Modifications to the Pediatric Heart Allocation Policy

March 14, 2016
12 p.m. – 1 p.m. (Eastern)

Audio Information
Dial-in Number: (877) 309-2071
Access Code: 791-469-329
Audio PIN: Shown after joining the training

Reminder
Technical Difficulties
Citrix Global Support (800) 263-6317

Presenters
William Mahle, M.D.
Pediatric Cardiologist
Sibley Heart Center
Emory University School of Medicine
Atlanta, GA

Ryan R. Davies, M.D., FACS
Cardiothoracic Surgeon
Nemours Cardiac Center, A.I. DuPont Hospital for Children
Wilmington, DE

Kandi Neilson B.S.N., R.N.
Site Surveyor, Member Quality
UNOS
Richmond, VA
Objectives

1. Define new pediatric heart status 1A and status 1B criteria
2. Use resources to assist you in complying with policy changes
3. List the three additional upcoming modifications to the pediatric heart allocation policy

Policy Changes

Modifications to pediatric heart allocation policy

1. Pediatric heart status 1A and 1B criteria redefined
2. To qualify for ABO-incompatible heart offers, isohemagglutinin titers are increased to 1:16 or less for candidates who are one year of age or older but registered before their second birthday
3. Allocation priority of urgent potential heart recipients registered before their first birthday and potential transplant recipients eligible to receive ABO-incompatible heart offers was changed
4. Elimination of option to register heart candidates in utero

New criteria:

1. Continuous mechanical ventilation and admitted to the hospital where the candidate is registered
2. Assistance of an intra-aortic balloon pump and admitted to the hospital where the candidate is registered
3. Ductal dependent pulmonary or systemic circulation, with ductal patency maintained by stent or prostaglandin infusion and admitted to the hospital where the candidate is registered
4. Congenital heart disease diagnosis, requiring infusion of multiple intravenous inotropes or a high dose of a single intravenous inotrope, and admitted to the transplant hospital where the candidate is registered
5. Assistance of a mechanical circulatory support device
Pediatric Status 1A Changes

1. Mechanical ventilation needs to be continuous and the candidate must be admitted to the hospital where they are registered.
2. Intra-aortic balloon pump candidates must be admitted to the hospital where they are registered.
3. Candidates with ductal dependent pulmonary or systemic circulation with ductal patency maintained by stent or prostaglandin infusion and admitted to the hospital.
4. A diagnosis of congenital heart disease and treated with multiple intravenous inotropes or a single high dose inotrope and admitted to the hospital.
5. Assistance of a mechanical circulatory support device.

Case Study 1

A 10 month old heart patient who is admitted to the transplant hospital is being added to Waitlist. In order to determine his medical urgency status, we look at his medical record. There, we find the patient is being treated with a single high dose intravenous inotrope and has congenital heart disease diagnoses of ventricular septal defect and aortic stenosis.

Case Study 2

A 2 year old patient with congenital heart disease is admitted to the transplant hospital registering him. The child has a stent that had been placed by transcatheter technique in order to maintain ductal patency.
New criteria:
1. Infusion of one or more inotropic agents but does not qualify for pediatric status 1A
2. Less than one year old at the time of the candidate’s initial registration and has a diagnosis of hypertrophic or restrictive cardiomyopathy

**Pediatric Status 1B Requirements**

Candidates can no longer qualify for status 1B by meeting certain height or weight requirements

1. Candidates maintained on inotropes who don’t meet dosage requirements for status 1A.
2. Must have diagnosis of restrictive or hypertrophic cardiomyopathy, and be less than 1 year old at the time of initial registration

**Pediatric Status 1B Changes**

1. Candidates no longer qualify for status 1B by meeting certain height or weight requirements

**Pediatric Status Expiration**

May retain pediatric status 1B for an unlimited period, and does not require reactivation

If medical condition changes, transplant program is responsible for updating the candidate’s registration

Report within 24 hours criterion that qualifies candidate to be registered as status 1B.
Case Study 3

A 3 year old heart patient with dilated cardiomyopathy was registered in Waitlist as Status 2 prior to the March 22nd implementation date. Two weeks after the policy change, the child’s health worsens, is admitted to the hospital and is placed on high dose inotropes.

Case Study 4

On March 23rd, the day after implementation, a 3 year old candidate is registered on the waiting list and has a diagnosis of restrictive cardiomyopathy. So far, the candidate is not being treated with inotropes.

Exceptions and Exception Extensions

Exceptions
- Admitted to the hospital where the candidate is registered
- Belief of transplant physician that there is urgency and potential for benefit
- RRB retrospective review of requests for Status 1A, approvals valid for 14 days

Exception Extensions
- RRB retrospective review of extension requests; approvals valid for 14 days
- If no extension submitted, candidate will be assigned pediatric status 1B
Member Actions

- Status 1A
  - UNetSM will notify transplant centers when Status 1A registrations are up for recertification
  - Recertify the candidate under the new status 1A criteria, if not qualified then you should register them as status 1B or status 2

- Status 1B
  - 1B justifications don’t expire for candidates currently registered as 1B
  - Candidates may no longer meet the criteria for status 1B because of changes
  - Review 1B patients and UNOS encourages you to submit updated justification forms under new policy

Site Surveys

Site surveyors will
- Verify candidate status listings
- Review and verify information entered in the narrative field on the justification form
- Use lab results, CT scans, MRIs, test results and progress notes to verify the narrative

Upcoming Q4 2016 Implementation

Modifications to pediatric heart allocation policy

To qualify for ABO-incompatible heart offers, the isohemagglutinin titters will be increased to 1:16 or less for candidates who are one year of age or older but registered before their second birthday. Allocation priority of urgent potential heart recipients registered before their first birthday and potential transplant recipients eligible to receive ABO-incompatible heart offers are changed. Elimination of the option to register heart candidates in utero.
Candidates who are willing to receive intended ABO incompatible offers and who are older than 1 year at the time of the match

- Must be registered before 2 years old
- Must be registered as status 1A or 1B
- Can have isohemagglutinin titer as high as 1:16 or less

Prioritization

- Candidates less than one year at the time of the match, and are blood type compatible with the donor or eligible to receive an intended ABO incompatible offer, will appear in the primary blood type classification.
- Candidates at least one year old but are eligible to receive intended ABO incompatible offers will be classified as a secondary blood type match.

In Utero Candidate Registration

- Transplant programs no longer able to register a candidate while the candidate is in utero
- As we get closer to implementation, UNOS will reach out directly to programs with candidates registered in utero
Panelists

William Mahle, M.D.
Pediatric Cardiologist
Sibley Heart Center Cardiology
Emory University School of Medicine
Atlanta, GA

Ryan R. Davies, M.D., FACS
Cardiothoracic Surgeon
Nemours Cardiac Center, A.I. DuPont
Hospital for Children
Wilmington, DE

Kandi Neilson B.S.N., R.N.
Site Surveyor, Member Quality
UNOS
Richmond, VA

Leah Edwards
Principal Research Scientist, Research Department
UNOS
Richmond, VA

Liz Robbins Callahan
Policy Manager, Policy Department
UNOS
Richmond, VA

Q & A Section

Enter your questions here.

Timeline of Changes

1A & 1B Justification changes
March 22, 2016

System training recording
Webinar recording
March 16, 2016

Q4 2016
- Changes to intended ABO incompatible heart offers
- Changes to prioritization
- Elimination of In Utero Candidate Registration
Resources and References
Toolbox on the OPTN and Transplant Pro websites:
- Policy
- CHD diagnoses and qualifying inotropes
- Modifications to the Pediatric Heart Allocation Policy (Webinar)
- Slide deck
- System training video
- FAQs

Contacts

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<thead>
<tr>
<th>Name</th>
<th>Regions</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betsy Gans</td>
<td>2, 6, 8</td>
<td><a href="mailto:betsy.gans@unos.org">betsy.gans@unos.org</a></td>
</tr>
<tr>
<td>Shannon Edwards</td>
<td>1, 4, 9</td>
<td><a href="mailto:shannon.edwards@unos.org">shannon.edwards@unos.org</a></td>
</tr>
<tr>
<td>Cliff McClenny</td>
<td>3, 5, 7, 10 and 11</td>
<td><a href="mailto:cliff.mcclenney@unos.org">cliff.mcclenney@unos.org</a></td>
</tr>
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Instructional Innovations (educational questions) education@unos.org

Evaluation and Assessment
- Take the credit assessment to qualify for 1 CEPTC point:
- https://www.surveymonkey.com/r/Mod_Ped_Heart