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.

**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 follow-up 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.

**Problem**

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.

**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 follow-up 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.