

Access to specialized kidney care varies by geographic area and race

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Patients' access to specialized care before kidney failure develops varies significantly across the United States and among different racial groups, according to studies that will be presented at ASN Kidney Week 2014 November 11-16 at the Pennsylvania Convention Center in Philadelphia, PA.

For patients who develop [kidney failure](#), or end-stage renal disease (ESRD), the [kidney](#) care they received while their kidneys were still functioning is critically important. Using a comprehensive national dataset and advanced statistical modeling techniques, Brendan Lovasik (Emory University School of Medicine) and his colleagues identified several [geographic areas](#) in the United States with significantly low rates of pre-ESRD kidney care. The areas included San Francisco, Los Angeles, Chicago, Miami, Baltimore, and along the corridors of the Mississippi and Ohio Rivers. Facilities in areas with the lowest rate of pre-ESRD kidney care were more likely to be located in inner cities and in high-poverty neighborhoods. The proportion of racial minorities within a neighborhood was not associated with pre-ESRD kidney care rates.

"Improved outcomes among the [chronic kidney disease](#) population depend on earlier identification of patients with [kidney disease](#) who may require ESRD treatment, as well as greater awareness of patient morbidity and mortality, quality of life, and the financial benefits of [kidney transplantation](#) over dialysis," said Lovasik. "Our findings may help policy makers target low-pre-ESRD facilities and regions to

improve access to specialty care with interventions and specific pilot programs aimed at improving patient outcomes."

In another study, Guofen Yan, PhD (University of Virginia) and her team found that while disparities in pre-ESRD care were more likely in certain geographic areas, they existed in diverse locations and in most US counties. The overall percentage of patients who received care from a kidney specialist at least 12 months before ESRD was lowest in Hispanics (20.0%), intermediate in blacks (23.8%), and highest in whites (30.0%). In an analysis of 1270 counties, black patients' odds of receiving care from a kidney specialist were 10% to 54% lower than that of whites in approximately two-thirds of the counties. Among 613 counties, Hispanics' odds of receiving nephrologist care were 10% to 48% lower than that of whites in nearly all of the counties. "Our findings indicate that efforts to improve pre-ESRD care should be implemented nationally rather than regionally," said Dr. Yan.

More information: Studies: "Geographic Determinants of Low Pre-ESRD Nephrology Care in the United States" (Abstract SA-PO849)

"Racial and Ethnic Differences in Pre-ESRD Care in U.S. Counties" (Abstract SA-PO857)

Provided by American Society of Nephrology

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