



PRESS RELEASE

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POST-TRANSPLANT MORTALITY AMONG VETERANS ENROLLED IN THE VA AND MEDICARE

Study reveals lower risk of death in kidney transplant recipients who received care through the VA.

Highlight

- Veterans who receive all of their post-kidney transplant care within the Veterans Health Administration (VA) have a lower risk of death than those who receive care outside the VA through Medicare coverage, according to a recent study.

Washington, DC (February 18, 2021) — In a study of kidney transplant recipients dually enrolled in the Veterans Health Administration (VA) and Medicare, use of the VA for all post-transplant care was linked with a lower risk of death than care provided outside the VA through Medicare or use of both the VA and non-VA care. The study will appear in an upcoming issue of *CJASN*.

The MISSION Act that was passed in the United States in 2019 gives Veterans greater access to health care in the community. As a result, a large number of Veterans who otherwise would have had to receive organ transplant care within the VA are now eligible to receive this care outside the VA. Little is known about whether transplant-related care provided after a kidney transplant is of equal quality through these different systems.

To investigate, Steven Weisbord, MD, MSc (VA Pittsburgh Healthcare System), Winn Cashion, MD, PhD (University of Pittsburgh School of Medicine), and their colleagues conducted a retrospective study of Veterans who underwent kidney transplantation between 2008 and 2016 and were dually enrolled in the VA and Medicare at the time of transplant surgery. Among 6,206 dually enrolled Veterans, 16% underwent transplantation at a VA hospital and 84% at a non-VA hospital using Medicare.

Post-transplant care was received by 12% of patients through the VA only, 34% through Medicare only, and 54% through dual coverage. Compared with VA-only patients, 5-year mortality was 2.2-times higher among Medicare-only patients who received care outside the VA and 1.5-times higher among dual care patients.

“Our findings indicate that Veterans who receive all their post-transplant care within the VA have the lowest long-term mortality,” said Dr. Weisbord. “The results are very important in light of the fact that with the MISSION Act, many more Veterans will now have the option of receiving their post-transplant care outside the VA in the private sector.”

The reasons behind the different mortality rates are unknown. The authors note that the quality of post-transplant care could be higher within the VA, or VA Transplant Centers may require a more arduous evaluation process that results in the selection of healthier transplant recipients or donor organs. Additional studies are needed to explore these potential explanations.

An accompanying editorial highlights the various implications of the study’s findings and poses several questions that remain unanswered.

Study co-authors include Walid F. Gellad, MD, MPH, Florentina E. Sileanu, MS, Maria K. Mor, PhD, Michael J. Fine, MD, MSc, Jennifer Hale, BA, Daniel E. Hall, MD, MDiv, MHSc, Shari Rogal, MD, Galen Switzer, PhD, Mohan Ramkumar, MD, Virginia Wang, PhD, Douglas A. Bronson, PhD, Mark Wilson, MD, PhD, and William Gunnar, MD, JD.

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The article, titled “Source of Post-Transplant Care and Mortality among Kidney Transplant Recipients Dually Enrolled in VA and Medicare,” will appear online at <http://cjasn.asnjournals.org/> on February 18, 2021, doi: 10.2215/CJN.10020620.

The editorial, titled “Postkidney Transplant Care and Health Outcomes of US Veterans,” will appear online at <http://cjasn.asnjournals.org/> on February 18, 2021, doi: 10.2215/CJN.00580121.

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