The Committee’s Response to Redistricting

David Mulligan, MD, Chair
Liver and Intestinal Organ Transplantation Committee
“To advance organ availability and transplantation by uniting and supporting its communities for the benefit of patients through education, technology and policy development.”

“Neither place of residence nor place of listing shall be a major determinant of access to a transplant.”

“IOM recommends establishment of liver allocation areas broad enough to provide for medically effective distribution of organs.”

“Recommended that organ allocation should be evidence-based and not based on the arbitrary boundaries of OPOs or their DSAs. HRSA supports effective approaches to develop distribution systems that minimize this variation.”

“The existing geographic disparity in allocation of organs for transplant is unacceptably high. The Board directs the organ-specific committees to define the measurement of fairness and any constraints for each organ system. The Board requests that optimized systems utilizing overlapping v. non-overlapping geographic boundaries be compared.”
Despite improvements in liver allocation and distribution, waitlist mortality remains high for patients with higher MELD scores. Significant disparity exists between OPOs and regions with regard to mean MELD at transplant and waitlist mortality.

*How do we make the most of this scarce resource?*

*How can we direct livers to those most in need?*

*How do we work together to solve this problem?*
Options Previously Considered

- Full Regional Sharing
- Concentric Circles
- Extension of Share 15 Regional
- Tiered Regional Sharing
- Net Transplant Benefit
Statistical modeling strongly suggests that using fewer geographical allocation districts would likely result in a reduced variation in the MELD or PELD scores at transplant and reduced waitlist deaths.

The Committee agreed upon the following parameters for these optimized maps:

- The number of districts should be at least 4 and no more than 8
- The minimum number of transplant centers per district is 6
- The maximum median travel time between DSAs placed in the same district is 3 hours
- The number of waitlist deaths under redistricting must not be statistically significantly higher than in the current system
- The districts should be contiguous
GOAL: To reduce the variation in the median MELD at transplant.
Incorporating the Community into Concept Development

Statement to the community
April 2014

Concept Document and Questionnaire circulated
June-July 2014

Public Forum on Redesigning Liver Distribution
September 2014
Following the September Forum

Community Concerns

Metrics

Logistics and Transportation

Finances

Donation
The Objectives of the Ad Hocs

Metrics of Disparity and Optimization of Distribution
Objective: To further define the parameters that should be employed for a patient based distribution system.

Logistics and Transportation
Objective: To identify what tools and rules are necessary to increase efficiency and facilitate broader sharing.

Meetings held October 2014 to May 2015

Finances of Broader Sharing
Objective: To identify the intricate factors associated with cost in broader sharing.

Increasing Liver Donation and Utilization
Objective: To explore relationships between Transplant Centers, OPOs and the community to maximize the number of livers donated and utilized for transplantation.
Great People, Great ideas, Great Solutions

Committee

Community

Board

Expression

Expertise

Idea

Solution

SAVE LIVES
DECREASE DISPARITY
EQUALIZE ACCESS
Thank you!

We will now take a 10 minute break.