Update on the Revised Kidney Allocation System (KAS)
Education on the new kidney allocation system is a focus for 2014

This year implementation of the new Kidney Allocation System (KAS) is a priority. In preparation, we’ll provide you with professional education materials, events, and presentations. These resources include tools to educate patients, staff, and transplant providers on the new system.

**KAS Resources**

**Instruction**
- Introduction to the Kidney Allocation System - 02/2014
- What referring physicians need to know - 02/2014
- Basic preparations - 03/2014
- Basic preparations follow up town hall meeting [Exit Disclaimer] - 03/2014
- Resources for creating protocols and processes [Exit Disclaimer]- 04/2014
- AST webinar: Update on Kidney Allocation (available on demand at www.myAST.org/T3 [Exit Disclaimer] with a $25 fee for non-AST members)

**KAS Toolkit**
- KAS patient brochure [Exit Disclaimer] - New!
- Frequently asked questions
- Member checklist
- Basic preparations presentation
- Referring physicians presentation [Exit Disclaimer]
# Targeted Contacts

<table>
<thead>
<tr>
<th>Lab, OPO, and TXC Members</th>
<th>Societies</th>
<th>Other Organizations</th>
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<tr>
<td>Administrators</td>
<td>AST</td>
<td>NKF</td>
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<td>PKD Foundation</td>
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<td>Laboratory staff</td>
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KAS Trainings

Jan: Intro podcast/toolkit released

Feb: Webinar on early referral

Mar: Basics webinar/virtual town hall

April: Processes and protocols webinar
KAS Trainings

May: System training/programming release-new data entry

June: System training/programming release-new reports

September: e-Learning module for patient education

October: Virtual town hall meeting
KAS Presentations

OPTN Regions
WTC
TMF
ASHI
NATCO
ASN
STSW
Programming Releases

March 19
- EPTS Calculator

May 27
- Fields for EPTS, KDPI, CPRA Approvals, A2/A2B

June 19
- Reports: Candidate Points Report, CPRA Approvals Report, A2/A2B Eligibility Report
As of June 17…

11,171 existing candidate records have had EPTS data verified

2,147 new registrations have had EPTS data verified
Implementation: Dec 2014

System Training

Notice of Final Implementation Date

Implementation
A Special Thank You…

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
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<tbody>
<tr>
<td>Kimberly Taylor, II</td>
<td>Terri Bessom, Project Manager</td>
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<tr>
<td>Angela Allen, II</td>
<td>Kerrie Cobb, IT</td>
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<tr>
<td>Joel Newman, Communications</td>
<td>Team Ironfish, IT</td>
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<tr>
<td>Anne Paschke, Communications</td>
<td>Darren Stewart, Research</td>
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<tr>
<td>Karen Sokohl, Communications</td>
<td>Anna Kucheryavaya, Research</td>
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<td>Roger Brown, Organ Center</td>
<td>Wida Cherikh, Research</td>
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<tr>
<td>Chrystal Graybill, RA</td>
<td>Gena Boyle, Policy</td>
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<tr>
<td>Shannon Edwards, RA</td>
<td>Kristina Tyler, Policy</td>
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<tr>
<td>Betsy Gans, RA</td>
<td>Elizabeth Miller, DEQ</td>
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<td>Cliff McClenney, RA</td>
<td>Leslee Garland, DEQ</td>
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Simultaneous Liver-Kidney (SLK) Project
Data suggests a portion of kidneys are allocated to liver candidates who likely would have regained their kidney function following a liver alone transplant.

Almost half of SLK recipients received a kidney with a KDPI less than 35%.

Current allocation scheme counter to Final Rule principles regarding best use of donated organs and policies being based on medical urgency.
Multi-Committee Collaboration- SLK Workgroup

Kidney  Liver  MAC  Ethics

OPTN
Unknown whether KAS, PSR changes, MPSC outcomes project will have positive effect without allocation changes

Possible Allocation Changes
(builds off 2009 proposal)

- SLK qualifying criteria
- Safety net for liver alone recipients with kidney failure
Geographic Disparities in Deceased Donor Kidney Allocation

OPTN
What Should Define Geographic Equity for Kidney Allocation?

- Transplant rates
- Waiting times
- Offer rates
- Duration on dialysis
- Transplants/ESRD pop.
- Supply-to-demand
- Time-to-offer
- Time to transplant

OPTN

UNOS DONATE LIFE
UNITED NETWORK FOR ORGAN SHARING
Key Findings

- Huge variation in access to kidneys across DSAs
  - Case mix differences may explain some variation

- Median times to transplant often hard to estimate

- Excluding higher KDPI kidneys had little to no impact
Much larger impact…

- All or only recently listed patients?
- Active/inactive or only active patients?
- Which class of metric? (offer rates, transplant rates, supply v. demand)
Include all donors in metric

- No exclusion of DCD or high KDPI donors for supply v. demand, offer rates, and transplant rates

Include only active patients in metric

Consider a metric such as “% transplanted within 3 years”

Group leaning toward ‘incident’ based metric
Points for Discussion

Timing

- Need to assess geographic disparity after KAS implementation
- Evaluate lessons learned from Liver Committee throughout process
- Periodic re-assessment/adjustment of metric

Concerns

- How to avoid metric that is influenced by behavior (i.e. center acceptance practices/OPO performance)
- Whether to adjust for case mix
- No correlation between offer rates and supply to demand
QUESTIONS?