

Financial Considerations: OPO Perspective

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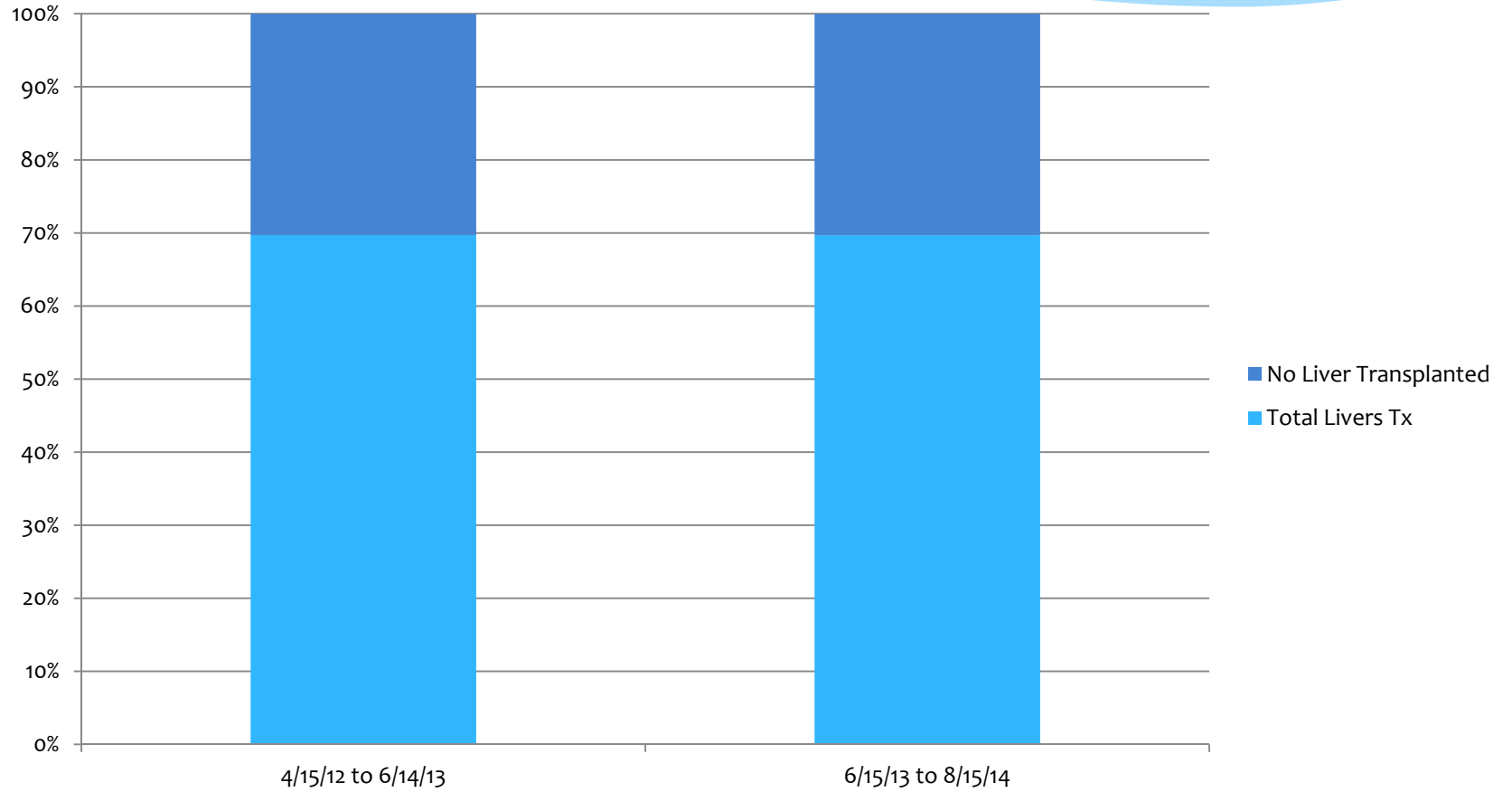


Oklahoma and Region 4 Share 35 Experience

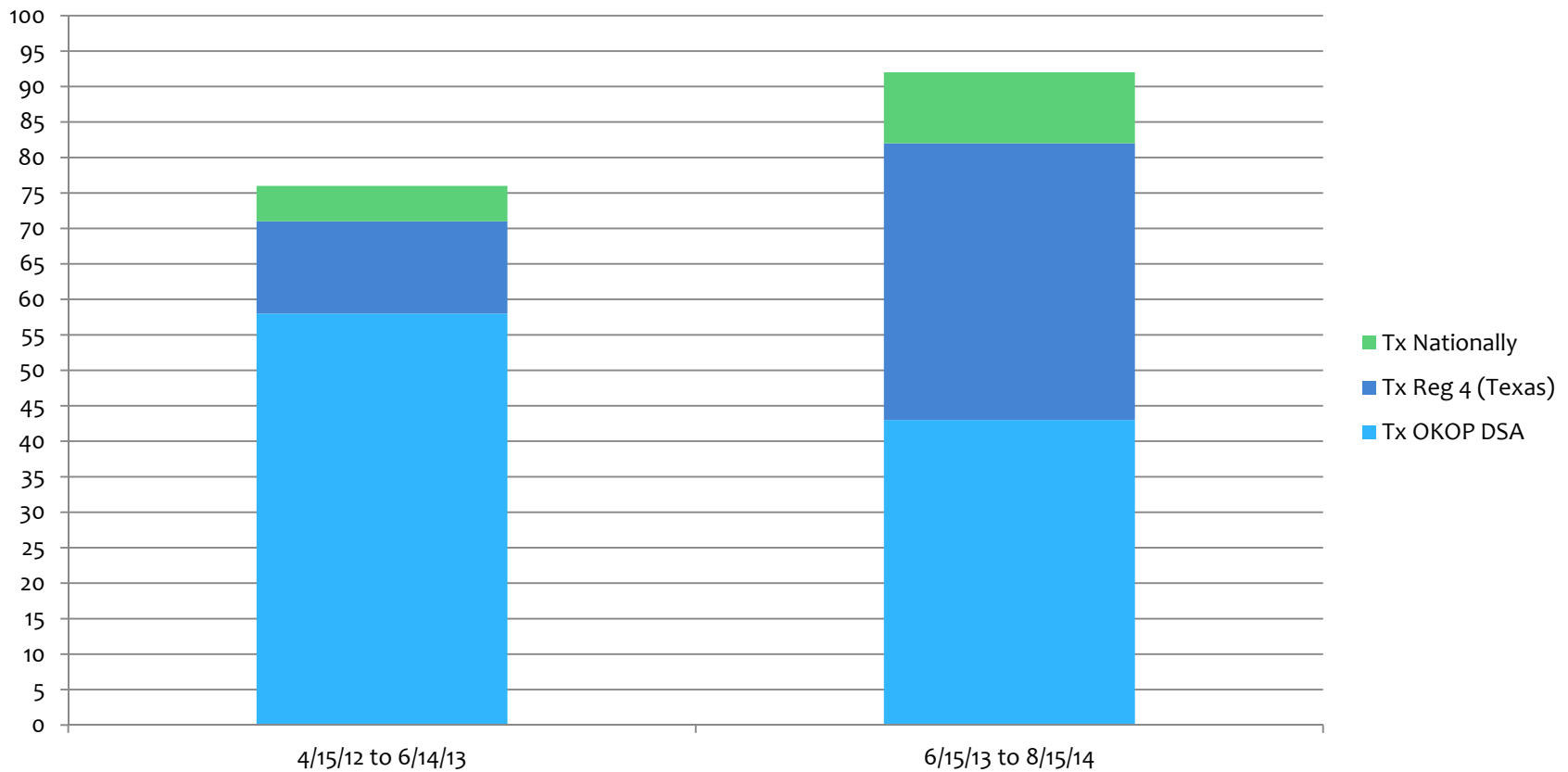
- * No increase in % of deceased donors yielding a transplanted liver
- * 322% increase in livers exported/imported
- * Added third perfusion position to cover increased fly-out volume
- * Despite 21% increase in locally procured donors and 550% increase in imports, net number of transplants in Oklahoma has only risen from 62 to 65
- * Region 4 discard rate increase by 250% (UNOS Reg 4 data Spring 2014)



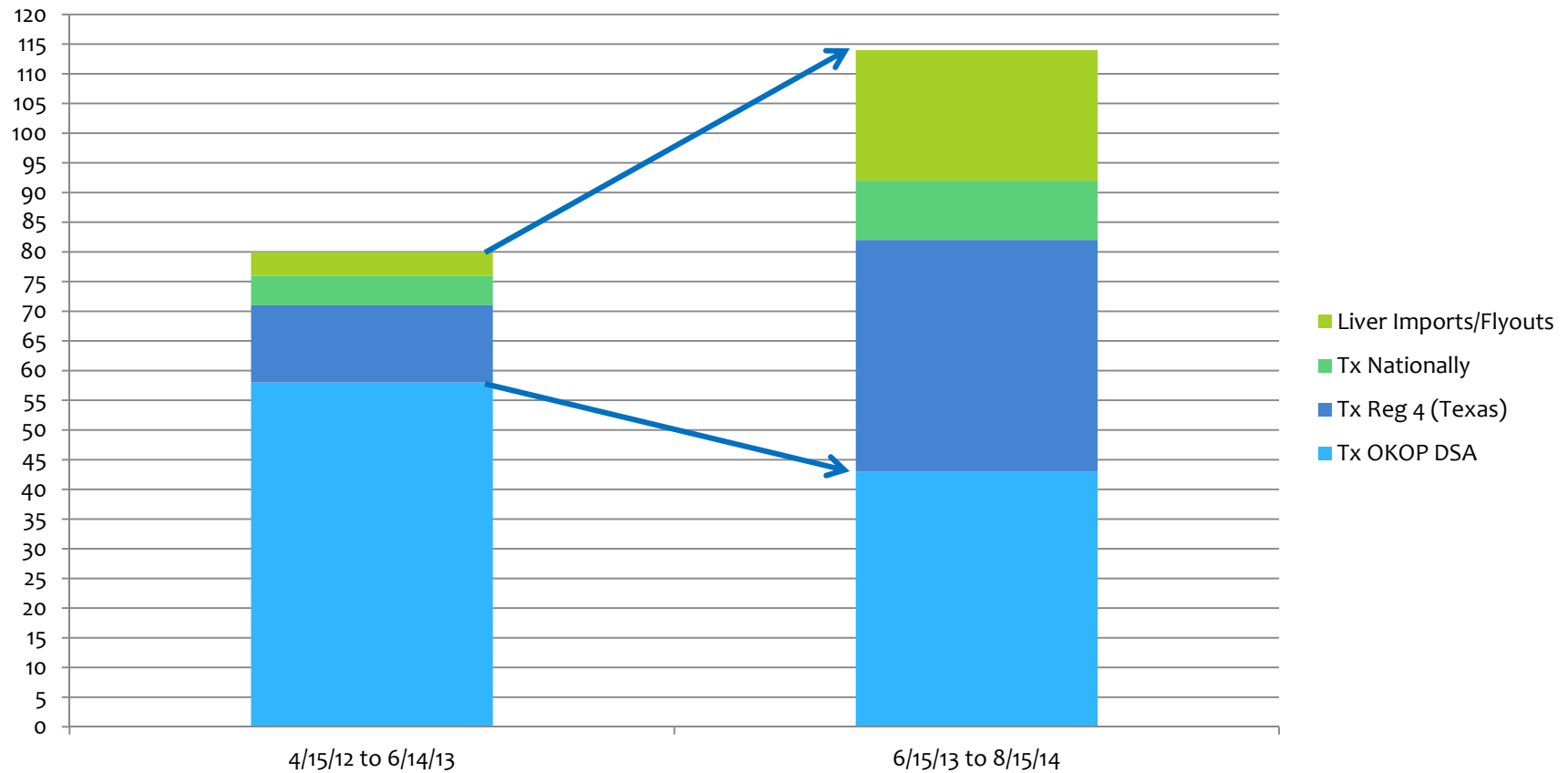
OKOP - % of Local Donors with Tx'd Liver: Pre- and Post-Share 35



OKOP - Total Locally Recovered Livers Transplanted Pre- and Post-Share 35: Distribution



OKOP - Locally Rec and Imported Livers Transplanted Pre- and Post-Share 35: Distribution



Beyond Share 35: Broader Sharing Impact?

- * Increased ICU time?
- * Longer transport times?
- * Hospital relations?
- * Staffing impact?
- * Ultimately, have we studied Share 35 long enough and in depth enough to know the answers?



OPO Cost Impact - Direct

- * Increased case times will also increase hospital cost
- * Charter cost



OPO Cost Impact - Indirect

- * Increased case time and increased fly-outs increase staff cost (overhead)
- * Export organs and import organs both count on cost report for purposes of overhead allocation
- * Increased overhead allocation to livers results in increased SAC even if staff costs remain the same



Big Picture Implications/Questions?

- * What is the impact of increased SAC charges on payer contracts?
- * Do we know enough about impact of Share 35 to further broaden sharing?
 - * *Unintended consequences? (18 y.o. liver to 77 y.o. MELD 40, bypassing MELDs of 35-39 aged 20-35)*
- * Is national average data really an accurate picture of broader sharing's impact in the wide-open middle of the country?
 - * *Moving a liver from Miami to OKC WILL increase the C.I.T. of that organ when compared to using it in Florida.*



Final Thoughts

- * Ultimately two questions to answer...
 - * Does broader sharing decrease deaths on the waiting list?
 - * If so, is the true cost/savings acceptable to society?

