

# Proposed Membership and Personnel Requirements for Intestine Transplant Programs

*Liver and Intestinal Organ Transplantation Committee  
June 2015*

# The Problem

## Currently:

- no OPTN/UNOS definition for a designated intestine transplant program
- no OPTN/UNOS criteria for intestine transplant surgeons or physicians
- any approved liver transplant program may perform intestinal transplants upon submitting a written request to UNOS

# Proposed Solutions

- Define a designated intestine transplant program
- Establish minimum qualifications for primary intestine transplant surgeons
- Establish minimum qualifications for primary intestine transplant physicians

*Establish minimum standards where none currently exist without compromising quality or restricting new program formation.*

# Supporting Evidence

Low-volume procedure with most programs performing fewer than 5 IN or LI-IN transplants in 2012


- Thresholds not derived from statistical analyses
- Represent level of experience to set minimal standards without restricting access or new program development
- Similar to initial thresholds for other organs

# Public Comment Themes



Strikes a balance between access and programs having some experience.

This effort will establish an accurate list for patients to access



Timeframe is too restrictive

Timeframe is too lax

Could limit patient access

Could stifle innovation in the field

Proposed numbers are arbitrary

Should incorporate a requirement for a gut rehabilitation program

*Consistent with previous concerns.*

# Post-public comment action

- No substantial changes

# What Members will Need to Do

- All intestine programs with current status of “Active, Approval Not Required” will receive OPTN intestine transplant program application
- Applications must be submitted by the deadline
- Programs not intending to apply will be asked to document that intention and submit that documentation to UNOS
- All current intestine transplant program designations will terminate on a given date
- Programs that do not intend to apply or do not meet the requirements must provide notice to potential candidates and waitlisted candidates
  - Transfer candidates to another approved intestine transplant program



# Strategic Plan Alignment

## Goal 1:

### Increase the Number of Transplants

- This proposal may decrease the total number of transplants that occur but will help to ensure that the transplants performed will be done so at qualified centers.



# Strategic Plan Alignment

## Goal 4:

### Promote Transplant Patient Safety

- This bylaw is intended to promote transplant patient safety by establishing minimum criteria where none currently exist.

# Potential Impact

## Currently 41 designated programs

- 22 performed more than 7 transplants in the last 10 years
- Another 3 performed 4-6 transplants in the last 10 years
- Of the remaining 16 programs:
  - 6 programs have done 1-3 transplants in the last 10 years
  - 5 have been inactive for the last 10 years
  - 5 programs performed 1-2 total transplants since 1990, 0 transplants in the last 10 years

# Overall Project Impact

**Product**

Bylaw

**Target Population Impact:**

*Intestinal Transplant Centers, Intestine Transplant Candidates*

**Total IT Implementation Hours**

**/16,680**



**Total Overall Implementation Hours**

**/23,685**



# Board Policy Group Recommendation

## Membership and Personnel Requirements for Intestine Transplant Programs

- 0-Approve without further discussion
- 10-Approve but discuss
- 0-Denial but discuss
- 0-No recommendation but discuss

# Resolution 9 (page 33)

**RESOLVED**, that changes and additions to Bylaws Appendix F (Membership and Personnel Requirements for Liver Transplant Programs), as set forth below, are hereby approved, effective pending programming and notice to members.

# Questions?

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