

Trained navigators may improve access to transplantation for disadvantaged patients

26 March 2018

In a recent study, a trained navigator who provided guidance to disadvantaged patients with kidney failure helped increase access to the transplant waitlist among patients who needed a longer time to get through the transplant evaluation process. The intervention, which is described in an upcoming issue of the *Clinical Journal of the American Society of Nephrology (CJASN)*, may help improve patients' chances of receiving potentially life-saving kidney transplants.

Kidney transplantation is the optimal treatment for most patients with [kidney failure](#); however, only about 13% of US [kidney](#) failure patients are waitlisted for transplantation. Racial and [socioeconomic disparities](#) exist in patients' likelihood of completing the transplant process. Rachel Patzer, PhD, MPH, of the Emory University School of Medicine, and her colleagues wondered whether a patient [navigator](#) may help improve access to the kidney transplant waiting list, as well as reduce the time from when patients are referred for transplantation by dialysis facilities to when they are waitlisted.

The researchers conducted a [randomized controlled trial](#) of 401 patients referred for kidney transplant evaluation at a single center. For half of the patients, a trained navigator with a degree in social work assisted participants from referral through waitlisting decision, with the goal of increasing waitlisting and decreasing time from referral to waitlisting.

Waitlisting was not significantly different among patients who received the intervention (32%) vs. control patients (26%) overall, and time from referral to waitlisting was actually 126 days longer for intervention patients. The effectiveness of the navigator varied from early (

APA citation: Trained navigators may improve access to transplantation for disadvantaged patients (2018, March 26) retrieved 1 June 2022 from <https://medicalxpress.com/news/2018-03-access->

[transplantation-disadvantaged-patients.html](#)

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.