

Impact Of Culturally Competent Care in Post-transplant Clinical Outcomes Among Hispanic Kidney Transplant Recipients

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Introduction: On January of 2018, the UCH Hispanic Kidney Transplant Clinic (UC-HTC) opened its doors. Staffed by bilingual personnel with an affinity for Hispanic culture, its goal is to provide culturally competent care to Spanish-speaking Hispanic kidney transplant recipients (SSHKTR), in order to improve patient satisfaction, compliance, clinical outcomes and quality of life. Its implementation has been associated with improved adherence and completion of steps in the transplant process as seen in the literature. However, data on the impact of culturally competent programs on post-transplant graft and infection-related outcomes is lacking. Yet, infections are a major cause of morbidity/mortality in the 1st year post-transplantation. Moreover, foreign-born Hispanic patients are at increased risk of recrudescence of endemic infections after solid organ transplantation (SOT).

Methods: To answer these questions, a single center retrospective cohort study was designed with the objective of evaluating the incidence of infections during first-year post-transplant in SSHKTR who received a kidney before and after the implementation of the UC-HTC and compare it to that of matched non-Hispanic KTR during the same time. Noninfectious outcomes were also evaluated, including rejection, need for RRT, graft failure, clinic visits, medication noncompliance, mortality, and hospital admissions. 90 patients identified through the EMR met the criteria. 28 transplanted between 01/2015-12/2017 and 62 between 01/2018-12/2020. Each patient was matched with a Non-Hispanic, English-speaking counterpart, based on Sex/Age/Date of transplantation. Data was collected for 12 months following transplantation, including variables such as: Insurance, Donor Type, Comorbidities, Serologies, amongst others. Statistical analysis was performed with stataIC 16 software.

Results: Outcomes showed no major differences in overall infection rates between SSHKTR and non-Hispanic KTR. But despite this, patients seen in the UC-HTC had a trend to lower UTI rates which could be associated to closer follow up/communication with their provider. We found no difference in post-transplant outcomes between Hispanics and non-Hispanics including Mortality and Graft survival, however, culturally Competent care showed a significant decrease in medication non-adherence in UC-HTC patients with reported rates much lower than their pre-intervention Hispanic counterparts (3.2% vs 19.3%, p 0.01).

Conclusion: Development of a Culturally competent transplant program with a multidisciplinary team approach integrating Infectious Diseases in the peri-transplant care of Hispanic SOT candidates/recipients may prove beneficial to maximize screening, follow-up, and treatment. Larger, prospective studies are needed to better evaluate the impact of this multidisciplinary approach.