

OPTN/UNOS PUBLIC FORUM

REDESIGNING LIVER DISTRIBUTION: IMPACT ON OPOs AND THE TRANSPLANT SYSTEM

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Under “Share 35” broader sharing (June 2013), lessons emerging:

“SHARE 35”: ~6 MONTHS AFTER IMPLEMENTATION

- Significant **Operational and Financial Impact** on the Supply of Deceased livers Nationally, with the **Burden Falling on the OPOs**
- **Increased Costs** are Predicted
- **“Rogue” practices** by the Transplant Center Teams must be Identified and Confronted (Region 5)
- Will we see an **increase in Discards** in some DSAs/Regions?
- **Any Future Allocation Modeling** Ideally would **Include Impact on the OPOs**



A.O.P.O. annual meeting June 2014

Participating OPOs

6/15/2012- 6/14/2013 vs. 6/15/2013- 6/14/2014

Midwest Transplant (Kansas, Missouri)

LifeSource (Minnesota, Dakotas)

STA (Texas)

LifeGift (Texas)

CORE (Pennsylvania, W. Virginia)

Iowa Donor Network (Iowa)

WRTC (Metro Washington DC)

Mid America (Missouri, Illinois, Arkansas)

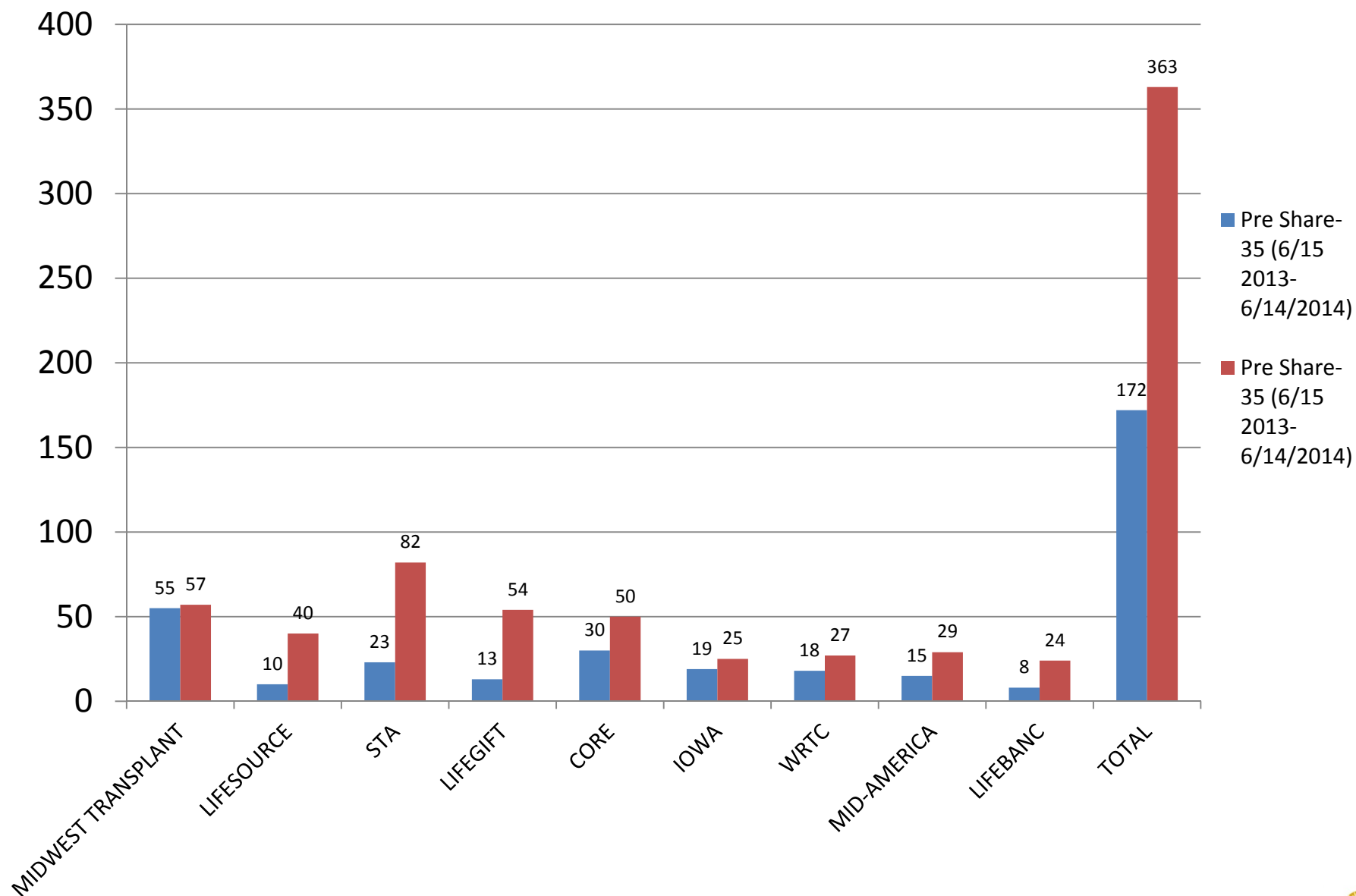
LifeBanc (Northeast Ohio)

Participating OPOs

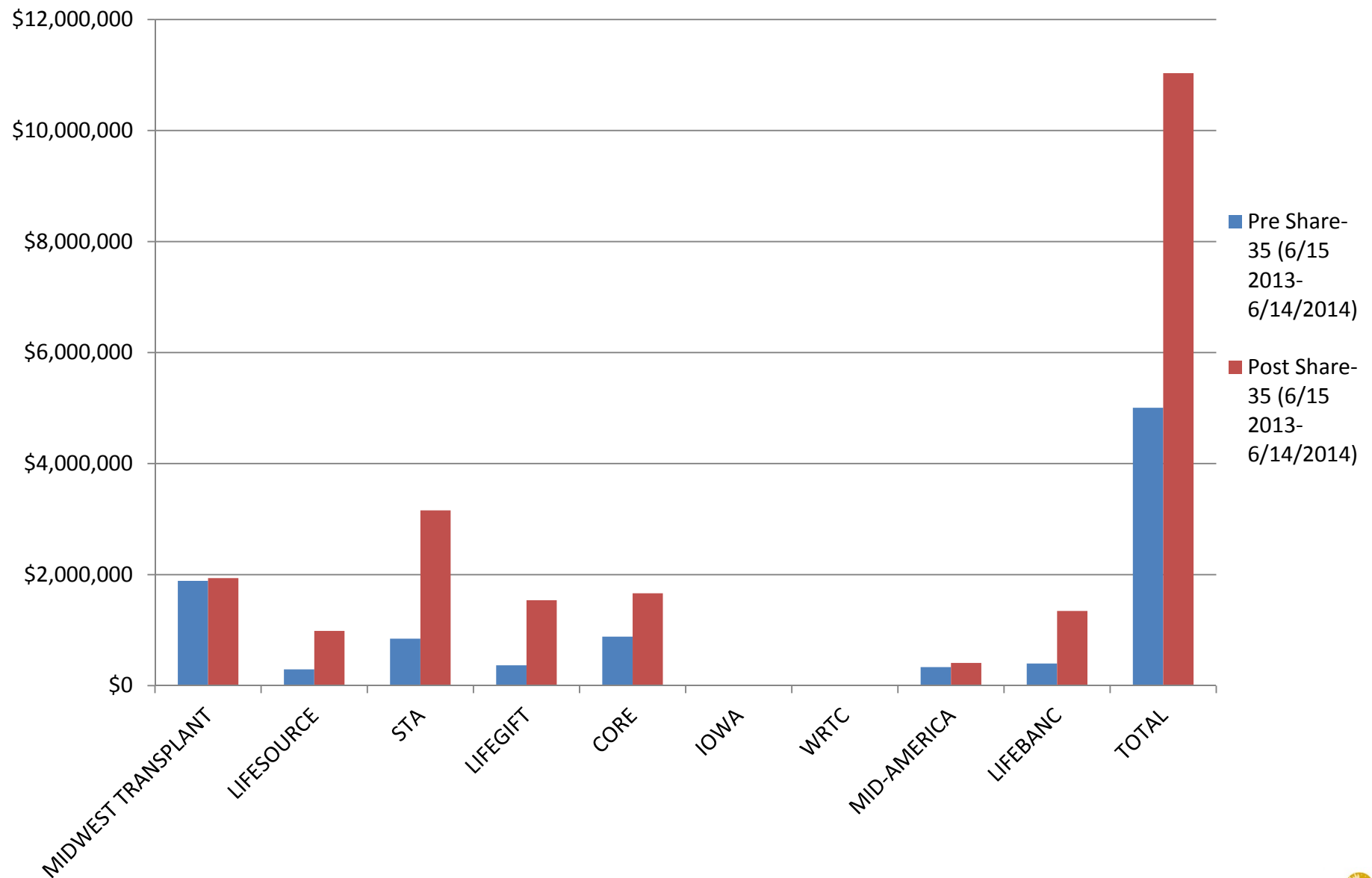
OPO	Population	Donors
Midwest Transplant	5,537,404	220
LifeSource	7,063,125	133
STA	9,562,832	247
LifeGift	9,980,735	282
CORE	5,606,068	205
Iowa Donor Network	3,002,191	67
WRTC	5,246,032	126
Mid America	4,701,247	161
LifeBanc	4,273,318	111
TOTAL	54,972,952*	1552^

** 17% of US population 2013 (315,000,000) ^ 19% of US deceased donors 2013 (5990)*

LIVER EXPORTS (*number of*)



LIVER EXPORTS (*total costs of*)

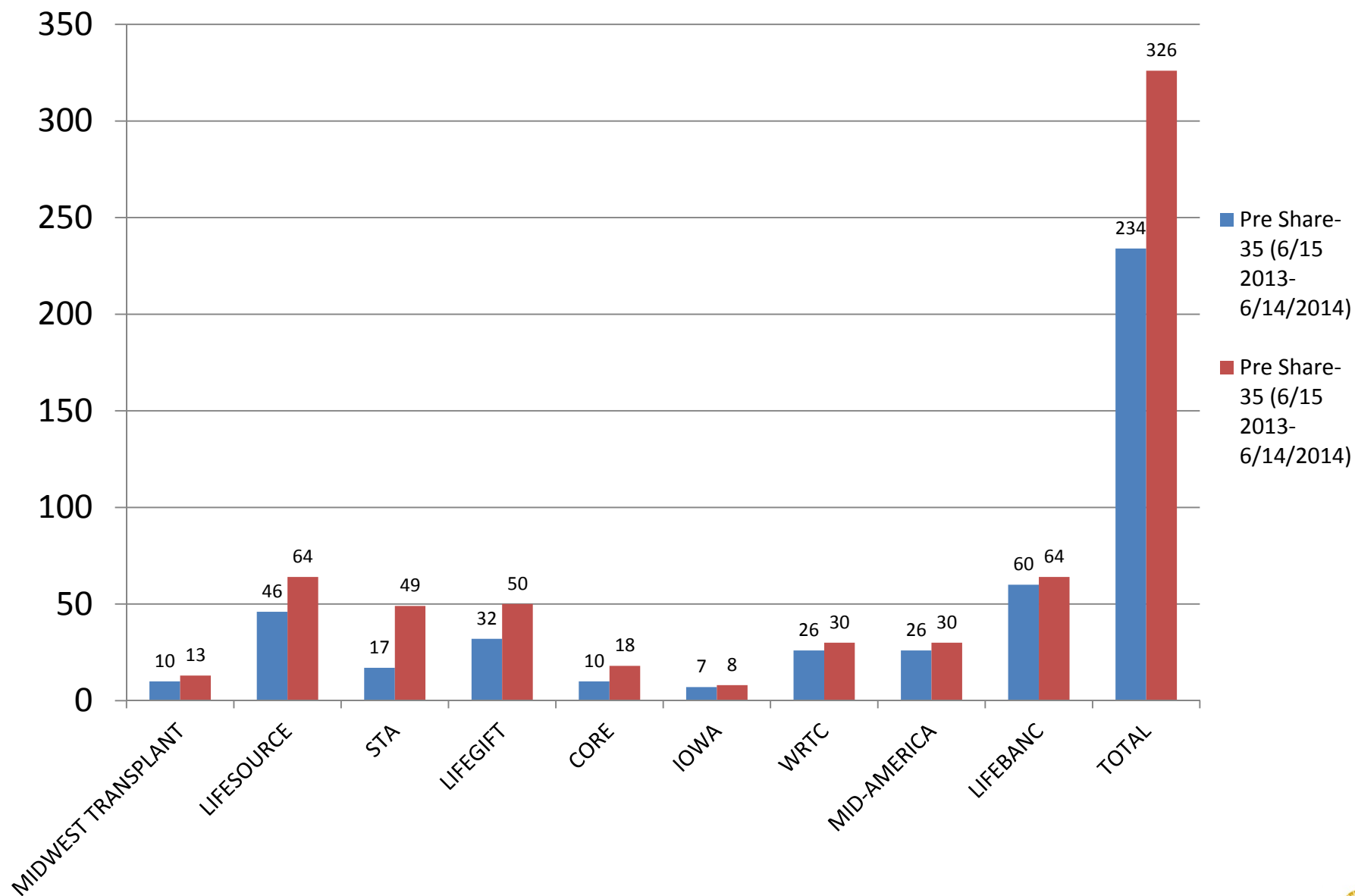


LIVER EXPORTS *(total costs of)*

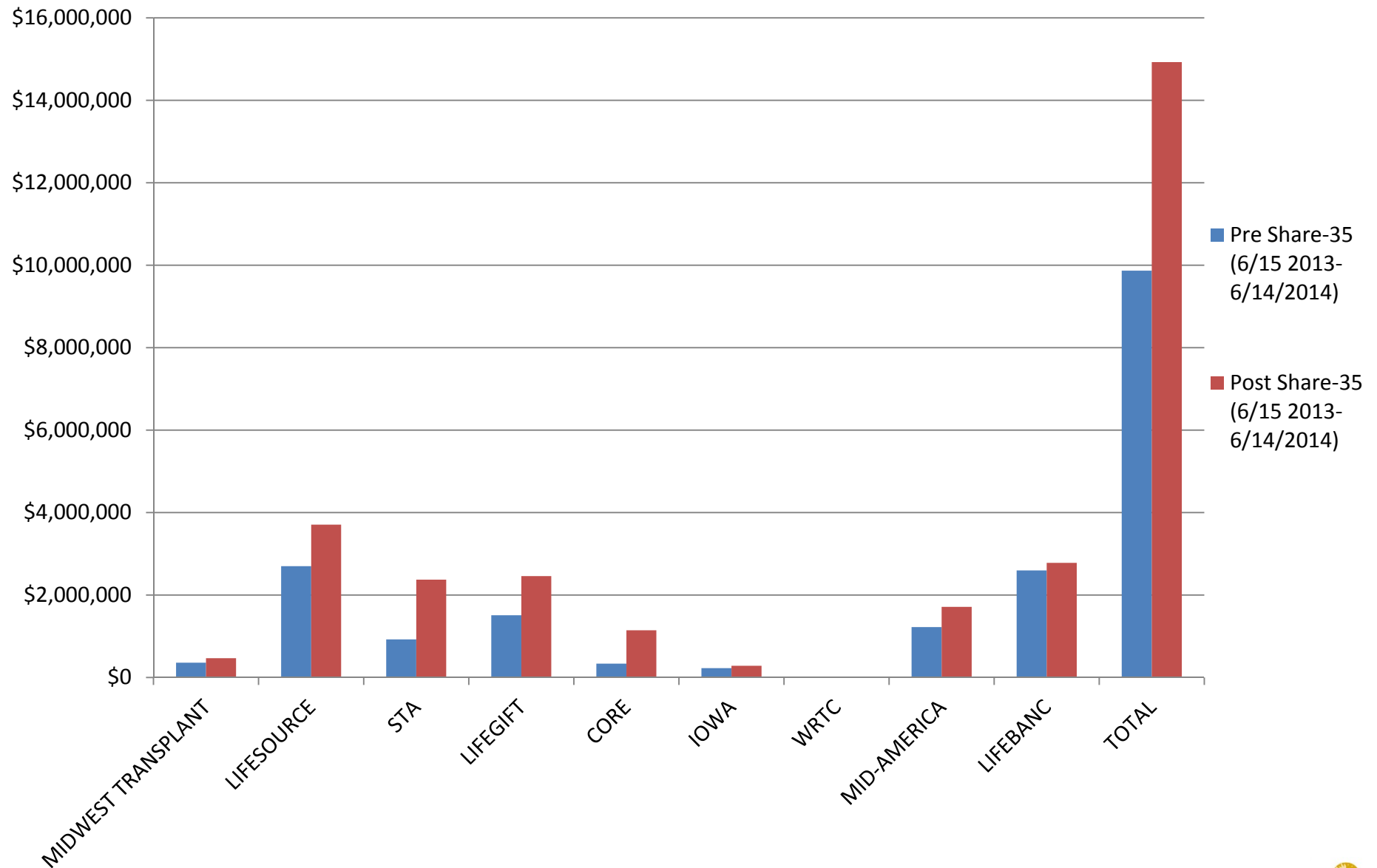
Pre Share-35 (6/15 2013-6/14/2014)	\$5,004,658
Post Share-35 (6/15 2013-6/14/2014)	\$11,034,057
Delta	\$6,029,399*

*(*220% higher costs of exports among 7 OPO's; excludes IOWA, WRTC)*

LIVER IMPORTS (*number of*)



LIVER IMPORTS *(total costs of)*



LIVER IMPORTS *(total costs of)*

Pre Share-35 (6/15 2013-6/14/2014)	\$9,869,176
Post Share-35 (6/15 2013-6/14/2014)	\$14,926,748
Delta	\$5,057,572*

*(*51.2% increase in costs of imports among these 8 OPO's, excludes WRTC)*

LIVER IMPORTS + EXPORTS *(total additional costs of)*

IMPORTS (8 OPO's)	\$5,057,572
EXPORTS (6 OPO's)	\$6,029,399
TOTAL	\$11,086,971*

**nationally:*

By population (16%), extrapolates to \$ 69,106,069 (345million/5yrs)

By no. donors (20%), extrapolates to \$ 55,434,855 (\$277million/5yrs)

Share 35 impact on charter flight costs: data is limited

LifeSource:

- average cost per import flight \$8118
- imports up 39% (46 to 64)

Southwest Transplant:

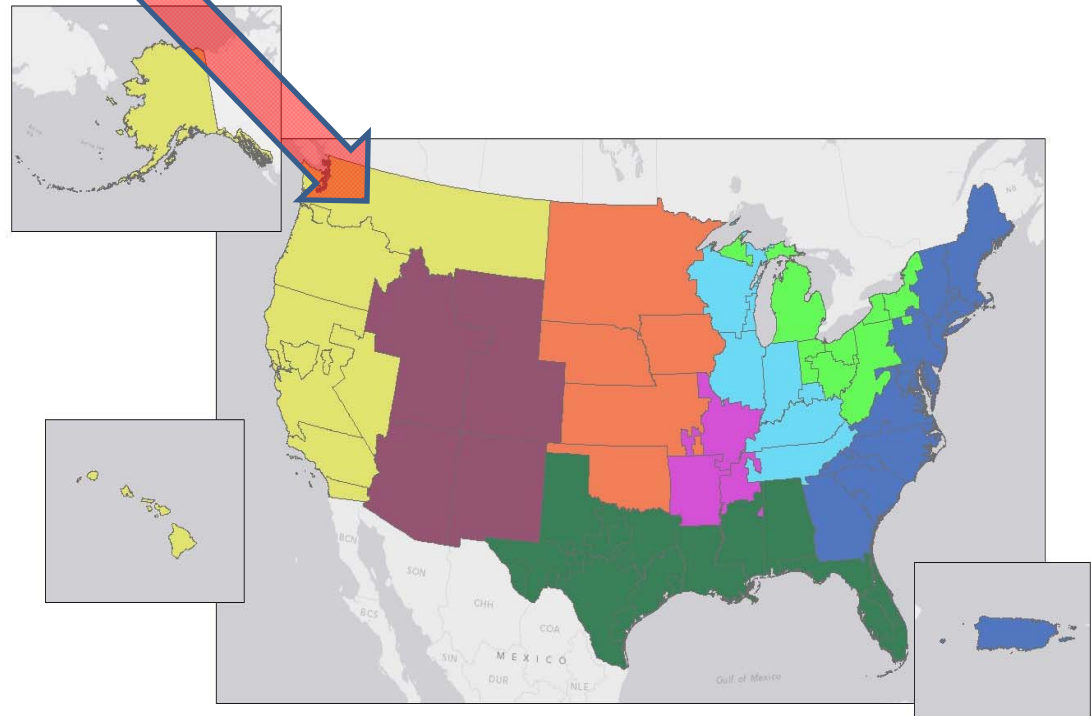
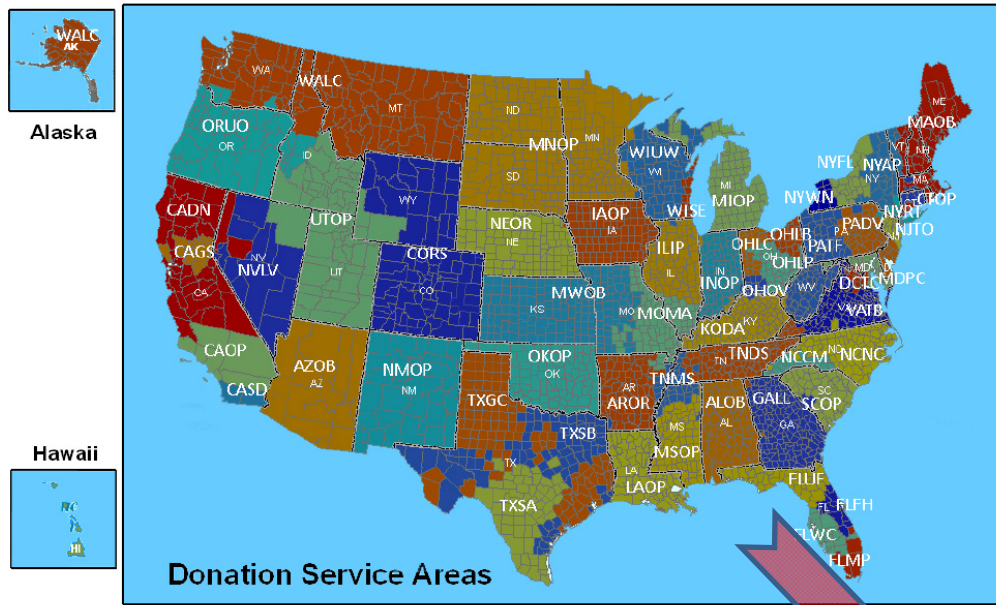
- \$6464 is average flight cost
- import flight costs up 105% (\$114,943)
(from \$109,894 to \$224,838)

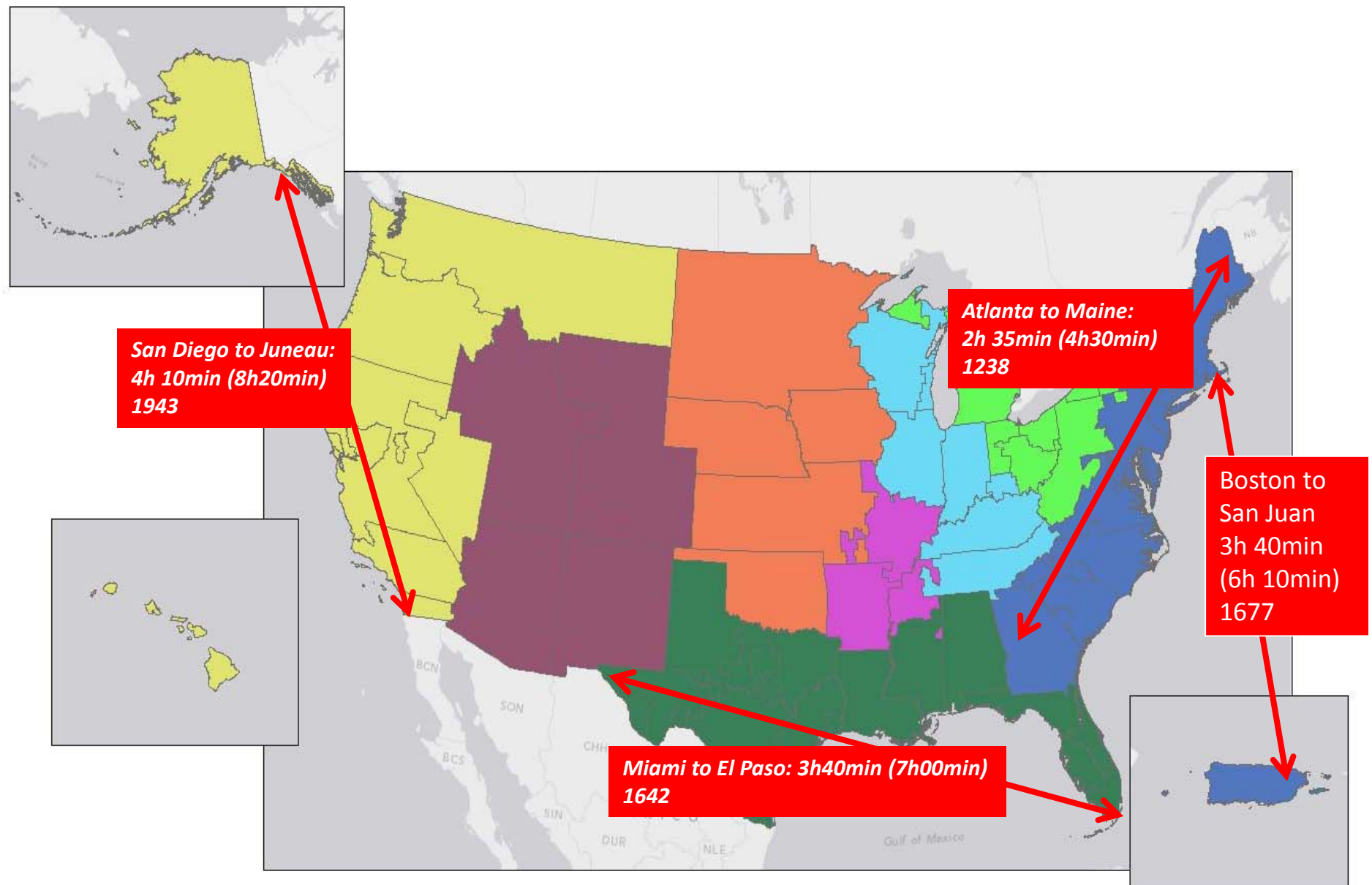
Iowa:

- import flight costs up from \$1,143 to \$6,394 (459%)
- export flight costs from \$0 to \$17,577

Mid America:

- export flight costs up 42% (\$221,950 to \$315,738)





Source: Monarch Air, Dallas, TX. Does not include ground transportation times

REGION-WIDE DATA*, REGION 4

	Regional Organ Share	MELD \geq 35	C.I.T.	Distance Organ Travelled	Wait List % (death + too ill to transplant)	Recovered not Transplanted
Pre Share 35	7.7%	17.3%	6.0	74	22%	6.9 %
Post Share 35	27.6%	31.9%	6.3	134	12%	9.2 %

**courtesy U.N.O.S.; one year after Share 35 implementation*

IN SUMMARY

- 1) Multiple OPO's report major increases in costs after implementation of "Share 35" broader allocation, though not all costs have been captured. Actual expenditures likely higher, esp. transportation.
- 2) Increased OPO costs derive from
 - a) additional burden of work placed by 'exports' and 'imports' and
 - b) increased transportation costs
- 3) Increased costs are passed along to transplant centers and payers (public and private)
- 4) Significant operational impact/challenges faced by OPOs and transplant centers under broader sharing rules

IN CONCLUSION

- 1) Major cost impact to the transplant system (if not to OPO) from “Share 35” (\$277 million to \$345 million/5 years)**
- 2) Financial and operational impact of broader sharing likely to be much greater than that of ‘Share 35’**
- 3) Any major system redesign must account for all costs to the system**
- 4) Regional differences in lost organs must be explained and minimized**