

# Getting It Right

## *Kidney committee easing into KPD with two-step pilot project*

BY KAREN SOKOHL

Imagine this scenario. Mary wants to donate one of her kidneys to her husband, Carlos. Meanwhile, Amir wants to donate a kidney to his best friend, Shauna. Unfortunately, Mary can't donate to Carlos, because she is blood type A, and he is blood type B. Likewise, Amir is unable to donate to his friend, because Shauna is blood type A, and he is B.

But Mary is able to donate to Shauna, and Amir is a suitable donor for Carlos...a situation resulting in two successful matches and transplants.

Some transplant centers throughout the country have been using this method, known as kidney paired donation (KPD), for several years. UNOS has now embarked on a pilot project designed to assess the feasibility of a national kidney paired donation program in which all centers could participate.

### HOW IT BEGAN

Members of the OPTN/UNOS kidney transplantation committee began discussing the idea of kidney paired donation in 2004. They went as far as proposing a concept they distributed for public comment.

After receiving positive feedback, the committee distributed a more fully developed proposal in August 2006. Although fleshed out, the proposal was still not ready to go to the OPTN/UNOS board of directors because of concerns about transplant law. As we know, the National Organ Transplant Act (NOTA) prohibits the sale of organs.

In 2007, Congress definitively clarified that NOTA's definition of "valuable consideration" did not apply to the organs in a KPD exchange. The law was later titled the Charlie W. Norwood Living Organ Donation Act in honor of the long-time Georgia representative, a lung recipient and sponsor of the bill, who died in February 2007 before the bill became law.

Around that time, the OPTN/UNOS kidney transplantation committee had issued a request for information from experts in the field. Committee members wanted to know what centers performing KPD were doing, and how they were doing it. The community responded generously.

Then, in February 2008, representatives from multiple transplant centers, OPOs, universities and private organizations across the country came to UNOS to share not only their knowledge but also the software they were using for the complex matching that KPD required.

### LEARNING BY DOING

Members of the kidney committee wanted to proceed cautiously before taking on the considerable challenge of coordinating a national KPD system. After much deliberation, they determined that the best strategy was a two-phased pilot project.

Last summer, all OPTN/UNOS member kidney programs were given the opportunity to respond to an RFP and describe why they should participate in the initial phase of UNOS' KPD pilot project.

UNOS received eight responses, three from individual transplant centers and five from organizations that will be "coordinating centers" for multiple transplant centers. UNOS selected four participants (see box, p. 25), enabling all centers that submitted an RFP to participate.

Although all participants will enter data and make KPD matches throughout the first phase of the pilot program, the information will not be tied to UNet<sup>SM</sup>, UNOS' existing secure database. Instead, the donor and candidate demographic information and the algorithms used to determine ideal matches for the KPD candidates will exist separately on a test database.

The test platform will allow UNOS staff to gain real-life experience with the KPD system and allow them to test business processes before they program the information.

"Programming a sophisticated process like this is very labor intensive," explained Elizabeth Sleeman, M.H.A., UNOS' liaison to the OPTN/UNOS pancreas transplantation committee and its KPD workgroup. "We want to make sure," she added, "that we are doing it properly before we invest a lot of time and money in a potential national system."







**MOVING FORWARD**

After the first phase of the pilot project is completed, the second phase will begin, allowing any U.S. kidney transplant center to participate. All data will be accessible from UNet<sup>SM</sup>. From that point on, processes will be considerably more automated, and centers will be able to share information more quickly and easily.

“We don’t have an exact date as to when we’ll end this second phase of the pilot,” Sleeman said, “but we have defined metrics that will let us know when we are ready to draft a final proposal. At that point, the proposal will go out for public comment, be submitted to the OPTN/UNOS board and hopefully be approved.

“It’s very exciting,” she added. “We’re benefitting from the collective and shared expertise of the transplant community and developing a national system that could potentially increase transplants by 1,000 to 2,000 a year.

“It’s an exciting opportunity,” Sleeman said, “to make a difference in people’s lives.” 

 For additional information about the KPD project, including FAQs, <http://optn.transplant.hrsa.gov/resources/KPDPP.asp>

Karen Sokohl, UNOS’ member communications specialist, thanks Elizabeth Sleeman and Joel Newman, assistant director of communications, for their assistance with this article.

The KPD pilot project would not have been possible without the thousands of hours of volunteer expertise provided by kidney professionals and the living donation community. UNOS is also indebted to Sommer Gentry and Carnegie Mellon University for their vital software contributions and to the New England Program for Kidney Exchange, EDS Consulting and ILOG Inc.

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**KPD PILOT PROGRAM, PHASE 1, PARTICIPANTS**

- Alliance for Paired Donation, Maumee, Ohio
- Johns Hopkins Hospital, Baltimore
- New England Program for Kidney Exchange, Newton, Mass.
- UCLA Medical Center/California Pacific Medical Center, Los Angeles and San Francisco

**UNOS RELEASES 2010 TRANSPLANT CENTER RFI**


UNOS has released its 2010 transplant center RFI. The online RFI allows transplant centers the efficiency of entering essential organ transplant program information and data in one location for insurance and managed care companies to review.

Although some payors may have their own RFIs or supplemental forms, having all the basic data in one place has proved an effective and efficient way to meet payors’ requests for annual transplant program information.

UNOS recommends that, before completing the RFI, centers first review their January center-specific data tables, which are available on the SRTR secure site (see below).

It is also a good idea for transplant administrators to work collaboratively with the person or persons assigned to complete their center’s RFI, who may need some help with transplant terminology and information requirements.

The RFI was developed by the payor work group of the OPTN/UNOS transplant administrators committee in collaboration with UNOS IT staff.

 The RFI is available on the transplant administrators website via the secure UNet<sup>SM</sup> site (<https://portal.unos.org/>). Remember to check your January data tables available from the SRTR (<https://securertr.transplant.hrsa.gov>) before completing the RFI.

**UPDATE DEADLINES, 2010**

July–Aug.	June 2
Sept.–Oct.	Aug. 4
Nov.–Dec.	Oct. 6

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The more action-oriented your photo, the better. It is best to send a digital image in 300 dpi in a tiff or high-resolution jpeg format. Please identify the individual(s) in the photo and include that information in the release.

