

Follow-up through telehealth of patients registered on the Renal Waiting List to evaluate aspects that define suitability at the time of being called for Transplant in the province of Buenos Aires, Argentina

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Introduction In Argentina it is common for patients to remain on the Waiting List for long periods of time before accessing the transplant, therefore periodic re-evaluations are necessary to determine suitability. These reevaluations are not always completed and there are patients who lose the possibility of a transplant because not be in condition at the time of the procurement process. For this reason, follow-up was carried out by telephone with trained personnel outside the transplant team to determine different aspects of the situation of patients on the renal Waiting List domiciled in the Province of Buenos Aires and it was evaluated if there were differences between those who had exclusive public coverage and those who had social security or prepaid Health Companies. **Methods** A form was built with 14 questions aimed at confirming the patient's coverage, knowledge of the need to be periodically re-evaluated to determine suitability for the transplant, participation in procurement processes, level of satisfaction with the care of the Transplant Team, having a reference within of the team and what role they play in it and the results of the survey were compared between two groups of patients, with public coverage and with social security or prepaid Health Companies. To carry out this comparative study, the Factor Independence Test was used through the Pearson Chi Square Test with a significance level of 0.05. **Results** The group studied was 349 patients with Public Coverage and 272 with Social Security or prepaid Health Companies. Both groups were comparable in sex and age distribution. Between the two groups there was no significant difference (p. 0.1478) to the question if they knew that they had to be re-evaluated at least once a year while they are active on the Waiting List, but there was a significant difference for the items attended to be re-evaluated annually at Transplant Center (p. 0.0001) in favor of patients with social security and participation in Procurement process (p. 0.005) in favor of patients with exclusive public coverage. Analyzing this last aspect, patients with exclusive public coverage participate in more procurement processes because they remain on the Waiting List for longer, often being inactive for the transplant. Regarding the level of satisfaction that patients have with respect to the Transplant center, it is more favorable (p. 0.001) in patients with exclusive Public Coverage. **Conclusions.** We conclude that although patients with and without social security coverage know that they must undergo periodic reevaluations to confirm their suitability to perform a transplant, patients with exclusive public coverage perform it less frequently, generating less accessibility to the Transplant because they are not suitable. The level of satisfaction of patients in both groups is high with respect to the care received, being higher in patients with Exclusive Public Coverage