



Penn Medicine
Transplant Institute

Overcoming Barriers to Kidney Transplantation

Department of Kidney Transplant

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OBJECTIVE

Define barriers to kidney transplantation and the potential solutions

- **What is the role of social support in kidney transplantation**
- **Discuss substance use vs. abuse and the impact on kidney transplant eligibility and behavior modifications**
- **What are the psychosocial barriers and social work interventions to support kidney transplantation**

UNOS Outlines Transplant Social Work Practice

- Psychosocial evaluation of potential living donors and recipients
- Substance abuse evaluation, treatment, referral, monitoring
- Individual counseling
- Crisis intervention
- Support Groups/ newsletters
- Patient care Conferences/family meeting
- Advocacy
- Patient and family education
- Referral to community services
- On going knowledge of social services available, regulations
- Death, dying, and bereavement counseling

The logo for UNOS (United Network for Organ Sharing) features the letters 'UNOS' in a bold, sans-serif font. The 'U' and 'S' are blue, while the 'N' and 'O' are green. A small 'SM' trademark symbol is located to the upper right of the 'S'.

UNITED NETWORK FOR ORGAN SHARING

Matching organs. Saving lives.

Transplant Timeline and Social Work Role

Evaluation

- Conducts psychosocial assessment to determine transplant candidacy
- Participate in interdisciplinary listing meetings
- Make recommendations on what things need to be addressed prior to listing
- Refer to resources as needed

Wait List

- Re-assesses patient yearly
- Addresses any psychosocial issues as they come up
- Collaborate with other disciplines to support patient

Transplant Surgery (inpatient)

- Meet with patient and family after surgery to re-assess for psychosocial needs
- Support patient and family throughout hospitalization
- Participate in interdisciplinary rounding
- Coordinate care for post hospitalization

Post Transplant Follow Up

- Follow up with patient/ their family and offer support
- Troubleshoot any medication issues or financial

Patient's Readiness Level and Illness Management

- **Knowledge and understanding of medical illness process**
- **Knowledge and understanding of the process of transplantation**
- **Willingness/desire for treatment (transplant)**
- **History of treatment adherence/compliance (pertinent to medical issues)**
- **Lifestyle factors (including diet, exercise, fluid restrictions, & habits)**

Social Support System Level of Readiness

- **Availability of social support system**
- **Functionality of social support system**
- **Appropriateness of physical living space and environment**

SOCIAL SUPPORT + HAVING A GOOD SUPPORT PLAN= SUCCESSFUL OUTCOMES

- ✓ **Having solid social support is crucial to successful patient outcomes following transplantation. It is important for potential transplant candidates to identify their support people before transplant to allow for a smooth recovery process after transplant.**
- ✓ **The purpose of this protocol is to provide a consistent approach for the transplant team in evaluating social support for transplant candidates. Practitioner(s) may deviate from the protocol based on clinical indication, if appropriate and documented, or in emergency or unusual circumstances.**



FAMILY SUPPORT MATTERS IN PATIENT CARE

- **Family psychoeducation is the most commonly used and an effective type of intervention used in working with families who have a member with a chronic illness, (Coulombe, Krzesni, & Jones, 2011).**
- **The goal of including family is to help patients start the process of healing and returning to activities they once enjoyed before their diagnosis, (Germani, et al., 2011).**
- **One or more caregivers is fundamental to a transplant patient's success, (Christiansen, Turner, Slaughter, Holman, 1989).**
- **Encourage patient & family attendance of doctors visits and to understand the transplantation process**

The Impact of Transplant Care

- Evaluation time & chances of delisting
- Amount of transplant resources needed
- Stress of patients, families, and caregivers
- Feelings surface and disrupt
- Risk of non- adherence
- Risk of readmissions
- Risk of poor outcomes, rejections, death

Psychosocial Barriers

- Housing insecurity
- Health literacy/education
- Mental Health
- No Insurance
- Financial Instability
- Complex Medical Issues
- Lack of support
- Transportation issues
- Substance use/ETOH dependency
- Non-adherence (dialysis treatment, appointments, medication)

Social Work Interventions

- **Active Listening**
- **Crisis Intervention**
- **Safety Planning**
- **Motivational Interviewing**
- **Case Management**
- **Education**
- **Family Meetings**
- **Support Plan**

SUBSTANCE USE DISORDERS & KIDNEY TRANSPLANT



Substance Use Disorders

- **Substance use disorders include excessive use of substances (e.g. nicotine, alcohol, illicit substances) that leads to social, academic, and/or occupational impairment. (Jahan & Burgess, 2023).**
 - **The individual continues to use despite significant substance-related problems (American Psychiatric Association, 2013).**

- **DSM-V Criteria for SUD Includes:**
 - **Impaired Control**
 - **Social Impairment**
 - **Risky Use**
 - **Tolerance Building**
 - **Withdrawal**

(American Psychiatric Association, 2013)



Alcohol Screenings

Alcoholism Screening



C

• Have you ever felt you should **CUT** down on your drinking?

A

• Have people **ANNOYED** you by criticizing your drinking?

G

• Have you ever felt bad or **GUILTY** about your drinking?

E

• Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**EYE** opener)?



Mnemonic: "CAGE"

AUDIT-C Screening

1. How often do you have a drink containing alcohol?

- (0) never, (1) monthly or less, (2) 2-4 times per month, (3) 2-3 times per week, (4) 4 or more times per week

2. How many standard drinks containing alcohol do you have on a typical day?

3. How often do you have six or more drinks on one occasion?

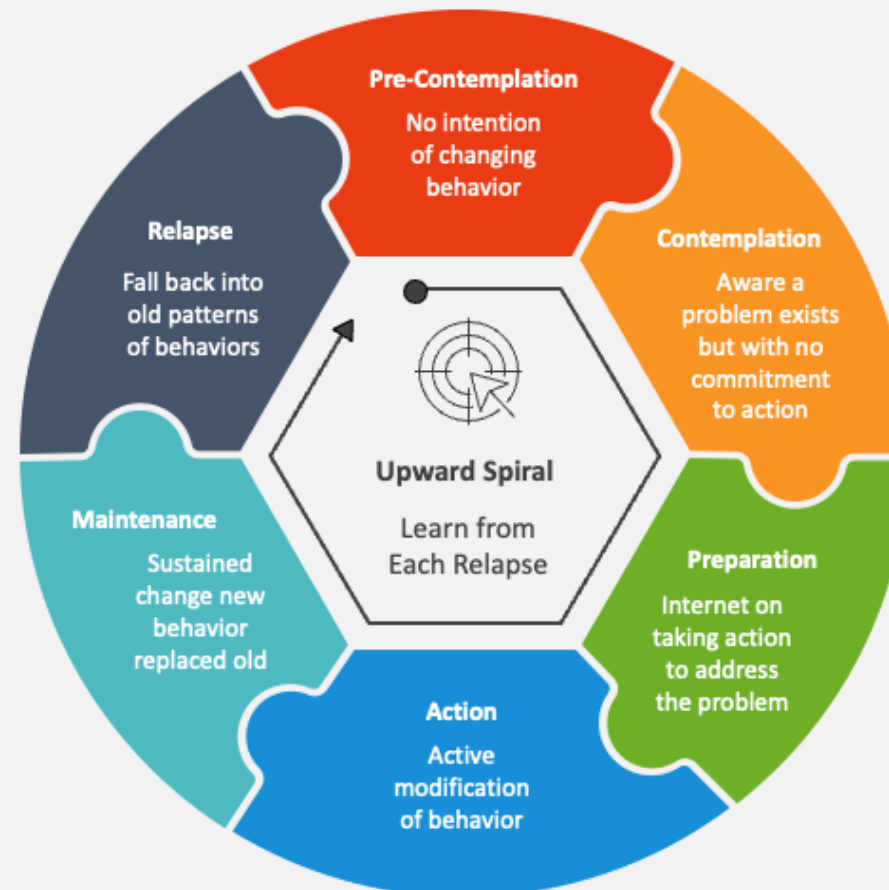
*Score of 4 or > positive in men for hazardous drinking or Alcohol Use Disorder (AUD)

* Score of 3 or > positive in women for hazardous drinking or Alcohol Use Disorder (AUD)

The Transtheoretical Model of Behavior Change

- Changing a behavior is not a coincidence but instead a process and different people are in different stages of change (SC) and readiness (Hashemzadeh et al., 2019)

STAGES OF CHANGE MODEL



Change and the Role of Health Care Professionals (HCP)

- There are Four Overlapping Processes for HCP:
 1. Engaging in a working relationship
 2. Focusing on a problem to change
 3. Evoking the person's desire to change
 4. Planning the change

(Frost et al., 2018)



Intention-Behavior Gap

- “The intention-behavior gap refers to the discrepancy between what a person intends to do and what the person does (Espinosa-Salas & Gonzalez-Arias, 2023).”
- The odds of a person being able to act according to their intentions can be influenced by:
 - Internal Factors (e.g. beliefs, skills, knowledge)
 - External Factors (e.g. health agreements, social support)
- Interventions should be tailored to the patient’s place on the intention-behavior spectrum
 - Promoting intention formation when patients don’t feel ready to change or recognize a need to change (motivation)
 - Facilitating initiation when intentions have been formed (making a plan)
 - Reinforcing behavior when action has been taken (staying on course)
 - Providing support when lapses occur (getting back on track)

Race/Ethnicity & SUD

- Research continues to suggest that patients who are both racial/ethnic minorities and substance users are less likely to be transplanted than their white counterparts (DeBlasio et al., 2022).
- “Double Jeopardy Effect:” additional disadvantage is added to a group with already diminished access to transplant (Cannon, 2022)

“Only when we can overcome the stigma attached to substance use and provide patients with the resources they need to overcome the barrier of dependence will we as a transplant community be able to achieve equity for our patients in this matter (Cannon, 2022).”

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