## **Healthy People 2010 Operational Definition**

4-6. Increase the proportion of patients with treated chronic kidney failure who receive a transplant within 3 years of registration on the waiting list.

National Data Source U.S. Renal Data System (USRDS), NIH, NIDDK.

State Data Source U.S. Renal Data System (USRDS), NIH, NIDDK.

Healthy People 2000

Objective

Not applicable.

Changes since the 2000 Publication

Revised baseline (see Comments). Revised target (see Comments).

Measure Cumulative percent.

**Baseline (Year)** 20.0 (1998)

Target 29.5

**Target-Setting Method** Better than the best racial/ethnic subgroup.

For a discussion of target-setting methods, see Part

A, section 4.

**Numerator** Number of persons under age 70 years receiving a

kidney transplant within 3 years of the first ESRD

service date.

**Denominator** Number of ESRD persons under age 70 years who

are in treatment for end stage renal disease within 3

years of the first ESRD service date.

**Population Targeted** U.S. resident population.

Questions Used To Obtain the National

**Baseline Data** 

Not applicable.

**Expected Periodicity** Annual.

**Comments** The USRDS data, data collection procedures,

calculation methods, and other technical information

are included in its Annual Data Report.<sup>1</sup>

USRDS uses data collected by the Centers for Medicare and Medicaid Services. Since 1996, health care providers are required to provide patient information on all persons with ESRD, regardless of health insurance. Therefore, incident rates reflect the universe of ESRD cases in the United States.

The actual and target percentages here are different from those in the original Healthy People 2010 objective, which measures the number of transplants per 1,000 years at risk after placement on the wait list.

The previous approach did not include pre-emptive or transplantation from living donors. In order to more completely characterize the transplant process, we assessed the cumulative percent of patients receiving a kidney transplant within 3 years of the first ESRD service date (incident patients, first transplant). This method was chosen to ensure that we included all patients who would receive either a living or cadaveric graft, both of which represent a successful outcome.

The original 1995-97 baseline of 41 percent was revised to 20.0 percent (data year 1998) due to a change in methodology (see above). Data on the number of persons on transplant waiting lists include data from the Organ Procurement and Transplant Network (OPTN). The Organ Procurement and Transplantation Network is the unified transplant network established by the United States Congress under the National Organ Transplant Act of 1984. OPTN maintains the nation's organ transplant waiting list and recipient/donor organ characteristics. All U.S. transplant centers and organ procurement organizations must be members of the OPTN to receive any funds through Medicare. A complete description of the transplantation data (including OPTN) used to track this objective is available from USRDS.<sup>1</sup> The target was proportionally adjusted from 51 percent to 29.5 percent to reflect the revised baseline using the original target-setting method.

For some measures, data do not meet the criteria for statistical reliability, data quality, or confidentiality and have been suppressed. Information on suppression of data for the major Healthy People 2010 data systems has been published in a *Healthy People Statistical Note*.<sup>2</sup>

See Part C for a description of USRDS and

## Appendix A for focus area contact information.

## References

- 1. United States Renal Data System, USRDS. 2010 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United State. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2010.
- 2. Klein, R.J.; Proctor, S.E.; Boudreault, M.A.; Turczyn, K.M. Healthy People 2010 Criteria for Data Suppression. *Statistical Notes* No. 24. Hyattsville, MD: National Center for Health Statistics. 2002.

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