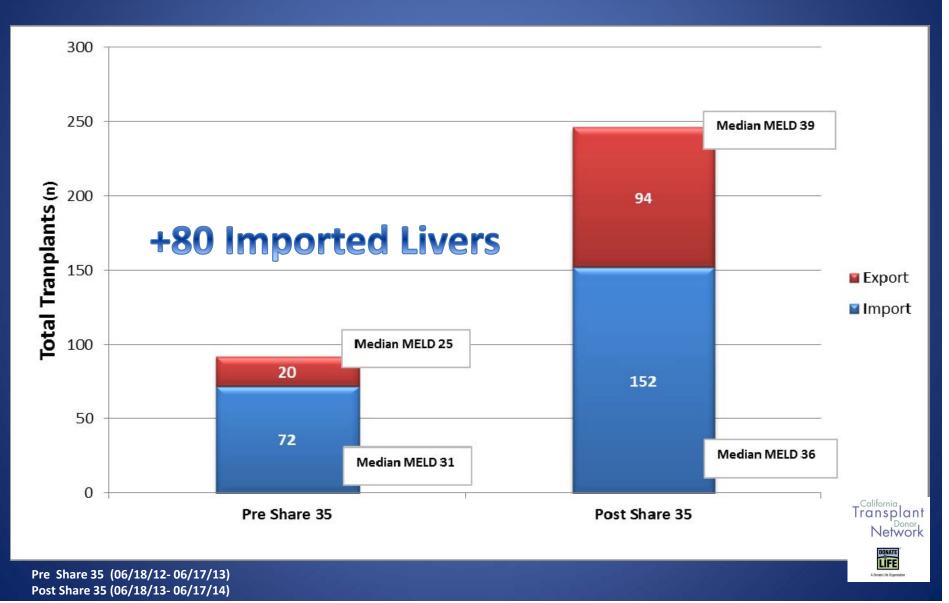
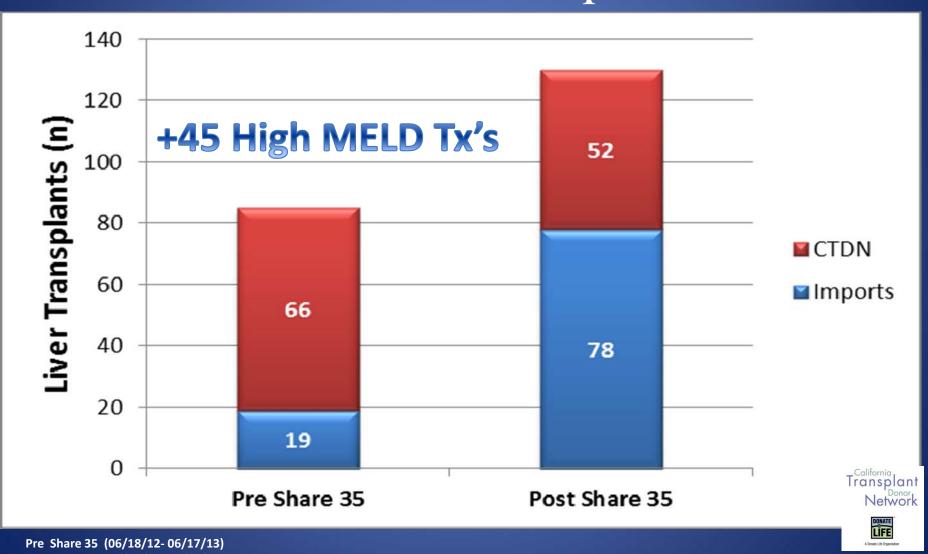
Share 35: Operational and Financial Considerations

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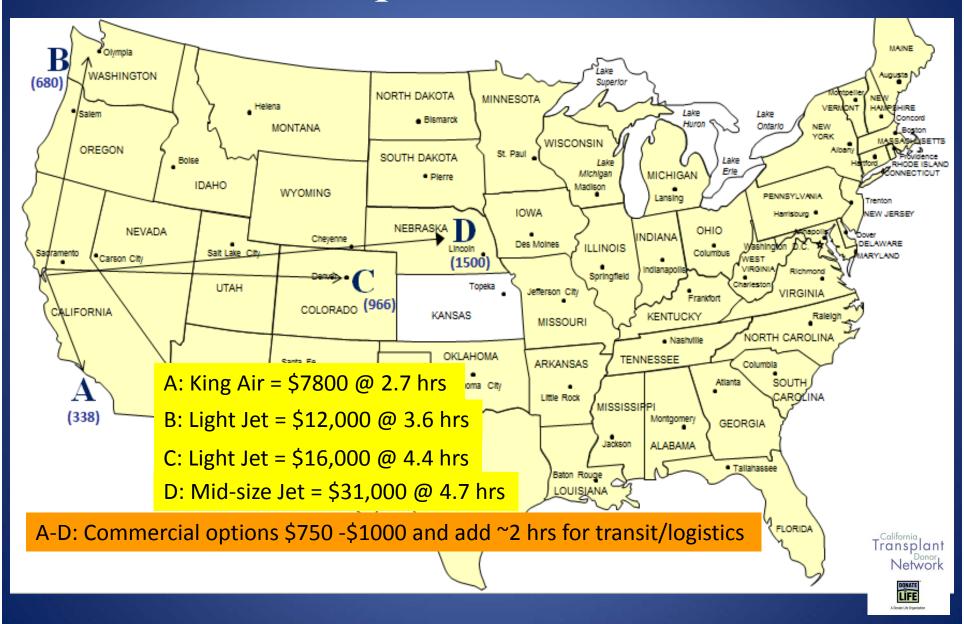
Import/Export Comparison



Share 35 Impact on Local MELD 35+ Recipients



Transportation Costs



Fly-out/Ship-in Considerations

Cost Considerations

- Standard method (\$\$\$\$)
 - Accepting TXC sends team on fly-out
 - Full plane costs incurred
- Standby method (\$\$\$-\$\$)
 - Decreased aircraft costs (smaller plane)
 - Plane on stand by until organ confirmed
 - Significantly decreased costs if aborted (max 1-2hrs flight time)
- Commercial (\$)
 - Minimal costs

Resource Considerations

- Ties up TXC recovery team including OPO perfusionist
- Local OPO to secure recovery team

- Local OPO to secure recovery team
- Added CIT
- Flexibility in scheduling recovery time



Use of "Local" Recovery Teams

- When we export a liver
 - Outside recovery team = 82% of the time
- When we import a liver
 - We send a team = 58% of the time
 - Ship-ins
 - 55 times (post-era)

Transport Type	% of total	Avg CIT* (hrs)	Max CIT* (hrs)
Charter	60%	5.1	9
Commercial	36%	7.9	11.25
Drive	4%	6.5	9



Fly-out/Charter Cost Comparison

Pre Share 35

- 51 Charter flight events
- Avg \$17,650/donor
- = \$900k Total

Post Share 35

- 112 Charter flight events
- Avg \$12,500/donor
- = \$1.4m Total

~\$500k increase in transportation costs due to sheer volume



OPO Financial Impact

- Cost report
 - 80 additional livers on cost report d/t imports
 - Increased cost allocation to Liver cost center
 - Increased SAC (anticipate ~5.5%) as a result of G&A shift
- Increased case times (~5 hrs when non-local recovery team)
 - Negligible impact with donor hospital case rates and existing staffing models
- Staffing
 - Increase in liver import offer volume (+45%)
 - No staffing impact: use of existing staff
 - Primary impact on flyout perfusion support
 - Negligible staffing impact = utilizing non-traditional staff (Tissue)



Operational Impact of Share 35: A Regional Perspective

- Share 35 exposed new resource intensive operational challenges
- Region 5 OPO Leadership Met to Review Concerns
 - Loss of transplantable livers
 - Multiple acceptances for a single PTR
 - Last minute declines (just prior to setting OR, post xclamp {at recovery site or after organ taken to TXC})
 - Recovery logistics (securing a recovery team, teams refusing to recover, not sending multiple abdominal teams)
 - SLK allocation practices (variation in practice amongst OPOs)



A Regional Approach to Resolution

- Process Considerations
 - Hold TXCs to 1hr policy (5.5.B Time Limit for Acceptance)
 - Backup all Regional liver offers, until local PTR identified
 - TXCs to consider legitimate offers/call-in PTRs (Backup Organ Offer 5.4.E)
 - Hold TXCs to a reasonable OR time following allocation (2.12.E Multiple Organ Procurement)
 - Start abdominal allocation after thoracic allocation
 - Helps OPO set OR immediately following abdominal allocation



Regional Sharing Going Forward

- Continue to monitor/assess financial impact
- Communication
 - Need for more immediate and direct follow up of operational challenges
 - TXCs notify OPO when accepting more than one offer
- Flexibility
 - Consider expanding use of local recovery teams
 - When's the best time (operationally and financially) to go to the OR?
- Tracking Operational Challenges
 - Consider expanding data collection (UNOS hosted)



Observations

- Increase in imports
 - Increase in transportation costs
 - Opportunity to impact costs/process
- Increase in OPO Liver SAC
 - Primarily a result of CMS cost accounting (providing import services)
- OPO operational considerations
 - Unanticipated obstacles
 - Modifying allocation practices
 - Flexibility in recovery times (commercial flights)



Thank You

