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

- No Liver Transplanted
- Total Livers Tx

4/15/12 to 6/14/13

6/15/13 to 8/15/14
OKOP - Total Locally Recovered Livers Transplanted Pre- and Post-Share 35: Distribution

4/15/12 to 6/14/13

6/15/13 to 8/15/14

Tx Nationally
Tx Reg 4 (Texas)
Tx OKOP DSA
OKOP - Locally Rec and Imported Livers Transplanted Pre- and Post-Share 35: Distribution

Liver Imports/Flyouts
Tx Nationally
Tx Reg 4 (Texas)
Tx OKOP DSA
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?
* 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
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?