

EDITH

The Effect of Differing Kidney Disease Treatment Modalities and Organ Donation
and Transplantation Practices on Health Expenditure and Patient Outcomes

Pilot Project EDITH

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Conclusions and Recommendations

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Disclaimer

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Conclusions / Recommendations

- There are substantial differences in the frequency of RRT and CCM between the European countries.

Access to kidney transplantation and different forms of dialysis and CCM should be improved across the EU Member States.

Measures to improve the situations should be guided by the experiences of nephrologists and patients. To this end, it is needed to identify and implement actions that are tailored to clusters of countries with similar characteristics with the ultimate objective of providing equal access to good quality healthcare throughout the European Union.

Conclusions / Recommendations

- There is a large variation among EU countries regarding the tariffs and DRGs referring to different RRT treatments. Differences among EU countries find their root mainly in the organization of National Health Systems.

Independent of this, first investigations show a greater cost efficiency for transplantation beginning in second year after transplantation.

For deeper analysis, several limitations need to be further addressed such as the difference of reimbursement costs and real costs.

Conclusions / Recommendations

- Conclusions with regard to specific comorbidities and risk factors depend on the volume of a data base. This applies both, to the transplant recipient as well as the living donor.

A European registry supports the advancement of scientific knowledge as well as the establishment of preventive strategies and health policies in order to optimise the use of scarce organs. Establishing a network for European data collection will also facilitate further scientific studies.

To allow for conclusions in an adequate time frame, data bases should be combined within the EU.

Conclusions / Recommendations

- The majority of EU Member States supports the aggregation of national data.

However, as long as data delivery to a European registry will take place on a voluntary basis, Member States should be encouraged by their health authorities as well as national registries and professional organisations to collect data on transplantation activities and outcomes and to submit standardised data sets to an international registry.

Conclusions / Recommendations

- In order to ensure the sustainability of the European Transplant Registries (ETRs), a solid governance structure is needed. The governance structure has to address the political and the scientific relevance of the registry and has to include all contributing Member States as well as a European Scientific Organisation/s.

During the EDITH a framework for the governance structure was developed, which was supported by the NCAs.

This framework should be used as a blueprint for the future governance structure of the ETR(s).

Conclusions / Recommendations

- All stakeholders expect from the ETRs that its data are reliable, actual and their reports and analyses are scientifically sound.

The European Transplant Registries should respect the interests of all its stakeholders.

Because of the nature of the data, data have to be handled in compliance with national and European data protection and data safety regulations.



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