

**Patient Affairs Committee  
Meeting Minutes  
March 19, 2019  
Conference Call**

**Darnell Waun, RN, MSN, Chair  
Garrett Erdle, MBA, Vice Chair**

**Introduction**

The Patient Affairs Committee (PAC) met via Citrix GoTo teleconference on 03/19/2019 to discuss the following agenda items:

1. Education Topic of the Month: Overview of Transplant Cost Reporting and Contracting
2. Organ Center Kidney Accelerate Placement Concept (KAP)

The following is a summary of the Committee's discussions.

**1. Education Topic of the Month: Overview of Transplant Cost Reporting and Contracting**

Transplant administration staff from the University of Pennsylvania Transplant Institute presented an overview of transplant cost reporting and contracting as part of PAC's monthly education series.

Summary of discussion:

Committee members began discussion by inquiring as to what the "Centers of Excellence" designation meant and its potential effects on patients. The "Centers of Excellence" refers to the managed care commercial contracts, such as the Blue Distinct Centers for Transplant at the Institute of Excellence. These entities review transplant hospital outcomes and quality standards. If the hospital meets the standards and outcomes, then contract negotiations are initiated. In terms of the impact on patients, some employers may require that patients enroll at a Center of Excellence in order to receive full maximum benefits. If a patient chooses not to enroll at a Center of Excellence, then that patient may accrue out-of-pocket expenses. However, it is the responsibility of the patient to check with their employer to determine if they are offered this benefit. The University of Pennsylvania staff (hereby referred to as "UPenn staff") went on to discuss how this impacts access, specifically referrals. Furthermore, financial coordinators make it their priority to look at employer driven factors, such as a patients' acceptable amount of insurance, types of insurance benefits offered, where a patient can be listed and any maximum cap on cost.

Another PAC member was concerned about the increase in transportation costs associated with the elimination of DSA and asked whether the University of Pennsylvania has analyzed the current transportation cost per organ, and how this transportation cost may change. UPenn staff replied that they have analyzed transportation costs overall, and have noticed an increase in cost. However, though they did not have a specific percent increase calculated for each organ type, UPenn staff replied that their lung costs had nearly doubled because of increased transportation costs. UPenn staff also explained that cost reports commonly rely on averages (which increases variability, and can greatly impact small transplant programs), and often times there is a lag time between incurring costs and payment received. Because of this, UPenn staff are in the process of analyzing these costs further in order to determine if there needs to be further contractual negotiations.

PAC members voiced concerns that transplant programs may lack the necessary systems to analyze the cost impact of new OPTN policies have (especially in regards to living donors). UPenn staff clarified that for living donors, the donor's costs are covered by the recipient's insurance (or payer). However, the challenge for transplant centers is ensuring that the recipient's insurance covers all expenses for the donor, and does not inadvertently transfer any costs. Another challenge is that living donors are healthy people that are removed from the workforce, which results in lost wages. In order to combat this barrier, some transplant centers will cover lodging and travel costs for living donors.

Other discussion revolved around the lack of cost standardization amongst transplant centers. UPenn staff explained that OPOs charge different fees when importing or exporting organs, which is an ongoing challenge for transplant centers. OPOs have sought to standardize costs, but there is still progress to be made. On the other hand, patients are charged a fixed cost (including organ acquisition), which is adjusted on an annual basis by center. The only other fixed cost mentioned was the physician fees associated with recovering an organ, because Medicare reimburses these fees. Lastly, in general, transplant centers traveling outside their local OPO's donation service area (DSA) incur more costs, which is difficult to control for.

## **2. Organ Center Kidney Accelerate placement Concept Paper (KAP)**

UNOS staff presented an overview of a pilot project put forth by the Organ Center. This pilot project seeks to solve the underutilization of kidneys by using data to identify donor "triggers" for accelerate placements and transplant centers that utilize hard-to-place kidneys.

### Summary of discussion:

In the following discussion, PAC members asked whether the efforts from the COIIN project might inform this pilot project. UNOS staff responded that like the COIIN project, the pilot is attempting to place high KDPI kidneys.

Other PAC members asked whether UNOS would consider other qualifying criteria in the future, such as HLA matching of minority populations. UNOS staff responded that they identified approximately two dozen initial criteria, and then focused the analyses to only eight. The reasoning is that UNOS wanted to not exclude too many transplant centers, but do support including more criteria in the future.

Lastly, PAC members questioned whether the SRTR would be compiling the outcomes from this program, or if UNOS will drive this post-analysis. Unlike the COIIN project, participating programs' outcomes will not be monitored any differently than they are now.

### Next steps:

Due to time constraints, PAC members will reach out to UNOS staff with any further questions or concerns.

## **Upcoming Meeting**

- May 21, 2019