THE FINANCIAL AND HOSPITAL IMPACT OF ADULT HEART TRANSPLANT ALLOCATION CHANGES

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RESULTS

Before the UNOS change, about 4.65% of our patients were on non-durable MCSD prior to transplant. During 2019, 52.63% of our patients were on these devices prior to transplant. The average LOS from admit to transplant was 6.4 days (SD: 9.7, Median(Q1,Q3): 1 (0–9)) before the allocation change, while it was 16 days (SD: 15.2, Median(Q1,Q3): 18 (1–26)) after the change. Both T-test and Wilcoxon rank sums test indicate a statistical significance between the two distributions (p=0.015 for T-test and p=0.003 for Wilcoxon test). The average costs for heart transplant hospitalization increased due to higher LOS.

CONCLUSIONS

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

CLINICAL IMPLICATION

The new UNOS Allocation Heart policy has resulted in longer hospitalization pretransplant, increased utilization of non-durable Mechanical Circulatory Support Devices and higher cost of care.

BACKGROUND

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

METHODS

Final billing data was analyzed for the period after the allocation changes and compared to a similar time period prior to the change. We had 19 adult heart transplants since the allocation change on 10/18/18 and 86 before the change. About 4.65% (4/86) had non-durable MCSD (Centrimags, Impellas, Tandems, IABP) prior to allocation changes while 52.63% (19/104) had non-durable MCSD after the changes (Fisher’s Exact P=0.001).