



THE UNIVERSITY OF
CHICAGO
MEDICINE

Living donation: considerations and
questions

Advisory Committee on Organ Transplantation: March 12, 2015

Bryan N. Becker, MD, MMM, FACP, CPE

Disclosures

Board of Directors of Forward Health Group, a population health management company

Previous board member, National Kidney Foundation

Objectives

Reinforce observations related to the potential donor population

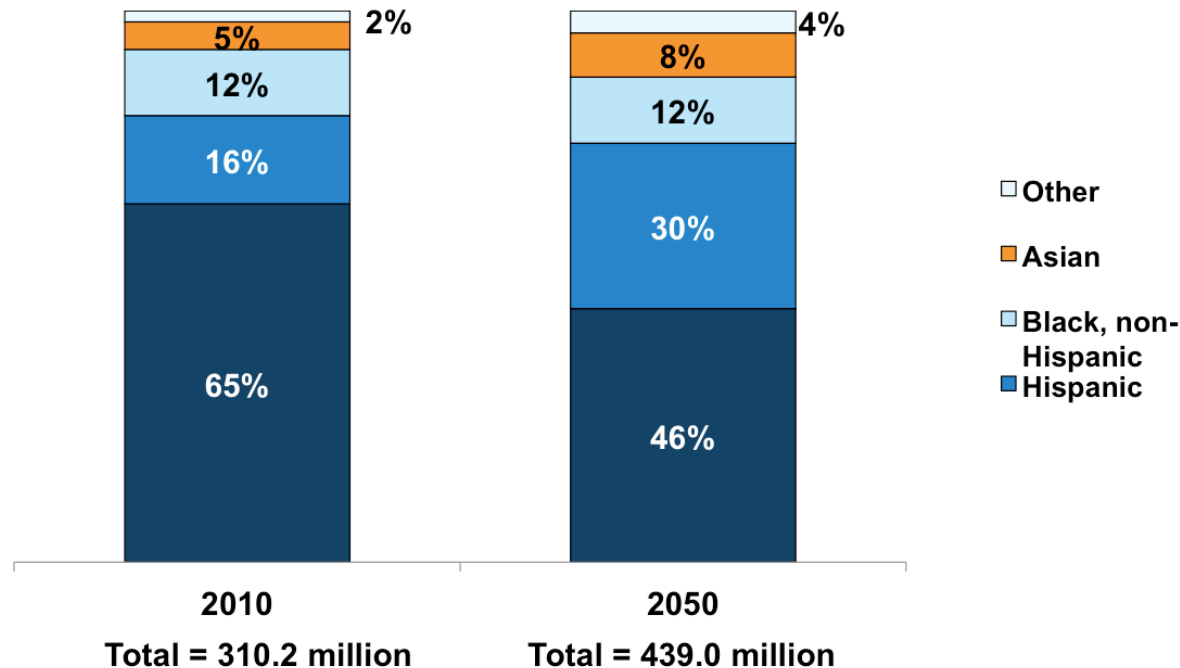
Briefly highlight some legal/regulatory features relevant to living donation today

Raise a set of questions related to a future state of living donation



Donors come from the US population

Distribution of U.S. Population by Race/Ethnicity, 2010 and 2050



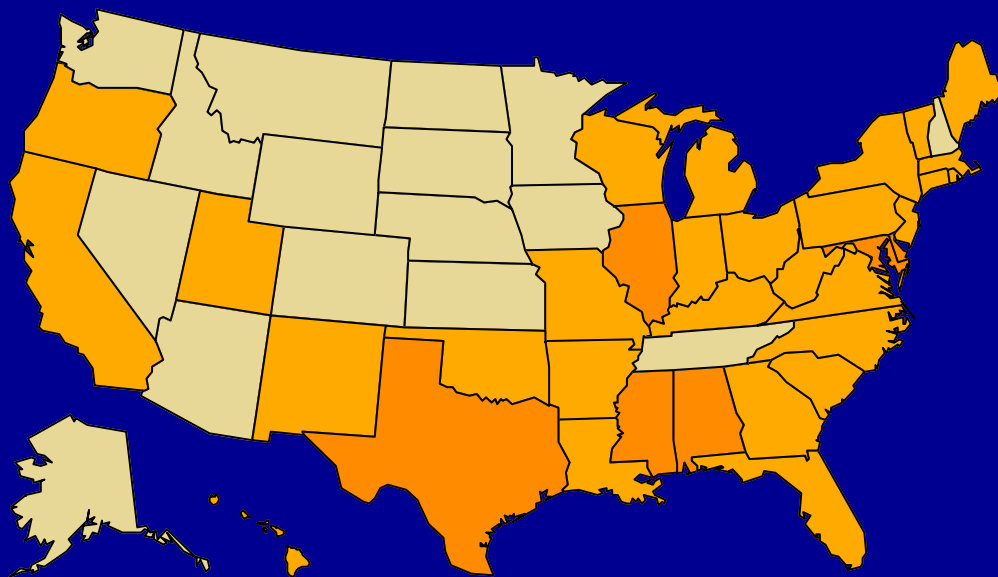
NOTES: All racial groups non-Hispanic. Other includes Native Hawaiians and Pacific Islanders, Native Americans/Alaska Natives, and individuals with two or more races. Data do not include residents of Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Marina Islands.

SOURCE: U.S. Census Bureau, 2008, Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: July 1, 2000 to July 1, 2050. <http://www.census.gov/population/www/projections/downloadablefiles.html>.



Age-Adjusted Prevalence of Diagnosed Diabetes Among U.S. Adults

1997

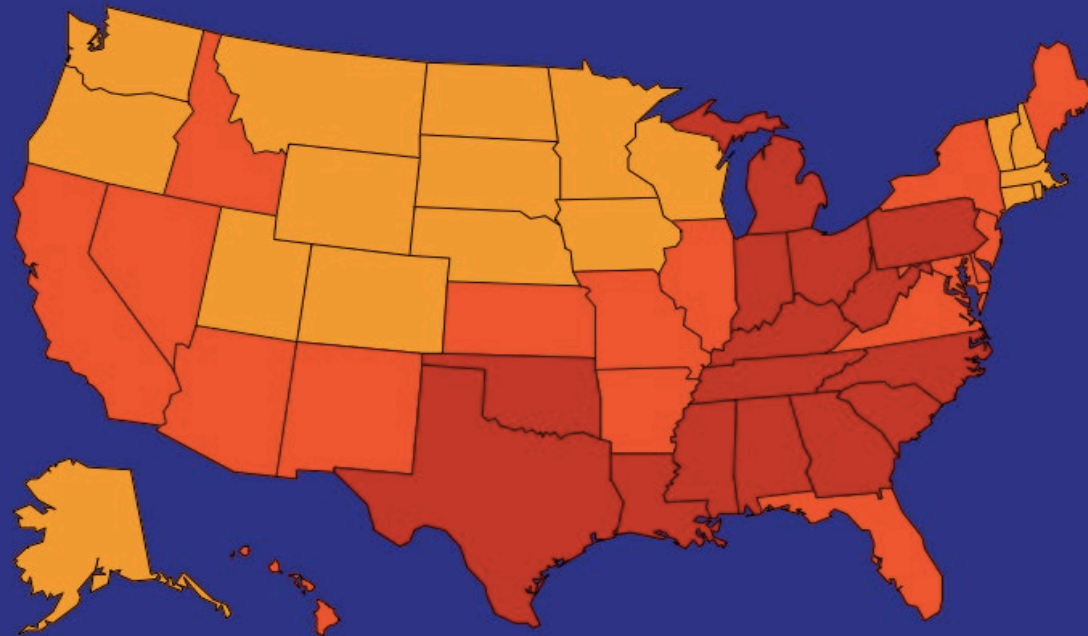


THE UNIVERSITY OF
CHICAGO MEDICINE

Diabetes Translation. National Diabetes Surveillance System
www.cdc.gov/diabetes/statistics



Age-Adjusted Prevalence of Diagnosed Diabetes Among U.S. Adults **2010**

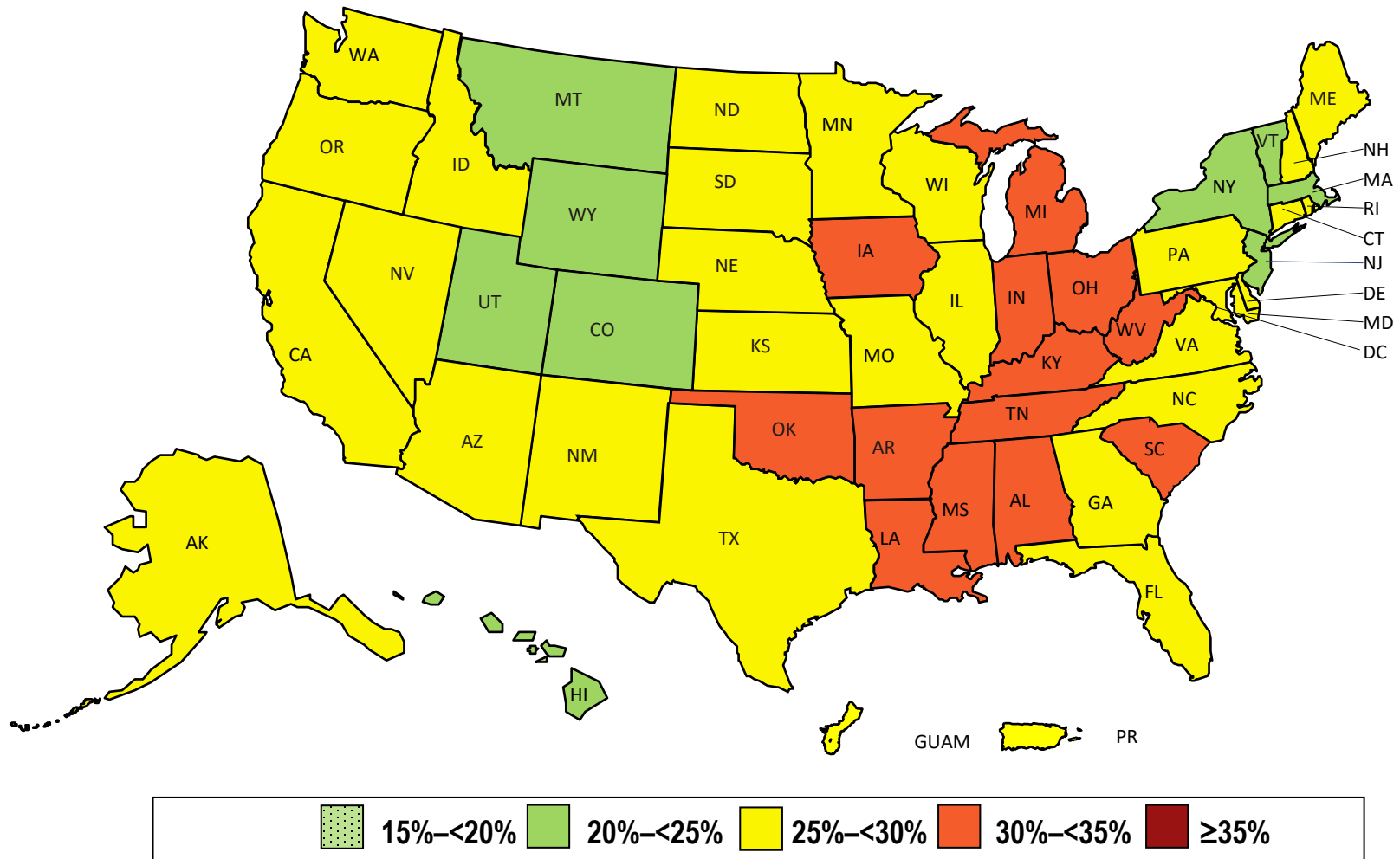


CDC's Division of Diabetes Translation. National Diabetes Surveillance System
available at <http://www.cdc.gov/diabetes/statistics>



Prevalence* of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2012

*Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.



Living Donation

- Changing race and ethnicity demographics create new and greater donor gaps and needs
- Aging population with complications
- Medically complex donors- obesity, hypertensive, elderly
- **Low Risk:** 10/99-12/07,
 - 14/51,153 donors, (0.03% mortality) within 30 days of donation



Federal Laws: 482 CFR

- Required transplant coordinators engaged in all phases of donation
- Independent living donor advocate or living donor advocate team cannot be involved in routine transplantation activities
- Independent living donor represents and advises the donor
- Required resource commitment
- Communication regarding future health problems
- Data submission to OPTN



Federal Laws: 42 U.S.C.A 273-274

- The Secretary may evaluate long term living donor mechanisms
- Annual reports of living donor long-term health effects from the Secretary to Congress
- The Secretary may award travel and subsistence grants for expenses of living donation
- \$5,000,000 funding

Consensus Conference: Best Practices in Live Kidney Donation, June, 2014

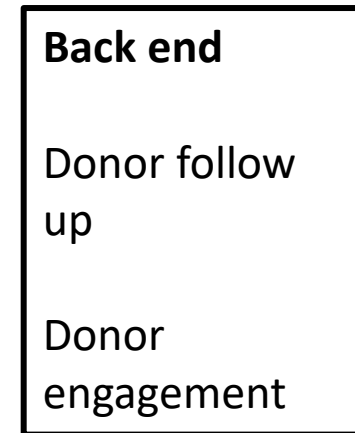
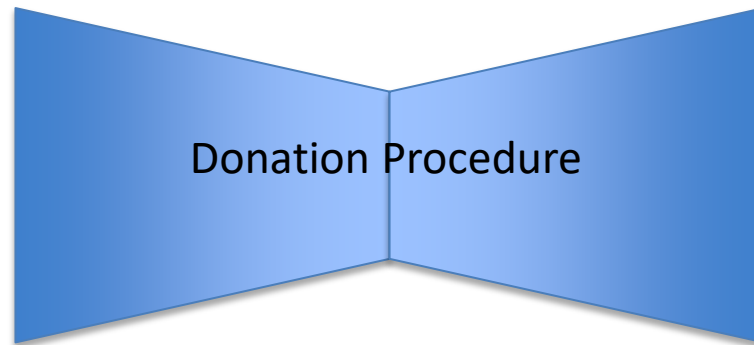
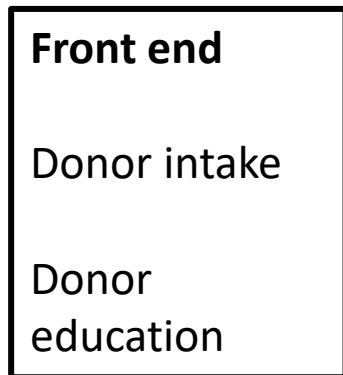
- A consensus conference was held to identify best practices and knowledge gaps pertaining to live donor kidney transplantation (LDKT) and living kidney donation (LKD).
- Sixty seven transplant professionals, patients, and other key stakeholders discussed processes for educating transplant candidates and potential living donors about living kidney donation; efficiencies in the living donor evaluation process; disparities in living donation; and financial and systemic barriers to living donation.

Primary Objectives

- To utilize a structured community-wide forum to identify and disseminate best practices for:
 - **Educating transplant and donor candidates about LDKT and LKD.**
 - **Approaches, strategies, and tools to reduce disincentives for live donation across the patient, donor, and transplant spectrum.**



The next emphasis in living donation?



Endorsed Living Donor Standards for Transplant Centers

- Living donor standards among centers vary
- Living donor engagement post-transplant varies, many donors report feeling disconnected and want to be engaged and feeling cared for
- Accepted standards improve patient outcomes, and patient satisfaction criteria, impacting value based process and reimbursement



Strategies	Very common in transplant programs today	Still in evolution
Powerful donor relationships short term and long term		✓
Strategies to reduce living donor risk	✓	
Commitment living donor education	✓	
Specialized care for donors		✓

What else makes the exceptional living donor program of the future?

Questions

- **Do changes in the potential donor demographic merit additional data?**
- Front end well handled by transplant centers—**Do we need better, improved back end initiatives for donors?**
- The overlay of changing US healthcare is an important environmental variable—**Is living donation, especially the donor, an area of additional healthcare value creation? If so, how?**

Other areas of considerations

- **Dollars (\$)**—criteria around cost-neutrality and cost-effectiveness are important
- **Scope**—donors are small as an overall population number (but > sickle cell patients in the US, > many rare disease populations)
- **Mission**—HRSA is the primary federal agency for improving access to healthcare services for people who are uninsured, isolated or medically vulnerable
- **Impact**—would long-term donor engagement increase trust, security, willingness for others to donate and does that have a positive impact on donation overall?
 - What is the economic impact over 5 years of increasing living donors (primarily kidney) by 1000? 2000? 5000? or 10,000 donors per year?
- **Tools**—The availability of digital and cloud-based tools changes both data acquisition and the potential reach of any solutions



Summary

- Approaching a pivotal juncture with living donation
- Donor engagement
- New ideas, new tools, external pressures
- Is it a time to revisit the best way of not just monitoring but enhancing living donation for the donor base, the patient base and the transplant community?