



The Committee's Response to Redistricting

*David Mulligan, MD, Chair
Liver and Intestinal Organ Transplantation Committee*



**UNOS Mission Statement,
1998**

“To advance organ availability and transplantation by uniting and supporting its communities for the benefit of patients through education, technology and policy development.”

The Final Rule, 2000

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

**The Institute of
Medicine, 1999**

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

**Health & Human Services
Advisory Committee on
Transplantation, 2010**

“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.”

**OPTN/UNOS Board
Directive, 2012**

“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.”

The Problem Remains...

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

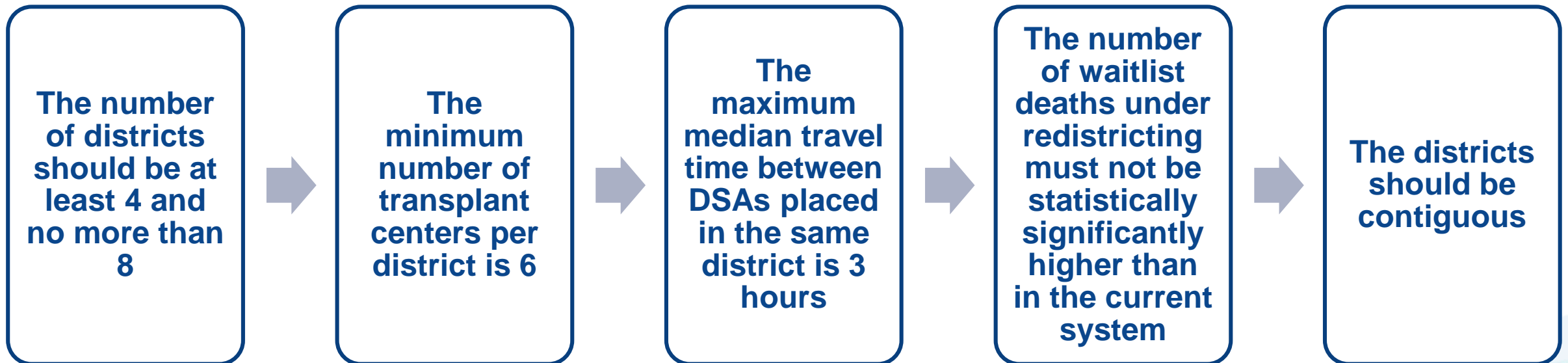
Tiered
Regional
Sharing

Net
Transplant
Benefit

Redistricting as a Potential Solution, 2012

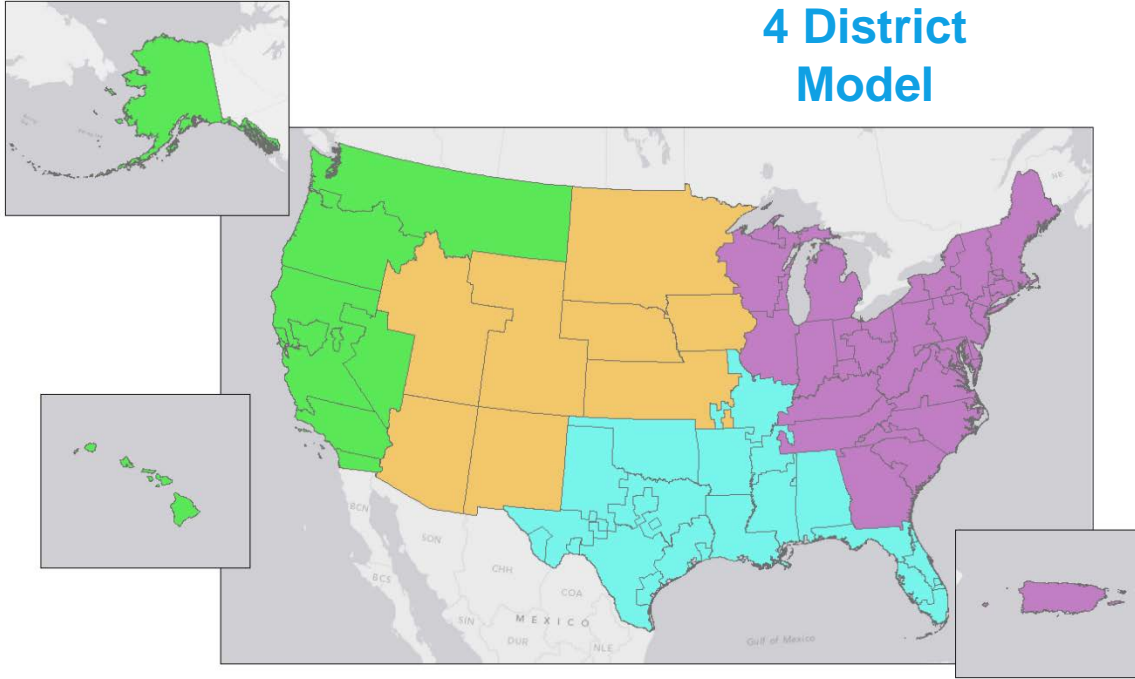
Statistical modeling strongly suggests that using fewer geographical allocation districts would likely result in a reduced variation in the MELD or PELD scores at transplant and reduced waitlist deaths.

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

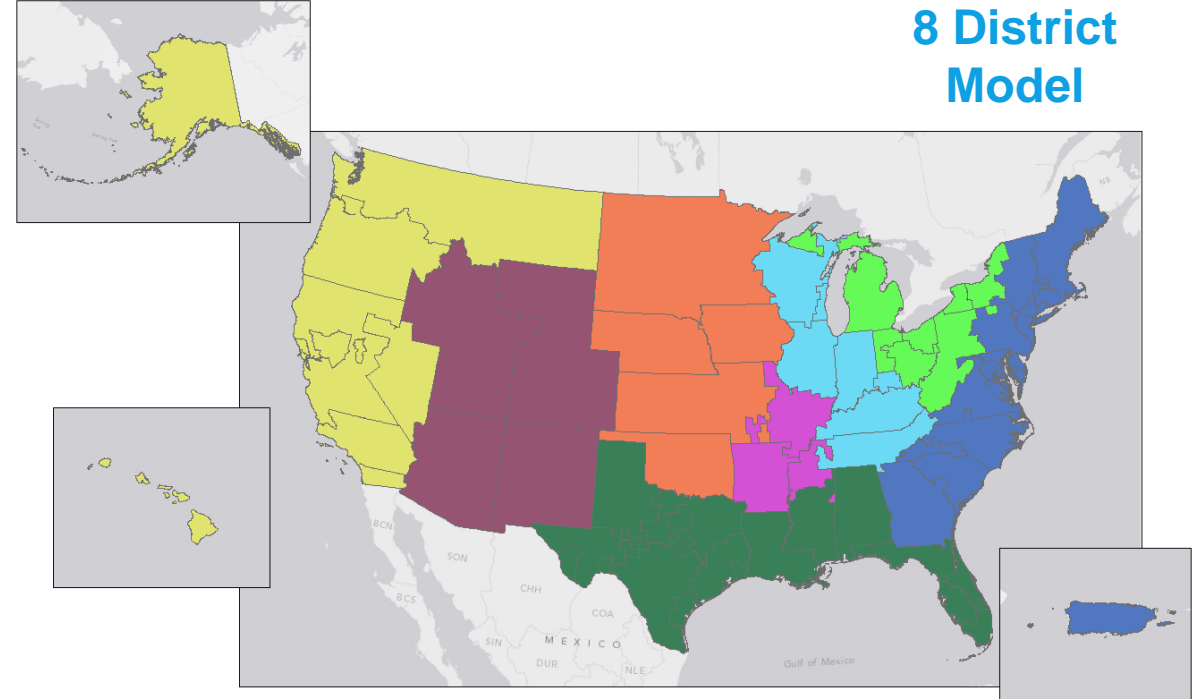


Redistricting as a Potential Solution

4 District
Model



8 District
Model



GOAL: To reduce the variation in the median MELD at transplant.

Incorporating the Community into Concept Development

Statement to the community
April 2014



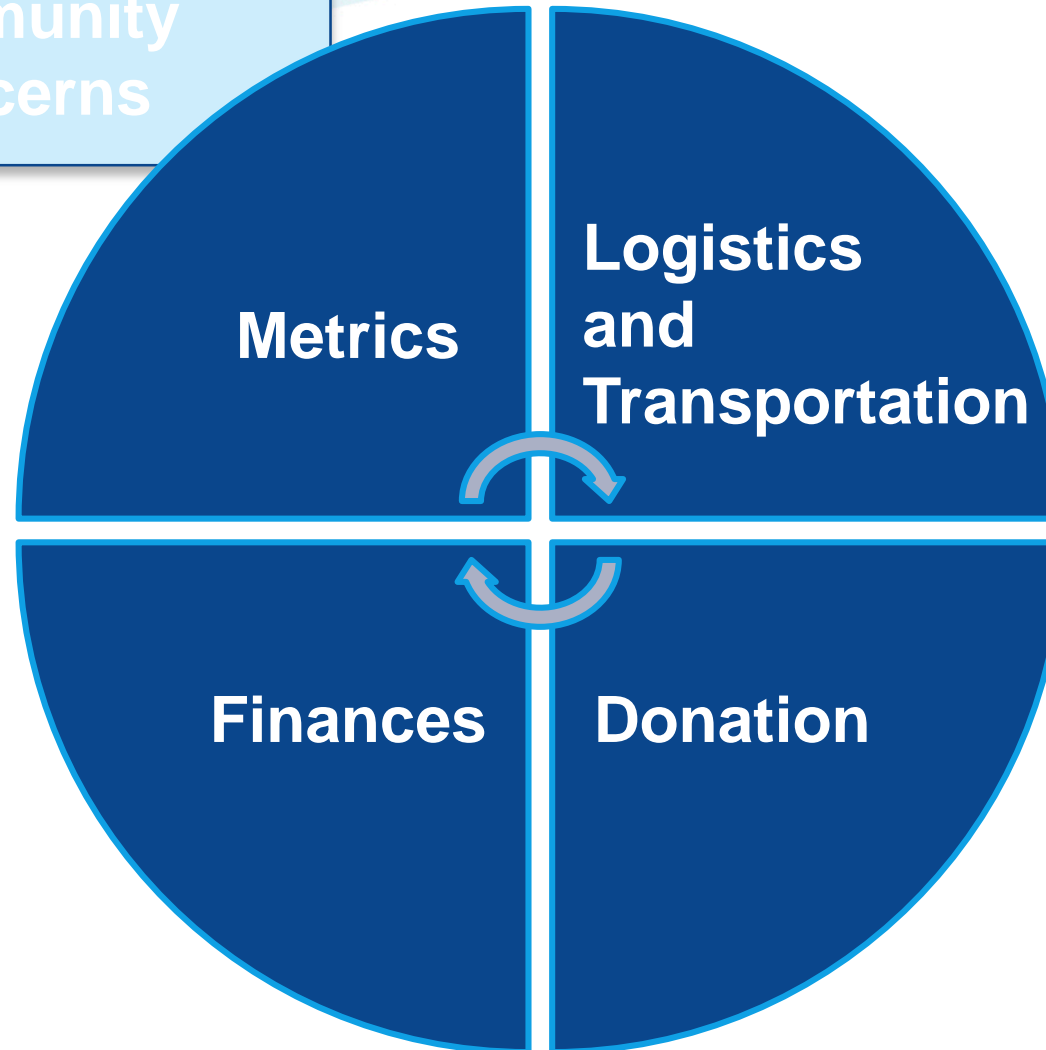
Concept Document and Questionnaire
circulated
June-July 2014



Public Forum on Redesigning Liver
Distribution
September 2014

Following the September Forum

Community
Concerns



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



Expertise

Community



Experience

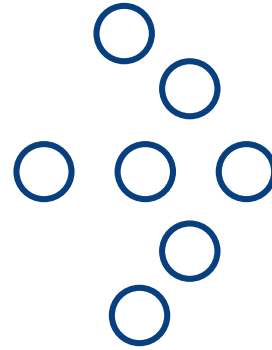
Board



Ideas



Solution



**SAVE LIVES
DECREASE
DISPARITY
EQUALIZE
ACCESS**





Thank you!

We will now take a 10 minute break.