Studies Find Persistent, Worsening Disparities in US Pre-ESRD Care

By Bridget M. Kuehn

Despite growing awareness of racial disparities in kidney care, 2 recent studies found that pre-dialysis or pre-end stage renal disease (ESRD) care for minorities hasn’t improved and may actually be getting worse.

Data from the US Renal Data System (USRDS) show that over the last decade access to predialysis care for minorities actually worsened, according to Tanjala Purnell, PhD, MPH, an assistant professor of surgery in the division of transplantation at Johns Hopkins University School of Medicine. A second study found that fewer black patients are getting pre-ESRD care, and that black patients who do receive pre-ESRD care seem to benefit more than white patients. Both studies were presented at Kidney Week 2017.

“Clinicians need to be aware this is a problem we are still struggling to deal with,” Purnell said.

Care by a nephrologist is recommended for patients in the later stages of chronic kidney disease, explained Purnell. Nephrology care improves access to transplant. It also ensures that patients start dialysis with fistula and has been linked with better quality of life and longer lifespans for patients receiving dialysis, she said.

Purnell and her colleagues analyzed data from the USRDS on 934,599 adults who initiated chronic dialysis between 2005 and 2015. They found that racial and ethnic disparities in pre-dialysis care actually worsened. Between 2005 and 2007, black patients were 14% less likely than white patients to receive care by a nephrologist prior to starting dialysis, and Hispanic patients were 22% less likely than whites to receive such care. Between 2008 and 2010, blacks were 14% less likely to receive such care and Hispanics were 30% less likely. More recently, between 2010 and 2013 those figures declined further with black patients 19% and Hispanic patients 29% less likely to receive pre-dialysis care.

“We were disappointed and surprised,” said Purnell. She and her colleagues have ruled out possible explanations like differences in access to primary care or insurance among subgroups of minority patients. Even older minority patients with Medicare are less likely to get the recommended pre-dialysis care. “It’s across the board,” she said.

The one exception was young patients aged 18 to 24.

Purnell and her colleagues plan to meet with their nephrologist collaborators and to discuss the results with dialysis patients to try to understand what might be driving this trend and how to ensure more patients get pre-dialysis care.

“We want to bring patients to the table and find out what works and what doesn’t,” Purnell said.

Previous work by Purnell and her colleagues found that some patients, particularly those who are not having...
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...uty risk in the ESRD population minus the expected risk in the age-, sex-, race-, and calendar-year matched general population.

In the analysis of information from the United States Renal Data System (USRDS) on almost 2 million children and adults diagnosed with ESRD from 1995 to 2013, the change over any 5-year interval in the excess risk of ESRD-related death varied by age, with decreases from 12% for ≥65 year olds to 27% for 0 to 14 year olds. Decreases in excess mortality over time were observed for all ages and both during treatment with dialysis and during time with a functioning kidney transplant, with the largest relative improvements observed for the youngest individuals with a functioning kidney transplant. Absolute decreases in excess ESRD-related mortality were greatest for the oldest patients.

“We showed that all age groups have had significant improvements in mortality risk over the past 22 years. Some of the improvements were due to improved access to kidney transplantation and to longer survival of kidney transplants, but there were also improvements that can only be attributed to improvements in the care provided to people treated with dialysis and to those with kidney transplants,” said Foster. “This is important given the huge investment of resources in caring for these patients; we have shown that these investments have made a difference.”

Foster noted that the investigators expected to find decreased mortality rates for all age groups except those in late adolescence and early young adulthood. “We expected this for several reasons. First, this age group often has difficulty adhering to the recommended treatments. Therefore, it was possible that they would not experience the same benefits from therapies as other age groups,” she said. “Second, there may be a breakdown in the continuity of care when young people are transferred from a pediatric health care facility to an adult care facility that contribute to poorer outcomes. We discovered that young people in this age group had no improvements in mortality risk between 1995 and 2006 (unlike all other age groups), but started to have significant improvements after 2006. This may be because health care professionals became more sensitized to these problems in the early 2000s and have changed the way they care for these young people.”

Although individuals with ESRD still have much higher risks of early death than people in the general population, it appears that the gap is gradually closing. “Things are getting better for all age groups. But one of the best ways to improve health in people with kidney failure is for them to get a kidney transplant, and the limited supply of suitable organs is still a major impediment to more progress in outcomes for people with kidney failure,” Foster said. “Everyone needs to think about organ donation and sign their organ donor cards.”

In an accompanying editorial, Kirsten Johansen, MD, of the University of California, San Francisco, noted that the study raises more questions than it answers, and it should provide a framework for future studies that are needed to examine which changes in practice patterns and clinical care may contribute to changes in mortality rates in patients with ESRD. “Analyses of differences in outcomes over time and across geographic regions are powerful tools we can apply to gain an understanding of the impact of changes or variations in practices on survival,” she wrote. She also stressed the need to fully understand why the improvement occurred so that improvements can continue and future increases in mortality can be prevented. Newer data from 2013 to 2015 showed that the mortality rate among patients with ESRD stabilized or even increased, and the mortality rate in the United States as a whole has demonstrated a similar uptick.

According to the most recent data by the USRDS, adjusted mortality rates in 2015 for ESRD, dialysis, and transplant patients were 136, 166, and 29, per 1000 patient-years. Five-year survival rose from 36% in 2002 to 42% in 2010 among hemodialysis patients, from 42% to 52% among peritoneal dialysis patients, from 69% to 76% among deceased donor transplant patients, and from 77% to 88% among living donor transplant patients. Johansen noted that despite increases in life expectancy in recent years, patients with ESRD have lower 5-year survival rates than patients with cancer.

Study co-authors include Mark Mitsnefes, MD, Xin Zhang, PhD, and Mourad Dahhou, MSc.

The article, entitled “Changes in Excess Mortality from End-Stage Renal Disease in the United States from 1995-2013,” and the editorial, entitled “Life Expectancy Gains for Patients with ESRD,” are online at http://cjasn.asnjournals.org/.

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