Impact of Transplant Community Health Workers on Waitlisting And Living Donor Transplantation for End-Stage Kidney Disease Patients

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Abstract

Background: Patients with End-Stage Kidney Disease (ESKD), particularly dual-eligible (DE) and End-Stage Kidney Disease Treatment Choice (ETC) model patients, face persistent barriers across the transplant continuum. Despite growing recognition of these inequities, effective interventions remain limited.

Methods: This hybrid prospective-retrospective study was conducted across 9 transplant centers. Four culturally concordant Transplant Liaisons (TLs) enrolled patients from 30 ETC-model dialysis units, conducted structured interviews, identified barriers, and delivered targeted education, advocacy, and care coordination. Interventions included in-person and virtual education, individualized action plans, navigation of transplant testing, and linkage to supportive resources. Outcomes were compared to matched historical controls using propensity score methods, with primary endpoints of waitlist activation, time from referral to activation, living donor identification, and completed living donor transplants.

Results: Among 297 DE patients, 43% were female; 80% Black or African American, 10% White, 3% Hispanic or Latino, 1.5% Asian; mean age 56 years with 6.2 years on hemodialysis. Key barriers included unclear patient-center communication (29.7%), low motivation to complete evaluation (18.7%), difficulty completing medical testing (14.8%), and limited process understanding (14.2%). Over the first program year, 38 patients received transplants including two living donor transplants. Waitlist rates grew from 11.0% in October 2023 to over 30% by January 2025.

Conclusions: The Transplant Liaison Program effectively addresses transplant inequities for ETC-model and dual-eligible patients. Culturally concordant navigation, combined with strengthened transplant center partnerships, produced consistent gains in waitlisting and transplantation among patients from historically underserved communities. The program is expanding to additional sites, supporting broader implementation as a replicable, equity-driven strategy nationwide.

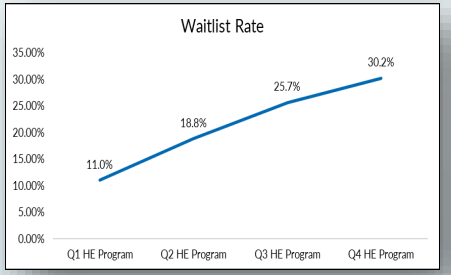
Introduction

Patients with ESKD face significant and well-documented disparities across the transplant continuum, from initial referral and pre-transplant evaluation to waitlisting and living donor identification. These inequities are particularly pronounced among DE patients, those receiving both Medicare and Medicaid, who often carry disproportionate burdens of poverty, limited health literacy, and systemic barriers to care. Despite the federal ETC model's emphasis on increasing home dialysis and waitlisting, Transplant Rates and effective scalable interventions targeting this vulnerable population remain limited. This study evaluates a structured Transplant Liaison Program designed to address patient-level barriers and reduce transplant inequities among ETC-model dialysis units and Medicare population serving patients from historically marginalized and under-resourced communities.

Methodology

A hybrid prospective-retrospective study was conducted across 9 transplant centers. Four culturally concordant Transplant Liaisons (TLs) conducted structured interviews with patients and caregivers enrolled from 30 dialysis units operating under the ETC model. TLs systematically identified individual barriers to transplant progression and delivered targeted education, advocacy, and care coordination. Interventions included in-person and virtual education sessions, individualized transplant action plans, navigation of required medical testing, and linkage to social and financial supportive resources. Outcomes for intervention patients were compared to matched historical controls using propensity score methods. Primary endpoints included waitlist activation, time from referral to activation, living donor identification, and completed living and deceased donor transplants.

Figure 1. *Transplant Liaison Program: Waitlist Rate Trends and Key Outcomes, Year One (October 2023 – January 2025)*



Key trends/insights from the 1st year of the Transplant Liaison Program:

•Transplanted over 10% of patients including two living donations.

•Waitlist Rate began at ~11% in October 2023 and ended above 30% in January 2025.

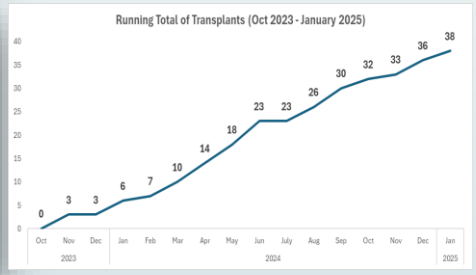
•Enhanced partnerships between Transplant Centers and TLs led to improved transplant/ waitlist outcomes.

Results

A total of 297 dual-eligible patients were identified as referred to transplant, currently in workup, or inactive on the waitlist. The cohort was 43% female, with a racial composition of 80% Black or African American, 10% White, 3% Hispanic or Latino, and 1.5% Asian; mean age was 56 years with an average of 6.2 years on hemodialysis. TLs identified four predominant barriers to waitlist activation: unclear communication between transplant centers and patients (29.7%), difficulty completing required medical testing (14.8%), low patient motivation to complete evaluation (18.7%), and limited understanding of the transplant process (14.2%).

Over the first program year (October 2023 through January 2025), 38 patients received kidney transplants, including two living donor transplants, representing over 10% of the enrolled cohort..

Figure 2. *Cumulative Kidney Transplants Facilitated by the Transplant Liaison Program (October 2023 – January 2025)*



Cohort Size : 297 Patients

- A total of 38 kidney transplants were completed over the first program year, including two living donor transplants
- Transplant volume increased consistently month over month, with notable acceleration observed between January and June 2024
- Growth plateaued briefly in July 2024 before resuming an upward trajectory through January 2025
- These trends suggest that sustained Transplant Liaison engagement progressively reduced barriers and accelerated patient movement through the transplant continuum

Conclusion

The Transplant Liaison Program demonstrates meaningful potential to reduce systemic inequities in kidney transplantation among ETC-model and dual-eligible patients. Sustained quarter-over-quarter growth in waitlist activation rates and cumulative transplant volume, including living donor transplants, suggests that culturally concordant navigation and strengthened transplant center partnerships can meaningfully shift outcomes for patients from communities that have been historically underserved by the healthcare system. Building on these first-year results, the program is actively expanding its reach to additional dialysis units and transplant centers, with the goal of scaling this navigation model to serve a broader population of patients facing structural and social barriers to transplantation. These findings support the broader implementation of structured transplant navigation programs as a replicable, equity-driven strategy to improve waitlisting rates, accelerate time to transplantation, and expand living donor

Contact Information

To learn more about the Transplant Liaison Program, please reach out to: TransplantHE@davita.com

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