

VA patients face disparities in kidney transplantation

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Military veterans with VA insurance experience low rates of transplantation and high rates of death while on the transplant waiting list, according to a study that will be presented at ASN Kidney Week 2017 October 31-November 5 at the Ernest N. Morial Convention Center in New Orleans, LA.

Recent reports have shown a lower-than-expected rate of kidney transplantations performed in VA centers. Because VA centers are affiliated with non-VA academic centers within the same donor service area, Joshua Augustine, MD (Cleveland Clinic) and his colleagues sought to compare transplantation rates nationally and also between VA centers and their non-VA affiliates.

In the researchers' analysis of all US adult patients listed for a primary kidney transplant from 2004 through 2016, a total of 3663 patients with VA insurance were compared with 141,523 with private insurance, 25,245 with Medicaid, and 132,026 with Medicare.

VA patients were 28% less likely to undergo transplantation than patients with private insurance nationally, and 22% less likely than those with [private insurance](#) at their non-VA affiliates. VA patients were also 14% less likely to undergo transplantation compared with those with Medicare nationally, but rates were similar compared with patients with Medicare in the non-VA centers. Transplantation rates were similar in patients with VA insurance and those with Medicaid.

VA patients also had a higher rate of death while on the waiting list compared with privately insured patients both nationally and in competing centers. The researchers

noted that VA patients lived an average of 282 miles from the [transplant centers](#), compared with an average of 23 miles for non-VA patients.

"VA patients appear to have greater barriers to transplantation leading to lower rates of transplant and greater waitlist mortality compared with privately insured patients listed in local competing centers," said Dr. Augustine. "The much greater distance from transplant centers may contribute to lower transplant rates in Veterans, and other factors related to organ acceptance or center practices may also contribute to differences." He noted that additional analyses are required to determine the primary factors leading to discrepancies in transplant rates between VA and non-VA [patients](#). "Ultimately, greater acceptance/coverage of VA [insurance](#) in local non-VA transplant centers may improve [transplant](#) rates for Veterans in the United States."

Provided by American Society of Nephrology

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