Methods

• Data on patient employment and transplant status were derived from LDO electronic health records for active LDO patients as of 01 May 2016.

• Employment and transplant status information is collected by LDO social workers during the course of routine care.

• Employment categories considered were:
  – Working (regular full-time, regular part-time, or per diem)
  – Unemployed
  – Retired
  – Other (short-term disability, long-term disability, caregiver, homemaker, student, training, volunteer, and receiving workers’ compensation)

• Transplant status categories considered were:
  – Active
  – Denied
  – In work-up
  – Inactive
  – Not interested
  – On hold
  – Pending patient follow-up

• Transplant status was assessed for patients within employment status groups and age strata.

Results

• A flow chart depicting the kidney transplant management process for LDO patients is presented in Figure 1.

  – As of May 2016, there were 91,231 active patients with available transplant and employment status information in the LDO database.

  – 17,816 (19.5%) were employed
  – 28,185 (30.9%) were unemployed
  – 24,352 (26.7%) were retired

• Transplant status among LDO patients by employment status is presented in Figure 2.

  – Compared to unemployed patients, employed patients were more likely to have transplant status listed as ‘active’ (34% vs 19%) and less likely to have transplant status listed as ‘denied’ or ‘pending patient follow-up’ (11% vs 20% and 20% vs 25%, respectively).

  – Stratification of patients on the basis of age revealed that trends were conserved across age groups (Table 1).

Conclusions

• Among LDO patients who had expressed interest in transplant, those who were employed were more likely to progress through the qualification steps to active transplant status than those who were unemployed.

• Initiatives designed to encourage dialysis patients to continue working or to return to employment may also result in an increase in the numbers of patients who are able to successfully complete the transplant qualification process.

• However, it is not known whether this relationship may be an indication of better overall health and health literacy in employed patients, which could contribute to a greater ability to navigate and manage the complicated transplant referral and evaluation process.

References


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