

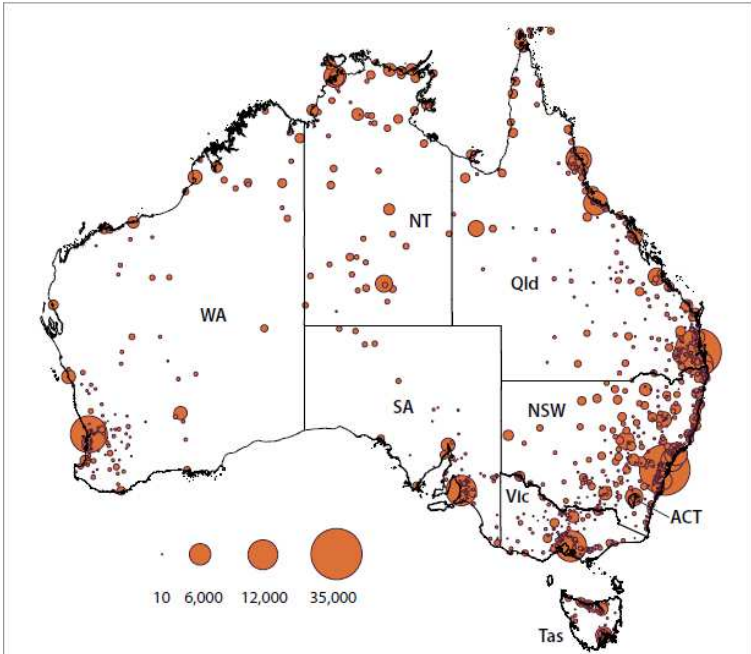


# Far North Queensland Perspective of Post Kidney Transplant Care in the Indigenous Population

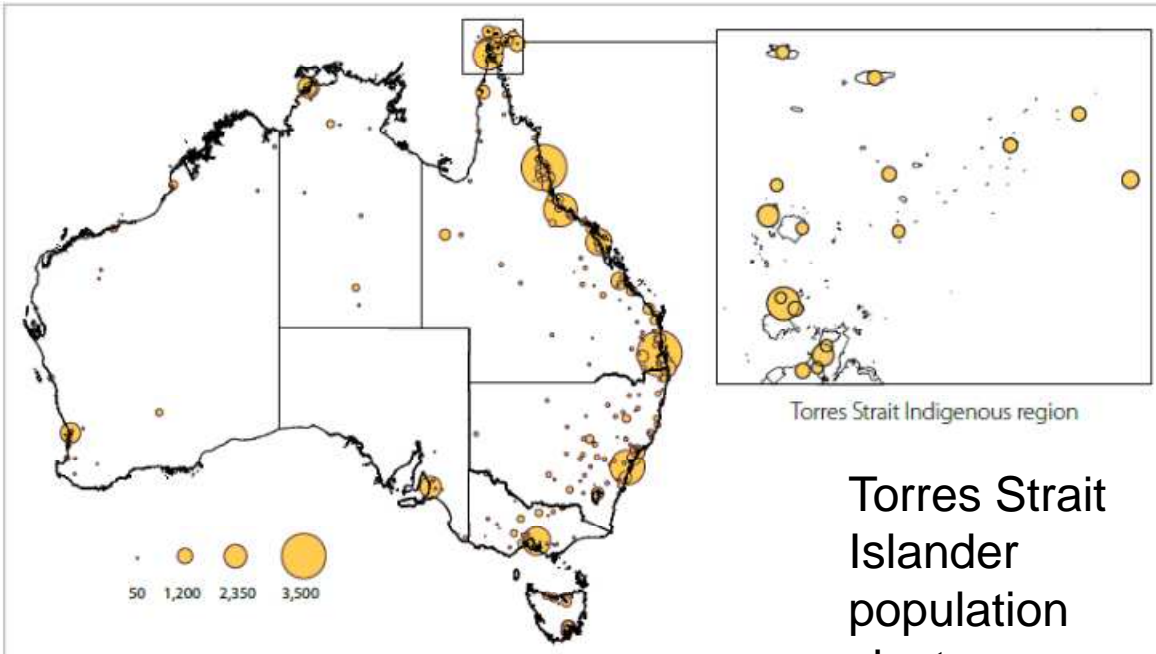
Darwin, IKTO, Oct 2013

Richard Baer (Nephrologist)

Bronwyn Hayes (Transplant Coordinator)

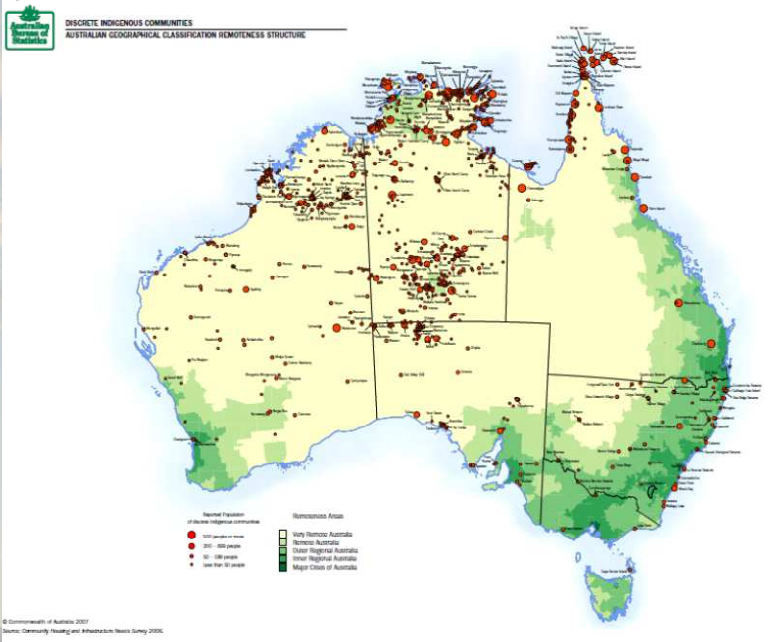


Indigenous population clusters



Torres Strait Islander population clusters

Individual communities



AIHW 2011

# Population stats

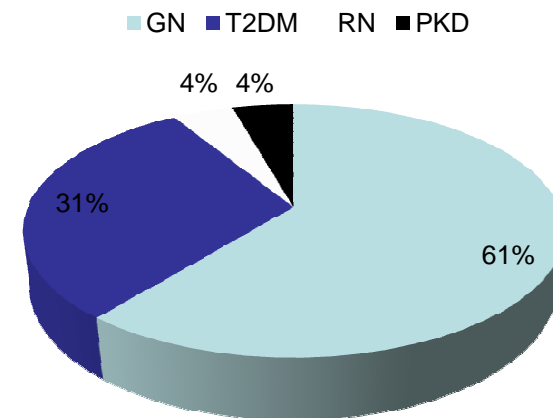
- Australia:
  - Indigenous 3% (~670000)
  - Torres Strait Islanders (and/or): 10% of these (~65000) - ~6000 actually in TSI
- Far North Queensland
  - Indigenous 10-14% (50-60% Torres Strait Islanders)



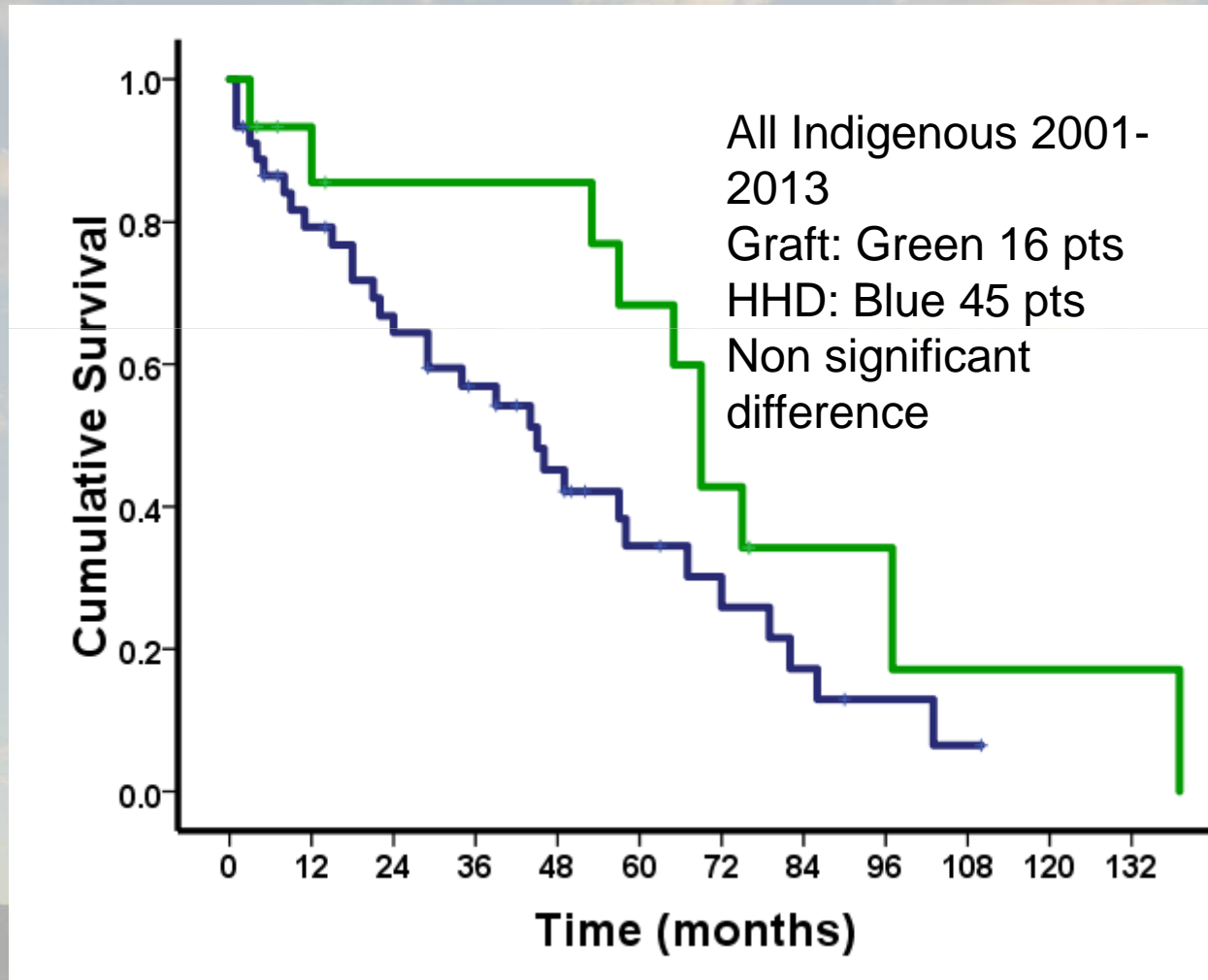
# 1990-2013

- 29 Aboriginal and Torres Strait Islanders transplanted
- 16 Aboriginal patients
- 13 Torres Strait Islanders
- 3 Tumour kidneys
- 1 DCD
- No LD

**Primary Renal Disease**



# Graft vs HHD survival



JP Killen  
Unpublished  
local data

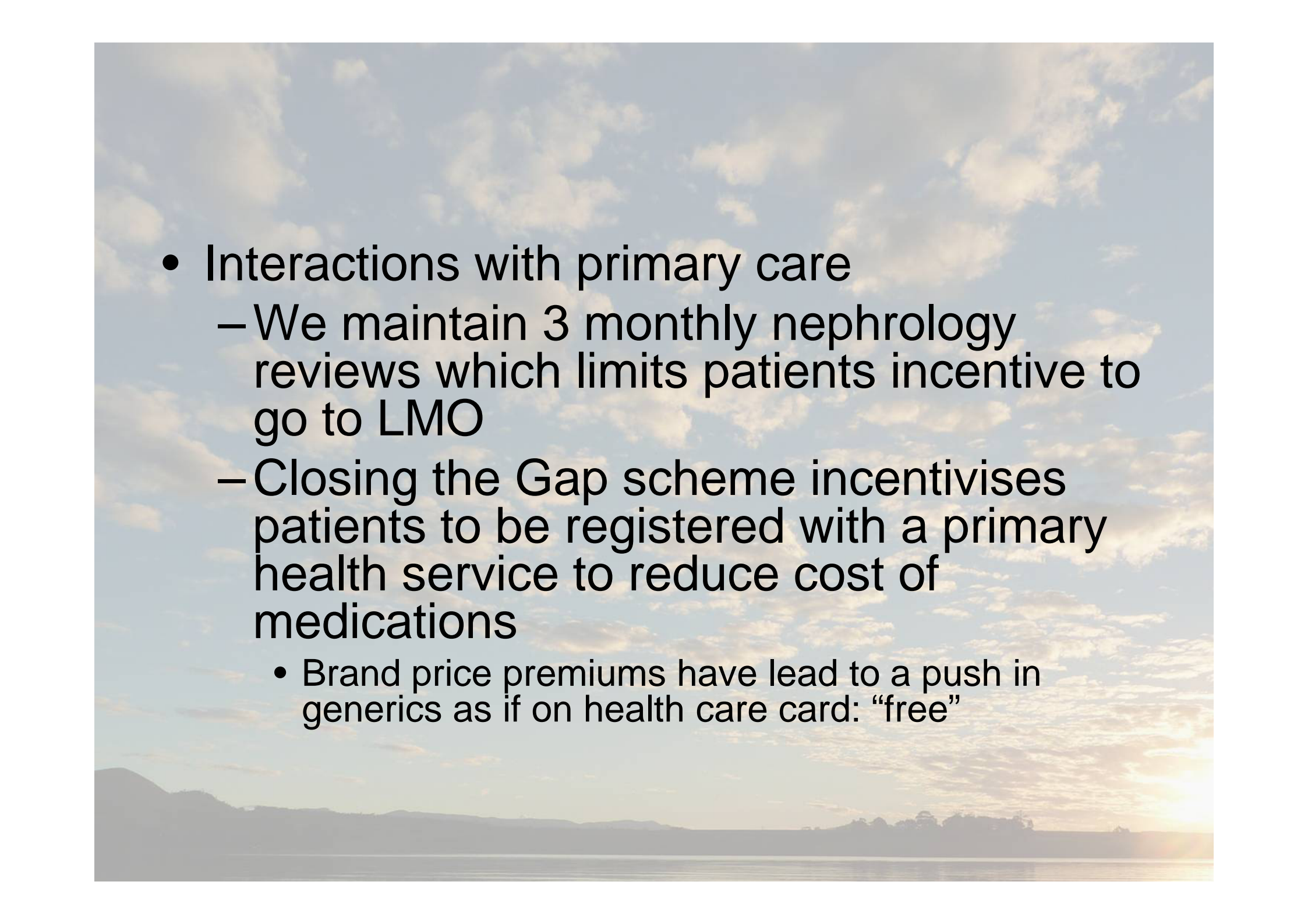
# Deaths

- 11 deaths, 5 in last 10 years,
- 2 Aspergillus related:
  - With function: Complicated biopsy - Aspergillus at 7 months
  - Without function: AMR treated heavily, Aspergillus at 16 months, graft failure (rejection) at 15 months
- 1 CAPS 3W post transplant
- Most others late cardiac or unknown
- 1 Cancer

# Current arrangements

- Timing of return – 8 weeks to us then we keep locally until 12 weeks
- Three monthly visits after >1yr indefinite
- 0.5 FTE Transplant coordinator
- Dedicated transplant clinic
- Prescription – open door policy between visits
- One patient videoconferencing alt with visit



- 
- Interactions with primary care
    - We maintain 3 monthly nephrology reviews which limits patients incentive to go to LMO
    - Closing the Gap scheme incentivises patients to be registered with a primary health service to reduce cost of medications
      - Brand price premiums have lead to a push in generics as if on health care card: “free”



# Support systems for patients

- **Transplant Coordinator**
- Renal Indigenous Liaison Officer
- Renal Dietician
- Community Clinic nurses
- Remote Generalist
- Outreach pharmacy
- Telehealth
- RFDS (doctor's clinics, and transport)

# Transplant Coordinator - Pre

- Pre transplant education including from existing transplant patients
- Active participation/responsibility in workup
- Psychological preparedness
- Trust and rapport building with continuity of care from haemodialysis to transplant

# Transplant coordinator - Post

- Text message patients to improve attendance
- Medication management
- Cyclone stock management/disaster preparedness
- Ensuring pharmacy supply
  - Eg Thursday Island pharmacy not stocking mycophenolate

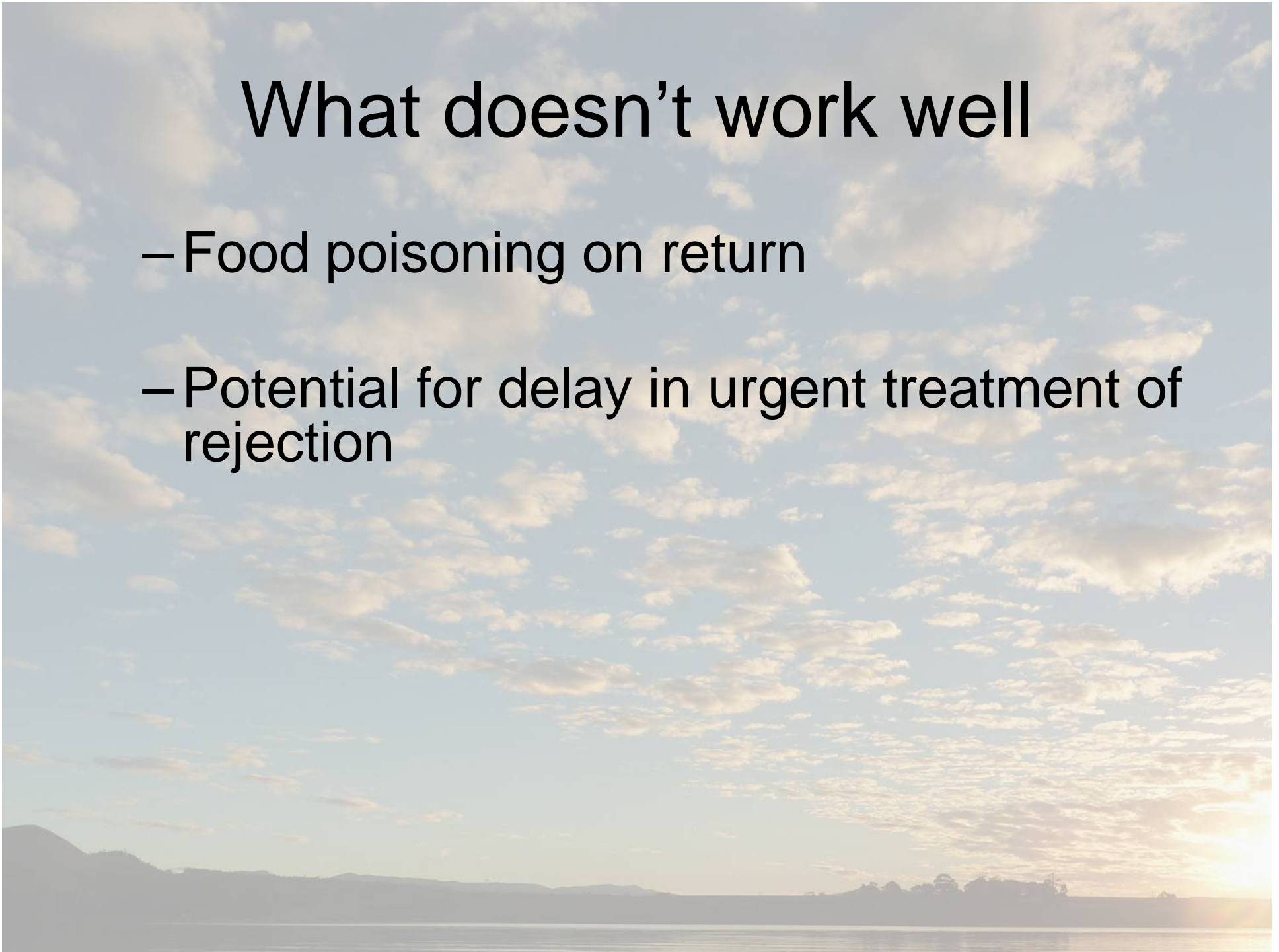


# Successes/ reflections about what works well

- Low DNA rate in clinic
- Dummy run to Brisbane
- Managing to transplant patients from Islands
  - Logistics difficult but sorted
  - Ischaemic time acceptable
  - As usual: takes from the home dialysis population

# What doesn't work well

- Food poisoning on return
- Potential for delay in urgent treatment of rejection



# Ways to improve on present practice/ suggestions about improvements

- ACCHC underutilised resource
- Communication with GPs
- ?Protocolise empiric methylprednisone administration for remote areas