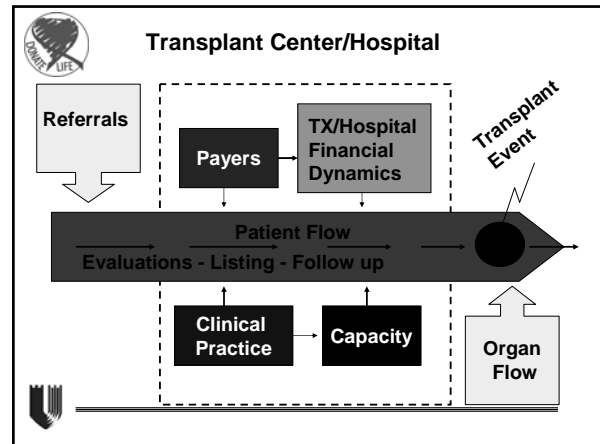


## Organs: Thumbs Up or Down The Transplant Center Perspective

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## Considerations in Organ Acceptance

- Risk of the organ vs. benefit to that particular patient
- Individual Program Performance Standards
- Regulatory Performance Standards



## Patient Concerns: Ex: Livers

- MELD at transplant ( and patient co-morbidities) and "risk" of organ
- Risk of PNF and status 1 issues in your UNOS region
- Organ type: ECD DCD CDC "high risk" Donor Risk Index
- Informed consent and patient input



## Individual Program Performance

- Survival or condition of patient s transplanted within 1 year
- Are there "high risk" patients within your center already at risk for limited survival ?
- Number of re-transplants and their impact on survival and fiscal data ?
- Do you already have "outliers" ?
- What is your program's impact on the overall resource utilization of your institution ?
- Are your finances in order to assume more risk without wrecking your finances ?



## Regulatory Performance Metrics

- CMS/OPTN UNOS/ SRTR
- JCAHO/ "Center s of excellence" BCBS
- Goal: 85% 1 year survival and standard 3 year survival
- Example:
  - 40 liver transplant s a year
  - 85% = 34 patients
  - 3 year survival 70% = 28 patients



## Conclusions

- Transplant centers exist in a very complicated environment
- Organ risk for small to moderate size programs is a significant factor in graft acceptance
- Programs may or may not be able to “tolerate” high risk patients and high risk organs (balanced by “N” of transplants)



## Conclusions

- Potential solutions:
- Regulatory and Payer performance “forgiveness” for programs high risk patients and high risk organs
- Payer and CMS differential reimbursement by donor risk and patient risk ( share fiscal risk )
- Alignment of payers for adjustments for cost of care ( CMS – fee for service)
- Tighten “outlier gaps”

