CJN.09920917.

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