Te Wero, Te Taiaha:
Equity in Kidney Transplantation

Curtis Walker, Whakatōhea, Ngāti Porou, FRACP
MCNZ Chair, Te ORA Board
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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

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

ANZDATA, 2017, Ch 10 (Indigenous)
77% non-MP

47% RRT

23% Popn M & P

53% RRT
Renal Replacement Modality

ANZDATA, 2017, Ch 10 (Indigenous)
Whanganui / Midcentral Renal 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
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.

The Renal Transplant Subcommittee of the National Renal Advisory Board developed the algorithm (subsequent revisions undertaken by the National Renal Transplant Leadership Team (NRTLT)) 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.

Equitable??

Policy for use of New Zealand Survival After Kidney system in patients assessed for deceased donor kidneys 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.

Equitable??
“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.“

“[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“

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)

<table>
<thead>
<tr>
<th>Ethnicity of patient</th>
<th>Offers (p=0.001*)</th>
<th>Tests (p=0.0005*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pākehā/NZ European</td>
<td>99 (89.2)</td>
<td>78 (70.3)</td>
</tr>
<tr>
<td>Māori</td>
<td>21 (80.8)</td>
<td>15 (57.7)</td>
</tr>
<tr>
<td>Pacific</td>
<td>19 (65.5)</td>
<td>6 (20.0)</td>
</tr>
<tr>
<td>Other</td>
<td>15 (60.0)</td>
<td>8 (32.0)</td>
</tr>
</tbody>
</table>
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)).
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.
“The Medical Council sees health inequities as unacceptable and from this arises professional and moral obligations to address inequity”

- Andrew Connolly
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
“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
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
- John Collins
- Suetonia Palmer
- Helen Rodenberg
- Rachael Walker
- Susan Reid
- Lee-Ora Lusis
- 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