

Te Wero, Te Taiaha: Equity in Kidney Transplantation



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MCNZ Chair, Te ORA Board**



Te Kaunihera
Rata o
Aotearoa

**Medical
Council of
New Zealand**



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redeveloped as medical centre

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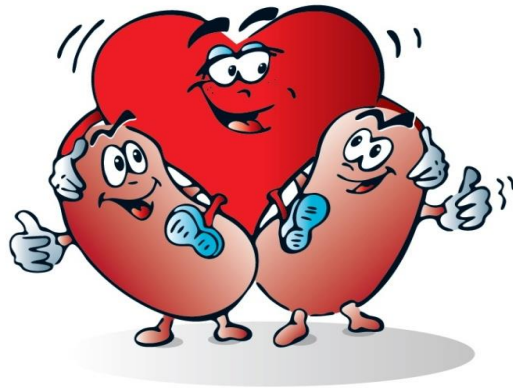
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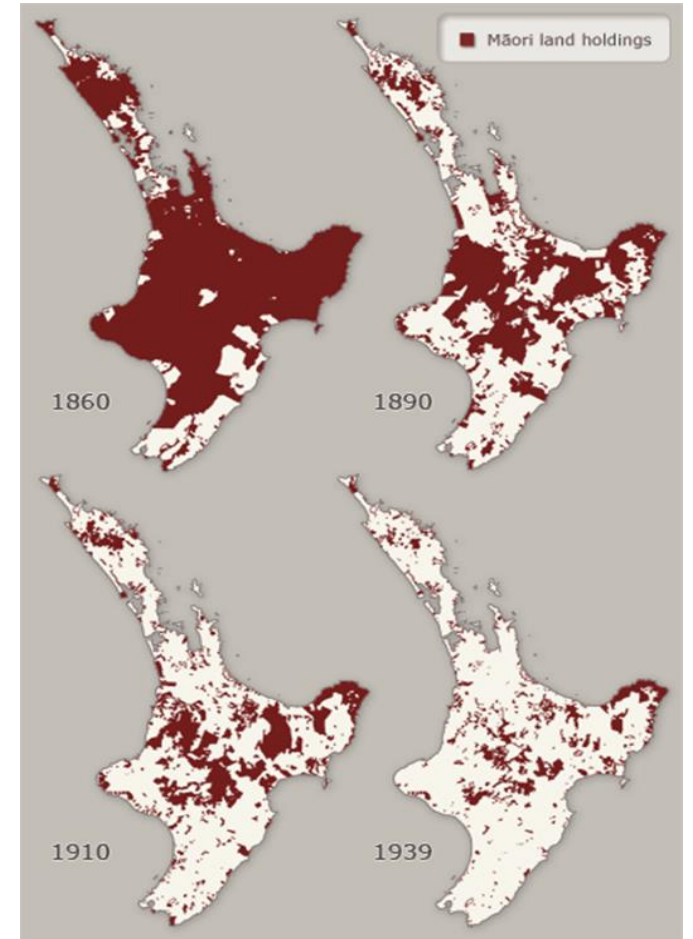
Outline

- Te Wero: Māori Experiences of Kidney Disease & Transplants
- Te Taiaha: How Services Can Succeed to Deliver Transplant Equity – workforce capability, guidelines



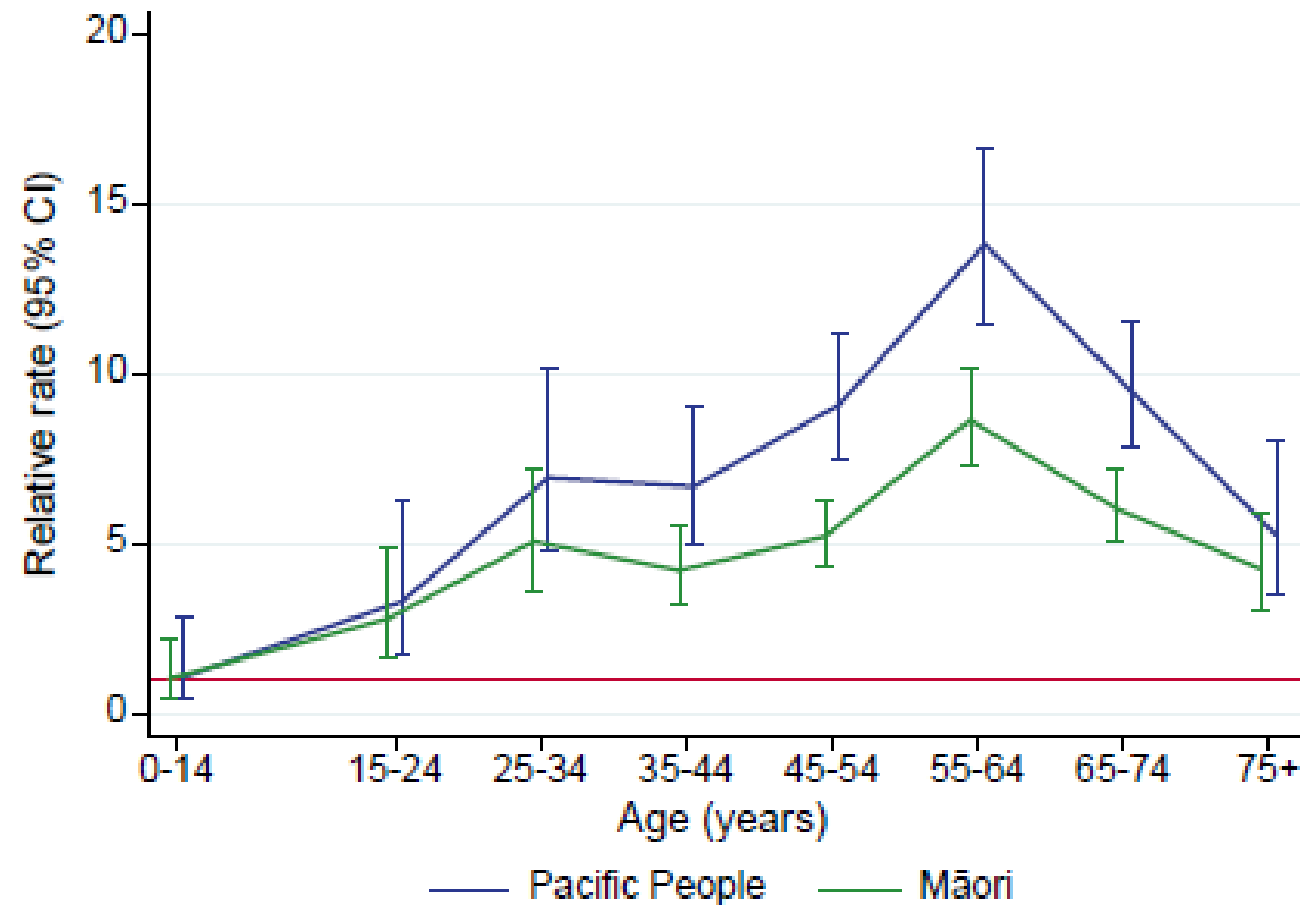
Causes of Ethnic Health Disparities in NZ

- Land loss & resource loss
- Environmental degradation
- Economic disparity
- Institutional Racism
- Health system design / barriers
- Biological / genetic vulnerabilities



Orange, C, 2001, Kearns et al. 2009, Harris et al. 2011, Jatrana 2011, Hollis-Moffatt, 2009.

Relative Incidence Rate of Treated ESKD for Māori and Pacific Patients - New Zealand 2013-2017



77% non-MP



47% RRT

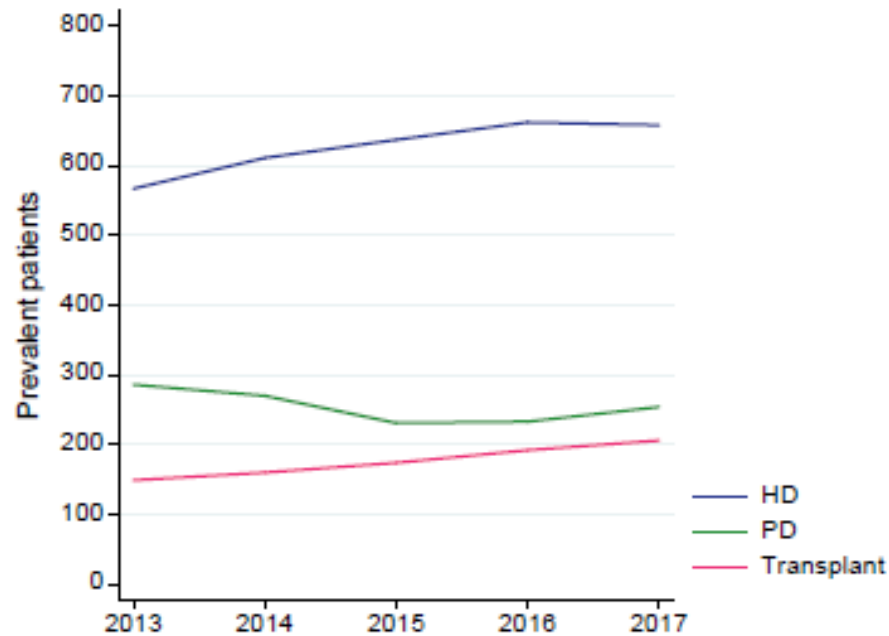
23% Popn M & P



53% RRT

Renal Replacement Modality

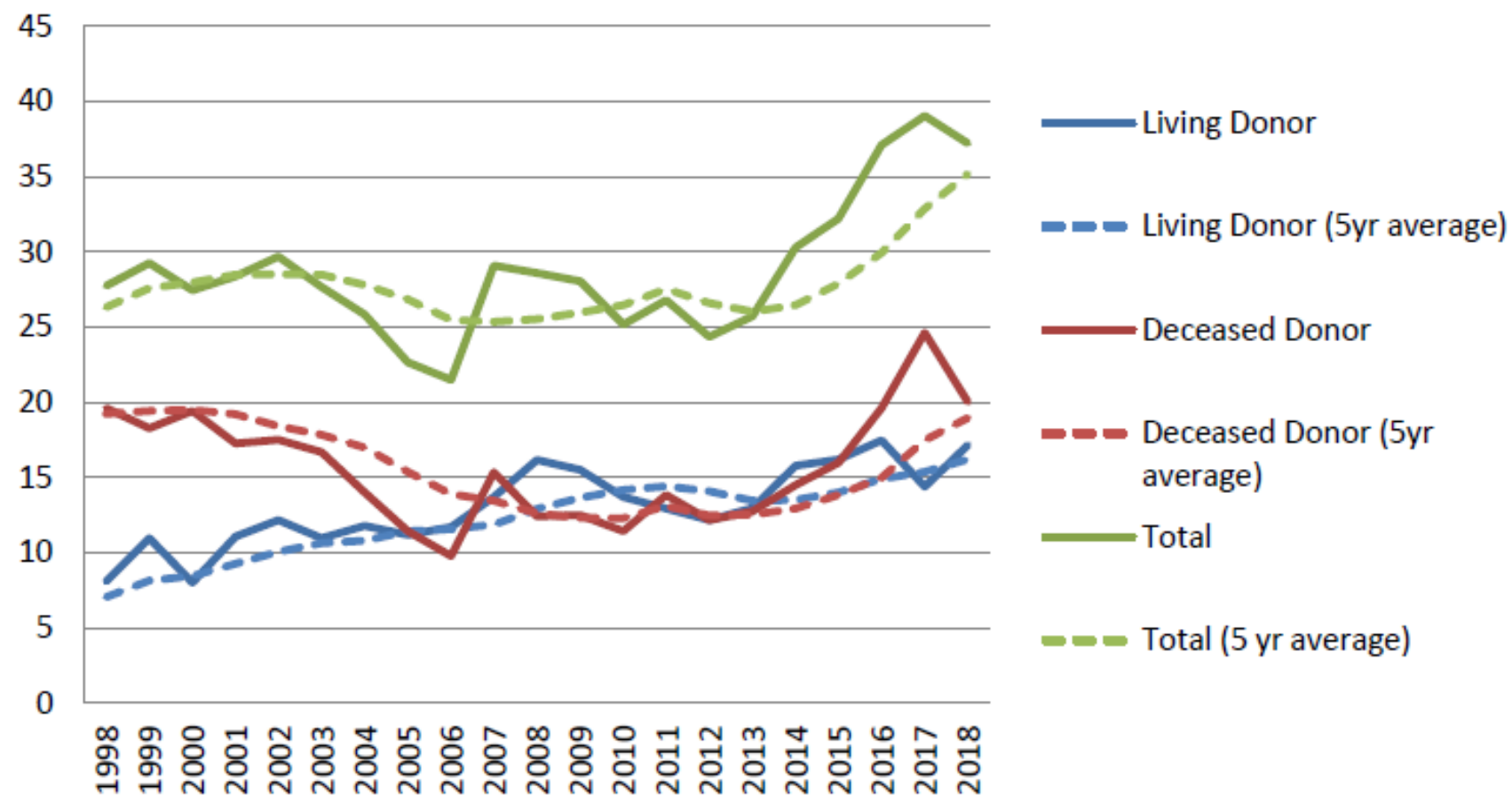
Figure 10.9.1 - Prevalent Patients by Modality - New Zealand – Māori

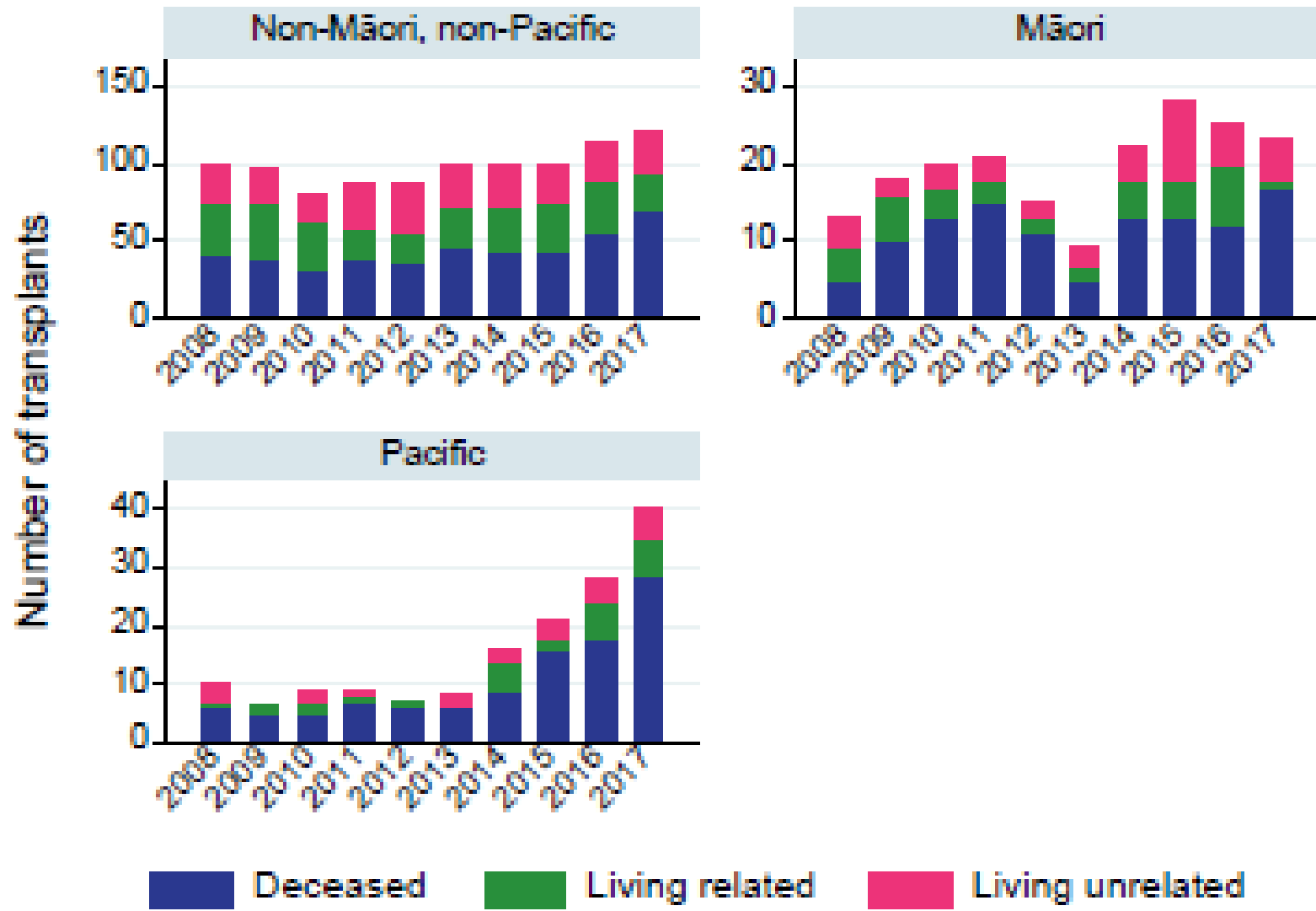


Modality - New Zealand - Non-Māori, non-Pacific



New Zealand Kidney Transplants per million population by donor type

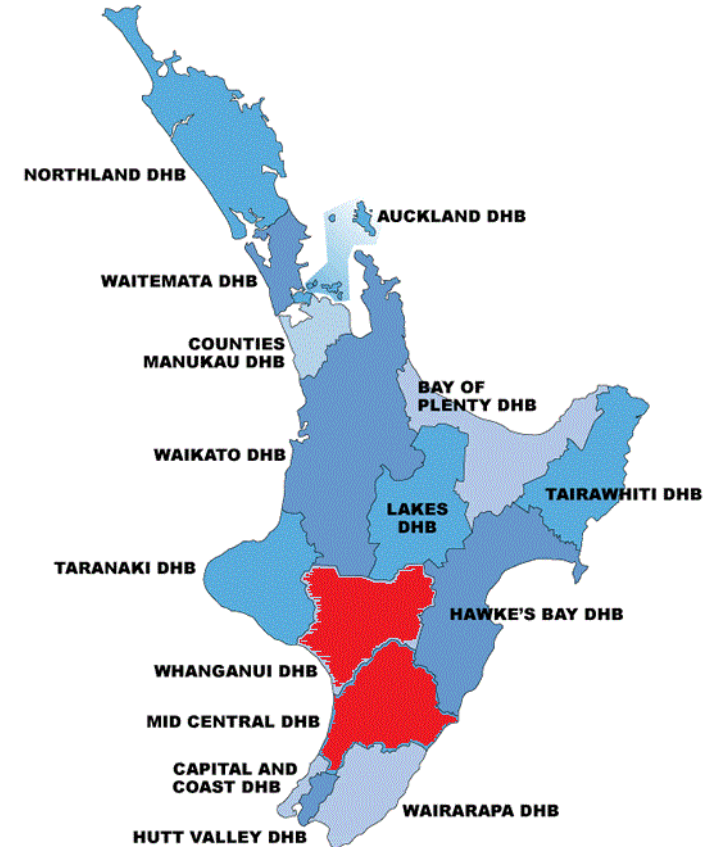
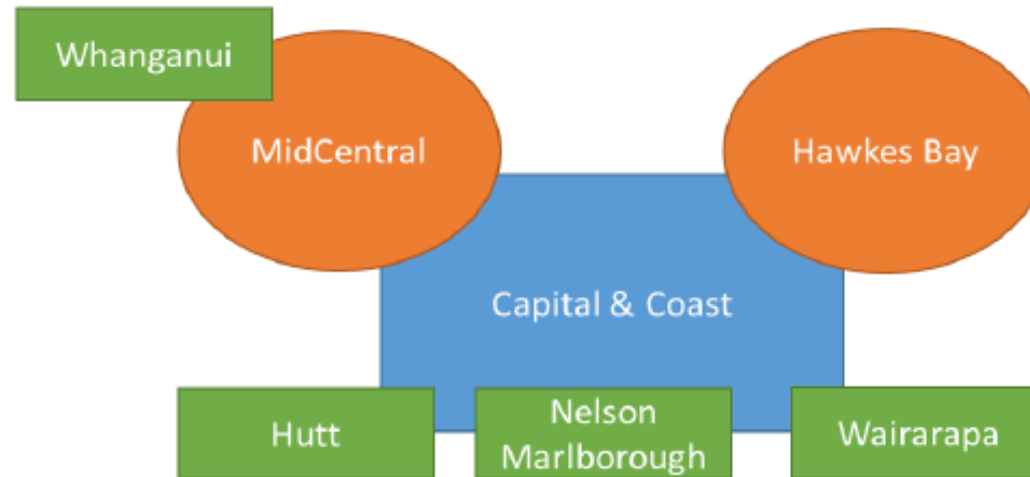




Whanganui / Midcentral Renal Service

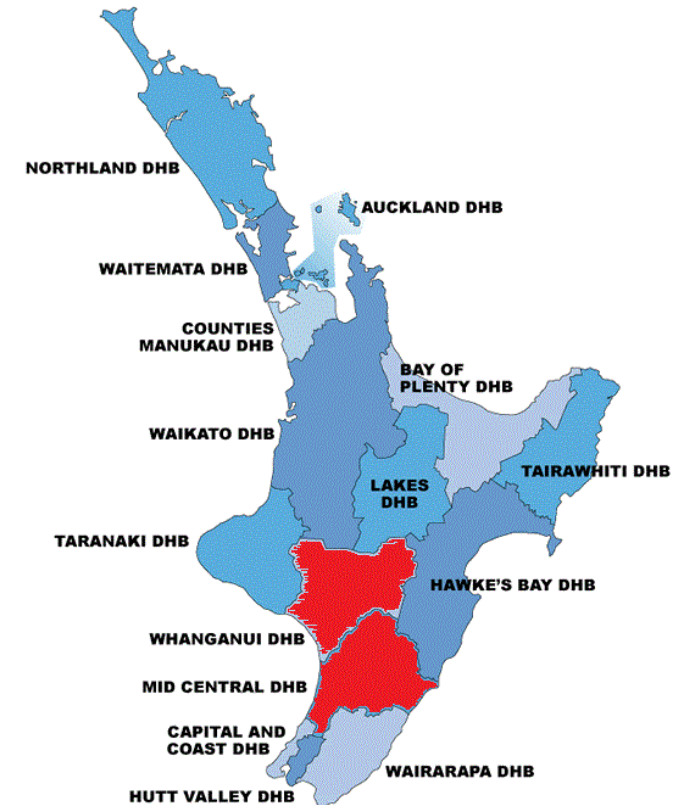


Wellington Renal Transplant Service



Transplant Stats @ Whanganui / Midcentral

- ~240,000 Catchment Popn.
 - 96 transplant pts, 8 Māori (8.3%)
 - 2 Māori transplants in 4 years
 - 1 of 7 on wait list
-
- Of 199 patients, 50 have SS >70%
 - 25 of these have BMI > 40 (11 Māori)



1. Transplantation is an option



2. LDKT is offered and patient decides to pursue/accept



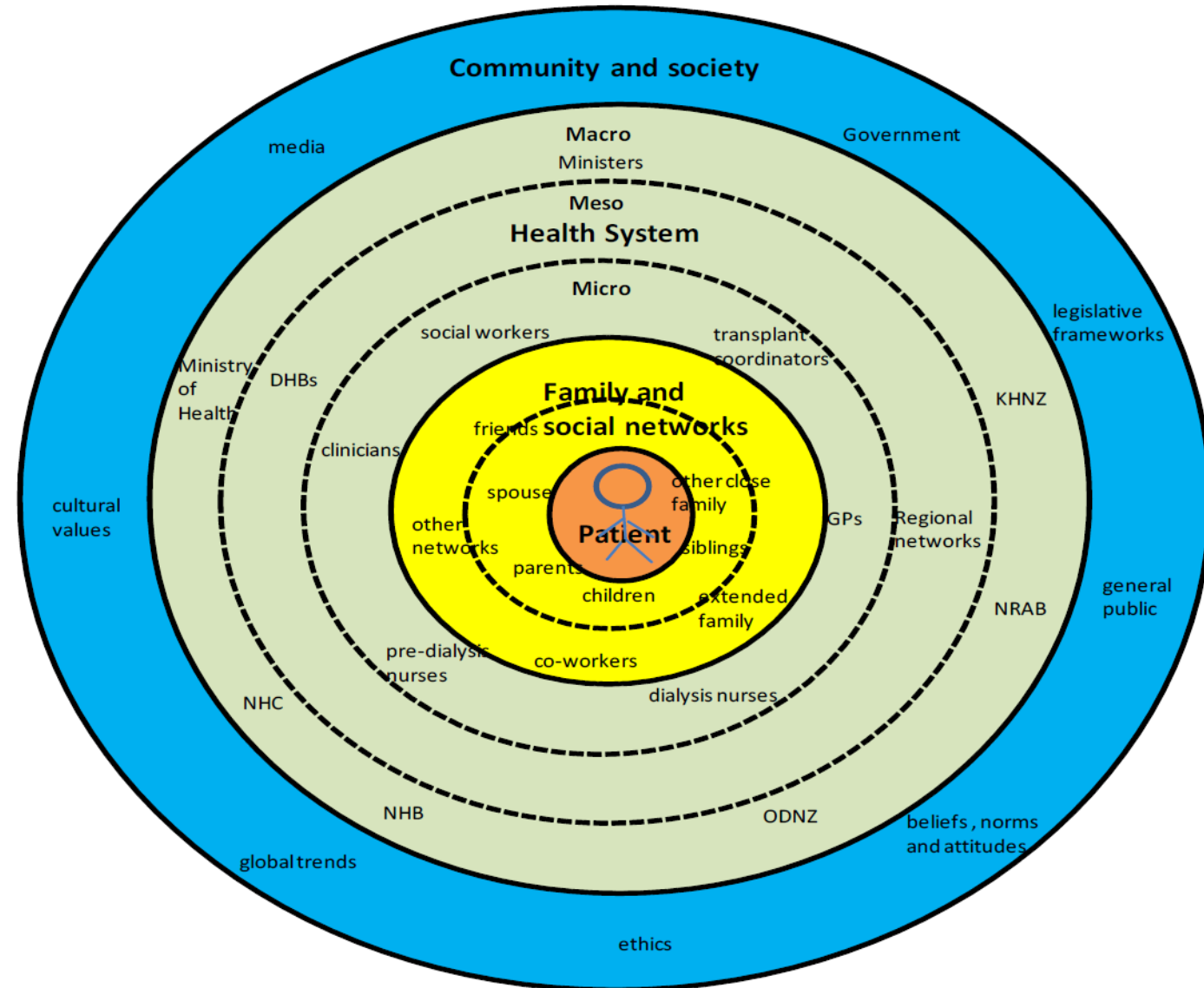
3. Someone is willing to be a donor



4. Potential donor is suitable



5. Receive transplant



Martin P, 2013

Transplantation – Barriers

1. The Transplant Scoring System (NRAB 5 year Survival Score)
2. Co-morbidity, including BMI
3. Whole of whānau health challenges
4. Late referrals to renal services and transplant workup
5. Health Service Capability / Biases
6. Māori Patient & Whānau Wishes





Name/NHI (Optional)	<input type="text"/>	Don't need to enter this, unless you want to print out result.
DOB	<input type="text" value="1.1.196"/>	
Date First RRT	<input type="text"/>	<input checked="" type="checkbox"/> Not
Date Accepted	<input type="text"/>	<input checked="" type="checkbox"/> Not
Date Referred	<input type="text" value="15/10/"/>	
Albumin	<input type="text" value="30"/>	
(Height in m)	<input type="text" value="1.75"/>	
(Weight in kg)	<input type="text" value="100"/>	
BMI	<input type="text" value="32.7"/>	
Cause of ESRF	<input type="text" value="Diabet"/>	
COPD	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
Non-Arterial	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	

Equitable??

New Zealand Kidney Allocation Scheme

The New Zealand Kidney Allocation Scheme (NZKAS) has been developed to ensure that kidney allocation in NZ is performed on an equitable, accountable and transparent basis. This algorithm is used for the allocation of all deceased donor kidneys and non-directed live donors.

Policy for use of New Zealand Survival After Kidney Transplantation (TSANZ) system in patients assessed for deceased donor kidney transplantation in New Zealand (Version 1.0)

- Patients being listed for deceased donor kidney transplantation (alone) in New Zealand must have an estimated 5 year survival of 80%, in line with the current TSANZ recommendations, agreed by the Transplantation Subcommittee of the NZ National Renal Advisory Board.
- It is recognised that this is a form of rationing, which is necessary due to the limited number of deceased donors and the need to balance utility and equity. Patients who might benefit from transplantation are potentially denied access to a deceased donor kidney by this policy
- It is therefore desirable that similar, objective, and defensible decisions are made nationwide to ensure equity of application

The Renal Transplant Subcommittee of the National Renal Advisory Board developed the algorithm (subsequent revisions undertaken by the National Renal Transplant Leadership Team (NRTL)) to take into account factors known to affect graft survival, but also give allocation advantage to patients who wait the longest. The outcomes of the operation of the algorithm are reviewed

ation test, >50% stenosis on
ention
otid bruit OR revascularisation
it with antihypertensives
never smoker
aid or unpaid work (including

Ethnicity	<input type="text" value="Maori"/>	<input type="button" value="Reset"/>	<input type="button" value="Submit"/>
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EQUALITY *SOUNDS* FAIR



EQUITY IS FAIR



Public Health
Prevent. Promote. Protect.

Transplantation – Provider attitudes

“One of the biggest issues is the BMI criteria for transplantation. The levels need to be adjusted for Pacific and Māori”

“These patients are less likely to get a transplant, and they do less well with a transplant”

“However there is a statistical difference because of the prevalence of such health issues such as diabetes and associated co-morbidities in the Māori and Pacific population.”

Levitt, S (2008). Maori-Pacific Attitudes towards transplantation – professional perspectives

Transplantation – Provider attitudes

“[These patients are] treated in the same way”

“They may have less opportunities because Māori are less willing to give their kidneys”

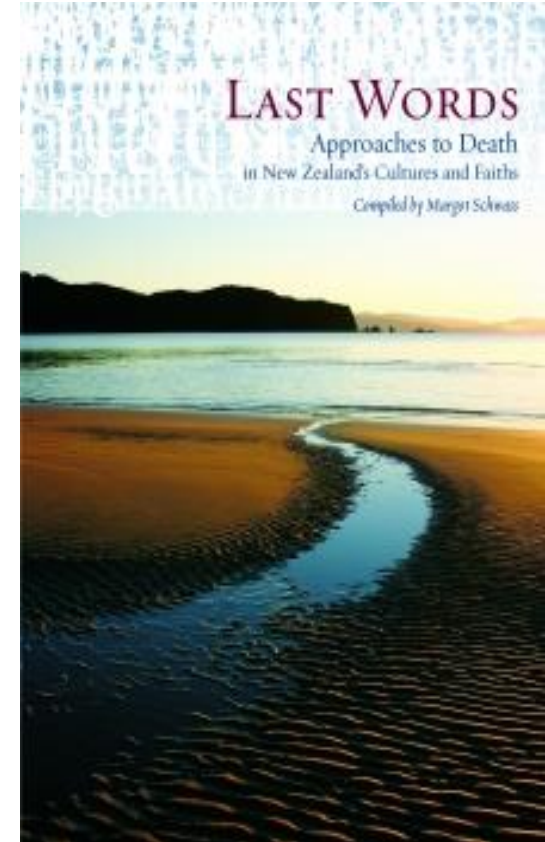
“I cannot comment on outcomes - but here they have equal access to assessment”

Levitt, S (2008). Maori-Pacific Attitudes towards transplantation – professional perspectives

Transplantation – Patient & Whānau Wishes

**It's pleural, diverse, multiple, flexible
and changeable.**

- Prof. Papaarangi Reid



Schwass, 2005

Transplantation – Patient & Whānau Wishes

Table 8: Number of patients with any offer from a potential donor and any potential donor tested for compatibility, by ethnic group (number and percentage)

Ethnicity of patient	Offers	Tests
	($p=0.001^*$)	($p<0.0005^*$)
Pākehā/NZ European	99 (89.2)	78 (70.3)
Māori	21 (80.8)	15 (57.7)
Pacific	19 (65.5)	6 (20.0)
Other	15 (60.0)	8 (32.0)

I raise another way of looking at this issue. It is one that the Māori Party has been talking about in our communities given that people spoke so strongly against the Bill when we presented it to them. We raised the issue of live transplants between whānau members. That actually seemed to catch on with our people. They were quite accepting of the idea that it is really important that we take responsibility within our whānau to ensure the wellness of our whānau and that we give life back to our own (Tariana Turia, Māori Party (381)).

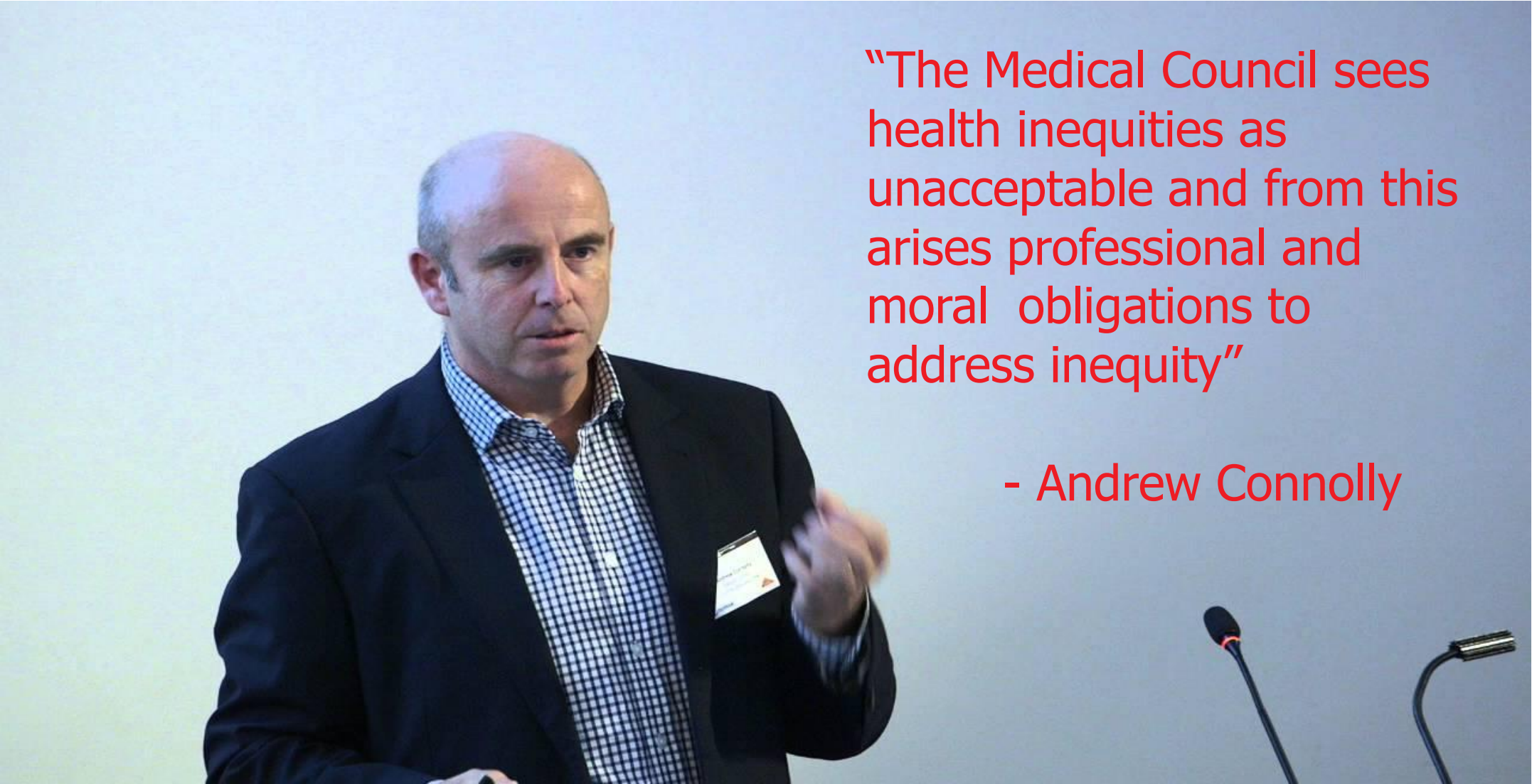
Martin P, 2013

Equity in Aotearoa in 2019

In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust.

Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.

Ministry of Health, March 2019

A middle-aged man with a receding hairline, wearing a dark suit jacket over a blue and white checkered shirt, is speaking at a podium. He is gesturing with his right hand. A name tag is visible on his left lapel. In the foreground, two microphones are positioned on the podium. The background is a plain, light-colored wall.

“The Medical Council sees health inequities as unacceptable and from this arises professional and moral obligations to address inequity”

- Andrew Connolly



Medical Council
of New Zealand
Te Kaunihera Rata
o Aotearoa

A partnership: MCNZ and Te ORA



“Improving cultural competence of practitioners and organisations to create culturally safe environments for both patients and doctors”

- **strengthen cultural competence**, including understanding the role and responsibility in the causes of, and possible solutions to, health inequity
- **improve cultural safety** for patients
- **improve the support** and cultural safety for those members of the profession who identify as Māori

Key outcome: To achieve health equity and improve health outcomes for Māori

Cultural Safety

“Acknowledges that you are the bearer of your own culture, history and attitudes. It requires you to acknowledge and address your attitudes, assumptions, stereotypes and prejudices towards people and communities who represent different cultures than your own”



What Success Looks Like



Sir Maui Pomare
NGĀTI MUTUNGA, NGĀTI TOA RANGATIRA



Te Rangi Hīroa
NGĀTI MUTUNGA



Tūhoro Wī Reipa
TE WHĀNAU A APANUI, NGĀTI POROU



Pōhau Ellison
NGĀI TAHU, TE ĀTIAWA



Rima Moore
NGĀTI KAHUNGUNU, RANGITĀNE, TE WHĀNAU A APANUI



CKD – National Goals (*MoH, 2015*)

1. All people with CKD are identified
2. Best practice in CKD results in optimal BP control, reduced rates of Scr rise and albuminuria in most patients
3. The long term prevalence of progressive CKD and ESKD and mortality are reduced
4. Ethnicity is a risk factor for screening

KHA CARI Indigenous Guidelines for CKD

CARING FOR AUSTRALASIANS WITH RENAL IMPAIRMENT

KIDNEY HEALTH AUSTRALIA CARI GUIDELINES

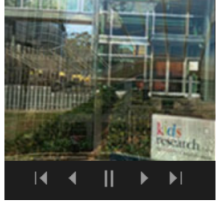
CHRONIC KIDNEY DISEASE GUIDELINES | DIALYSIS GUIDELINES | TRANSPLANT GUIDELINES

▶ ABOUT KHA-CARI
CURRENT PROJECTS
▶ GUIDELINE PROCESS
PATIENTS & CARERS
▶ IMPLEMENTATION
TOP 20 RESEARCH

Chronic Kidney Disease Guidelines

CHRONIC KIDNEY DISEASE GUIDELINES	STATUS
Acute Kidney Injury	May 2014
Cardiovascular Disease	May 2013
Diagnosis & Treatment of Urinary Tract Infection in Children	Nov 2014
Early Chronic Kidney Disease	May 2013

SEARCH KHA-CARI



healthliteracynz



kidney Health
NEW ZEALAND

- John Collins
- Suetonia Palmer
- Helen Rodenberg
- Rachael Walker
- Susan Reid
- Lee-Ora Lusi
- Tonya Kara



“The scope of a KHA-CARI CKD guideline for indigenous populations in Australia and New Zealand should be determined by the needs of intended users of the guidelines and consultation may be needed.”

- Feb 2016

Goals

1. Seek feedback and advice on the focus, content and scope of new clinical guidelines for the management of CKD among Māori patients and whanau
2. Seek feedback and advice on the opportunities for translation of the new clinical guidelines into consumer information, tools and education materials
3. Understand community priorities for CKD management



Patient and whānau hui



- 34 patients and whānau participated in hui in Napier, Hastings, Counties and Northland
- People participated because they wanted to know more about their kidney disease
- People were generally unsure of what kidneys do, why they are important and what affects them – **but wanted to know more**
- People did not know their kidney function was being monitored - instead described being **suddenly** told they were in kidney failure
- Or people were told they were at a certain stage but did not know what this meant
- The relationship between diabetes and kidney health had not been made clear before diagnosis of kidney failure

What wasn't said was telling



- Very few talked about transplant, live or deceased, and no one talked about pre-emptive transplant. When asked, people had been told little about transplant and assumed it was something to consider once dialysis stopped working.
- Very few talked about the full range of dialysis options
- No-one mentioned life expectancy benefits in relation to different forms of dialysis
- Strong sense that people had been given very limited options – in hospital or satellite clinic haemodialysis



Provider Hui & Feedback

- Want dynamic, updated, accessible guidelines
- Current renal guidelines are not Māori specific
- Lack of consumer focussed resources and education
- Lack of time / resources / access to specialists & advice

Guideline pou and topics



Whakawhanaungatanga
(building relationship and trust)

Critical consciousness (understand role of **colonization** in inequity)
Continuity of care (challenge rigid structures to advance equity)
Service integration (time/flexibility/person focused)
Psychosocial factors



Mātauranga
(building knowledge)

Mode of care delivery, tools, education, information
Supporting engagement and adherence (therapeutic alliance)



Rangatiratanga
(self-empowerment, self-determination, self-mgmt)

Health coach, navigation
Support, effective self-management (action plan)
Person and whānau focused (align person/financial/whanau/spiritual)
Resourcing – whānau, justice, structural, intergenerational
Internalised racism
Contextualised, individualized, shared goals



Oranga
(wellness, best outcomes including prevention and screening)

Effective models of healthcare delivery with Māori
Effective screening and referral
Identifying institutional racism in healthcare delivery
Prevention/delay of CKD
Supporting best practice outcomes (home dialysis/transplantation/pre-emptive transplantation/weight management (bariatric surgery), young person engagement)

Transplantation – Enablers

1. Apply Equity lens to Transplant Scoring System & Allocation
2. Addressing co-morbidities, including BMI
3. Whole of whānau health improvements
4. Early referrals to renal services and transplant workup
5. Health Service Capability – redesign / co design / safety
6. Māori Patient & Whānau Wishes – kōrero, rangahau

