Financial and Logistical Disincentives to Organ Acceptance

NYU Langone Heart, Lung, Liver and Pancreas Procurements CY2019			
Metric		Total Cost / (Revenue)	RVU Estimate
Total Import Organ Procurements	132		
Average Procuring Surgeon Work Hours Per Procurement and Cost of Surgeon Time*	10.5	$ 536,502	9,196
Different Organ Procurement Organizations	27		
Procurement Surgery Billed to Organ Procurement Organization (and included in OPO SAC Fee to Hospital)	22	$ (79,200)	-
Procurement Surgery Billed to NYU Hospital	93	$ (295,800)	-
Unrecovered Cost/RVUs		**$ 161,502**	**9,196**

- Common practice for hearts, lungs, livers and pancreases is to send a procurement surgeon to the donor hospital to recover the organ
- Saying yes to an organ can present many challenges to the transplant surgeon:
  - Small programs may only have 1-2 surgeons who will need to do both procurement and transplant or multiple transplants may be happening at a larger center and surgeons unavailable to procure
  - Travel risk in inclement weather or difficulty arranging transportation
  - Cancellation of elective cases or other duties (profitable, commitment to patients, OR time)
  - Surgical CPT Codes do not have RVUs (surgeon productivity measure that may contribute to bonus)
- No standardized mechanism to bill the surgical fee – some OPOs pay and bill back to transplant hospital, sometimes transplant hospital pays, sometimes no one pays

**Based on AAMC 75th Percentile Transplant Surgeon Assistant Professor Benchmark plus fringe and malpractice*

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- Transportation cost is a disincentive for the transplant surgeon to aggressively assess distant organs from less than perfect donors ($18K if surgeon goes and organ not viable)
- Expenses go into hospital organ acquisition and partially reimbursed by Medicare, but private payors may not reimburse adequately/fixed price global contracts
- No mechanism to find a locally available and vetted/trusted surgeon to procure (Call friends or a few OPOs may have a procurement surgeon)
- The COVID pandemic encouraged more local recoveries; however, when a local surgeon procures for another center, it's complicated to bill and get paid (OPO, Transplant Center, Contact Person, Set-up as Vendor in AP System)
- No standard for transportation coordination - Sometimes OPO, sometimes transplant center

Average Transportation Costs (Jets, Helicopters and Ground Transportation)		
Surgeon Traveling to Donor Hospital to Procure	**Procurement Resulting in Transplantation at NYU**	**Organ Found Not Viable for Transplant**
NYU Surgeon	$ 19,040	$ 18,095
Local Non-NYU Surgeon	$ 13,521	$ 5,241
Savings Using Local Surgeon	**$ (5,519)**	**$ (12,854)**

Organs Recovered by NYU Surgeon for Other Transplant Hospitals		
	Organs	**Billed Surgeon Fees**
Billed to Transplanting Hospital	7	$ 30,450
Paid by Transplanting Hospital	4	$ (17,400)
Unreimbursed Procurement Fees	**3**	**$ 11,550**

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Opportunity: National Network of Procurement Surgeons

- On-Demand Marketplace Technology (like Uber)
  - Identify and Deploy Local Procurement Surgeons
  - Private Sector Company vs OPTN/Governmental
- App for Communication Between Procurement Surgeon and Transplant Hospital
  - Timing/Logistical Coordination
  - Upload Images
- Economy of Scale Transportation Contracts
  - FedEx, UPS, etc.
  - Military
- Procurement Surgeon Credentialing/Quality Standards
  - Volume and Experience
- Standardized Surgery Fee Schedule and Easy Billing Mechanism
  - National Billing Clearinghouse, Medicare, or OPOs
- Transplant Surgery Fellowship Training Program
  - Proctoring with “Certified” Procurement Surgeons in Local Hubs
  - Serve as Assistants

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