2016 ODT Effort

Background on Collaborative

Jim Burdick
Prof. of Surgery
Johns Hopkins Medicine
FEDERAL SUPPORT FOR ORGAN DONATION

• Social and Behavioral Grants
• Clinical Intervention Grants, e.g. UDCD
• Professional Education projects
• Public Education and Registry Grants
• Donation promotion:
  – Calendars and Health Passports
  – Traffic Ads
  – Multiple meetings and events
  – Primary physician kits
Collaborative “Engine”

Figure 2. Breakthrough Series Model

LS1: Learning Session
AP: Action Period
P-D-S-A: Plan-Do-Study-Act

Supports:
Email • Visits • Phone Conferences • Monthly Team Reports • Assessments

6/11/2015
ORGANS TRANSPLANTED PER DONOR, 2004

High, Average, Low by OPO

- All
- SCD
- DCD
- ECD

AZOB  NEOR  CTOP  WIUW  OHOV
ORGANS TRANSPLANTATED PER DONOR, 2004

High, Average, Low by OPO

All  SCD  DCD  ECD

Kidney  Liver  Heart  Lung  Pancreas
Conversion Rate by Month, 1999 - 08/2007

Collaborative starts here

Data source: OPTN database as of 12/2007
CL based on data from 01/02-04/04 05/04-04/06
Waiting List Additions

- MELD
- Share 15 Regional
- Share 15 National/Share 35 Regional

Demand

Supply

Collaborative

Additions

Donor

Deceased

Waiting List

Regional Share

35

National/Regional Collaborative SUPPLY DEMAND

0 2,000 4,000 6,000 8,000 10,000 12,000

Top 4 highest Quartile collaborative effect
(Based upon donors per million per DSA)

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SHEEHY et al

Eligible
Deaths PMP

CVA and Trauma Deaths PMP

\[ R\text{-square} = 0.79 \]
OPPORTUNITIES?

\[ R = 0.89 \]

\[ R^2 = 0.79 \]
MEASUREMENT

• Conversion Rate
• Donors per …… T/CVA?
• Deaths on WL (per … ?MELD)
  – Go forward using MELD and updating it in parallel
  – MELD accurate across geography?
  – MELD correction for HCC (Markman)?
  – MELD in intrinsic renal disease (allocation)?
• Impact on social media – Facebook, Twitter
COLLABORATION

• National stewardship for best use
  – Donation is based on altruism
  – Requires professional effort outside local program
  – Access to care not universal but expectation of donation IS

• Transplant program <-> OPO <-> Hospital
  – Constructive, not commoditized competition

  – *** HAPPENSTANCE

• Transplant program acceptance (!"discards"!)
  – ? Do ECD, DCD by acceptance record to increase efficiency
  – ? Weekends/Holidays impact on acceptance

• To help flagging OPOs and assist spread of good OPO practices, have visiting coordinator exchanges, not better rules (Community Practice Action Guide NO)
PLANNING

• Collaborative or ... ?
• Parent organization (ASTS or ...)
• Tx programs and OPOs sitting down together ...
• Guru for the collaborative and the institution
• Framework, Data Gathering, Learning Document
• Choosing Faculty
• Identifying Teams (OPO, Hosp, TxProgram)
• Set broad highly challenging but measurable goals
• Include new technology – perfusion, Hep C Rx