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I am a transplant surgeon and program director of a kidney and pancreas transplant program at a safety net hospital. Efforts to increase transplant access are important; however collecting referral data is only half of the story. Referral frequency (and patient characteristics) will have low utility without ALSO knowing the denominator of patients surrounding the transplant center who are on or nearing dialysis (and their characteristics). Additionally, sharing these data through individual reports is time consuming and unnecessary and would be better operationalized through data pushes from the EMR.

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