AOPO Public Statement

Proposed Liver Redistricting and Impact of OPO Performance

November 18, 2014

Recently, there has been an increased UNOS/OPTN focus on considering alternative liver distribution models to reduce the wide geographic disparity in access to liver transplantation. AOPO recognizes the critical shortage of organs available for transplantation. All 58 Organ Procurement Organizations direct their efforts to save more lives by increasing the availability of organs for transplantation, and AOPO applauds thoughtful and data driven efforts to improve access to and utilization of generously donated organs.

AOPO appreciates and supports the substantive discussion, analysis and debate on this topic and believes that scientific modeling and analysis with the goal of reducing geographic disparities in access is important and timely. Some in this debate are claiming the primary driver of this disparity is not liver distribution policy per se, but rather variability in OPO performance as measured at the Donation Service Area (DSA) level. AOPO believes these claims are misguided and misleading, and emphasizes the following points.

1. The geographic disparity in access to liver transplantation is driven by many variables: access to health care, incidence and prevalence of liver disease, race and socioeconomic factors, transplant center listing and organ acceptance practices, and donor organ availability. To suggest that the disparity in access to liver transplantation is driven by OPO performance is inaccurate and misleading.

2. There is no data to support the claim that the OPTN proposed liver redistricting models would shift liver allocation from better performing DSAs to DSAs with lower donor performance. OPOs vary in the populations they serve and in their conversion of eligible deaths to liver donations. The best available metrics of OPO performance are the Observed to Expected conversion rate and the Observed to Expected Liver Yield which are used to study the impact of broader organ distribution units. **Based on SRTR modeling of the proposed redistricting, organs do not, and would not, flow from better-performing OPOs to poorer-performing OPOs.** (Segev, D, OPO Performance and Allocation, SRTR, 9/16/14 Liver Forum Presentation).

3. Geographic variation in organ access results primarily from rates of transplant center listing rather than rates of organ donation. A study by Yeh, et. al. examined the extent to which DSA variability in organ availability correlated with waitlist and post-transplant mortality**. The study concluded that geographic variation in organ access results primarily from rates of listing rather than donation** (Yeh, et. al. Transplantation 2011 Feb.27: 91(4): 479-468)

4. Organ availability is a function of both demand and supply. On the demand side, rates of patient listing for liver transplantation vary 14-fold across DSA regions. In contrast, on the supply side, there is only a two-fold variation in OPO performance as measured by liver yield O:E. (Segev, D. OPO Performance and Allocation, SRTR, 9/16/14 Liver Forum Presentation). **The finding that regional demands for liver transplantation is far more variable than regional supply is consistent with the finding in the study noted above by Yeh et. al., i.e., that liver listings are the primary driver of the disparity in access to liver transplantation.**

CONCLUSION:

AOPO supports the OPTN Liver Committee initiative to explore distribution models that reduce geographic disparities in access to liver transplantation; further, AOPO supports thoughtful and data driven efforts to increase the number of donated organs available for transplantation. However, to suggest that increasing supply addresses the question of equitable distribution is an incorrect conclusion. AOPO strongly disagrees that the current disparity in access to liver transplantation is due to variable OPO performance.