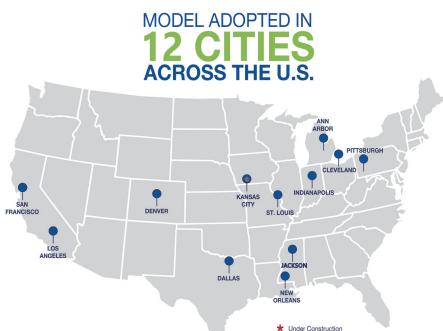
Roadblock to the Full Use of OPO Organ Recovery Centers to Address the National Organ Shortage

The Roadblock

To maximize the number of organs available for transplant, 12 organ procurement organizations (OPOs) in the U.S. are transferring brain dead organ donors to specialized Organ Recovery Centers. However, Certified Transplant Centers (CTCs) have become barriers to the transfer. That's because, due to Medicare's interpretation of its own guidelines, CTCs receive additional dollars for organs recovered at their own hospital. This financial conflict results in lost organs and lives unable to be saved.

More specifically, a CTC only receives Medicare reimbursement for organs recovered at the CTC and not for organs recovered at the OPO's Organ Recovery Center – even though Medicare guidelines provide that a CTC's "usable organs" include "organs sent to OPOs" and without reference to where those organs are recovered. As a result, CTCs are being penalized for sending donors to OPO Organ Recovery Centers – where outcomes are improved, costs are reduced and more lives are saved.



The Solution

When a donor is transferred from a CTC to an OPO Center, the CTC should be allowed to count the organs recovered at the OPO Center in the CTC's cost report as "organs sent to OPOs."

Suggested Legislative Language

The roadblock can be removed with a small change to 42 U.S. Code § 273 – Organ procurement organizations as follows:

Section 371(b)(3) of the Public Health Act (42 U.S.C. 273(b)(3)) is amended—

(1) in subparagraph (A) by adding at the end the following new subparagraph:

"(i) including agreements to perform recovery services, if applicable,"

(2) in subparagraph (C) by adding at the end the following new subparagraph:

"(i) Such arrangements may include agreements to perform recovery services, if applicable,"

The Impact of Organ Recovery Centers

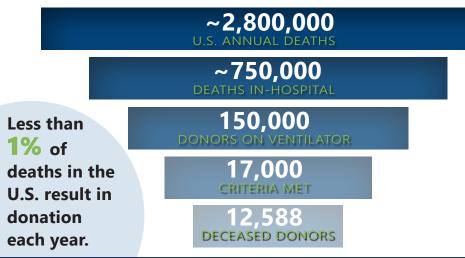
Once donation is authorized, a brain-dead donor may be transferred to the OPO Center for donor management and organ recovery. These Centers include donor care units, operating rooms for organ and tissue recovery, and, in some cases, pointof-service laboratory services and diagnostic testing capability. Donors are attended to by specially-trained critical-care nurses or critical-care paramedics, all under the guidance of the OPO's Medical Director. Importantly, the **overall donor management and organ recovery processes are essentially the same as those performed in the hospital where the donor originated – but with significantly improved outcomes.** With thousands of donors transferred to these Centers to date, **significant increases in organ transplants have been achieved.**

Why it Matters

The National Organ Shortage, OPOs and Limited Donation Potential

Nearly 110,000 Americans are currently on the national waitlist, with over 7,000 of them dying each year while waiting for an organ. OPOs are federally-designated non-profit entities charged with preserving and maximizing donation options when they occur. But OPOs work with an extremely small pool of potential donors, given several limiting factors that leave only **0.5% of all U.S. deaths as candidates for organ donation.** OPOs seek and implement new and innovative ways to increase donation. One of the most successful of those innovations in recent years has been the advent of **Organ Recovery Centers.**

Donation Potential



Improving Outcomes

Studies* have shown that Organ Recovery Centers:

- Reduce the time spent between organ recovery and transplantation;
- Improve outcomes for transplant recipients;
- Increase the average number of organs recovered from each donor;
- Reduce the overall costs associated with organ recovery;
- Reduce donor operating room delays at the originating hospital; and
- Reduce errors and increase quality in the organ recovery process.

* Organ Donor Recovery Performed at an OPO-Based Facility Is an Effective Way to Minimize Organ Recovery Costs and Increase Organ Yield. Journal of the American College of Surgeons, April 2016 (Vol. 222, Issue 4, pp. 591-600). DOI: http://dx.doi.org/10.1016/j.jamcollsurg.2015.12.032.

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