

Realizing the Promise of Equity in the Organ Transplantation System

Recommendations for Transplant Centers

Transplant centers exhibit a wide variance in organ offer acceptance rates—and organ offer acceptance rates are directly correlated with the likelihood of wait-listed patients at that transplant center receiving a timely transplant and, in many cases, with the likelihood of long-term survival. In addition, some organs are not accepted by any transplant center and go unused, wasting a precious medical resource. The nonuse rate for donated organs has risen since 2000 and is projected to continue to rise in the future.

The organ nonuse rate is highest for kidneys, at approximately 20 percent. On average, patients who die waiting for a kidney have received offers for 16 kidneys that were ultimately transplanted into other patients, indicating that many transplant centers refuse viable kidney offers on behalf of those on the waiting list. While these refusals may be well intentioned, studies show that patients derive greater survival benefit from transplanting a medically complex kidney sooner compared to transplanting a higher-quality kidney after spending additional time on the waiting list.

RECOMMENDED ACTIONS

Increase transparency and accountability of transplant centers.

Transplant centers typically make decisions to accept or reject organ offers without consulting patients. Often these decisions are influenced by the transplant center rating system, which discourages transplant centers

from using medically complex organs or performing transplants on medically risky patients.

Action: The Department of Health and Human Services (HHS) should update the Organ Procurement and Transplantation Network contract to require increased transparency and accountability for organ offer decisions. Shared decision making between patients and transplant teams should be applied in the organ offer process. Transplant centers and other medical professionals should develop, implement, and evaluate rigorous approaches for transplant teams to communicate routinely with potential transplant recipients and wait-listed candidates about their status. Transplant centers should discuss organ offers with candidates, including information about the benefits, risks, and alternatives to accepting different types of organs, so that patients can have input in deciding whether to accept an offer. Transplant centers should share with each patient and their family the number and context of organ offers declined for that individual, and collect and report more reliable, specific, and patient-centered data on the reasons why organ offers were declined.

Smooth surgical scheduling to enable organ procurement and transplant.

Shortages in trained staff, available rooms, or other limited hospital resources can delay organ procurement

or transplant surgeries. Understaffing on Fridays, Saturdays, and Sundays leads to a statistically measurable “weekend effect” in which organs that become available on those days are less likely to be procured, accepted, or transplanted.

Action: HHS should require hospitals with transplant centers to smooth surgical scheduling in order to ensure the capability of organ procurement and organ transplant operations all 7 days of the week.

Refine organ offer filters.

Organ offer filters allow transplant centers to screen out donor characteristics they consider unsuitable, either for a single patient or for the center’s entire waiting list. Filters can prevent organ procurement organizations from wasting time extending organ offers to centers that are unlikely to accept them, but may also prevent patients from receiving offers for organs with which they might be compatible.

Action: Require the use of more refined filters for transplant centers to indicate their preferences for which organs will be accepted if offered. The filters should especially focus on transplant center willingness to accept medically complex organs.

Implement expedited placement policies.

Expedited placement can reduce delays in allocation by routing less-than-ideal organs to transplant centers with a proven willingness to use them. Expedited placement can reduce rates of organ nonuse, but can also cause disparities by routing organs to transplant centers with greater resources. Because expedited placement often depends on informal relationships between organizations, there is no formal, unified system to administer expedited placement or collect data on its use.

Action: Implement expedited placement policies, at first offer, for offered and procured kidneys at high risk of nonuse to effectively direct difficult-to-place kidneys to transplant centers with a demonstrated history of using them.

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FOR MORE INFORMATION

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