

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



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Introduction

- In 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 was to provide **culturally competent care** to Spanish speaking Hispanic kidney transplant recipients (SSHKTR)
- Implementation of culturally competent care has been associated with improved adherence and completion of steps in the transplant process
- Data on impact of culturally competent programs on post-transplant graft and infection-related outcomes is lacking
- Infections are a major cause of morbidity/mortality in the 1st year post-transplantation. Foreign born Hispanic patients are at increased risk of recrudescence of endemic infections after Solid Organ Transplant.

Objective

To evaluate incidence of infectious complications/disease related outcomes in the first-year post transplantation in Spanish speaking Hispanic patients who received kidney transplants before and after implementing the Hispanic transplant clinic (UC-HTC) and compare it to that of matched non-Hispanic KTR.

Methods

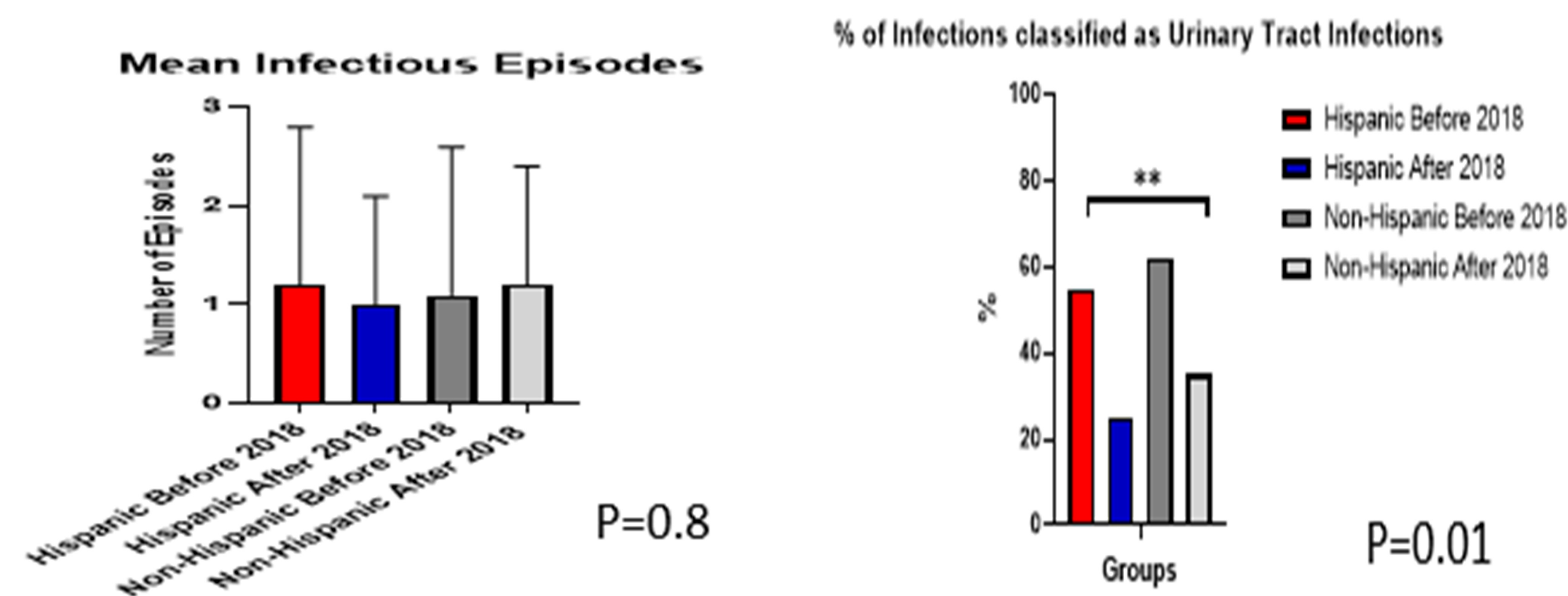
- Single center retrospective cohort study
- Infectious outcomes:
 - Infection incidence
 - Infection management
- Noninfectious outcomes:
 - Rejection
 - need for RRT
 - Graft failure
 - Clinic visits
 - Medication compliance
 - Mortality and hospital admissions.
- 90 patients identified, 28 transplanted 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
- Statistical analysis was performed with stataIC 16 software dichotomous and nominal variables were analyzed using Chi-Square, Interval variables were analyzed using One-way Anova and T-Test.

Groups	N	180
Hispanic after 2018 (intervention)	62	
Hispanic before 2018 (control)	28	
Non-Hispanic after 2018	62	
Non-Hispanic Before 2018	28	

Results

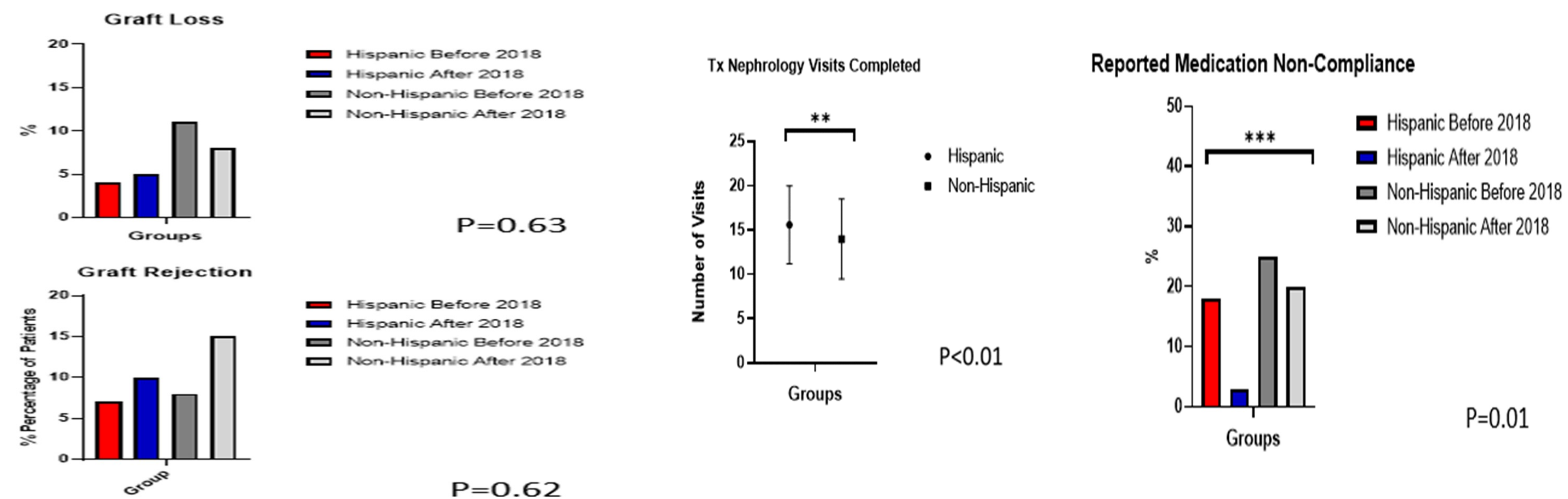
Infectious Outcomes

- No difference in overall incidence of infection, management or severity of infections
- Lower incidence of UTIs in Hispanics compared to non-Hispanics
- Lower infectious episodes after 2018 compared to pre-2018, similar trend seen in non-Hispanic group.



Non-Infectious Outcomes

- No difference in rates of: Delayed graft function (p=0.67) or graft loss, HD post-transplant (p=0.73), Graft rejection episodes (from 7-14%, p=0.3), Mortality and infection related to mortality
- Trend to lesser days of HD inpatient in Hispanic groups (p=0.14)
- Reported rate of medication non-compliance; **Hispanics after 2018 had the lowest rate of non-adherence** (3.2% vs 17-25%) (p< 0.01)
- Compliance in Hispanics post intervention was better than that of non-Hispanic and the pre-intervention Hispanic group
- Overall, **higher rate of visits to Transplant Nephrology clinic** completed in the Hispanic groups
- Multivariable Logistic regression showed that the intervention was independently associated with improved medication adherence amongst the Hispanic group (p-value 0.03, OR 6:8, CI 1.1-41.2)



Conclusions

- We found no difference in post-transplant infection rates, mortality, or graft survival between Hispanics and non-Hispanics in the first-year post transplantation
- Culturally Competent care showed 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)
- Culturally competent care was associated with a lower incidence of UTI in Hispanic patients
- Multidisciplinary team approach may prove beneficial to maximize screening, follow-up, and treatment. Larger, prospective studies are needed to better evaluate the impact of this multidisciplinary approach.

Limitations

- Single-center study with small sample size
- Follow-up limited to one year
- Potential for some subgroups from the SSHKT clinic to be underrepresented or missed

Disclosures

We have no conflicts of interest to disclose.