

# Expert Teams – Transplant

*Case-Based Learning & Mentorship*

Thursday, July 21, 2022

Facilitator: Julie Moss, ESRD National Coordinating Center



# Meeting Logistics

- Call is being recorded
- Lines will be open for all high performing organizations
  - Please stay on mute unless you are speaking
  - Do not place the call on “hold”
- Everyone is encouraged to use the video and chat features
- Meeting materials will be posted to the ESRD NCC website.



# Meeting Guidelines



INTRODUCE YOURSELF  
BEFORE SPEAKING



KEEP PATIENT-SPECIFIC  
INFORMATION  
CONFIDENTIAL



BE WILLING TO SHARE  
SUCCESSSES AND  
DIFFICULTIES



BE OPEN TO FEEDBACK



ASK THE DIFFICULT  
QUESTIONS



RESPECT OTHERS



USE "...AND" STATEMENTS



KEEP TO TIME LIMITS

# Introductions

- Meeting Focus – Kidney Transplantation
- Guest Expert – Sunil Patel, MD, Surgeon and Dave Tyrell, BSN, Clinical Director, University Medical Center for Transplantation-Las Vegas
- Case Study Presenter – Alice Legard, LCSW, Manager, Social Work Services  
Fresenius Kidney Care Eastern Tennessee Region
- High Performing Organizations
- ESRD Networks
- Centers for Medicare & Medicaid Services (CMS)



# What are Expert Teams?

- A group made up of individuals from different high performing organizations, each with their own deep experience and knowledge
- Help others learn faster by sharing what worked (and what didn't work) in their organization
- Bring the best possible solutions to the table
- Continually learn and improve



# Expert Team Topic Goals

- Increase the number of patients added to the kidney transplant waiting list
- Increase the number of patients receiving a kidney transplant
- Develop education to increase choice of dialysis patients to receive a high KDPI kidney

# Questions to Run On



# How Might We ...

- Improve communication between transplant centers and dialysis facilities to ensure patient readiness for a kidney transplant?
- Identify and develop unique strategies to continue reduce socioeconomic barriers to kidney transplant?
- Improve patient understanding of what it means to be on the kidney transplant waitlist ?



# Presentation by Guest Expert

**Sunil Patel, MD, Surgeon**

**Dave Tyrell, BSN, Clinical Director**

**University Medical Center for Transplantation-Las Vegas**



# Patient Wait List Management

# Process Change Instituted in July 2020

- Referral process
  - Telephone
  - Email
  - Fax
  - Self-referral

# Removal of Barriers

- Physician to physician call for high-risk candidates was eliminated
- Policy review performed to widen patient access to evaluation as well as for transplant wait listing
- Policy review of evaluation process, to expedite time from referral to wait listing
- One stop evaluation in transplant clinic by multidisciplinary team
- Single testing plan creation screened by surgeon and nephrologist
- Streamlining testing by using hospital facilities

# Removal of Barriers

- Creating partnerships with specialists to expedite testing and clearance for transplantation (cardiology, urology, dentistry, OBGYN, psychiatry, gastroenterology for colonoscopy)
- Pre-selection screening, prior to presentation for selection to gauge completeness of the evaluation and obtain consultations in advance of the selection meeting

# Wait List Management

- Re-evaluation of candidates early, as they start receiving organ offers due to their position on the list.
- Use of EPIC reports and task list to track patients last clinic visit and pending items due.
- 90-day information check call
- Contracting for XynCare and TxAccess to manage communication with dialysis units and patients

# Partnerships

- Manage relations with dialysis centers and maintain 2-way communication through meetings and personal visits
  - Monthly calls
  - Share reports
- Study referrals and identify nephrology groups and dialysis centers that may need a follow up visit
- Provide feedback to specialist consultants, to continue expediting clearances for transplants.

# Patient Education During Evaluation

- Discussing the mission of the transplant program at the time of the patient clinic visit
- Discussing the organ allocation system and unique challenges faced by the transplant center in assisting patients get appropriate offers
- Explaining relative risk of different organ offers (Dual kidneys, acute kidney injury, long cold ischemic time, High risk kidneys, surgically damaged kidneys, pediatric kidneys)
- Managing expectations in the definition of an acceptable kidney and increasing confidence in the process and the team.



# Q&A and Discussion



# Case Study Presentation & Discussion

**Alice Legard, LCSW**  
**Manager, Social Work Services**  
**Fresenius Kidney Care Eastern Tennessee Region**



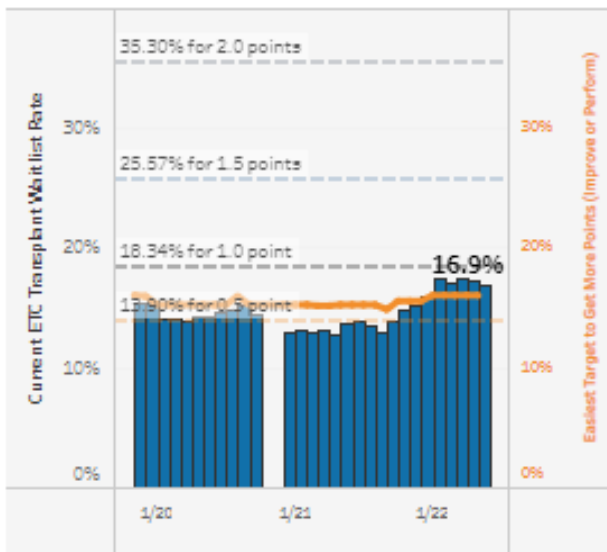
# Why the Need to Increase Collaboration between Dialysis and Transplant Centers

## CMS ESRD Treatment Choices Model - ETC

- ▶ Implemented on January 1, 2021
- ▶ The ESRD ETC model is an innovative payment model that aims to test whether greater use of home dialysis and kidney transplantation for Medicare beneficiaries with ESRD will reduce Medicare expenditures, while persevering or enhancing the quality of care furnished to beneficiaries with ESRD.
- ▶ Home Dialysis and transplantation have support among health care providers and patients as preferable alternatives to in-center hemodialysis; however, utilization has been less than in other developed nations.
- ▶ The payment adjustments for those ESRD facilities and Managing Clinicians selected for participating in the ETC Model will apply to select Medicare claims with dates from January 1, 2021 through June 30, 2027.

# Increased Communication/Collaboration IS WORKING

Transplant Waitlist Rate for Eastern TN-1 RD/MSW-1



## Monthly Calls with:

- ▶ UT Transplant Center
  - ▶ Knoxville
- ▶ Ascension St. Thomas Transplant Center
  - ▶ Nashville
- ▶ Vanderbilt Transplant Center
  - ▶ Nashville
- ▶ Erlanger Transplant Center
  - ▶ Chattanooga

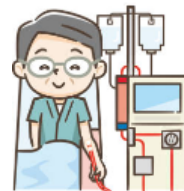
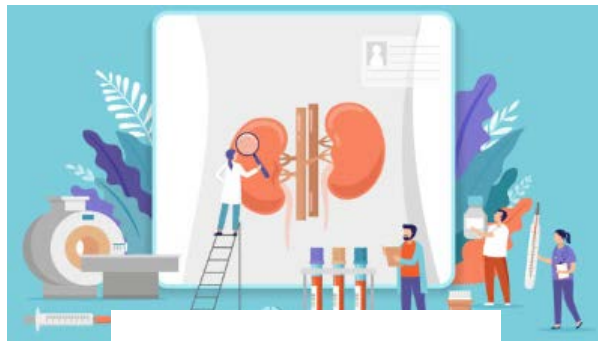
# Benefits of Communication and Collaboration on Monthly Basis

- ▶ Dialysis patients are at the clinics three days per week. Social Workers are able to be liaison between transplant coordinators and patients.
- ▶ Dialysis social workers are able to bridge gap if there are communication issues, such as new phone #'s, addresses, etc.
- ▶ Social Workers and Transplant Coordinators exchange information monthly on patients in the work-up process. Increases awareness of patients' waitlist status.
- ▶ With dialysis social workers being more informed of waitlist status, they are able to encourage patients to follow through with tests, etc., and stay focused on their goal of being waitlisted.
- ▶ Both social workers and transplant coordinators have verbalized the benefits of monthly communication and coordination.

# Benefits of Communication and Collaboration on Monthly Basis Con't

## ▶ Examples of issues more quickly resolved with collaboration:

- ▶ BMI/weight loss issues
- ▶ Completion of testing, such as mammograms, colonoscopies, etc.
- ▶ Treatment adherence issues
- ▶ Insurance issues
- ▶ Social support issues
- ▶ Smoking cessation
- ▶ Medical records send when needed
- ▶ Transplant Center notified of modality changes or clinic changes



# Q&A and Discussion





# Knowledge Into Action

# Top Take-Aways



What is one thing you learned today that you could start doing immediately?



How will this action improve your current way of doing the practice/process?



Who is involved and how can they support the action to make it sustainable?

# Recap & Next Steps

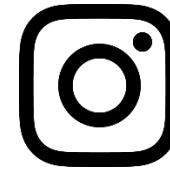
- Additional pathways for learning
  - Sharing Best Practices to a greater community
  - Using Case Study examples to identify new ways of doing something and missed opportunities
- Next meeting – Thursday, October 20, 2022
- Visit the ESRD NCC website to find materials and share
- Expert Team  
<https://esrdncc.org/en/professionals/expert-teams/>



# Social Media



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Expert Teams – Case-Based Learning & Mentorship

# Thank You

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