

Control #: 4 – Sanjeev Gulati

Category: Business of cardiology/ Care delivery (Operational, administrative and financial processes to improve health care delivery)

Title: The Financial and Hospital Impact of Adult Heart Transplant Allocation Changes

ABSTRACT BODY

Background: The United Network for Organ Sharing (UNOS) Adult Allocation policy recently changed the criteria for heart transplantation such that patients are more likely to be matched with donors if they are hospitalized and have a non-durable surgically implanted Mechanical Circulatory Support Device (MCSD) or Intra-Aortic Balloon Pump (IABP). As a result, we expect to incur longer Lengths of Stay (LOS) and higher costs related to the pre transplant phase of their stay.

Methods: Final billing data was analyzed for the time period following the allocation changes and compared to a similar time period prior to the change. We had 22 adult heart transplants since the allocation change on 10/18/18 and during that time we have had a 53% increase in non-durable MCSD (Centrimag, Impella, Tandem Heart, and IABP) utilization.

Results: Before the UNOS change less than 10% of our patients were on non-durable MCSD prior to transplant. During 2019, 53% of our patients received these devices prior to transplantation. The average LOS increased from 28.8 to 37.8 days between inpatient admission and transplant. The average costs for heart transplant hospitalization increased due to higher LOS and increases in MCSD utilization.

Conclusions: Clinical outcomes with these policy changes are unknown but early experiences show a significantly longer LOS and increased cost, specifically related to pre transplant phase.

Clinical Implications: The new UNOS Allocation Heart policy has resulted in longer hospitalization pre-transplant, increase utilization of non-durable Mechanical Circulatory Support Devices and higher cost of care.

Image/Table:

