

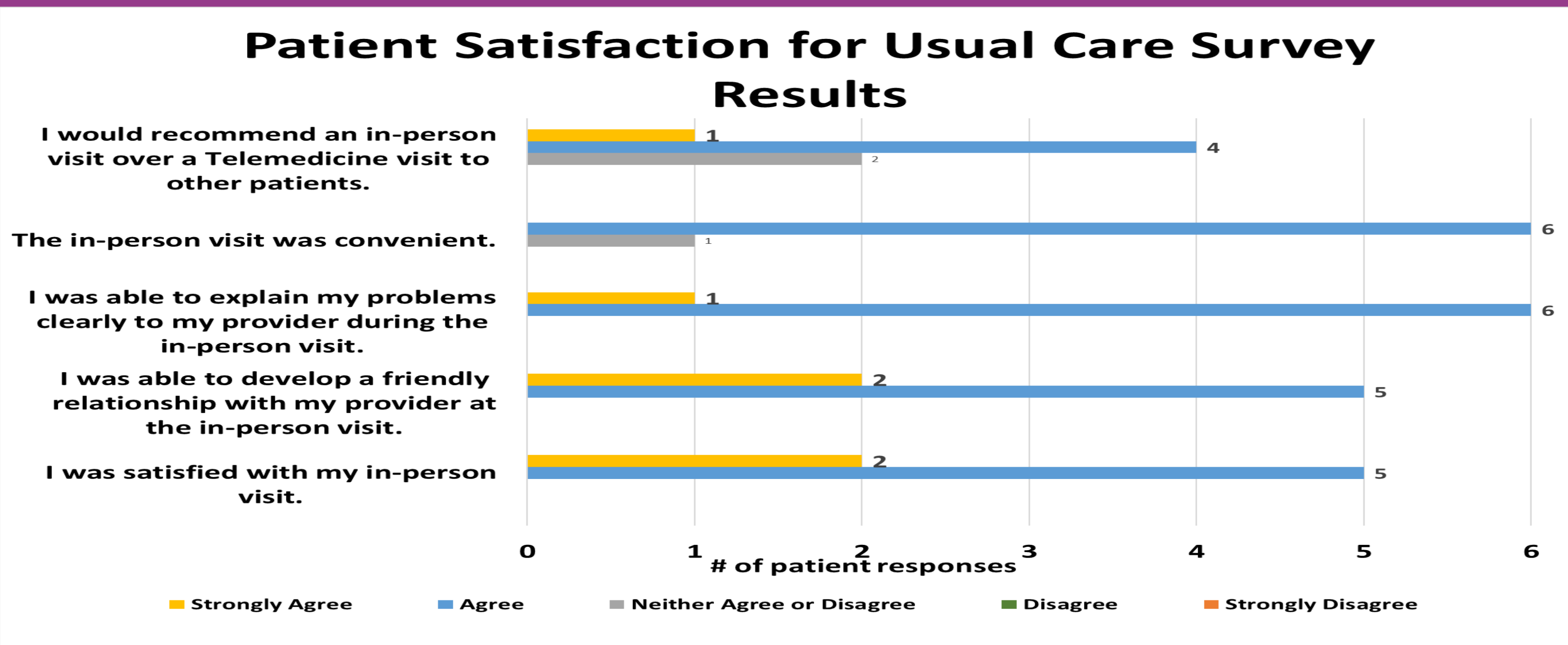
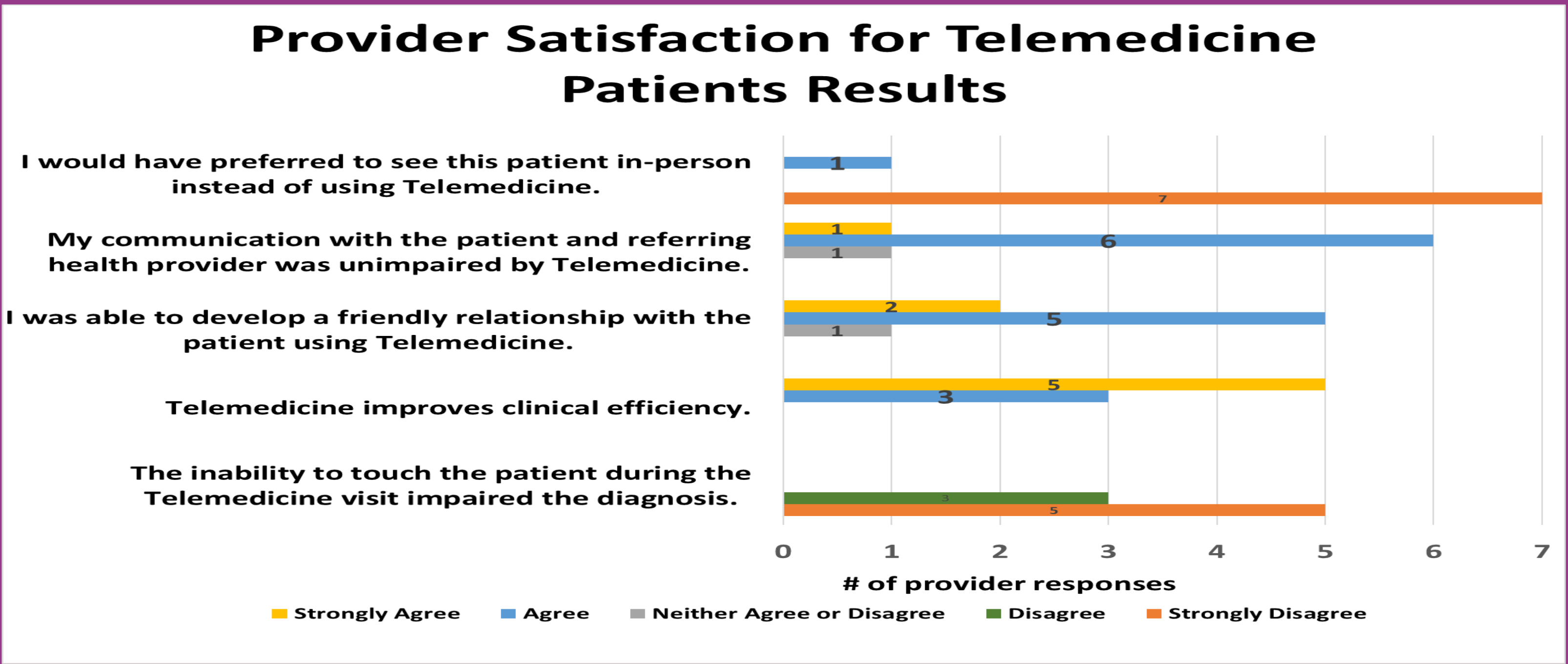
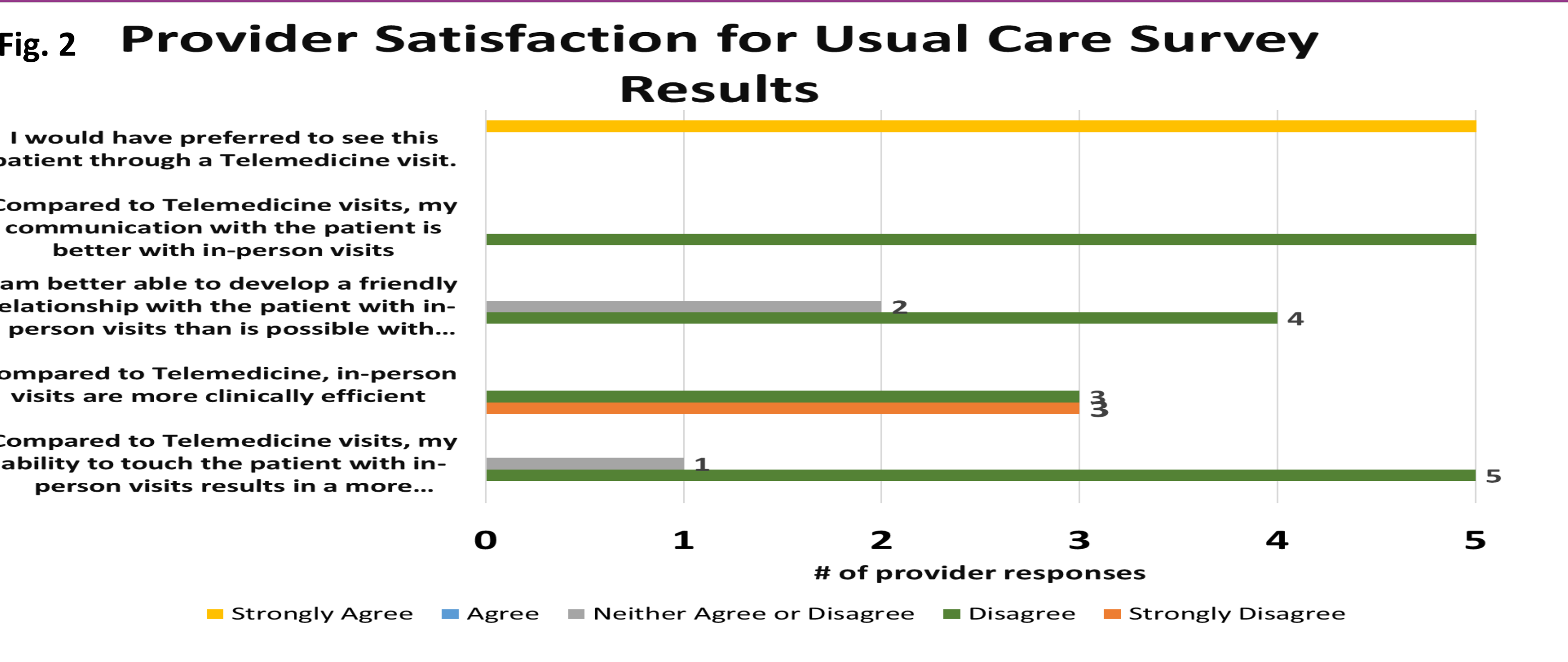
Feasibility Study of Telemedicine for Dialysis Patients Awaiting Transplantation

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Problem

Dialysis is the life-saving treatment for patients waiting for a transplant and approximately 80% of those patients waiting for a kidney transplant are on dialysis. In 2018, the NYULMC transplant waitlist was comprised of 406 patients who are on dialysis. The main focus of the study is to improve transplant clinic efficiency. Therefore the primary outcome, for which the study is powered, is waiting time until routine follow-up transplant clinic visit.

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There were two providers who filled out the Provider Satisfaction surveys for both UC and TM. Both prefer to see all patients via telemedicine. There is no disadvantage in using TM according to Fig. 2 and 4. According to Fig. 3 and 5, TM patients who filled out the patient satisfaction survey were overall satisfied with their TM visit and was able to develop a friendly relationship with provider as well as clearly explain their problems to provider. For waiting time, there is a mean of 92.0 days (SD=42.1) in the intervention group compared to a wait time mean of 113.0 days (SD= 57.0) in the control group. The results are encouraging but not statistically significant (p=.36).

Project Goal

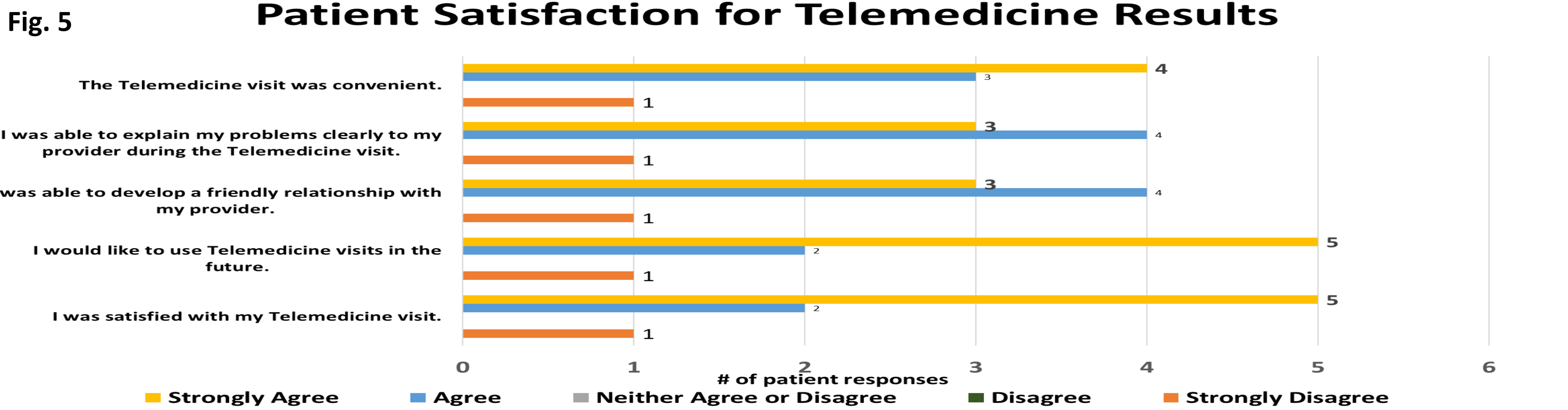
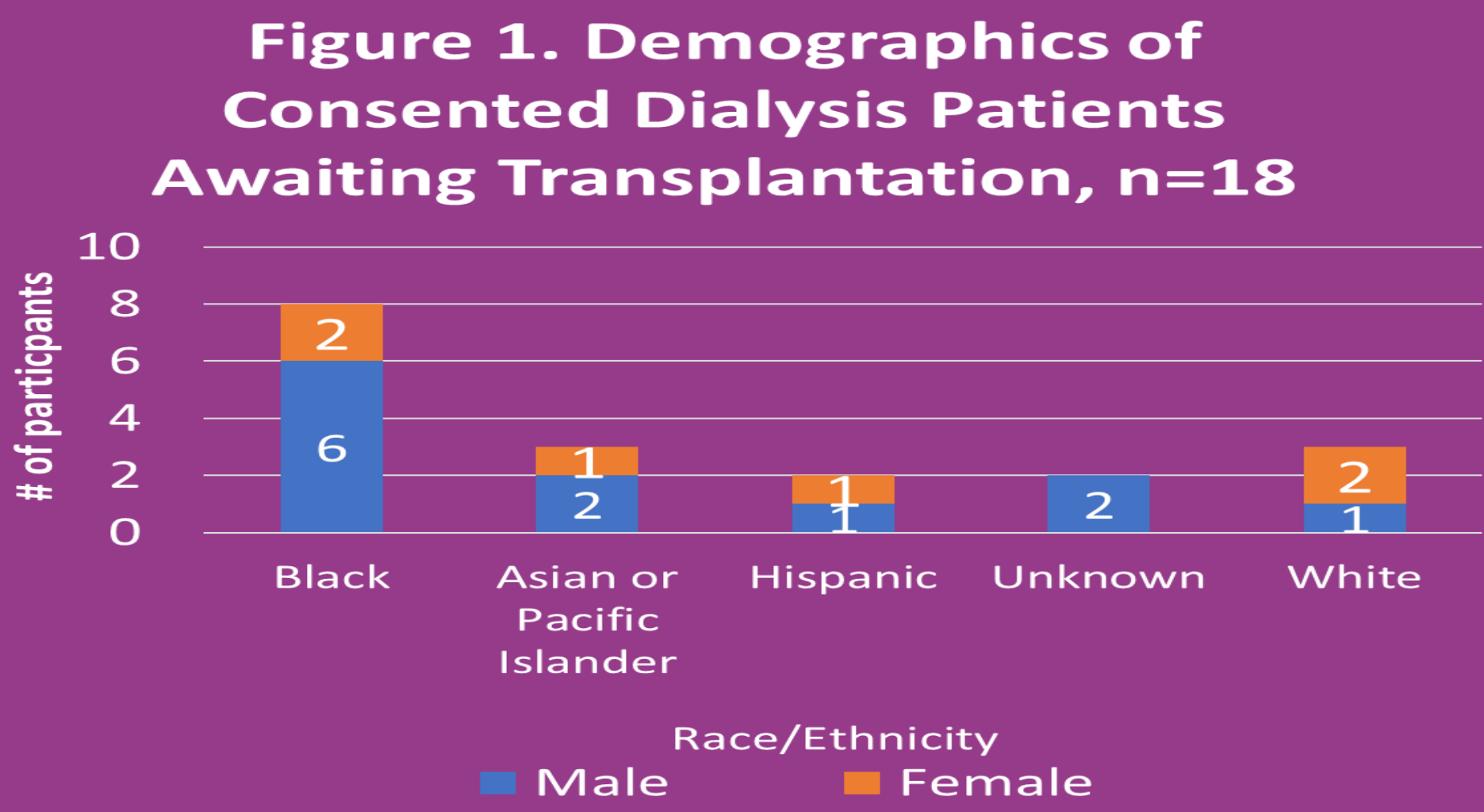
We hypothesize that compared to those randomized to usual care, participants randomized to a telemedicine intervention will demonstrate lower waiting times until their next routine follow –up transplant clinic visit.

Progress to Date

This study is still accruing patients. 18 patients enrolled in the study; 3 patients withdrew from study. 9 randomized to intervention (Telemedicine) arm while 9 randomized to the usual care arm. Average age of participants is 51.3 years.

Lessons Learned

The primary outcome is to determine if there is a change to next available appointment for follow up visit. There are many factors that contribute to this including clinic space and number of patients who are seen on a transplant evaluation consult day. Clinic site was changed (added more exam rooms) and the number of patients allowed to be seen on a given clinic day during the study fluctuated. These variables can effect the primary end point without having a direct correlation to the study intervention. Team would have considered an alternative primary end point that was a direct outcome of the study visit, such as patient satisfaction survey or number of patients whose listing status changed because of a finding from the study visit.



Intervention

- Eligible participants will be randomized to 1 of 2 groups: (1) usual care (UC) which is the routine 6-month follow up appointment at the NYULMC transplant center or (2) telemedicine (TM) visit conducted at the patient's dialysis unit as a replacement to usual 6 month routine f/u visit.
- Patients will be followed for 4 months post randomization to determine the number of days that elapse between randomization and routine transplant evaluation.
- Researchers will evaluate, at 4 months, the patient experience with TM that elicits participant perspectives on comfort, convenience, lack of physical contact, privacy, overall satisfaction, and whether they would use TM in the future. They will also evaluate overall satisfaction with care in both study arms, at baseline and 4 months, using the transplant center satisfaction survey.