

Distance from a Transplant Center and Getting Listed for a Transplant

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As one of the blessed and fortunate Americans who has experienced the life-saving and life-transforming gift of a kidney transplant twice in my life, I am honored to provide a perspective on the article by Patzer and coworkers (1), “Distance to kidney transplant center and access to early steps in the kidney transplantation process in the southeastern United States.” The study did not find any relationship between distance from residence to transplant center and the probability of referral or initiating transplant center evaluation. Nevertheless, it sheds light on an important issue for many patients.

The distance from a patient’s home residence to a transplant center varies greatly depending on where the patient lives. In the southcentral part of the United States, there are very few dialysis clinics, and many drive at least an hour or two one way for treatment three times a week. For most patients on dialysis who live outside of a metropolitan area, the drive to the nearest transplant center is at least an hour commute. For those who live in the rural parts of the state, that travel time increases to 3 hours, and just as in more urban areas, that can easily increase on the basis of weather and poorly maintained infrastructure, especially in this region of America. The lack of public transportation is a hindrance, and the costs associated with travel for the initial evaluation are barriers that could keep a patient from pursuing the early transplant steps.

The idea of having a satellite clinic to assist with these barriers is a game changer. These satellite centers could give hope to those who do not want to be a burden on caregivers or family to continue their evaluation process. Currently, many people do not have the option to be evaluated because of the lack of having or being able to secure a support person. Having closer access to clinics and physicians to assist in the evaluation process is priceless and could mean finding that support person. The commute to a transplant center for actual transplant has never been in question; people want to feel better and make the sacrifices needed to be able to gain their quality of life and independence back.

The likelihood of being listed at two transplant centers in this region is limited. The nearest second choice transplant center is 3 hours away from anyone living in the metropolitan area. The third choice is a 6-hour commute. Again, this is where a satellite clinic could potentially save many from brutal dialysis

treatments by being assessed by a physician for a transplant at one of these satellite locations. Many patients may have the opportunity to have the tests and other early transplant steps done while they are at the first appointment, or they can have them done at nearby hospitals or clinics in their community and sent to the transplant center. The distance from a person’s residence to the transplant center should not eliminate them from or move them on the waiting list. Other options are available if a referral from the nephrologist to a transplant center is warranted. These options include staying with a family member or friends, community affordable housing for the time spent for testing, and/or hotel arrangements for hospital patients and their caregiver.

Spending many hours in the dialysis center as I do regularly as a volunteer Board Member for the American Association of Kidney Patients, a person gets to know other patients quite well—their concerns, fears, hopes, practical frustrations, and hack solutions. It is interesting that many are not concerned about the time or travel barriers; instead, they are concerned about affording the immunosuppressant drugs after the 36-month time allowance for Medicare to assist in the cost of this life of the organ-saving drug. They feel that the time and effort that they have invested in getting listed for the transplant, having the transplant surgery, and going through recovery are in vain because many people simply cannot afford the drugs needed to sustain the transplanted organ and help prevent rejection. Many do not have access to private insurance due to the fact that so much of their time is spent traveling to and from the dialysis clinic and the frequency of these trips. They are ineligible for insurance benefits because they cannot work the minimum number of hours to receive benefits. I believe that every policy effort to address barriers—such as travel logistics—must keep other key factors, like arbitrary barriers on immunosuppressive medication availability, in mind.

This article was very thorough. Despite what statistics and others have said, this article shows actual data that the time and distance from a person’s residence and the transplant center should be neither an obstacle nor a barrier in a patient’s placement on the list or in essence of actually being placed on the list.

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CJASN has taken a bold and sincere step to incorporate a diverse range of patient viewpoints and voice. I am honored to provide to *CJASN* readers the voice and practical experience of a working professional and patient advocate who lives in and serves fellow patients across a very rural part of America marked by a disproportionately high level of kidney disease.

Disclosures

Mrs. Garner has nothing to disclose.

References

1. McPherson LJ, Barry V, Yackley J, Gander J, Pastan SO, Plantinga LC, Paul S, Patzer RE; on behalf of the Southeastern Kidney

Transplant Coalition: Distance to kidney transplant center and access to early steps in the kidney transplantation process in the southeastern United States. *Clin J Am Soc Nephrol* 15: 539–549, 2020

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See related editorial, “The Long Road to Kidney Transplantation: Does Center Distance Impact Transplant Referral and Evaluation?” and article, “Distance to Kidney Transplant Center and Access to Early Steps in the Kidney Transplantation Process in the Southeastern United States,” on pages 453–454 and 539–549, respectively.