

Measures of geographic disparities: Are waitlist outcomes enough?

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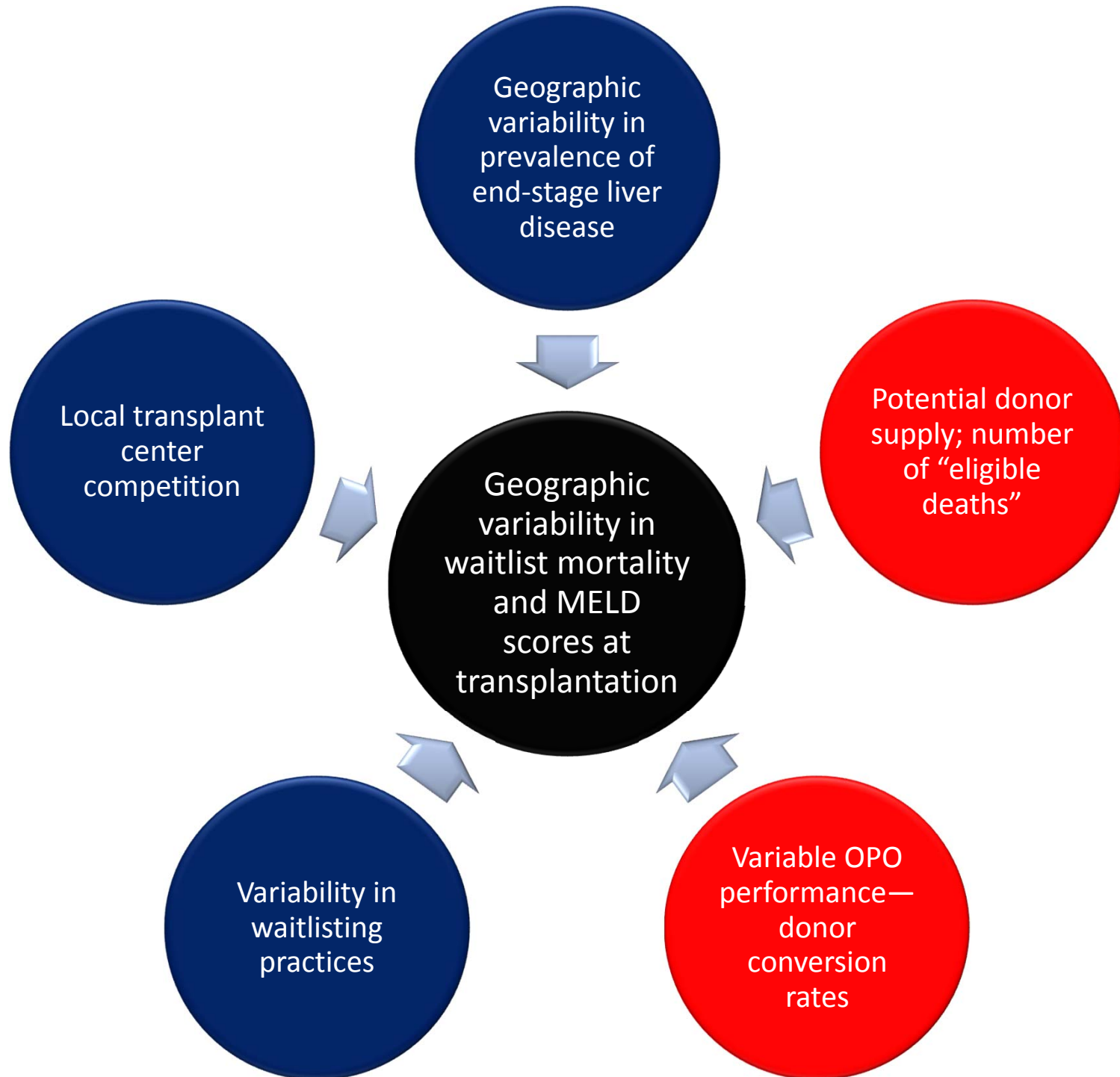
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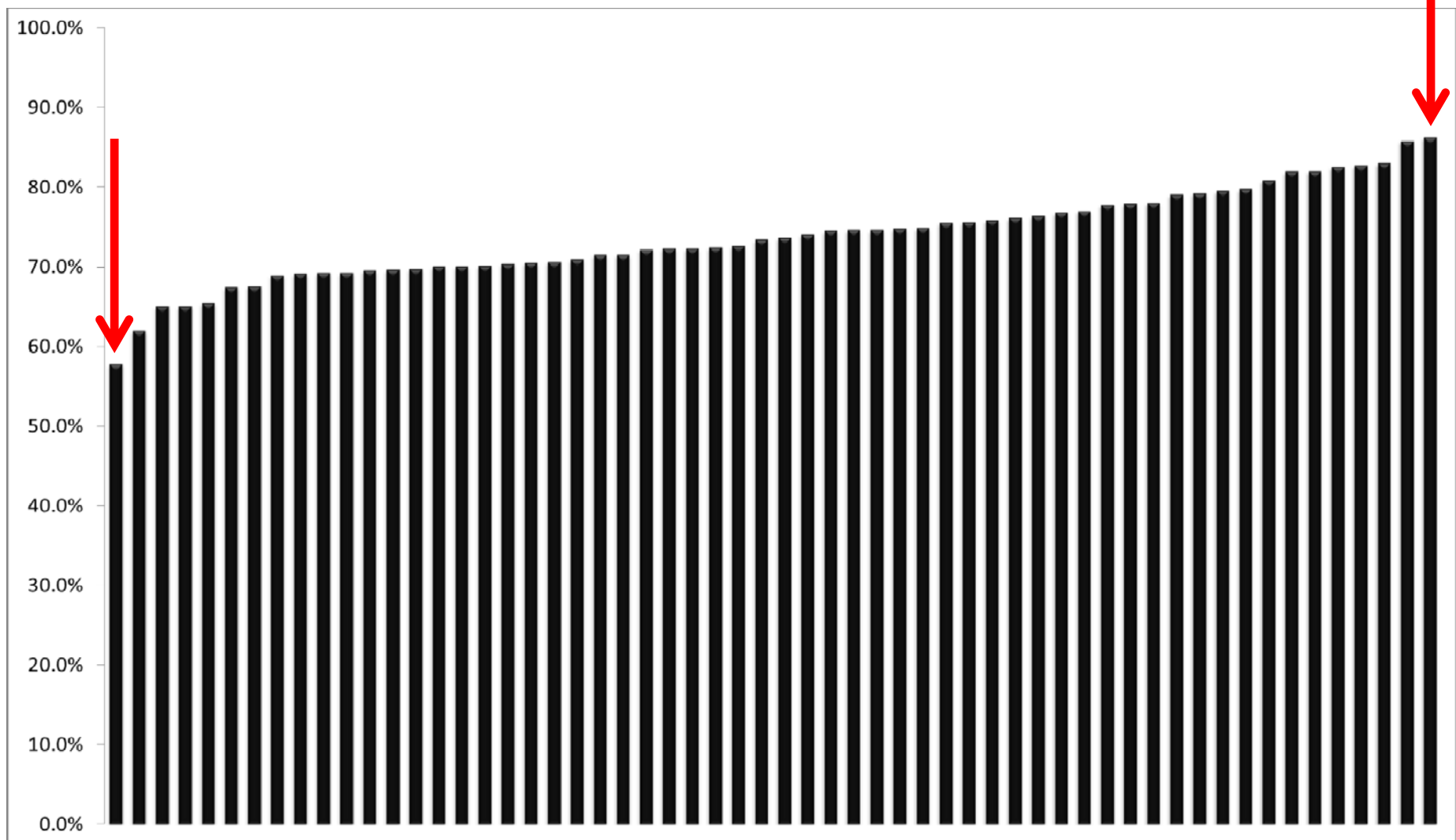
Introduction

- Current measures of geographic disparities focus solely on waitlist metrics
 - MELD at transplant
 - Waitlist mortality
 - Waiting time
 - Transplant rates
- Waitlist metrics reflective of complex balance of supply and demand
 - Supply: Redistricting only redistributes the currently used supply, not usable supply
 - Shifts organs from high performing OPOs->low performing OPOs
 - Demand: Waitlist demand \neq true demand
 - Many patients with esld who could benefit from transplant never get wait-listed
 - There is convincing evidence of large geographic variability in access to the waiting list
- Broader concerns
 - Our goal as hepatologists/liver specialists should be population health – outcomes for the entire pool of patients with advanced liver disease
 - Waitlist metrics do not account for outcomes in the broader population who are potentially eligible for transplant



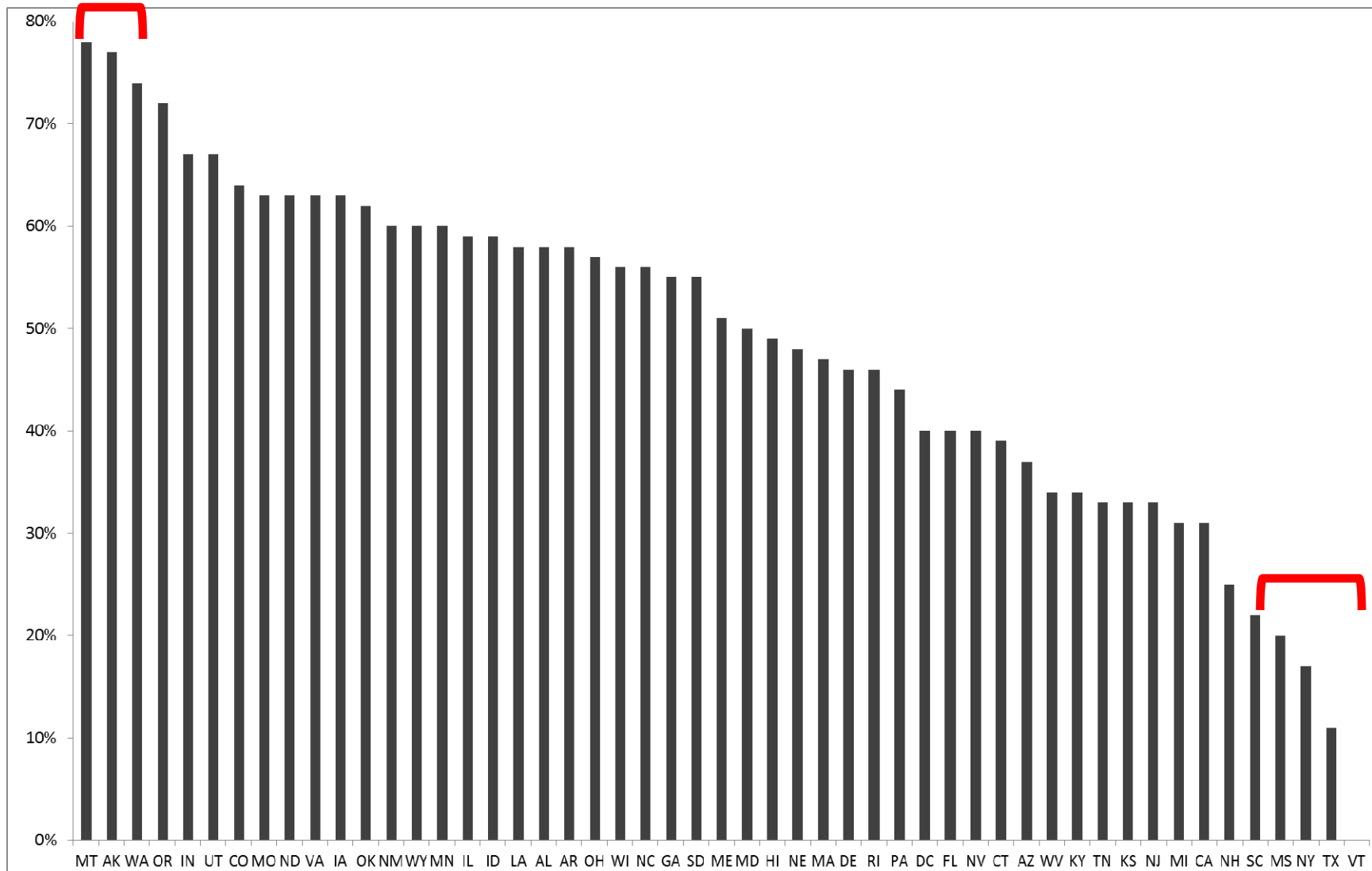
Used organ supply does not reflect potential organ supply due to variable OPO performance

Donor “authorization” rates among reported eligible deaths per OPO, 2008-2013



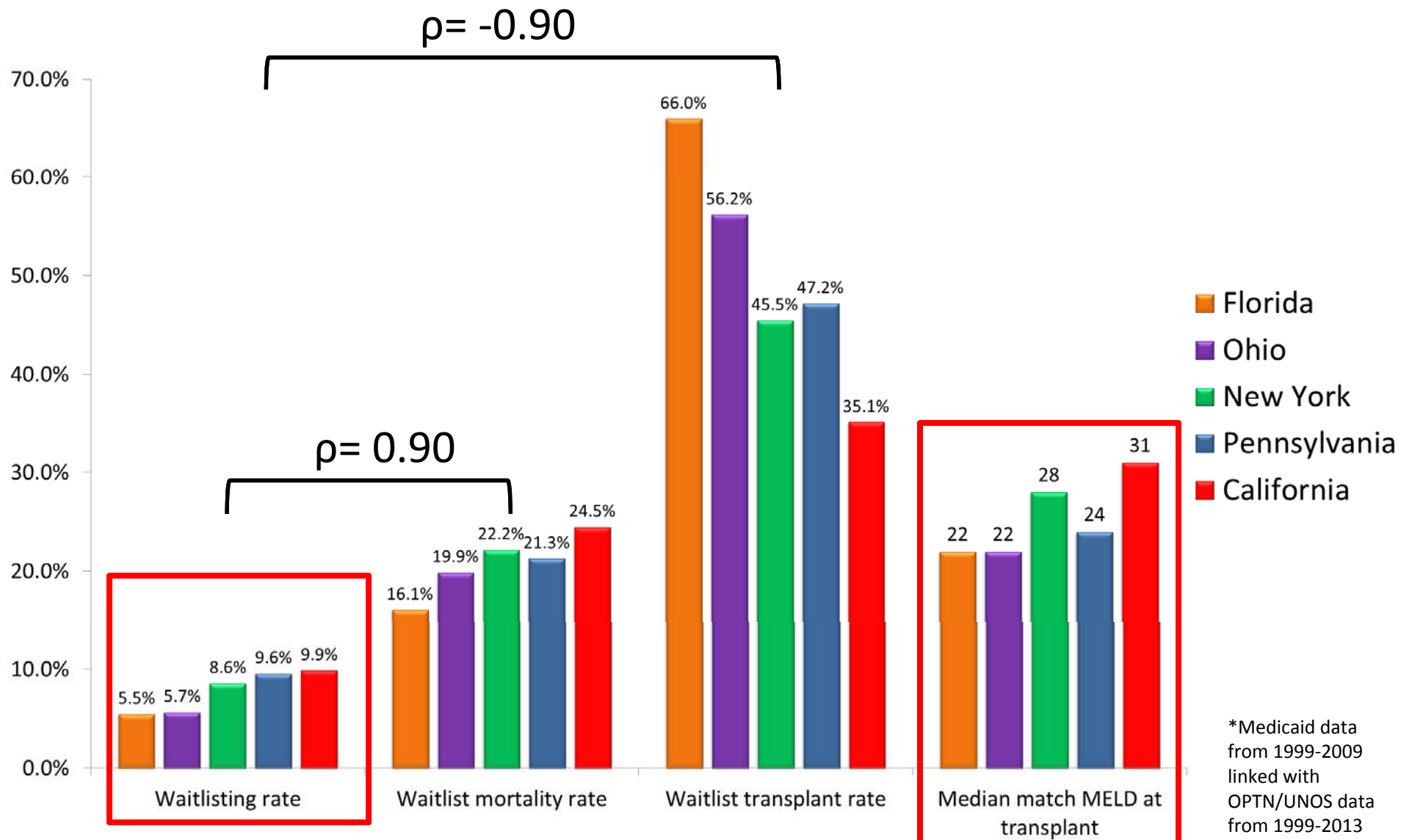
According to OPTN/UNOS data as of 9/30/2013

Untapped organ supply due to statewide differences in donor designation

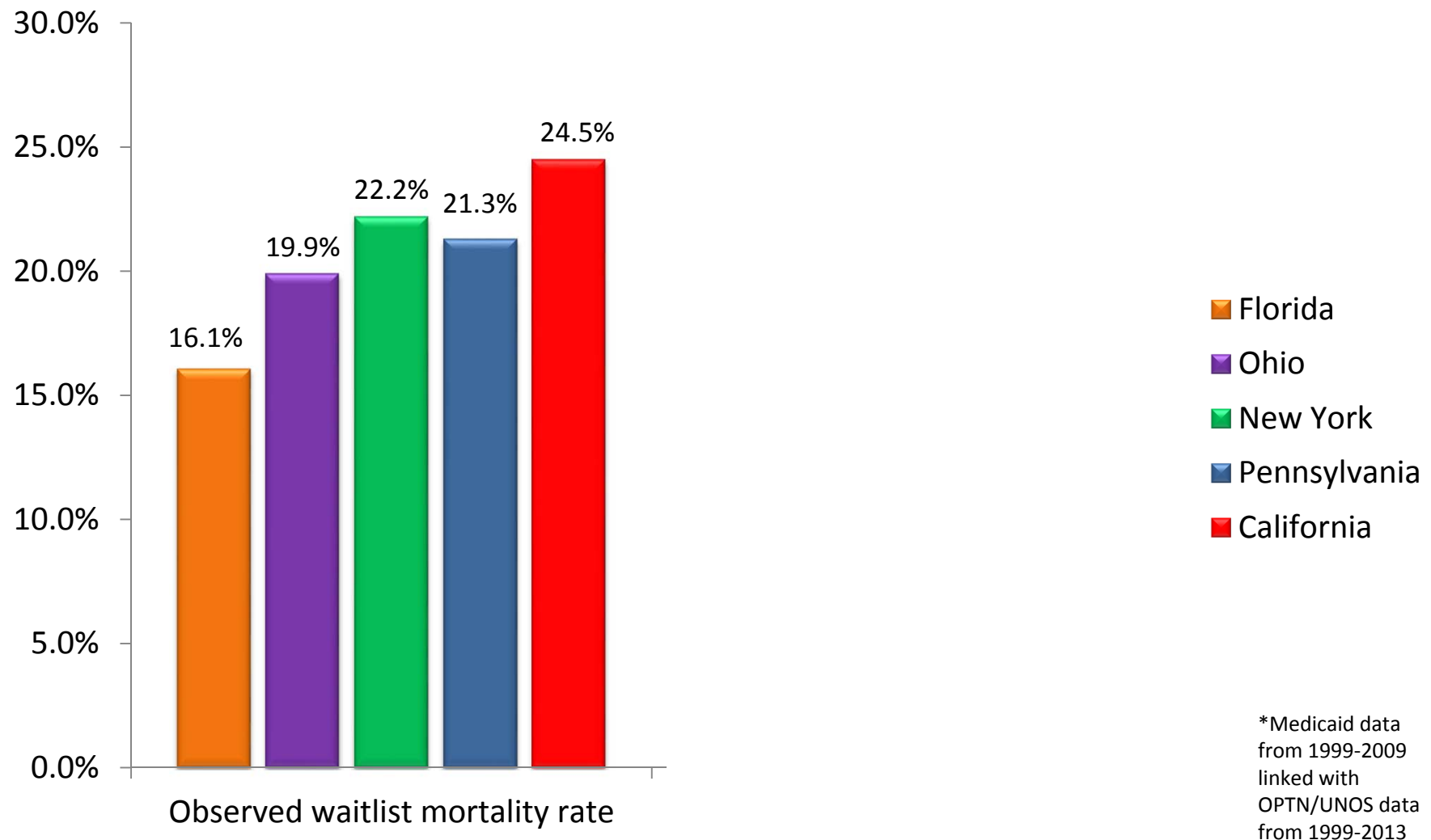


Courtesy of Peter Reese, MD, MSCE, via Gift of Life Philadelphia

Waitlist demand impacted by variable waitlisting practices: Correlation of waitlisting rates and waitlist metrics

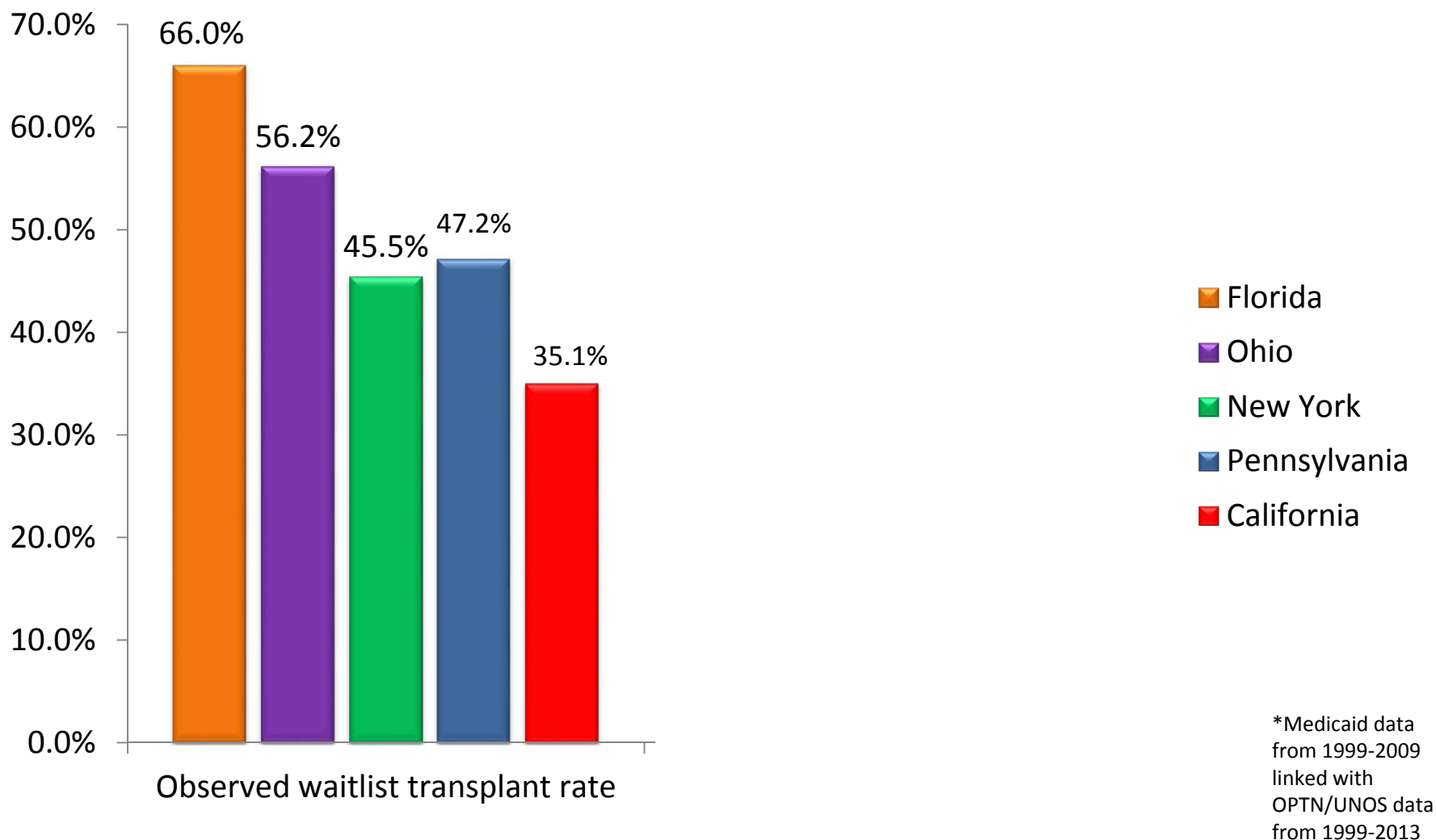


Impact of waitlisting rates on waitlist metrics: Simulation suggests similar waitlist mortality rates if all five states had similar waitlisting rates

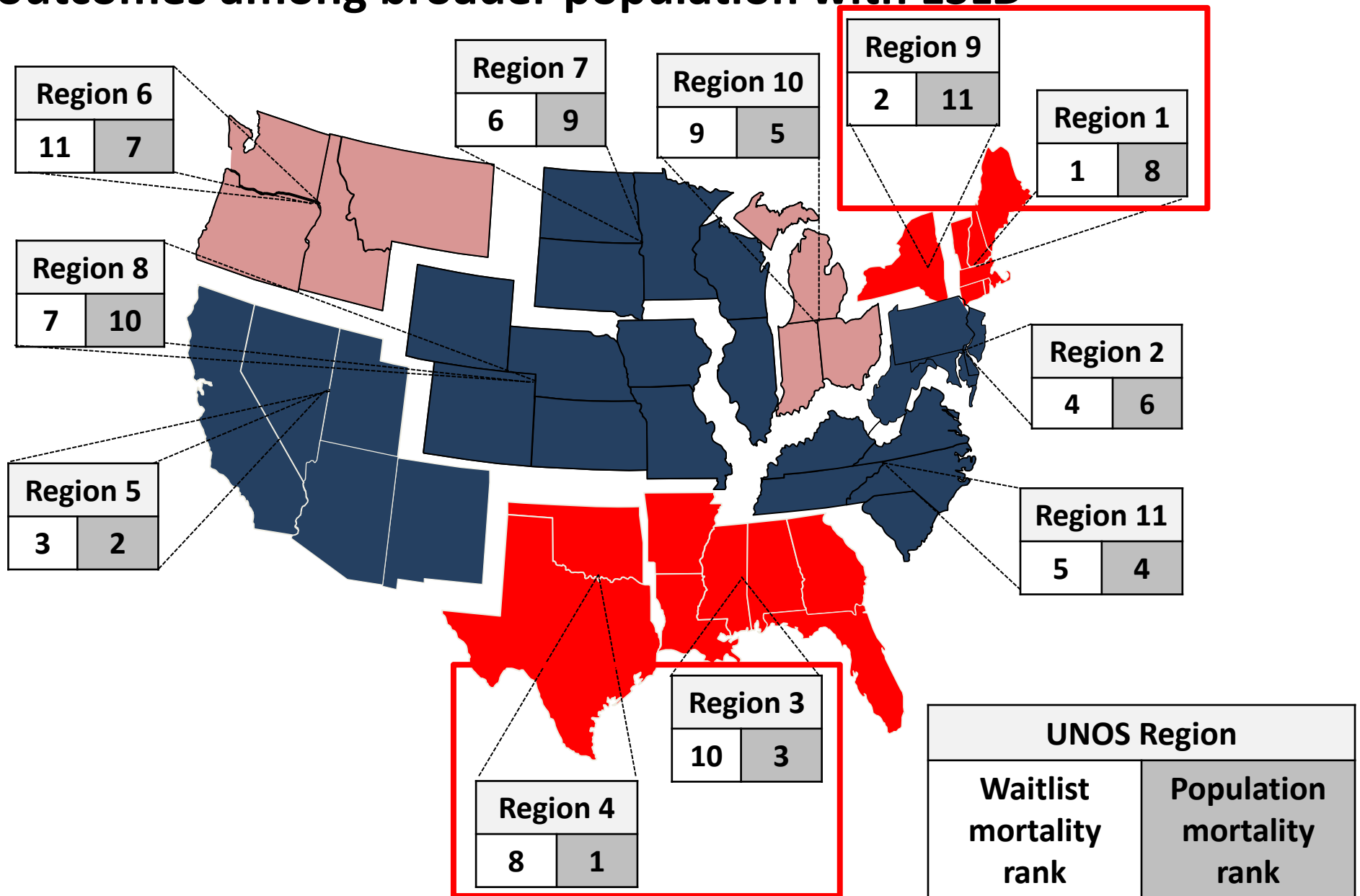


Impact of waitlisting rates on waitlist metrics:

Differences in transplant rates would be much smaller if all five states had similar waitlisting rates



Broader concern: Waitlist health outcomes \neq Broader health outcomes among broader population with ESLD



Potential solutions/alternatives

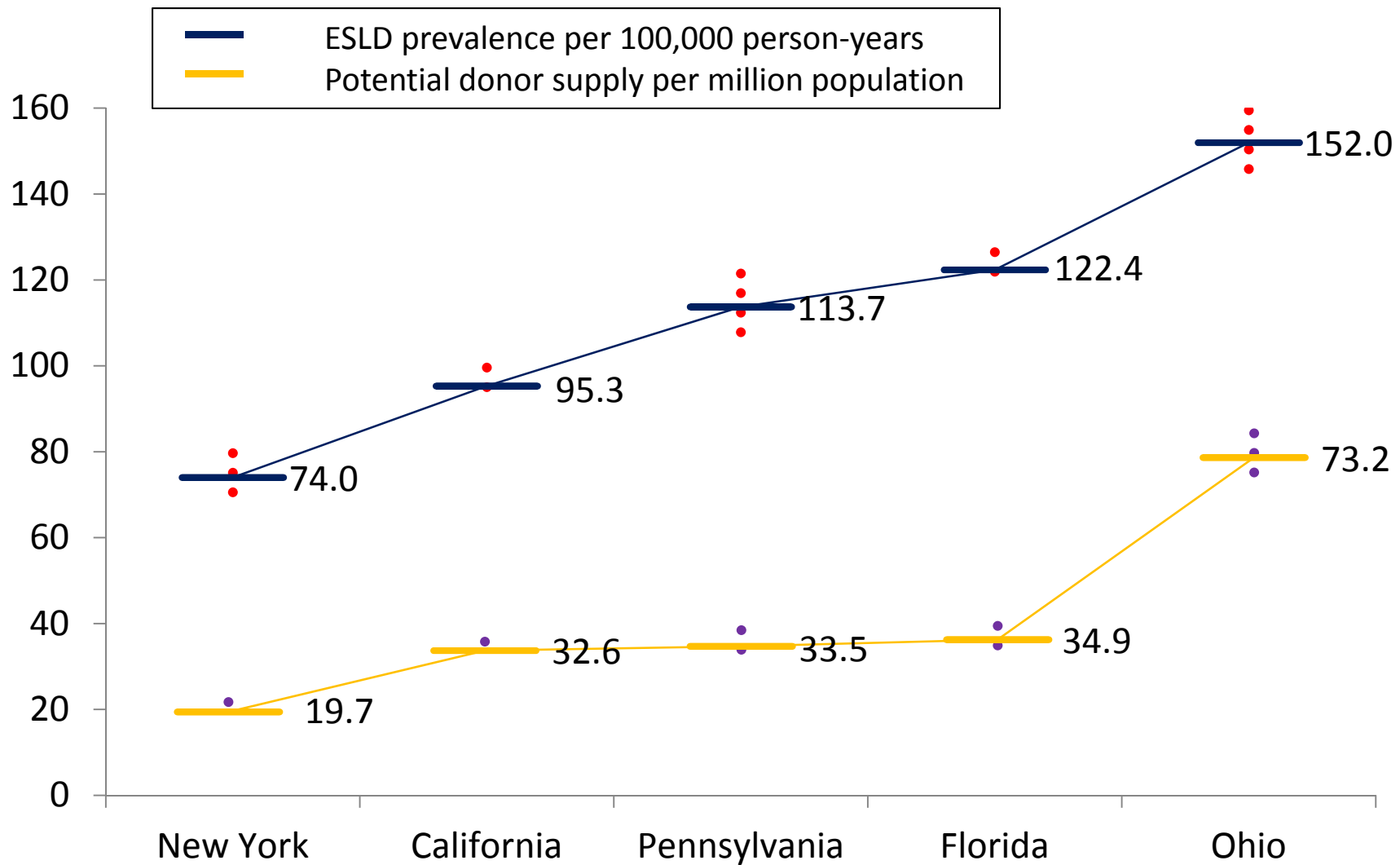
- Redrawing allocation maps/redistricting may be needed
- BUT, policy revisions should have a broader FOCUS than waitlist outcomes, and should account for:
 - True organ supply
 - OPO performance: Hold OPOs accountable for low conversion rates
 - Don't shift from high→ low performing OPOs
 - Variable statewide donor registration rates
 - Initiatives to increase registration rather than shifting organ supply
 - Account for true organ demand
 - Consider impact of variable waitlisting rates
 - Active monitoring of transplant center referrals and waitlisting rates
 - Need to collect data on true demand for organ transplantation
 - Think broadly: Population in need of transplantation
 - Long-term impact of urgency-based policies
 - Simulations of redrawing maps must consider impact of transplanting higher MELD patients
 - Transplant the sickest versus efficient use of scarce resource?¹

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 - Benjamin French, PhD

Supplementary Slides

Geographic differences in donor supply (“eligible deaths”) and demand (ESLD prevalence among Medicaid enrollees)



Correlation between statewide waitlisting rates and waitlist and population-level outcomes among Medicaid enrollees with ESLD

