How To Improve Patient Experience By Collaboration:
How dialysis staff and Transplant team collaboration can provide better care by decreasing the amount of time from referral to waitlist

Shelley Anaenugwu RN, BSN
Transplant Coordinator for UMC’s Center For Transplantation
The Team: We have a lot of great people in our program. This is most of us celebrating when our own financial coordinator Marcela Ceja was awarded employee of the month for UMC last month. People who genuinely care about what they do make a difference that cannot be measured.
UMC Transplant Program

- Started in 1989
- Performs approximately 60 kidney transplants per year and is increasing
- Recipients from Nevada, California, and Arizona
- SRTR – (see handout) www.srtr.org
- (Currently, outcomes meet National Benchmark)
- www.ustransplant.org
- Visit the UMC Transplant website at:
How Long Does a Donated Kidney Function?

On average:
• Deceased donor kidneys – 8 to 10 years
• Live donor kidneys – 15 to 20 years
• Wait time for our center is 2-3 yrs for most patients on dialysis unless they have a living donor
Referral Process

Intake: Referral is sent from Dialysis Centers and Physicians via fax-forms available on UMC website: http://umcsn.com then look under departments and choose Center for Transplantation.

Upon receipt the referral is reviewed to ensure it contains the necessary documents-extremely important to make sure it is complete to expedite the process.

Complete referrals are entered into computer system and the referral is sent to Referral Coordinator for initial review to make sure patient has met basic criteria.
Referral Process (Cont’d.)

Coordinator will read the documents and then call and screen the patient to ensure if criteria is met.

If the criteria is not met, the referral is closed and letters sent to patient and MD/Dialysis.

Any re-referral will require supporting documentation that the issue the referral was closed for in past, has been resolved (Ex. Dental clearance, social situations, smoking, etc.) Please make sure that it is sent with the re-referral. If in doubt, please call us.
Transplant Coordinators

• **Referrals/Living Donor**
  – Lisa Magaro, BSN, RN, CPTC

• **Evaluation Team**
  – Shelley Anaenugwu, BSN, RN
  – Camille Chua, CNA
  – Dina Acuna, BSN, RN
  – Michelle Mabry, BSN, RN, CPTC
  – Roumel Bonifacio, CNA

• **Waitlist Management**
  – Leslie Centeno, BSN, RN

• **Post Transplant**
  – Michael Jaleco, BSN, RN
  – Rachel Summers, BSN, RN
  – Darcus McDowell, CNA
Three Phases of Transplant

- PRE-TRANSPLANT
- WAITLIST
- POST-TRANSPLANT
## Contraindications for Transplant

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<th>Recommendations</th>
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<td>• If Hepatitis C Positive, it must be treated prior to listing for transplant-updated Hep C PCR required before listing</td>
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<td>• Must be tobacco, nicotine, drug &amp; alcohol-free  -No smoking anything! (Tobacco, marijuana (plant, wax, any source), vaping, nicotine replacements. If patient uses marijuana for medicinal purposes need documentation from a doctor reasons patient needs this medication.</td>
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<td>• Active Hepatitis B-If patient has history of positive hep B core, patient needs PCR</td>
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<td>• Untreated, ongoing illicit drug, alcohol or tobacco or nicotine use.</td>
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<td>• Untreated/serious psychological/ neurological disorder.</td>
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<td>• Significant debility-need to be able to exercise (demonstrate walk, squat in clinic)</td>
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<td>• BMI (Body mass index) &gt;35 (over 35 on a case by case basis)</td>
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Pre-evaluation Testing

Health maintenance examinations and immunizations are required to be scheduled by the primary care physician:

- Dental examination and clearance
  - Endocrinologist is highly recommended for all diabetic patients
- Pap smear (women 18 years and older)
- Mammogram (women 40 years and older)
- Colonoscopy (patients 50 years and older)
- Eye examination (if diabetic)
- Immunization records
- THESE CAN BE DONE WHILE PATIENT WAITS FOR EDUCATION AND EVALUATION...this is something you can do to advocate for your patient. If the patient has completed these by the time the patient comes to evaluation the process will go MUCH faster.

Testing to be done after health maintenance

- Full medical history & physical exam
- Diagnostic testing such as chest x-ray and renal ultrasound
- Additional tests per MD orders
- Cardiac testing such as EKG, stress test, echocardiogram

Testing process will depend on your insurance.
Financial Coordinators
Jessica Rosales & Marcela Ceja
Part A - Inpatient hospital care, skilled nursing care, home health care, hospice care-1,364 deductible in 2018 for hospital stays up to 60 days. Additional costs after 60 days.

Part B - Doctor’s services and outpatient care, preventive services, diagnostic tests, some therapies, durable medical equipment, immunosuppressant drugs-$183 annual deductible in 2018. Monthly premium varies monthly. 20% coinsurance or copayment for most Part B services after deductible is met.

Part C - Medicare Advantage, Medigap, Medicare commercial plans through private insurance

Part D - Other outpatient prescription drugs not covered by part BCo-pay varies according to plan selected. Review plan every year.

Important Notice: If you are under 65 years of age ESRD Medicare will Expire 3 Years from date of transplant. This will affect your immunosuppressant drug coverage. It is important you start seeking for other coverage before your benefits expire with Medicare Part A&B.
INFO ABOUT COMMERCIAL INSURANCES

** We are Providers for Ambetter Silver Summit Commercial (Centene) for Hospital services only. For Kidney Transplant Patients must utilize a Center of Excellence for transplant.

We ARE Providers with Medicaid through Silver Summit
We will run benefits for each Insurance for each individual coverage once referral is received by Financial Team.

UMC Hospital is a provider for Aetna, Cigna and Blue Cross for all other Medical necessities but NOT for Transplant related services.

We are NOT a Center of Excellence for Aetna or an Institute of Excellence for Cigna or a Blue Center of Distinction for Blue Cross/Blue Shield

This does not mean you can not refer patients to us with Aetna, Cigna and Blue Cross. We will not be able to tell if patients can come to our Transplant Center until we open a case with a Case Manager.

Caremore:
If you have a patient with Caremore Insurance referral and authorization must come from their Caremore Nephrologist. Patient must make an appointment with their PCP and then be referred to a Caremore contracted Nephrologist so Nephrologist can request an authorization to see us.
All Commercial Insurances are welcome

Tricare:
Tricare requires an authorization to see us from their Primary Care Physician.

VA:
VA is not an Insurance Policy, this just means Patient is able to use VA facilities. They will not pay for transplant but Patient can go to VA Hospital on base and obtain their post transplant medications after the second month after transplant. Patient must have a Part D coverage and will still have to show financial resources for the cost of immunos and Valcyte copay for the 1\textsuperscript{st} month after transplant.

Please Note:
All patients with commercial Insurances, Including all Medicare Advantage policies are to see their Primary Care Physician so PCP can help guide their pre-transplant process. They have to be referred to their preferred providers for testing required by our Transplant Team.

American Kidney Foundation:
If patient’s premiums are being paid by AKF, Patient will have to be responsible for premiums after transplant and make arrangements to be able to afford premiums.
Evaluation Testing

• Most patients will have testing coordinated through their PCP so if your patient’s don’t have one please encourage them to seek one out.

• Even if the nephrologist agrees to order pre transplant testing, the patient will need a pcp because post transplant they will need to be on board.
Social Work Criteria

• Appropriate Caregiver
• Reliable transportation
• Proper treatment of Substance abuse with relapse prevention program
• Patients need to be compliant with Phosphorus binders and dialysis treatments, may be denied transplant listing with continued non compliance
Living Donation

Living Donor Team:

Dave Tyrell, BSN, RN
Rachel Summers, BSN, RN
Lisa Magaro, BSN, RN
Linda Williams, BSN, RN
Why Living Kidney Donors?

It’s the best kidney for the recipient!  
Supply vs Demand….simply not enough kidneys available for transplant

Living Kidney Donation

Most people have two kidneys, but only need one. Consider giving someone the gift of life.

Of the 122,000 people on the national organ transplant waiting list, **83% need a kidney.**
Why Living Kidney Donation?

• Kidneys from a living donor usually functions more quickly because there is less delay between removing the organ and transplanting it—Great for everyone especially young patients needing the first transplant and older patients (>65 yrs)

• Living kidney transplants typically last longer than transplants from a deceased donor

• The transplant surgery can be scheduled for a time that is convenient for both the recipient and donor
Why Living Kidney Donation?

Living Donor Kidneys Last Longer
Well matched living donor kidneys last even longer

Years

14.7

26.6

Deceased Donor Kidney Transplant
Living Donor Kidney Transplant

Graft half life. The point in time when exactly 50% of kidneys are still functioning.

*Source: 2010 OPTN/SRTR Annual Data Report, Published in American Journal of Transplantation 2012 12 (Suppl 1)
What Makes a Good Living Donor?

- A willingness to voluntarily donate a kidney
- 18 years of age or older
- Not significantly overweight (body mass index of 35 or less)
- No history of diabetes (history of gestational diabetes will be evaluated)
- Normal blood pressure, or blood pressure controlled with one medication
- Cancer free
- A commitment to taking care of your health after donation, including a yearly follow-up with your doctor
- No active smoking or drug use
- Living donor needs to be in the United States to be eligible for donation, the transplant center does not coordinate Visa’s for patients of other countries for purpose of donation.
How can you help?

- Begin conversation with your patients about living donation
- Offer where patients, family or staff can go for more information about living donation (ex. https://www.kidney.org/(NKF) or unos.org)
- Remind patients of the monthly support group that takes place at the transplant center ran by a transplant recipient. Patients, families, friends.....everyone is welcome
Questions????

Thank you for letting us take care of your patients &

Remember......

"Coming together is a beginning. Keeping together is progress. Working together is success." --Henry Ford
TEAMWORK makes the DREAMWORK