

TELEPHONE PEER MENTORING: A NEW APPROACH TO IMPROVING ACCESS TO KIDNEY TRANSPLANTATION

Gareth Warren^{1,4}, Michele Heisler^{2,4}, Erica Perry⁵, Maurie Ferriter⁵, John Piette^{2,4}, John Magee³, Robert Wood Johnson Clinical Scholars Program¹, Division of General Medicine² and Surgery³, University of Michigan, Ann Arbor MI, USA, VA Ann Arbor Health Care System⁴, Ann Arbor, MI, USA, National Kidney Foundation of Michigan⁵, Ann Arbor MI, USA

Disparities in access to kidney transplantation exist by race, gender, socioeconomic status, and geography. The kidney transplant process is complex, especially completion of the pre-transplant medical evaluation, which is a potential barrier to transplant. Improving social support networks for patients with chronic disease is beneficial in improving patient-centered outcomes. Therefore, the objective of this study is to evaluate if peer mentoring facilitated by an Interactive Voice Response (IVR) telephone system will increase pre-transplant medical evaluation rates for patients with end-stage renal disease (ESRD).

This mixed methods randomized controlled intervention study is being conducted in collaboration with the University of Michigan Kidney Transplant Program and the National Kidney Foundation of Michigan (NKFM). Transplant candidates will be recruited and randomized to an intervention or control group. The intervention group will be paired with a transplant recipient trained through the NKFM Peer Mentoring Training Program. Peer Partners will communicate for a six month period using the IVR telephone system. Surveys, semi-structured telephone interviews, and medical record extraction will be utilized to evaluate feasibility, acceptability, and time to completion of the pre-transplant medical evaluation.

To date, the IVR telephone system has been developed and tested. Transplant recipients (n=15) have been recruited for peer mentoring training. Recruitment of transplant candidates is underway.

This peer support study for transplant patients provides a novel approach in expediting completion of the medical evaluation process, and may ultimately improve access to transplant, medication adherence, and long-term graft survival.