Waitlist Management Techniques – Experience from the COIIN Project and Beyond

Presented on behalf of the

Saint Barnabas Medical Center Renal and Pancreas Transplant Team

by

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Organ Procurement and Transplantation Network

COIIN project studying effective practices at model hospitals, OPOs

Collaborative Innovation and Improvement Network}

COIIN is an OPTN/UNOS three-year pilot project, funded by HRSA. It is studying an alternative
approach to transplant program performance monitoring that:

- reduces risk-avoidance behaviors associated with current monitoring
- removes current performance flagging criteria for participating kidney transplant programs
- develops and tests a data-rich quality monitoring framework
- promotes performance improvement and effective practices through collaboration

- Waitlist Management
- Organ Offer and Acceptance
- Care Coordination

- Waitlist Management
- Organ Offer and Acceptance
- Care Coordination

What?
- Increase access and listings of patients
- Maintain or improve patient outcomes

How?
- Policies and procedures needed to facilitate effective flow
- Develop workflow to avoid quick closure of patient cases

Why?
- Increase opportunity for transplant

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Why?

Can pol... ...e adopted to manage ...ntly and effective... ...e to alleviatin... ...s to organ transplant...

Yes

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Why?

ransplanting kidneys and transforming lives

Process Assessment → Identify Challenges and Barriers → Team Assignments, Roles and Responsibilities → Tools and Training → Patient Access and Education → Resources
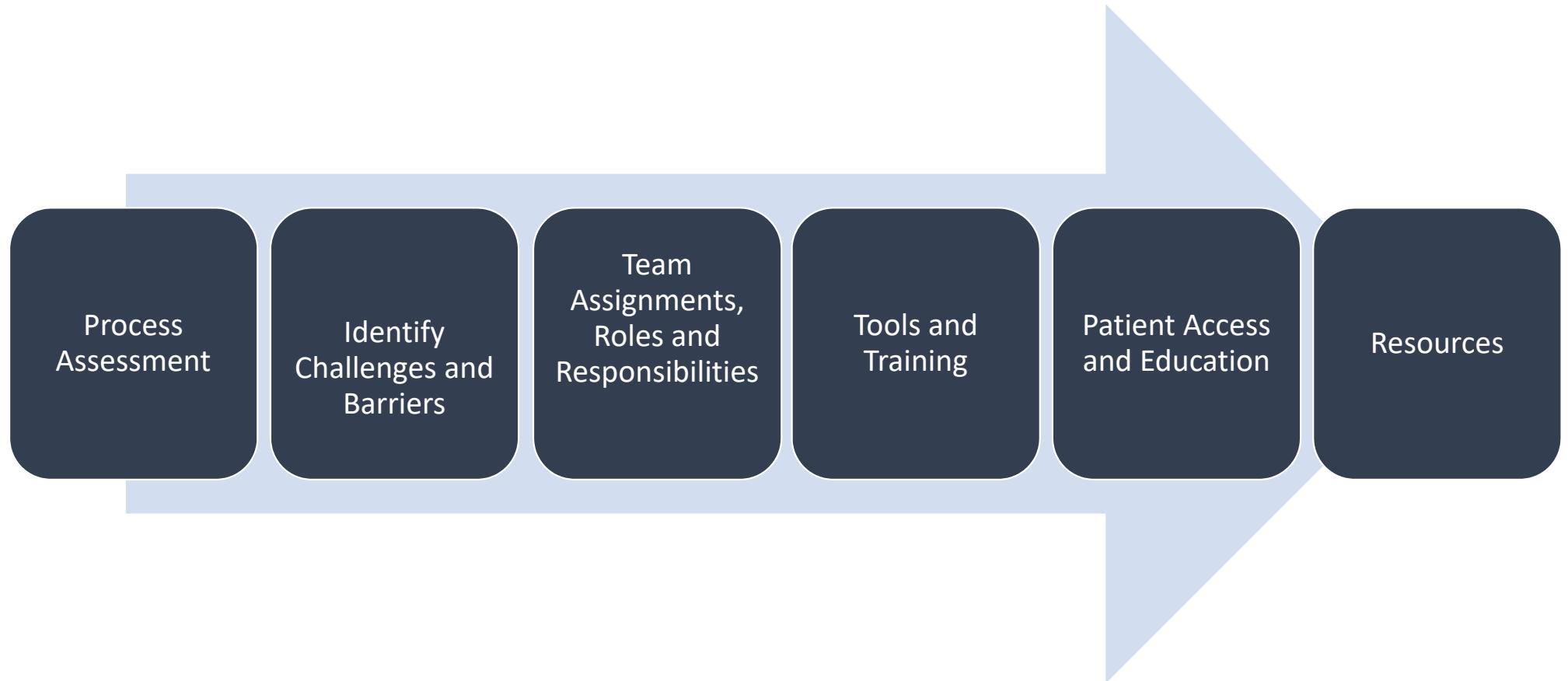
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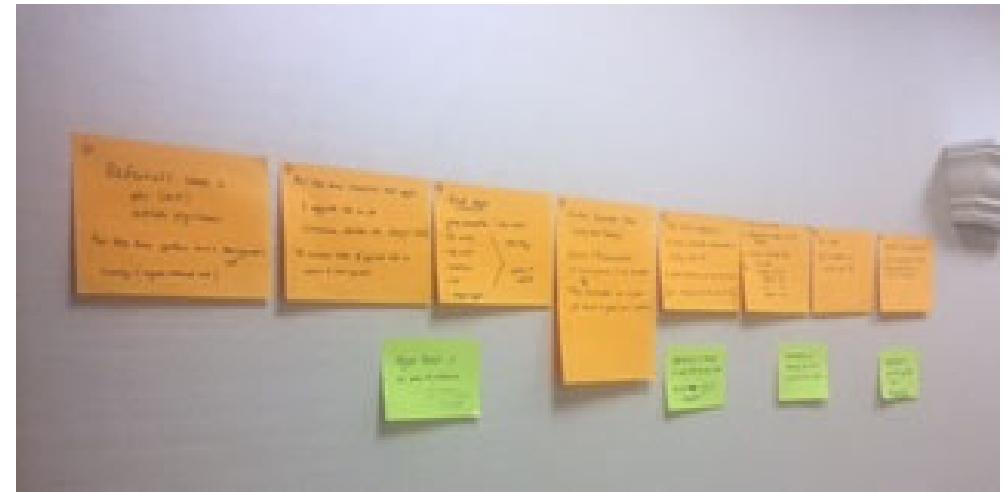
Pre-Transplant Patient Flow
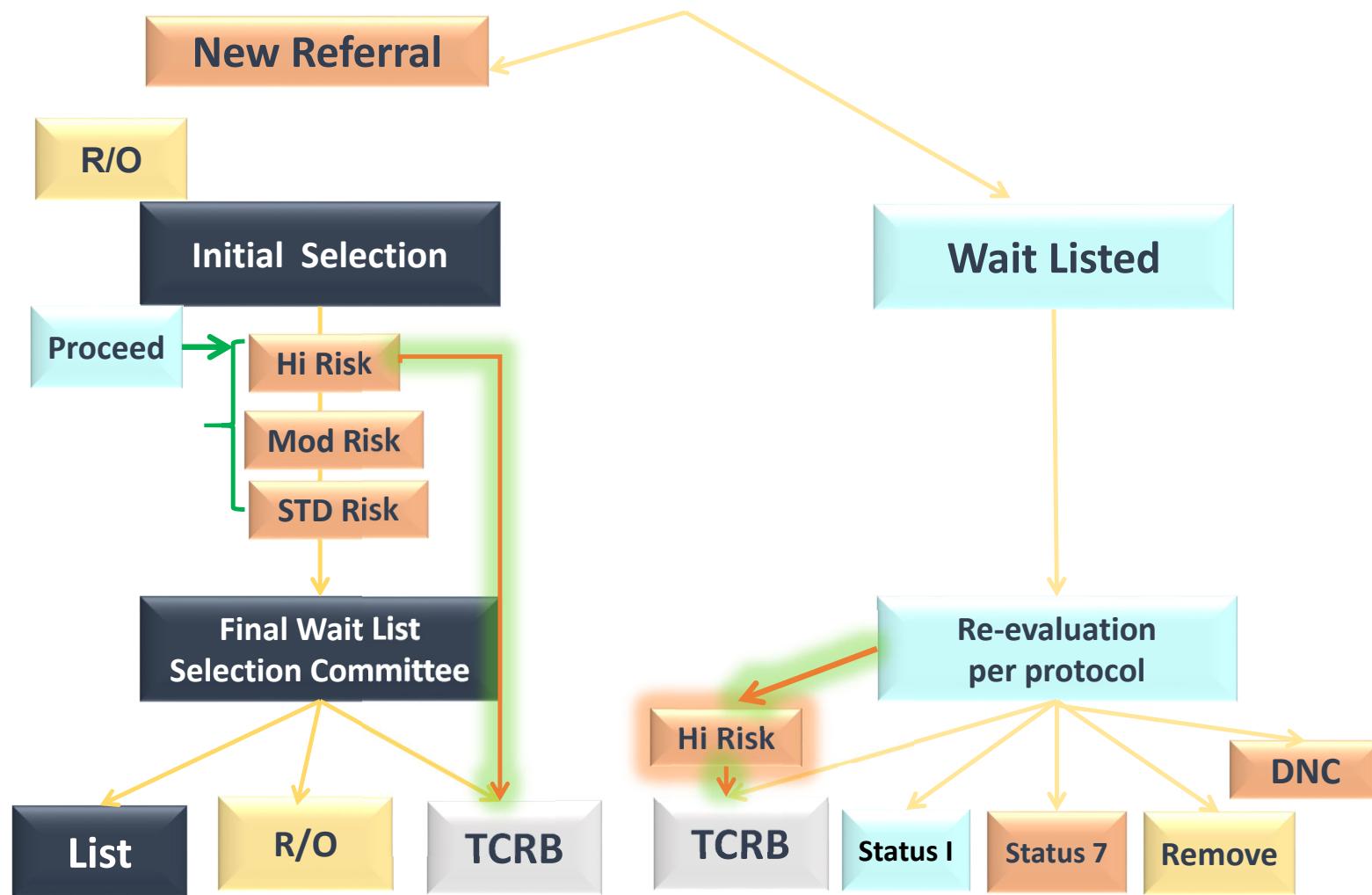
Risk Stratification of Patients

Patient EPTS: _____ (Per UNOS EPTS Calculator at *https://optn.transplant.hrsa.gov/resources/allocation-calculators/epts-calculator/*)

Medical Clearance if needed:
Please Review: ___Cardiac Testing ____ Surgical ____ Vascular ___Lab Results ____ Radiology ____ Psychiatric
___Genitourinary ____ Gastrointestinal ____ Complete Record ____Other Testing: describe_____

RN Signature: _____   **Date** _____   **Time** _____

Comments:_____

Physician Completes - Check if patient has:

Diabetes Mellitus: ☐ Yes ☐ No   PVD: ☐ Yes ☐ No   COPD treated by Medication: ☐ Yes ☐ No

Prior solid organ transplants (any organ): ☐

Select one (1) Primary Cause of Renal Failure for UNET forms entry for Candidate Listing:

Diabetes	Hypertensive Nephrosclerosis	Cortical Necrosis-3026	Risk Profile (check one)
☐Diabetes Mellitus - Type I – 3069	☐Malignant Hypertension- 3034	☐Acute Tubular Necrosis-3027	☐ High Risk
☐Diabetes Mellitus - Type Ii – 3070	☐Hypertensive Nephrosclerosis – 3040	☐Acquired Obstructv Nephropath-3030	Re-eval every 6 months
☐Diabetes Mellitus - Type Other – 3071	☐Chronic Nephrosclerosis-Unsp–3051	☐Analgesic Nephropathy-3044	Comments:
Glomerular Diseases	**Polycystic Kidneys**	☐Radiation Nephritis-3045	

Risk Profile (check one)

☐ High Risk:

Re-eval every 6 months

☐ DM

☐ > Age 60

☐ History of CAD

☐ Dialysis > 4yrs

☐ PRA 98%-100%

☐ HIV +

☐ Psycho-social/finance

☐ PVD

Comments:

☐ Moderate Risk:

Re-eval every year

Comments:

☐ Standard Risk:

Re-eval every 2 year

Comments:
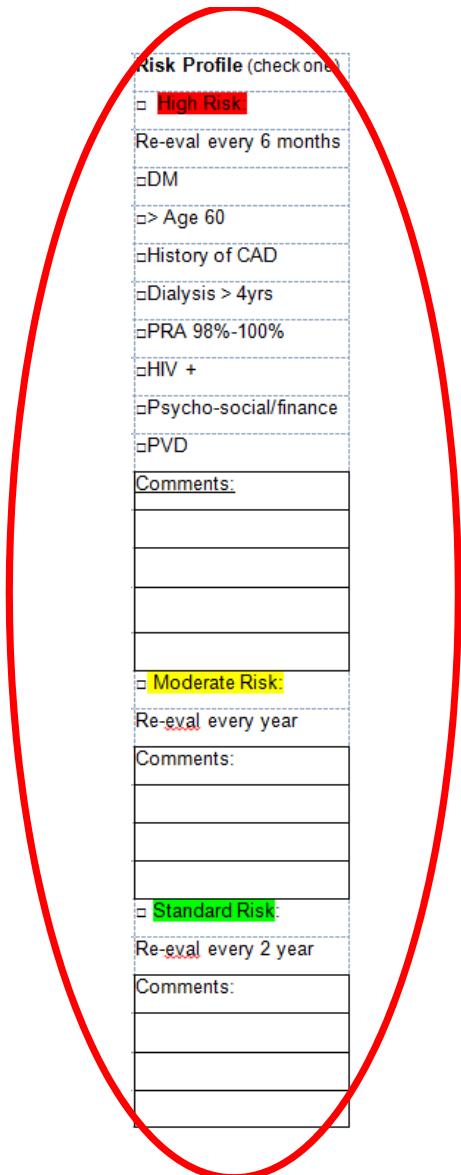
- **Follows Transplant Candidate Review Policy**
- **Aids in re-evaluating patients periodically to ensure candidacy**
- **Ensures co-morbid patients, likely to be called are in fact still candidates:**

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eam approach
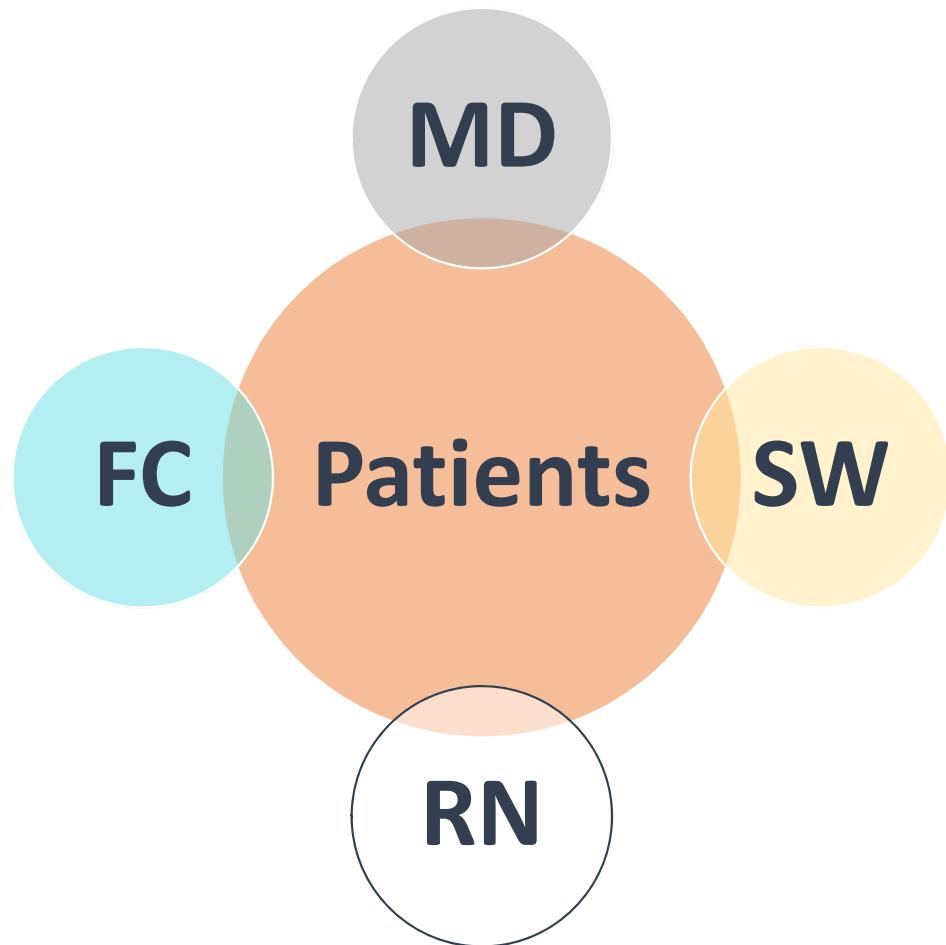
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rain   taff

on   atient   ssessment and

health   iteracy

Effective Arts Communication Training (train transplant team like procurement staff)

Knowledge of and ability to access financial and psycho-social resources

Healthy literacy training

Cultural sensitivity training

Language Line and access to translation services – both verbal and written

Bilingual staff; dedicated team to assist patients

Explaining the 'why' and 'how' to patients and their support

- Patient-centric processes

- Checklists/tools to facilitate care

- Insurance case managers … can be very helpful

- Constant education and refocus of initiative is critical

- Providing staff with critical feedback and facilitating collaboration

- Don't assume things are working – until you check that they are

Review Team Assignments

	Pre Transplant Team Assignments		
Team	Evaluation	Waitlist	Front Desk/Intake
Coordinators	Soraya Casey Bia Jean	Eleanor Nini Terri Daisy	N/A
Assistants	Verushka Lisa B	Helene Shay	Peggy
Responsibility	Chart Audit for Eval Team to ensure all testing is performed and received for RN review	Chart Audit for Wait List Team to ensure all testing is performed and received for RN review	Perform Front Desk functions plus prepare charts for all new evals
Assistant Tasks	Chart Audit 3 charts daily, total of 15 charts per transplant coordinator. (50-60 charts per week total for review)		Assists Front End Management – answers phone, schedules patient
	FAST: Scan HIPAA consent in OTTR under Documents Draw Initial HLA, Print specimen labels. Pre-dialysis patient: Request Blood work, H&P and Kidney biopsy report if not in chart.		Referral follow-up
	New eval patient: Send prescriptions and billing letter based on RN's OTTR notes.		Chart Preparation
	Medical records request (only after evaluated or listed)		Initial Request for Medical Records (Part of Chart Prep for new Evals)
	Scan dictation letter and mail copy to nephrologist and dialysis unit.		Booking and mailing Initial Transplant Education Appointment To Nephrologist and Hemodialysis Unit.
	Schedule/assist in scheduling tests in ACC/SBMC		Pre-Dialysis Patient: Request H&P, Blood work results, Kidney Biopsy report from Nephrologist office prior to appointment date.
	Obtain, test results, label w/ 2 identifier and scan into OTTR for RN review.		Dialysis patient: Send copy of appointment letter to hemo unit and request Blood work results, Hepatitis Profile, H&P and CMS Documents (MER and LTCP).
	Send initial HLA kit to patient/hemo unit or call pt for initial HLA draw at SBMC as directed by TC.		
	Mail tissue typing supplies to patients/units		
	Scan recipient chart into Cerner for patients who are transplanted (Waitlist Only)		
	Pull recipients chart for re-evaluation appointments		
	Scan charts to other transplant centers (as requested)		
	Chart audit closed chart for compliance all MR with 2 identifiers		
	The following tasks will be assigned on a rotational basis:		
	Phlebotomy (Blood draw monthly tissue typing and initial HLA/CXM) - we will develop		
	CPAR - coverage as needed		
	Check exam rooms and lab for expired supplies		

Section 1: Job-Specific Requirements of Position			
	Rating		
	Self	Sup.	Final
3. Coordinates pre-transplant work up and evaluation for both deceased donor and living donor transplants. Enters all nursing documentation, including test results in OTTR (Transplant Database).			

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ools to assist team and facilitate patient care

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eview of protocols
and procedure
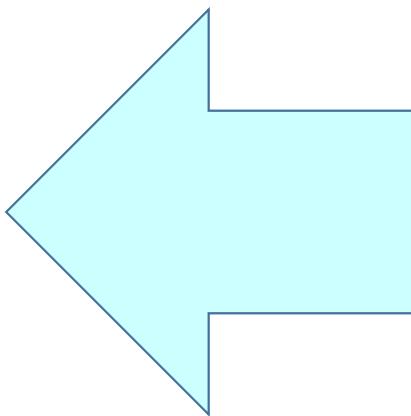
- **Clearer guidelines needed**
- **Formal protocols researched and written by clinical team**
- **Distributed to all**
- **Posted on Intranet**
- **Archival system tracks changes and dates for history**
- **Reviewed annually and documented**

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eview of testing guidelines

Policy Guidelines for Pre-transplant Evaluation Testing

Tests and other non-salary costs for pre-transplant evaluation of potential recipients & living donors to determine suitability for transplant/donation will be posted directly to Organ Acquisition. Tests for purposes of diagnosis/treatment will be direct billed to the patient's insurer and are **NOT** charged to Organ Acquisition. Staff salary costs for pre-transplant services will be captured via monthly time studies & posted to the appropriate organ cost center.

Did patient have any of the following required tests done within the past 6-12 months?
- -EKG   -CXR   - 2D Echo   - Colonoscopy
- - Mammogram   - Pap Smear   - Stress Test   -CT Scan of kidneys
- -Consultation Only – (Psych, Hepatology, Pulmonary, Urology, Dental, Cardiology)
- -Serologies: if indicated, for CMV, Hep A, B,C, PCR, PSA , liver function tests, coag studies, HIV
If **YES**, obtain results

If **NO** – order per the following:

Cardiac Testing: *For diabetics and patients > age 55*
- o EKG – CPT 93005 - Standard Pre-Transplant Billing Letter – Diagnosis: V72.83
- o 2D Echo –CPT 93350 – Echo (2D) w/ interpretation -Diagnosis V71.1Obs susp cardiovascular disease
- o Stress Test – 78452 – Nuclear Stress - Diagnosis - V72.81 Pre-op cardio examination

Colonoscopy:
- o Routine initial Colonoscopy for patients>age 50=> *Pre-transplant Colonoscopy Billing Letter* to patient w/Rx
- o Follow-up Colonoscopy needed every three (3) years for **high risk patients   (see definition below).** Please provide prescription with applicable diagnosis – **DO NOT give a billing letter for follow-up colonoscopies.** *Refer to Clinical Protocol #13 – Cancer Wait Time for Transplantation*
- ▪ History of Polyps – ICD9 is V18.51
- ▪ Family History of Colon Cancer - ICD9 is V16.0
- ▪ History of Colorectal Cancer - ICD9 is V10.05
- ▪ Inflammatory Bowel – ICD9 is 556.9 (or Crohn's Disease – 555.9)
- o **Follow up for non-high risk patients**: annual stool guiac–CPT 82270 (every 12 months)

PAP Smear
- o Screening Pap Smear CPTs – P3001/P3000 (technical) – ICD9 is V72.6
Medicare pays once every three (3) years unless abnormal pap result in the last 12 months.
Has Patient had a Pap in the last three (3) years?
- ❏ If yes, give patient a billing letter
- ❏ If no, provide patient with prescription and ICD9 = V72.6

Mammography: *for female patients > age 40*
- o Screening Mammography CPT – 77057 - ICD9 V76.11 every 366 days

Radiology
- o CT Abdomen w/ w/o Contrast – CPT – 77140. Order per MD only as per diagnosis
- o CXR – ICD9 – V72.83

PSA:
- o Screening PSA Only – CPT G0103 – ICD9 – V76.44 every 366 days
- o Only order PSA CPT 84153 if ordered by MD and/or personal history of malignancy (V10.46) or elevated PSA (790.93)

Serologies:
Hep and HIV are not covered for screening purposes unless patient is symptomatic or has been previously diagnosed as positive. If patient is negative and does not have symptoms, you will need to give a billing letter. If patient has been previously diagnosed, or has symptoms, please indicate those on the prescription.

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eview of Status 7
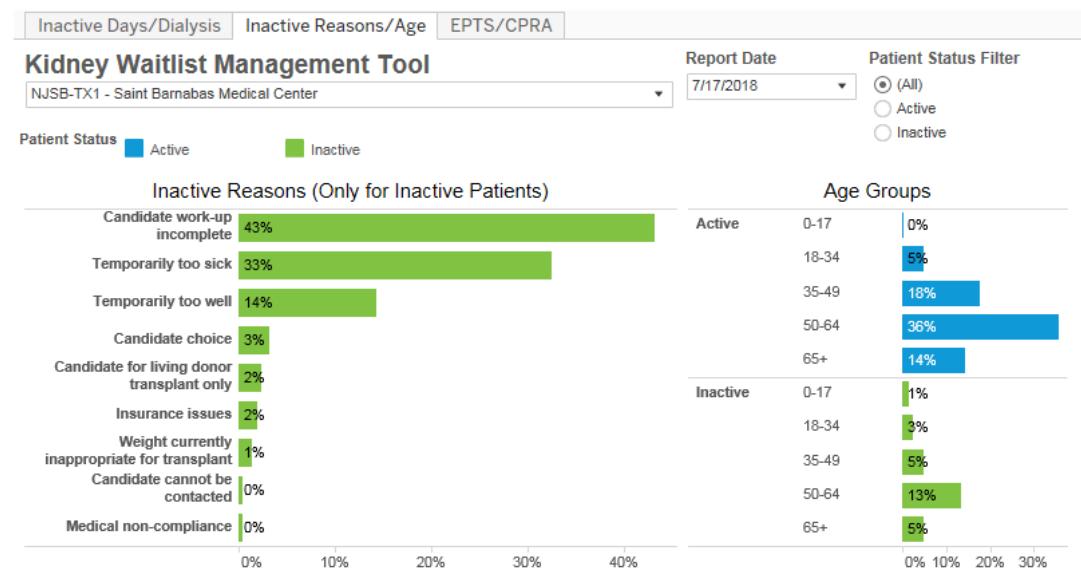
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- **Keeping our patients ready and our waitlist accurate**

- **Monitoring organ refusals in real time**

- **UNOS Data Services Organ Offers**
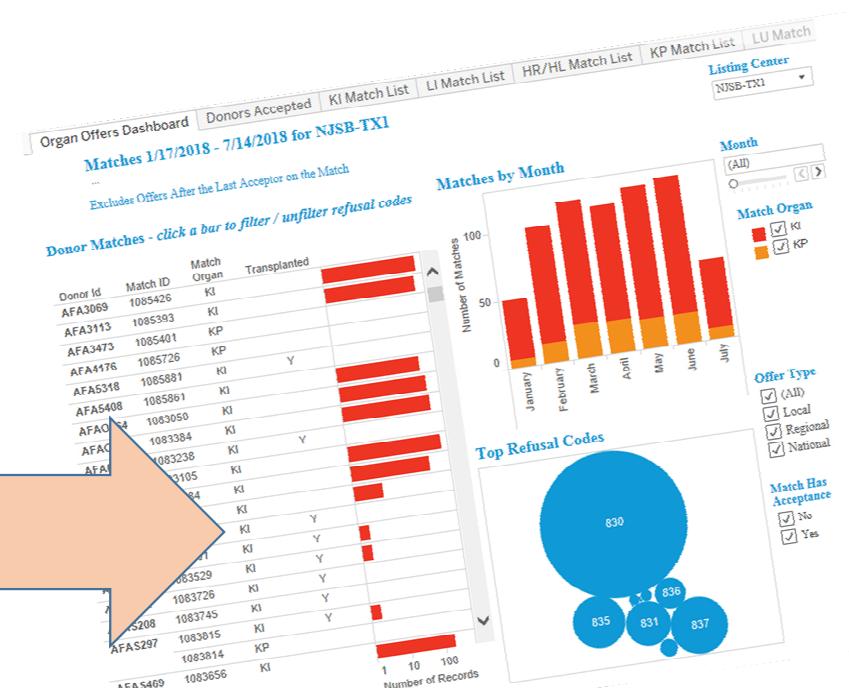
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ools

> - **Quarterly Missing Specimen Reconciliations**
>
> - Review of OPO Lab reports to see if patients have missed specimens for more than 60 days.
>
> - Helps to identify patients expired, no longer at a specific unit, in a nursing home, etc.
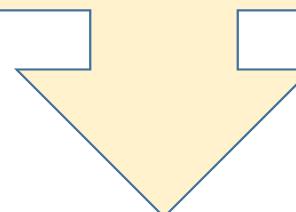
Active Renal Patients at SBMC: samples not reached NJSN on time as of 03/31/2012 (N=102)		
Patient Last Name	Patient First Name	Coordinator
AAAAAaaaaa	aaaa	Jurado
BBBBB	bbbbb	Simchera
CCCCC	cccc	Freedman
DDDDD	ddddd	Jurado

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atient access/education

Identify and address the barriers →

Access

- ✓ Satellite Locations
- ✓ UberHealth
- ✓ Consolidated Testing
- ✓ Scheduling Assistance
- ✓ Collaboration with local providers
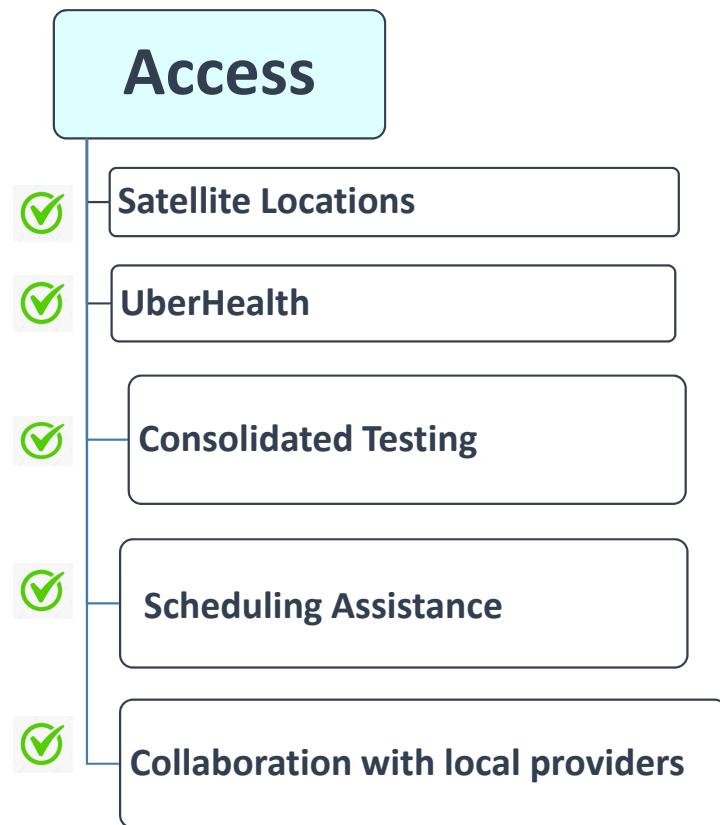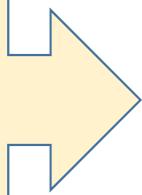
Educate to dispel myths and to explain novel advances

(both patients and providers)

Education

- ✅ **Program materials and website**
- ✅ **Marketing campaign**
- ✅ **In-person evaluation w/support 1:1 education, as needed**
- ✅ Outreach materials
- ✅ **Provider newsletters and presentations**
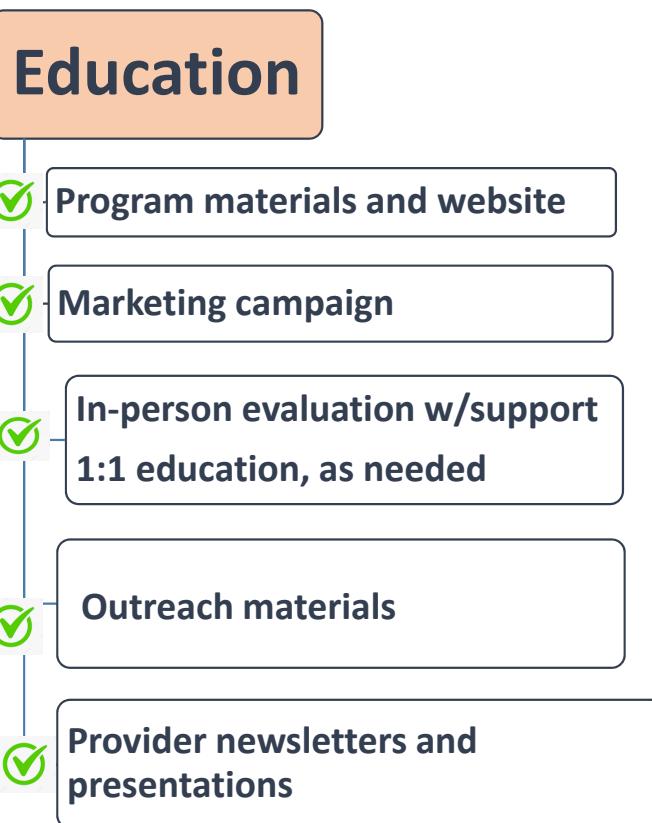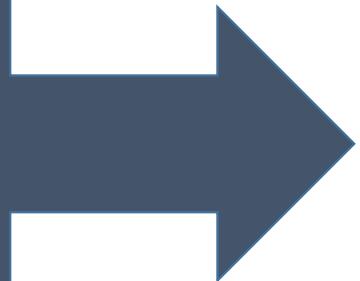
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ccess resources and advocate for patients

- **Explore extra help for:**
  - **Medication costs**
  - **Copays/Deductibles**
  - **Transportation**
  - **Insurance**
  - **Living expenses**
- **Using:**
  - **Facility resources**
  - **Local/state resources**
  - **Foundation funding**
  - **Assistance programs**

MD

FC   Patients   SW

RN

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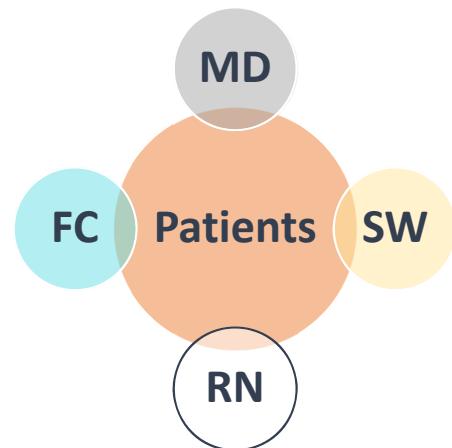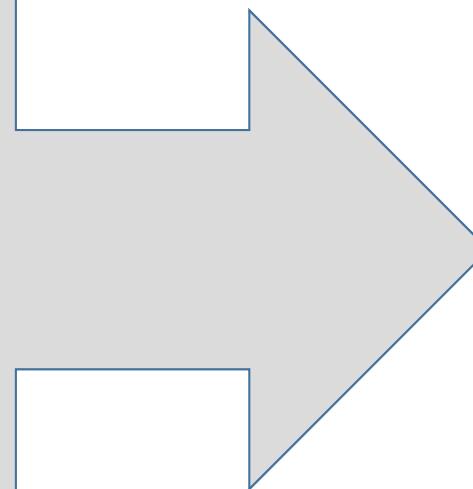
rovider engagement

Provider engagement

- **Critical element to patient care**
- **Outreach education and visits – Physicians and Dialysis Staff**

- **Both internal and external providers:**
  - **Internal providers:**
    - Calls must be made to patient and their referring MD prior to removal

    - Documentation templates and correspondence revised to follow protocols and selection criteria

  - **External providers:**

    - Can assist with patient communication and test completion

Decreased wait time
and waitlist testing

Decreased dialysis
time/cost

Decreased
complications

Increased
transplant
volume

Improved
Outcomes
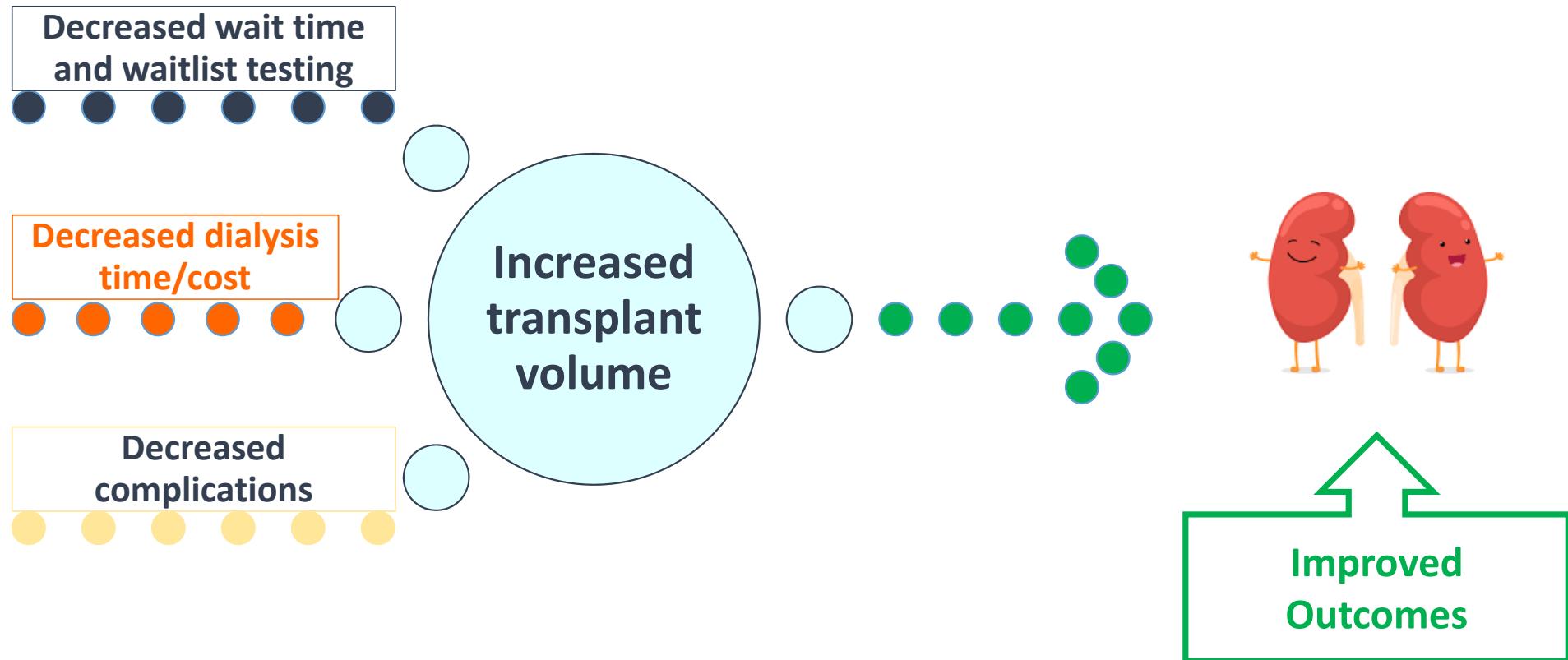
Overall Success

Increase in waitlisted patients

SCIENTIFIC REGISTRY OF TRANSPLANT RECIPIENTS

Saint Barnabas Medical Center
Center Code: NJSB
Transplant Program (Organ): Kidney
Release Date: January 7, 2019 (Oct 2018 Draft)
Based on Data Available: August 31, 2018

SRTR Program-Specific Report
Feedback?: SRTR@SRTR.org
1.877.970.SRTR (7787)
http://www.srtr.org

B. Waiting List Information

Table B2. Demographic characteristics of waiting list candidates
Candidates registered on the waiting list between 07/01/2017 and 06/30/2018

Demographic Characteristic	New Waiting List Registrations 07/01/2017 to 06/30/2018 (%)			All Waiting List Registrations on 06/30/2018 (%)		
	This Center (N=551)	OPTN Region (N=--)	U.S. (N=--)	This Center (N=1,488)	OPTN Region (N=--)	U.S. (N=--)
All (%)	100.0	--	--	100.0	--	--
Ethnicity/Race (%)*						
White	41.9	--	--	33.2	--	--
African-American	30.9	--	--	37.9	--	--
Hispanic/Latino	14.9	--	--	16.9	--	--
Asian	12.2	--	--	11.9	--	--
Other	0.2	--	--	0.1	--	--
Unknown	0.0	--	--	0.0	--	--
Age (%)						
<2 years	0.0	--	--	0.1	--	--
2-11 years	0.9	--	--	0.8	--	--
12-17 years	1.5	--	--	2.4	--	--
18-34 years	10.3	--	--	7.4	--	--
35-49 years	25.0	--	--	28.4	--	--
50-64 years	47.9	--	--	49.8	--	--
65+ years	14.3	--	--	11.2	--	--
Other (includes prenatal)	0.0	--	--	0.0	--	--
Gender (%)						
Male	64.8	--	--	64.6	--	--
Female	35.2	--	--	35.4	--	--

* Race and ethnicity are reported together as a single data element, reflecting their data collection (either race or ethnicity is required, but not both). Patients formerly coded as white and Hispanic are coded as Hispanic. Race and ethnicity sum to 100%.

SCIENTIFIC REGISTRY OF TRANSPLANT RECIPIENTS

Saint Barnabas Medical Center
Center Code: NJSB
Transplant Program (Organ): Kidney
Release Date: January 5, 2021
Based on Data Available: October 31, 2020

SRTR Program-Specific Report
Feedback?: SRTR@SRTR.org
1.877.970.SRTR (7787)
http://www.srtr.org

B. Waiting List Information

Table B2. Demographic characteristics of waiting list candidates
Candidates registered on the waiting list between 07/01/2019 and 06/30/2020

Demographic Characteristic	New Waiting List Registrations 07/01/2019 to 06/30/2020 (%)			All Waiting List Registrations on 06/30/2020 (%)		
	This Center (N=639)	OPTN Region (N=4,944)	U.S. (N=39,776)	This Center (N=1,596)	OPTN Region (N=12,703)	U.S. (N=99,301)
All (%)	100.0	100.0	100.0	100.0	100.0	100.0
Ethnicity/Race (%)*						
White	37.1	46.0	41.7	31.3	39.8	35.2
African-American	33.3	37.0	28.5	39.2	44.0	32.1
Hispanic/Latino	18.2	8.8	19.7	18.2	8.3	21.0
Asian	11.4	7.5	8.1	11.3	7.4	9.9
Other	0.0	0.7	1.9	0.1	0.6	1.8
Unknown	0.0	0.0	0.0	0.0	0.0	0.0
Age (%)						
<2 years	0.2	0.2	0.1	0.1	0.1	0.1
2-11 years	0.5	0.7	0.9	0.8	0.5	0.6
12-17 years	0.9	1.2	1.5	2.4	1.0	1.0
18-34 years	8.0	8.4	10.7	7.6	8.2	10.3
35-49 years	23.8	21.4	24.2	28.1	24.3	26.9
50-64 years	46.5	42.7	41.3	47.1	43.9	43.4
65-69 years	14.1	15.2	13.3	11.3	14.0	12.1
70+ years	6.1	10.2	8.1	2.6	8.0	5.6
Gender (%)						
Male	63.5	63.3	62.1	62.7	63.9	62.1
Female	36.5	36.7	37.9	37.3	36.1	37.9

* Race and ethnicity are reported together as a single data element, reflecting their data collection (either race or ethnicity is required, but not both). Patients formerly coded as white and Hispanic are coded as Hispanic. Race and ethnicity sum to 100%.

Benchmark Report | **Kidney**

NJSB-TX1 April 2018

Benchmark Report | **Kidney**

NJSB-TX1 April 2021

Candidate Ethnicity (%) — NJSB-TX1 April 2018

Candidate Ethnicity: Other, Asian, Hispanic, Black, White

	NJSB-TX1	Region 2	Q4:541-4886	National
White	33.22	41.53	32.39	36.21
Black	38.22	44.57	33.84	32.49
Hispanic	16.75	6.36	21.82	20.11
Asian	11.61	6.79	9.97	8.83
Other	0.20	0.74	1.98	2.35
Total	100.00	100.00	100.00	100.00

Candidate Ethnicity (%) — NJSB-TX1 April 2021

Candidate Ethnicity: Other, Asian, Hispanic, Black, White

	NJSB-TX1	Region 2	Q4:568-4613	National
White	29.54	41.28	31.28	35.30
Black	39.42	44.00	33.64	31.79
Hispanic	19.45	7.02	22.16	21.03
Asian	11.53	6.66	10.79	9.32
Other	0.07	1.04	2.13	2.56
Total	100.00	100.00	100.00	100.00

Overall Success

Increase in waitlisted patients

Guiding principle

Increase every opportunity for transplantation