

CHIMERA

Published for Members of the American Society of Transplant Surgeons

Summer 2014



Our Mission:

To advance the art and science of transplant surgery through leadership, advocacy, education, and training.



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Editor's Letter

Welcome to the Summer 2014 issue of the *Chimera*. The ASTS Communications Committee is interested in making the *Chimera* more accessible and valuable to you. Options we are considering include returning to a print edition and creating a web-based version to replace the PDF. If you have ideas or comments, please let us know! This is your magazine, and we want to know what you would like to read—and how you would like to read it. Please send your comments to Diane Mossholder, ASTS Senior Manager, Communications, at diane.mossholder@asts.org and she will pass them along to the committee for consideration.

This issue features the second appearance of our new column, “What’s Your Perspective?” on page 13. We encourage you to let us know your thoughts on the topic—we’d like to publish those as well! If you would like to participate, please email your response to Diane at diane.mossholder@asts.org.

In this issue, you’ll also find a recap of the World Transplant Congress and the ASTS 40th anniversary reception (page 17), reports from various transplant-related organizations, and all the latest committee news and reports (page 5). There’s also information on the progress of the Fellowship Training Committee’s changes to training programs (page 8) and an article on how a transplant center live tweeted a living donor kidney transplant (page 14).

Our next issue will feature special coverage of the 15th Annual ASTS State of the Art Winter Symposium in Miami, January 15–18, 2015, as well as updates on all the work the Society and its committees are doing.

Stay connected!

Sander S. Florman, MD

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About the Cover

Past presidents at the 40th Anniversary Reception at the World Transplant Congress on July 29, 2014: Front from left, Drs. Miller, Salvatierra, Cosimi, and Monaco. Middle row from left, Drs. Lorber, Roberts, Sutherland, Ascher, Starzl, Olthoff, and Henry. Back from left, Drs. Hardy, Abecassis, Shaked, Merion, and Klintmalm.

If you have a photograph you would like displayed on the cover of *Chimera*, please email it, along with a brief description, to Diane Mossholder, Senior Manager, Communications, at diane.mossholder@ASTS.org.

CHIMERA

Published by the American Society of Transplant Surgeons

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President's Letter

Dr. Peter G. Stock

For my first President's Letter, I'm thrilled to announce that ASTS and the University of Michigan have been selected to continue operating the National Living Donor Assistance Center until 2019. This new grant from HRSA is for up to \$3 million in year one and up to \$3.5 million for years two through five, representing a much-welcome increase in funding over a longer period than previous grants.

Since 2007, this invaluable program has helped more than 4,000 prospective living donors by paying travel and subsistence expenses for their evaluation, donation, and follow-up. Three-quarters of those who donated say they could not have done so without NLDAC support. The program has resulted in more than 2,300 surgeries, so that is a significant number of transplants directly attributable to NLDAC.

Providing optimal care for our patients is an important part of ASTS' mission, and increasing the donor pool benefits all our patients. NLDAC is a shining example of how we can make things easier for our living donors, and I'm pleased we can continue to do so as we explore how to further remove disincentives.

Over the course of my term, I hope to focus on some specific issues of importance to the Society and to all of us.

Fellowship Training

A core part of ASTS' mission is training the next generation of transplant surgeons, and the Fellowship Training Committee is doing exciting work to not only accredit programs but eventually certify fellows. Designing a certification program is no small undertaking, but it is imperative that we maintain control of how transplant surgeons are being trained.

In addition to accrediting programs, planning the Fellows Symposium, and holding a Program Directors meeting, the committee has developed a standardized fellowship application that fellow applicants can fill out and then choose which programs to send it to. This will be launched in late 2014. The Exam Development Group met in June to review draft questions, which are on track to be approved this fall. The pilot exam is planned for spring 2015, and the group is consulting with ABS on its development and administration. For more about this evolution of our fellowship training, see page 8.

Liver Allocation

One of the most controversial issues in transplantation right now is the OPTN/UNOS redistricting proposal. Whatever your position, I urge you to make your voice heard. We all have an interest in minimizing deaths on the waitlist without negatively



impacting outcomes, and I hope we can have a respectful debate and engage in healthy discussions within the OPTN channels. Any public acrimony might be picked up in (or exaggerated by) the media, and stories that make people question the fairness of the organ donation system could very well lead to a decrease in donors, both living and deceased. I trust we can all agree that is the last thing we want.

A Changing Landscape

The Affordable Care Act continues to reshape health care in the United States, including transplantation. ASTS is working to help you keep up with the changes. Recently, ASTS organized a call with leaders from CMS, HRSA, and AST to learn more about the FQAPI survey program. The pilot stage of the FQAPI program was completed in 2013. CMS has conducted approximately 20 FQAPI surveys in 2014, with more on the way in 2015. ASTS plans to host a webinar for members in the fall featuring FQAPI experts from CMS to help explain the process, answer any questions, and help prepare your center.

The movement away from fee-for-service to quality measures is far-reaching and complex, but our Society is working hard to offer tools to help centers and surgeons thrive in the new environment. Work is progressing in partnership with American College of Surgeons' NSQIP team on the design of the new "TransQIP" program, which will be a fully customized, transplant-specific NSQIP module. TransQIP will enable surgeons to comply with the requirement to submit data to a Qualified Clinical Data Registry (QCDR). Alpha testing for TransQIP is estimated to begin in early 2015. ASTS is still exploring whether the SRTR can be approved as a QCDR, but TransQIP will allow surgeon-specific reporting and therefore yet another tool available to members.

Look for the monthly ASTS Legislative and Regulatory Update in your email to keep abreast of regulatory issues and ASTS' work on Capitol Hill. The archived newsletters are at ASTS.org/leg-and-reg.

Looking Ahead

These three areas will no doubt be joined by other issues during my term. I will do my best to shepherd the Society through these challenges, and I appreciate your support. If you have suggestions or want to bring something to my attention, please email me at peter.stock@asts.org.

Dr. Peter G. Stock
ASTS President



ASTS News

The ASTS Spring Council and Committee Chairs Meeting was held July 26, 2014, at the San Francisco Marriott Marquis in San Francisco, California. The following are select committee news and reports from the meeting, arranged according to the focus areas in the Strategic Plan.

Advocacy

Legislative Committee

Dr. Reich reported on the legislative deliverables and current environment, noting there is a new HHS Secretary of Health. He reported on various federal issues, the need to monitor Affordable Care Act (ACA) implementation at the state level and promote advocacy against waiting periods and other discriminatory policies, efforts to educate ASTS members, participation in the Transplant Roundtable, and a fly-in for October 2014.

Scientific Studies Committee

Dr. Abt reviewed the committee's survey on liver transplantation and obesity and the forthcoming manuscript on it, as well as the survey on kidney paired donation, for which data analysis is ongoing. He then reviewed the DCD liver transplantation proposed survey, and the Council granted permission to field this survey.

Government and Scientific Liaison

Dr. Hanto talked about the position of the ASTS representative on the American Board of Surgery Board of Directors and reported on the issues the ABS is discussing. He also noted that ABS is concerned about non-ACGME fellowships and is considering developing some level of oversight for them.

OPTN/UNOS Board Representative

Dr. Merion reported on decisions made at the OPTN/UNOS Board meeting June 23–24, 2014 (see the OPTN/UNOS Corner on page 25). He also stated that the Data Advisory Committee has been reconstituted as a joint OPTN/SRTR committee and will make policy recommendations on issues involving collection, release, and use of data by the OPTN. Dr. Merion also reported that Drs. Lloyd Ratner and Susan Stuart are new ASTS members on the ITAC, replacing Drs. Merion and Levy, who have completed their terms, and that good progress is being made in clearing the IT backlog and on the DonorNet rewrite. The new OPTN/UNOS Board Representative for ASTS is Dr. Mitchell Henry.

AMA

Dr. Peters reported on the American Medical Association (AMA) annual meeting in June and a presumed consent resolution, which was modified to state that the AMA should study models for increasing the organ donor pool. He asked ASTS members to join the AMA to increase chances of giving ASTS a voice in these issues.

Reimbursement and Regulatory Compliance Committee

Dr. Abu-Elmagd reported that the survey of the liver transplant code 47135 was complete. It had last been reevaluated in 1994.

He reviewed the vignette and survey process, of which results are pending.

Research

Cellular Transplantation Committee

Dr. Posselt reported that the islet isolation survey has been distributed, and responses are being analyzed. The committee is also working on a cellular therapy research grant with the Grants Review Committee. The committee proposed an ASTS-TERMIS plenary session at the Tissue Engineering and Regenerative Medicine Society meeting in December and requested funding to help defray travel and accommodation costs, which the Council approved.

VCA Committee

Dr. Cendales gave an update on VCA transplants performed in the United States and the UNOS VCA Committee's activities. She also reviewed OPTN Bylaws changes for VCA.

Thoracic Committee

Dr. Vega reported on a consensus conference on heart allocation in November, of which ASTS and AST were both sponsors. About 80 heart surgeons attended and gave guidance to OPTN/UNOS in modifying heart allocation policies. The consensus was to broaden tiered levels instead of developing a scoring system. Results of the conference will be published in AJT, and the OPTN/UNOS Thoracic Committee is working on an allocation update proposal for public comment.

Grants Review Committee

Dr. Bromberg reported on the 2014 grants process and recipients. One grant was not funded this year (Mid-level Faculty Development Grant). There was discussion about realigning the grants portfolio and following up on grants recipients' productivity.

Organizational Structure

Membership and Workforce Committee

Dr. Burke reviewed the committee's activities, including the statement of professionalism. There was discussion of international outreach, associate member recruitment, and associate member dues and voting privileges.

Bylaws Committee

Dr. Pelletier presented the proposed bylaws revisions for Council approval to be voted on at the ASTS Business Meeting.

Historian

Dr. Peters reported that the 40th anniversary book would be distributed at the ASTS booth in the Exhibit Hall and that 11



videos are awaiting final editing to be added to the *Chimera* Chronicles.

Communications Committee

Ms. Mossholder reported on the committee's activities, including a new column in the *Chimera* entitled "What's Your Perspective?" that the committee hopes will be interactive.

Optimal Patient Care

Standards and Quality Committee

Dr. Greenstein reported on the TransQIP project, showing examples of data to be collected and noting that worksheets have been formatted for donors and recipient variables definitions are being finalized. The implementation subcommittee expects to send letters of invitation for alpha phase participation by January 2015.

Ethics Committee

Dr. Ham presented the statement of professionalism for the Council to review and consider. He also presented the conscious DCD donation statement. There was discussion about informed consent for the conscious DCD donor and allowing people to opt out of these donations for ethical reasons.

Living Donation Committee

Dr. Freise reviewed the committee's activities, including a uniform consent form, streamlining methods for follow up, liver policy work, a best practice conference for living kidney transplant in Chicago in June 2014, and collaboration with the AST COP on living donation.

Diversity Issues Committee

Dr. Caicedo presented the committee's activities, including outreach to other transplantation organizations, national surveys, a kidney website survey, and a pilot program concept for young minority transplant surgeons to develop them into leaders of culturally competent outreach efforts in their programs. Dr. Caicedo said the committee is currently focusing on defining the problem of disparities, but all the research will feed into tools and papers aimed at the disparity problem.

Training and Professional Development

CME Committee

Dr. Knight noted that the first set of Trans-SAP modules expired July 28, 2014. New modules are planned for the new Academic Universe, and the plan is to have a total of 90 modules. He reported on the pilot of the MOC at the 2014 Winter Symposium and said the committee is working on MOC for the 2015 Winter Symposium and possibly ATC. The committee will also be working on ASTS re-accreditation as a CME provider before the current accreditation expires November 30, 2015.

ATP Committee

Dr. Langanas presented the committee's activities, including the ATP session at the 2015 Winter Symposium on Friday morning and collaborating with the American Association of Physician

Assistants (AAPA) to offer Category PA-C CME credits. Long-term projects include Academic Universe modules for ATPs and live training programs similar to ASTS surgical fellowships.

Curriculum Committee

Dr. Washburn reported that the committee has reviewed all the National Transplant Surgery Curriculum modules and identified gaps in knowledge that need to be filled in the curriculum. The committee will work with the Fellowship Training Committee to develop new modules and also plans to review and rewrite module test questions in accordance with ABS item-writing format.

Fellowship Training Committee

Dr. Grant reported that all second year fellows have accepted the invitation to the 8th Annual Surgical Fellows Symposium, along with 32 faculty. In the Match, 43 of 56 programs matched this year and 55 of 70 positions were filled. The Curriculum and Fellowship Training committees proposed requiring all fellows to complete all National Transplant Surgery Curriculum modules regardless of training experience, and the Council approved the change.

Dr. Grant gave an overview of the Program Directors meeting in June and the outcomes, including competency-based milestones and continued education for program directors. Recently approved items include a standardized application for fellowships. She also gave an update on the work of the exam development group and question writing.

Dr. Stegall presented the draft of a proposal for an LLC with ASTS as sole member to administer the Transplant Surgeon Certification Program. Work on the proposal will continue.

Vanguard Committee

Dr. Englesbe gave an overview of the Winter Symposium in January 2014. He also announced the 2015 Winter Symposium will be held January 15–18 and gave an overview of the pre-meeting and Advanced Transplant Provider and Business Practice seminars.

Business Practice Services Committee

Dr. Chapman gave an update on the 2014 Leadership Development Program and noted the Advanced Leadership Development Program closing session was on July 27. He also reported on the RAPID launch, with 68 downloads as of June 2014, and the Transplant Center Policy Library, with 11 new policies about to be released.

Want to learn more about any of these initiatives? ASTS will host a committee "tailgate" during the 2015 Winter Symposium, "Transplant: The Ultimate Team Sport" on Thursday, January 15. Come out and meet the committee chairs! Committee nominations for 2015 positions will open in late January, so this is a great opportunity to learn more about committee initiatives before the nominations period.



Education Corner

A roundup of educational and CME activities

8th Annual Surgical Fellows Symposium, October 17-19, 2014, Kona Kai Resort, San Diego

The symposium is designed for second-year fellows in all ASTS accredited fellowship training programs to acquire focused knowledge in areas identified as underemphasized in many clinical training programs.

ASTS 15th Annual State of the Art Winter Symposium: Transplant: The Ultimate Team Sport, January 15 – 18, 2015, Miami

Join us for the premier and most comprehensive educational and scientific event in the surgical transplant community. This year's symposium features new and exciting educational offerings—selected sessions provide Category I CME and self-assessment credits toward Part 2 of the American Board of Surgery (ABS) Maintenance of Certificate (MOC) Program, and a session titled *Today's Advanced Transplant Provider: Key Players on the Transplant Team on Friday*.

American Transplant Congress (ATC), May 2-5, 2015, Philadelphia

ATC 2015 is the 15th joint meeting of ASTS and the American Society of Transplantation (AST). ATC provides a forum for exchange of new scientific and clinical information relevant to solid organ and tissue transplantation and brings together transplant physicians, scientists, nurses, organ procurement personnel, pharmacists, allied health professionals, and other transplant professionals. The educational offerings provide attendees the opportunity to learn cutting-edge advances in research and exchange ideas and practice in the field of solid organ and tissue transplantation.

AJT Images in Transplantation

Did you know that the *American Journal of Transplantation* (AJT) feature titled "Images in Transplantation" provides Category I CME and self-assessment credits toward Part 2 of the American Board of Surgery (ABS) Maintenance of Certification (MOC) Program? Images in Transplantation is a monthly CME activity featured in the AJT that explores images illustrating a case-based clinical problem, providing learners up-to-date developments in the science of images in transplantation. Now you can look, learn, and earn CME credits to help meet your ABS MOC Part 2 requirements.


For more information, go to www.amjtrans.com/view/0/cme.html.

Trans-SAP—Coming Soon!

Trans-SAP (ASTS Transplant Self-Assessment Program) is an online program to help transplant surgeons and physicians meet the ABS MOC Part 2: Lifelong Learning and Self-Assessment requirements. Trans-SAP consists of CME modules that include selected peer-reviewed journal-based articles with pre/post-test self-assessment activities. Each activity has clear educational objectives and covers relevant clinical topics in transplantation. Each activity provides Category I CME and self-assessment credits toward Part 2 of the ABS MOC Program. The CME Committee will release new modules to members and non-members in the near future. To learn more about Trans-SAP, go to ASTS.org.

Winter Symposium Webcasts Available

Webcasts from prior Winter Symposia are online at ASTS.org. Check them out and either see what you missed or review your favorite moments.



ASTS MEMBERS: BE THE FIRST TO KNOW! STAY ON TOP OF YOUR CENTER'S PERFORMANCE WITH RAPID

RAPID: Real-time Analytics and Process Improvement Dashboard

RAPID is an open-source software originally developed at Northwestern Medicine Comprehensive Transplant Center and distributed through ASTS at no charge to its members. RAPID provides outcomes and quality dashboards to individual transplant centers relevant to UNOS and SRTR reporting. The system is easily extensible and sufficiently generic to support future evolution to center specific or SRTR reporting.

For more information, see the RAPID webpage at
<http://asts.org/rapid>

Proud of who we are. Proud of what we do.



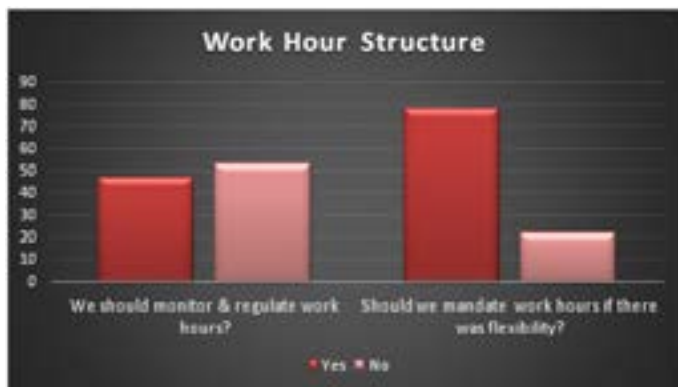
ASTS Fellowship Training: 2 Years into the 5 Year Strategic Plan

In June 2014, Program Directors from ASTS accredited training programs met in Chicago, Illinois, to review the current state of fellowship training and discuss progress on the fellowship strategic plan. There are 71 training programs in the United States and Canada, and nearly 85 percent of programs were in attendance, by either the designated program director or a proxy.

The morning session offered four presentations by various ASTS leaders in fellowship training, including Drs. Alan Langanas, Peter Stock, Wendy Grant (Chair, FTC), and Ryutaro Hirose (Co-chair, FTC). They presented data from fellows, a learning module on how to effectively provide feedback as a program director, the six discussion topics for each breakout session, and the current status of the fellowship strategic plan.

With this information, program directors and ASTS leadership broke into groups to discuss the challenges and offer solutions for consideration. Each group was asked to then present their discussions to all attendees and pose questions to the group via an audience response system. Below are some key findings from the meeting. If you would like to see all the data from this meeting, please contact the ASTS National Office.

We asked Program Directors about fellowship work hours. This topic always generates lots of discussion and opinions!



We also asked Program Directors about the ASTS' responsibility in offering additional training opportunities.



We asked Program Directors about their responsibilities and the resources ASTS should offer.



The strategic planning group met the next day to summarize key points from the meeting, review each item from the strategic plan, and determine the appropriate action items, which were presented to the ASTS Council on July 25, 2014. Below are key action items that will help take our 5-year plan to the finish line:

- Ongoing program reaccreditation
 - 1/3 of all ASTS programs have been reviewed under the new guidelines; all programs will be reviewed by 2017
- Fellow assessment tools/evaluations will launch for all programs (December 2014)
- Work hour oversight pilot program (January 2015)
- Fellowship program director job description (Fall 2014)

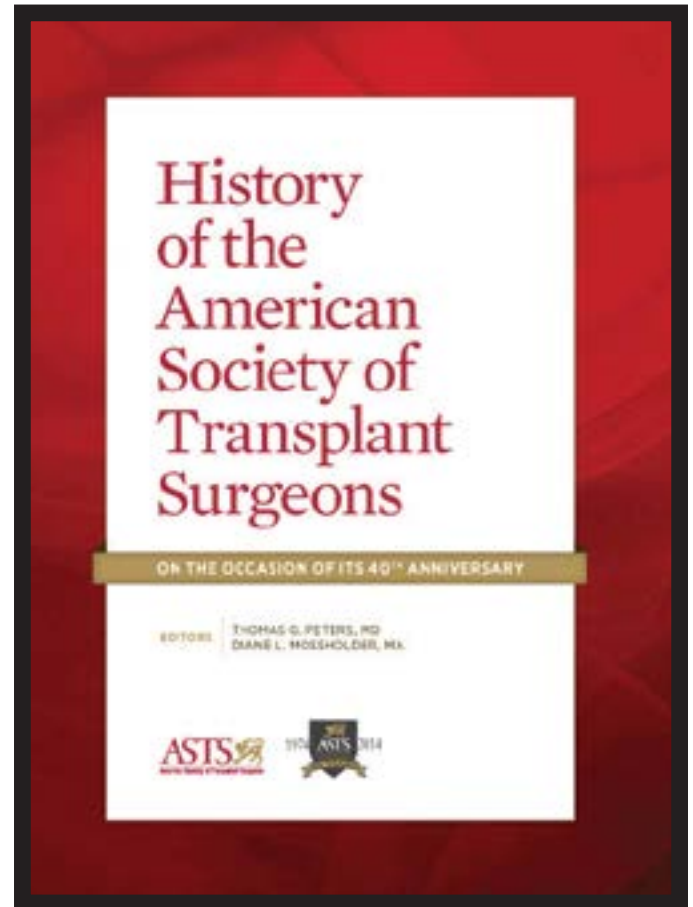
**Note, all responses provided in percentages.*



- Exam Development Group
 - Established to create qualifying exam questions
 - 14 ASTS at-large members appointed in February 2014
 - 154 questions approved for anticipated pilot exam in late 2014
 - Implementation plan for pilot in discovery
- Transplant Surgery Certification Working Group
 - Established to define the structure of a certification process and the role of the ASTS
 - 8 ASTS at-large members appointed in February 2014
 - Reviewed other subspecialty boards for benchmarking data
 - Initial proposal to move forward approved at July Council meeting
- PD training every other year at the Winter Symposium (January 2015)
 - Fatigue recognition training
 - Providing effective feedback
 - Intra-operative teaching
 - Recognizing critical deficiencies and making effective HR decisions
- Development of procedural competencies for fellows (pilot January 2015)
 - Model after general surgery competencies
- Development of program probationary criteria (May 2015)
- Collect more data via surveys (3 year plan)
 - Fellows' first employer (determine fellows' competency level)
 - Recently graduated fellows (overall educational experience and preparedness for independent practice)
 - Fellows in training (current education environment & training)
- Establish living donor nephrectomy criteria and requirements for accreditation (in progress)
- Engage ASTS Membership & Workforce Committee to identify the goals for an externally administered survey (i.e., employment history, defining a transplant surgeon [e.g., 20 percent effort, 50 percent effort], average age of retirement, hiring needs)

What's Next?

The Focus Group and ASTS leadership have taken on an incredible task and responsibility to help shape the future of our Society. Based on input from fellows, program directors, educators, and leadership, and learning how other credentialing bodies assess their training programs, ASTS is now positioned to lead the way in the future of surgical training. As a valued member of our Society, you will continue to see implementation strategies, status updates, detailed proposals, and overall feedback from membership in the months and years to come.



ASTS is pleased to make a copy of *History of the American Society of Transplant Surgeons On the Occasion of Its 40th Anniversary* available to each ASTS member at no charge. If you did not pick up your copy at the World Transplant Congress, please visit ASTS.org/book and designate where you want it sent. We will mail your copy within 3-4 weeks. If you would like additional copies or are not an ASTS member, you may purchase copies through the ASTS Store.

All ASTS members may receive one free copy; additional copies and copies for non-members are available in the ASTS online store at ASTS.org. The \$40 purchase price will be designated for the ASTS Foundation to fund ASTS Research Grants.

**Visit ASTS.org/book
to receive your complimentary copy!**

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Proud of what we do.





ASTS Across the Field

People and Places

Helping Make Transplant History

ASTS recently began exploring the possibility of either a temporary or permanent exhibit on transplantation in the Smithsonian National Museum of American History. While such an exhibit would require substantial time and funding, in the short term, the museum is interested in adding to its collection of transplant materials and asked for ASTS' help in finding specific items.

The museum is "in the forever business," according to curators, and already has a collection of transplant-related devices and other materials.

ASTS acknowledges the importance of gathering historical materials related to transplantation while the field is still relatively

young and original materials still exist. On learning the museum was looking for original medicines, ASTS reached out to Novartis Pharmaceuticals, which recently donated samples to the museum.

"ASTS is grateful to Novartis for collaborating with the National Museum of American History to add to their pharmaceutical collection," said ASTS Executive Director Kim Gifford.

The museum is also looking for specific devices, including a Belzer perfusion machine. If you have any transplant-related material you believe would be suitable for the museum's collection, please contact asts@asts.org.

Novartis Pharmaceuticals' Donation

Q How many transplant medicines did you provide the Smithsonian National Museum of American History?

A Novartis Pharmaceuticals Corporation ("Novartis") recently donated samples of two Novartis transplant medicines to the Smithsonian National Museum of American History for its collection of medical science artifacts.

Q What is their importance to the history of transplantation?

A One of the two medications was the first immunosuppressant approved for use following transplantation in the U.S. When Novartis predecessor company "Sandoz" introduced that medication in 1983, it fundamentally changed the field of transplantation. Novartis brought the other medication to market in the late 1990s. Today, the Novartis portfolio of transplant medicines is the broadest in the industry.

Q How did you come to be involved in this project?

A The leadership team at the American Society of Transplant Surgeons was instrumental in ensuring that these two medications were represented in the Smithsonian National Museum of American History's collection of medical science artifacts. ASTS Executive Director Kim Gifford considered the historical significance of the medications and notified Novartis that the museum was interested in adding them to its collection.

Our collaboration on this historical initiative is just one of many ways that Novartis and ASTS are working together for the benefit of families, donors, transplant recipients, and the health care professionals who treat them.

Q What is Novartis' goal in providing this material to the museum?

A Novartis is honored to contribute transplant medications to the museum's collection. The company is also assembling peripheral materials related to the U.S. product launches for both medications, with the goal of supporting the historical and educational mission of a potential future exhibit about the history of organ transplantation in the U.S.



Staff News

At the ASTS Business Meeting on July 30, **Joyce Williams, ASTS Senior Financial Manager**, received an award recognizing her 15 years of service to ASTS. Ms. Williams was hired as the third member of the first independent national office staff and has seen ASTS through many changes over the past 15 years. She handled membership as well as financial matters until last year, when she began focusing solely on the Society's finances.

This summer, ASTS staff members **Laurie Kulikosky, CAE, Senior Director, Strategic Initiatives**, and **Maggie Kebler, Manager, Training and Development**, both received national honors from prestigious organizations within the field of association management.



Ms. Kulikosky was one of five people selected as Association TRENDS 2014 Young & Aspiring Association Professionals. This honor is for association professionals under 40 who have demonstrated a commitment to and leadership within the association community. You can read her profile at www.associationtrends.com/news/trends/headlines/trends-2014-young-aspiring-association-professionals.

She was also selected by the Association Forum of Chicagoland and the USAE weekly newspaper to receive a Forty Under 40 Award, which recognizes 40 up-and-coming association or nonprofit professionals who are under the age of 40, demonstrate high potential for success in leadership roles, and exhibit a strong commitment to the association management profession.



Ms. Kebler was selected as a 2014 recipient of the Judith O'Connor Memorial Scholarship for Emerging Nonprofit Leaders. This scholarship provides complimentary registration and travel expenses to the BoardSource Leadership Forum. She was one of 15 recipients out of 115 nominees. BoardSource is an organization committed to strengthening non-profit organizations through improved governance practices.

People and Places

In July, Ohio State University's Wexner Medical Center performed its 400th heart transplant. **Robert S. D. Higgins, MD**, who directs the heart-transplant program, was one of two surgeons who performed the operation. Ohio State has performed heart transplants since 1986.

Allan D. Kirk, MD, PhD, is now the Chairman, Department of Surgery, Surgeon-in-Chief at Duke University Health System, Duke University School of Medicine in Durham, North Carolina.

Michael A. Zimmerman, MD, is now Surgical Director, Kidney and Pancreas Transplantation, Medical Director, Incompatible Organ Transplantation, and Director, Clinical and Translational Transplantation Research at Froedtert Hospital and the Medical College of Wisconsin.

The American Journal of Transplantation editorial offices have moved. The new contact information is:

Email: amjtransplant@duke.edu
Web: amjtransplant.com
Twitter: @amjtransplant

Tel: 919-684-2220
Fax: 919-681-2779

American Journal of Transplantation
Department of Surgery
Duke University
DUMC 3704
Durham, NC 27710

Transplant Center Policy Library

Streamline your transplant center operations with ASTS' dynamic subscription service of sample policies and templates designed to provide the building blocks you need to successfully manage and navigate the growing regulatory and quality improvement environment.

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Current Policies Included in the ASTS Transplant Center Policy Library Subscription Service:

- Informed Consent for Higher Risk Donor Organs
- Verification of Compatibility for Solid Organ Transplantation
- Multidisciplinary Care and Discharge Planning
- Quality Assessment and Performance Improvement (QAPI)
- Independent Donor Advocate Team
- Management of Living Donor After Donation
- Post Transplant Processes for Higher Risk Donor Organs
- Communication of Donor Cultures
- Policy on Policies
- Vessel Storage
- Responsibility for Transport of Living Donor Organs

Coming Soon!

New Policies Scheduled for Fall 2014 (Included in Your Subscription):

- Waitlist Management
- Multidisciplinary Teams
- Informed Consent
- Psychosocial Evaluation
- Adverse Events for Transplant
- QAPI Plan Template
- Patient Safety Contact Plan
- Living Donor: Psychosocial Evaluation for Living Donors
- Living Donor: Living Donor Selection Criteria
- Living Donor: Living Donor Consent for Evaluation
- Living Donor: Independent Living Donor Advocate



What's Your Perspective?

Accounting for Transplantation in an Accountable Care Organization (ACO)



Sander S. Florman, MD
The Charles Miller, MD
Professor of Surgery
Director, Recanati/Miller
Transplantation Institute
Mount Sinai Medical Center

Accountable Care Organizations (ACOs) are programs designed by the Center for Medicare and Medicaid Innovation (CMMI) under the Affordable Care Act (ACA) to decrease health care costs while improving the quality of care.

An ACO is composed of a group of providers (e.g., physicians and/or hospitals) that are contracted with Medicare to participate in the Medicare Shared Savings Program. If they can successfully reduce the costs of care for the group of patients they treat while maintaining pre-specified quality targets, they are then eligible to split the savings with Medicare.

Patients do not enroll in an ACO; rather, the ACO is held accountable for the patients attributed to them based on which patients they treat. There can be no marketing to patients or cherry picking—patients are assigned to an ACO by Medicare based upon their using one of the ACO physicians for the plurality of their primary health care needs (or using a specialist physician who is a member of the ACO for their health care needs if no primary care physician is identified). While patients cannot opt out of having their costs counted toward an ACO, they can decline to share their claims data with the ACO.

Once assigned, Centers for Medicare and Medicaid Services (CMS) divides an ACO's patient list into four cost categories, understanding that these characteristics partially predict utilization and cost: dual eligible (e.g., Medicare and Medicaid) patients, disabled patients, aged non-dual eligible (e.g., average worker who ages into Medicare eligibility after 65 years of age), and End-Stage Renal Disease (ESRD) patients. Each category has a calculated average cost of care based upon a 3-year

average cost for similar patients. This is the basis for determining whether spending has been reduced and savings have occurred during the ACO performance year.

Patients whose cost of care is very high (i.e., > 99th percentile in their assigned category) have their costs truncated at the 99th percentile for their specific patient group. This is intended to protect the ACO from failure due to outlier costs beyond their control. Not surprisingly, the costs for ESRD patients in an ACO will have a higher average annual spend rate as well as a higher truncation point than that for the other groups.

There are many benefits to ESRD patients inherent in the robust care coordination provided through an ACO. In addition to this essential care coordination, the benefits of transplantation are well established, yet there are complex implications for an ACO when their ESRD patients undergo successful transplants.

The costs of a transplant raise the expenditures for the ACO. Three months after transplant, however, these patients are reassigned by CMS from the higher-cost ESRD category into one of the three other patient pools with less costly peers. Post-transplant, these ESRD patients are much less expensive to manage due to not needing dialysis. These lower costs are not compared to what the patient would have incurred if not transplanted, but rather to expected costs if they'd never had ESRD at all. This means that the ACO sees less of the long-term cost savings of transplantation.

With accountability for costs and quality being driven into the health care system by programs such as ACOs, thoughtful consideration needs to be given to ESRD patient populations—especially in medical centers performing transplants—so that encouraging transplantation is central to care and payment models... *from my perspective.*

Have a different perspective? The ASTS Communications Committee would love to hear it and share it with your fellow members in an upcoming issue of the Chimera. Send your thoughts to Diane Mossholder, Senior Manager, Communications, at diane.mossholder@asts.org. There's no word length or other requirements—simply your perspective!

Your Reward!

We'd like to reward you for reading the *Chimera* closely enough to find this box. Please send your name and email to asts@asts.org with the subject line "Chimera Reward" and we will enter you in a drawing to receive FREE all-access registration to the 2015 Winter Symposium.

Transplants on Twitter:

Live feed drives public engagement with living donor program



The drama of two life-saving kidney transplants at University of Utah Health Sciences Center (UUHC), narrated from the operating rooms in real time via Twitter, captivated a large cross section of observers that included individuals with renal disease, other hospitals and medical societies, the news media, and, most importantly, potential kidney donors.



With more than 99,000 Americans waiting for a kidney, and hundreds on the wait list at UUHC, the need for live donors is critical, said **P. Jeffrey Campsen, MD**, surgical director of Pancreas Transplantation and the Live Kidney Donation Program, who performed the surgeries on the donors that day (**Robin D. Kim, MD**, transplanted the kidneys into the recipients). “The whole purpose of tweeting the procedures was to promote live donation as the best way to do kidney transplants,” he explained. “We’re trying to educate the community that live donation is safe and that it saves lives, so we showed the play-by-play of how it’s done—the next best thing to being in the OR.”





The Twitter feed reached “a wide range of people who might not have seen our website or our Facebook page,” said Campsen. A “Twitter team” of UUHC Communications staff (which did not include physicians or other caregivers directly involved with the surgeries) tweeted photos, explained the surgery, and communicated facts about transplants and live donation. Some followers shared their own experience with kidney transplants.

The first surgery went smoothly and safely, said Campsen, with no surprises—until the second transplant pair scheduled for that day asked if their procedures could also be tweeted. “They had been following the procedures on Twitter and said they wanted to be a part of this effort to educate the public,” said Campsen. Because they had related a detailed account of the surgery the first time around, the Twitter team focused on the personal details of those involved in the second transplant, a volunteer firefighter who donated a kidney to his stepdaughter.

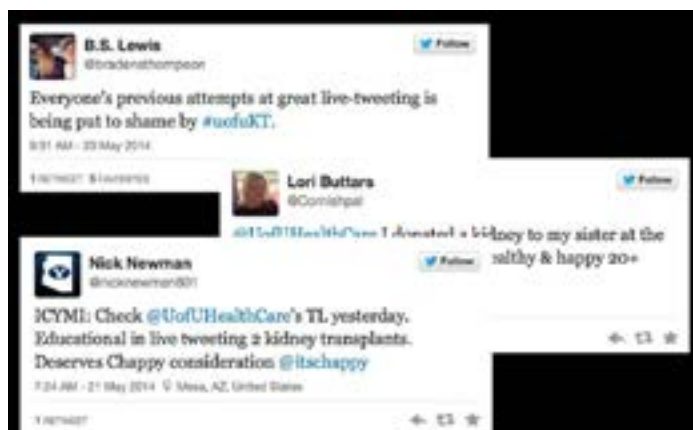
The Twitter experiment garnered more than 100 new followers for UUHC, a surge of activity on its Facebook page, and an



Tweet Tips

1. The physicians must partner with their hospital media team to create a core group.
2. This team can develop a social media plan that is uniform so there are not multiple providers practicing different types of social media.
3. Pick one social media platform at first (Twitter, Instagram, Facebook, etc.) and start to practice with that.
4. The physicians should have one non-physician point person they can go to for help and support in managing their social media platform, ideally someone in their office that they work with regularly and understands transplant.
5. Before a patient or family is approached, the media team should discuss and organize the project; the physician should first approach the patient (with or without a media team member – first contact); after that contact is established, any media team member can help with project interactions but must be on the same page to avoid confusion resulting in loss of trust; the patients must sign media waivers.
6. During the live social media event there must be separation of the providers from the media team – this is most important! The physician cannot be viewed as actively engaging in social media while treating the patients, i.e., during surgery.

increase in inquiries about live donation. “At our center, about 40 percent of kidney transplants are live donors, but our goal is to reach over 50 percent,” said Campsen. “Live donation is preferable because the kidneys we choose are from very good donors, and the kidney is outside the body for less than an hour. And the procedure is very safe for both the donor and recipient; in the past couple of years, we’ve had 100 percent donor and transplant survival after one year.”





2014 World Transplant Congress: Science and Celebration in San Francisco

The second World Transplant Congress was held July 26–31, 2014, in San Francisco, California, and brought together more than 7,000 attendees from all over the globe. This joint meeting of ASTS, The Transplantation Society, and the American Society of Transplantation featured two Nobel laureates, a rich and varied array of scientific sessions, and a spectacular closing reception at the California Academy of Sciences. Below are a few of the highlights.

ASTS Pioneer Award

The ASTS Pioneer Award is the most distinguished award bestowed upon an individual by the ASTS for a significant contribution to the field of transplantation. On Monday, July 28, ASTS President Alan N. Langnas, DO, presented the award to Mark A. Hardy, MD, Auchincloss Professor of



Surgery and Director Emeritus of the Transplantation Centre at Columbia University College of Physicians and Surgeons and New York Presbyterian Hospital. The award was prefaced by a video of Dr. Hardy's colleagues and friends sharing their congratulations and

thoughts on why he deserved the award.

Dr. Hardy was President of ASTS in 1994 and served as Councilor of The Transplantation Society twice for three 3-year terms. He now serves as Director of the NY Islet Resource Centre. He is an Editor of *Transplantation* and has published more than 330 articles on subjects varying from surgical techniques to basic immunology. He is a Fellow of the American College of Surgeons and a member of numerous surgical and scientific societies including American Surgical Association, Society of Clinical Surgery, and American Association of Immunology. He has been awarded Honorary Fellowship in the Polish Surgical Society and Honorary Doctorates at Hallym University in Korea and at Warsaw University in Poland. He has served as a visiting Professor in some



Dr. Langnas pointed out that transplant surgery fellowship training is **“something nobody else does and is the one area we don’t share.”**

50 institutions and delivered over 15 eponymous lectures worldwide.

His professional scientific career has revolved around transplantation and transplantation biology, with a major interest in the immune responses in induction of tolerance, including alteration of donor immunogenicity and of antigen presentation. His most recent focus has been on cellular transplantation with emphasis on islet transplantation. His clinical interests have been in transplantation and vascular surgery.

Dr. Hardy is a former Director of Vascular Surgery and Transplantation at Albert Einstein College of Medicine in New York and former Director and Founder of Transplantation Program at New York Presbyterian Hospital and Columbia University College of Physicians and Surgeons. He is the Founding Director and former President of the New York Organ Donor Network and former Director and member of the Board of Directors of UNOS. He has received a number of prizes for his work,



including the NIH Scholar Award early in his career.

To read more about Dr. Hardy’s many accomplishments, please visit ASTS.org/asts-pioneer-award.

Staying on the Path

Dr. Langnas gave his Presidential Address on Monday, July 28. He talked about the Society’s path from its past to its future and explained that “stay on the path” is advice he often gives to fellows during surgery.

The training of transplant surgery fellows was a focal point of his address. As the outside regulatory bodies continue scrutinizing non-ACGME-approved programs, ASTS is making strides toward enhancing its fellowship training, with the goal of certifying fellows. Dr. Langnas pointed out that transplant surgery fellowship training is “something nobody else does and is the one area we don’t share.” Taking a metaphor from yoga, he called fellowship training the Society’s root chakra, the muladhara chakra.

In the past year and a half, the Society has worked to fulfill its 5-year strategic plan for fellowship training:

- ✓ Revised training paradigms (May 2013). There are now three basic training tracks: kidney only, liver with kidney, and liver alone.
- ✓ Updated program requirements (May 2013). They include total transplants and the educational environment.
- ✓ Created fellow assessment tools/evaluations (pilot program

established in May 2013).

- ✓ Developed a qualifying exam (154 questions written June 2014).
- ✓ Established the Transplant Surgery Certification Working Group (January 2014).

He also noted that the program goals may sound elitist, but that there are positives to being elitist and that the Society should always strive for high standards.

Next, Dr. Langnas talked about the future leaders of the Society: the millennials, or Generation Y. He noted that as a generation, they are highly educated, are experts at technology use, are socially conscious, and are racially and ethnically diverse. They are also, he said, all about teamwork, which will make them a great workforce in transplantation.

You can read the entire text of Dr. Langnas’ address at asts.org/about-asts/history/past-presidents-and-presidential-addresses.

ASTS 40th Anniversary Reception

On Tuesday evening, ASTS continued celebrating its 40th anniversary with a





2014 WTC



reception at the InterContinental Hotel. Among the many distinguished attendees was ASTS' first president, Thomas E. Starzl, MD, who briefly addressed the members and guests noting that "the history of an organization is synonymous with its legacy and easily lost." He went on to thank Dr. Tom Peters for the work he has done to capture the ASTS history.

WTC Session Highlights

Between the Sunrise Symposia, the State of the Art Symposia, plenary abstract sessions, oral abstract sessions, and poster sessions, most if not all aspects of transplantation science were covered at WTC.



This year, there were three State of the Art Addresses, two of which were given by Nobel Prize winners:

- *Inching Closer to Predictive, Multiscale Models of Human Disease* by Eric Schadt, MD, PhD, Chairman and Professor, Department of Genetic and Genomic Sciences and Director of the Institute of Genomics and Multiscale Biology at Mount Sinai Medical School
- *Transplantation: One Economist's Perspective* by Alvin E. Roth, PhD, Craig and Susan McCaw Professor of Economics, Stanford University & Gund Professor Emeritus of Economics and Business Administration, Harvard University, winner of the 2012 Nobel Economics Prize
- *Recent Progress in iPS Cell Research Towards Regenerative Medicine* by Shinya Yamanaka, MD, PhD, Immediate Past President of the International Society for Stem Cell Research and Director of Center for iPS Cell Research

and Application (CiRA) at Kyoto University, winner of the 2012 Nobel Prize in Physiology or Medicine

The latest transplantation advances and dozens of advances in basic science and clinical research were highlighted Thursday, July 31, in the WTC closing session "What's Hot, What's New." Jonathan Bromberg, MD, PhD, identified several major areas of interest among the more than 1,500 abstracts at WTC and reviewed some of the information presented.

WTC OnDemand is available to ASTS members free of charge. To access the webcasts, please visit asts.org/WTC.

The 2015 American Transplant Congress will be held in Philadelphia, Pennsylvania, May 2-5. Please join us for another great meeting!



ASTS Business Meeting

The President-Elect, Secretary, and Councilor election results were announced at the ASTS Business Meeting on July 30. **Charles M. Miller, MD**, is the new President-Elect and **Dixon B. Kaufman, MD, PhD**, is the new Secretary, while the three new Councilors are **Ginny L. Bumgardner, MD, PhD**, **Kenneth D. Chavin, MD, PhD**, and **A. Osama Gaber, MD**.

The new committee chairs are:

- Georgeine Smith, MS, MHS, PA-C, Advanced Transplant Providers
- Martin N. Wijkstrom, MD, Cellular Transplantation
- J. Michael Millis, MD, Ethics
- Talia B. Baker, MD, Living Donation
- Juan P. Rocca, MD, Membership & Workforce
- Kareem M. Abu-Elmagd, MD, PhD, Reimbursement & Regulatory Compliance
- Christopher L. Marsh, MD, Scientific Studies
- Abbas Ardehali, MD, Thoracic

During the meeting, members approved changes to the bylaws, including:

- Associate Members were granted voting privileges.
- Regular and International Members now need two (instead of three) Regular Member recommendations to apply for membership. Candidate and Trainee Members now need one recommendation (instead of two).
- The general membership ballot approval requirement for all types of membership is dropped.
- The termination of membership for non-payment of dues was removed from the bylaws and will be addressed via administrative actions.
- The procedure for electing officers will now be addressed in ASTS



policies and procedures for Officer and Councilor Nominations and Elections rather than in the bylaws.

Members also heard updates on committee activities and progress on the Fellowship Training Strategic Plan. There was vigorous discussion about the plan to eventually certify fellows in transplant surgery.

After the reports and discussion, Dr. Langnas recognized those whose terms of service were ending:

Outgoing Officers:

- Mitchell L. Henry, MD, Past President
- Charles M. Miller, MD, Secretary

Outgoing Councilors:

- Marwan S. Abouljoud, MD
- Sandy Feng, MD
- John C. Magee, MD



Outgoing Committee Chairs:

- Mark W. Burns, DNP FNP, NP
- Andrew M. Posselt, MD
- John M. Ham, MD
- Chris E. Freise, MD
- George W. Burke III, MD
- James J. Pomposelli, MD, PhD
- Peter L. Abt, MD
- J. David Vega, MD

The meeting ended with the official passing of the gavel from Dr. Langnas to Dr. Peter Stock, the new president of ASTS.



Workplace Partnership for Life Completes Phase III

Phase IV Launches This Fall



The U.S. Department of Health and Human Services has released the recognition results from Phase III of the Workplace Partnership for Life Hospital Organ Donation Campaign.

More than 400 hospitals and transplant centers were recognized for their outstanding voluntary efforts to promote organ donation between June 2013 and May 2014. In addition, a number of state hospital associations, organ procurement organizations, and Donate Life America affiliates were acknowledged for successfully partnering with hospitals and transplant centers in this campaign.

Transplant Centers Recognized in Phase III

Gold Level

Advocate Christ Medical Center, Illinois
All Children's Hospital, Florida
Allegheny General Hospital, Pennsylvania
Ann & Robert H. Lurie Children's Hospital of Chicago, Illinois
Aurora St. Luke's Medical Center, Wisconsin
Baystate Medical Center, Massachusetts
Children's Hospital of Pittsburgh of UPMC, Pennsylvania
Children's Hospital Colorado, Colorado
Children's National Health System, District of Columbia
Cleveland Clinic, Ohio
Duke University Hospital, North Carolina
Einstein Medical Center Philadelphia, Pennsylvania
Froedtert Hospital, Wisconsin
Geisinger Medical Center, Pennsylvania
Harbor UCLA Medical Center, California
Hartford Hospital, Connecticut
Hennepin County Medical Center, Minnesota
INTEGRIS Baptist Medical Center, Oklahoma
Jewish Hospital, Kentucky
Kosair's Children's Hospital, Kentucky
Lehigh Valley Health Network - Lehigh Valley Hospital, Pennsylvania
Maine Medical Center, Maine
Mayo Clinic-Rochester Hospital, Minnesota
Memorial Medical Center, Illinois
Northwestern Memorial Hospital, Illinois
OSF Saint Francis Medical Center, Illinois
OU Medical System, Oklahoma
Penn State Hershey Medical Center, Pennsylvania

Pinnacle Health System, Pennsylvania
Portland Veterans Administration Medical Center, Oregon
Riverside Community Hospital, California
Rush University Medical Center, Illinois
Saint Francis Hospital, Oklahoma
Sanford Medical Center Fargo, North Dakota
Sanford USD Medical Center - Sanford Health Transplant Center, Fargo, South Dakota
Sharp Memorial Hospital, California
St. Mary's Hospital, Illinois
Temple University Hospital, Pennsylvania
The Children's Hospital of Philadelphia, Pennsylvania
The Ohio State University Wexner Medical Center, Ohio
UC San Diego Medical Center, California
UNC Hospitals, North Carolina
University Health Systems - University Hospital, Texas
University of Chicago Medicine, Illinois
University of Cincinnati Medical Center, Ohio
University of Colorado Hospital, Colorado
University of Illinois Hospital & Health Sciences System, Illinois
University of Kentucky Medical Center, Kentucky
University of Maryland Medical Center, Maryland
University of Michigan Medical Center, Michigan
University of Toledo Medical Center, Ohio
University of Wisconsin Hospital & Clinics, Wisconsin
UPMC Presbyterian, Pennsylvania
Vanderbilt University Medical Center, Tennessee

Vidant Medical Center, North Carolina
Wake Forest Baptist Medical Center, North Carolina
Willis-Knighton Health System, Louisiana
Yale-New Haven Hospital, Connecticut

Silver

California Pacific Medical Center - Pacific Campus, California
Cedars-Sinai Medical Center, California
CHRISTUS Santa Rosa Health System, Texas
Loma Linda University Medical Center, California
Nationwide Children's Hospital, Ohio
Presbyterian - St. Luke's Medical Center, Colorado
Rhode Island Hospital, Rhode Island
Robert Wood Johnson University Hospital, New Jersey
Tulane University Hospital and Clinic, Louisiana
UC Davis Health System, California
University Hospital, New Jersey
VA Pittsburgh Healthcare System, Pennsylvania

Bronze

Abbott Northwestern Hospital, Minnesota
Porter Adventist Hospital, Colorado
Rady Children's Hospital, California
Saint Barnabas Medical Center, New Jersey
Scripps Green Hospital, California
Sutter Memorial Medical Center, California
Tampa General Hospital, Florida
UC Irvine Medical Center, California



ASTS is a national partner of the campaign, which is now in its third year. The campaign unites donation and health care associations and organizations with hospitals and transplant centers that commit to work to increase the number of people in the country registered as organ, eye, and tissue donors. During Phase III, hospitals and transplant centers were invited to plan awareness and registry

promotion activities. Hospitals earned points for each activity implemented and were awarded gold, silver, or bronze recognition based on total points accrued.

Since the launch in June 2011, the actions of more than 1,228 participating hospitals and transplant centers have stimulated 327,659 enrollments on state donor registries. ASTS is proud to be one

of 11 national partners supporting this campaign.

How You Can Help

Don't see your institution on the list? Encourage your hospital, state hospital association, and local donation organization(s) to join in this important effort to help increase donor registration. Phase IV of the National Hospital Organ

Transplant Centers Participating in the Campaign

Abbott Northwestern Hospital, Minnesota
Advocate Christ Medical Center, Illinois
Albany Medical Center, New York
All Children's Hospital, Florida
Allegheny General Hospital, Pennsylvania
Ann & Robert H. Lurie Children's Hospital of Chicago, Illinois
Arkansas Children's Hospital, Arkansas
Aurora St. Luke's Medical Center, Wisconsin
Banner Good Samaritan Medical Center, Arizona
Baptist Health Medical Center - Little Rock, Arkansas
Baptist Memorial Hospital Memphis, Tennessee
Barnes-Jewish Hospital, Missouri
Baystate Medical Center, Massachusetts
Beaumont Health System-Royal Oak, Michigan
Bon Secours St. Francis Health System, South Carolina
Bradley Memorial Hospital, Connecticut
California Pacific Medical Center - Pacific Campus, California
Cardinal Glennon Children's Hospital, Missouri
Cedars-Sinai Medical Center, California
Charleston Area Medical Center, West Virginia
Children's Hospital of Pittsburgh of UPMC, Pennsylvania
Children's Healthcare of Atlanta, Georgia
Children's Hospital, Louisiana
Children's Hospital Colorado, Colorado
Children's Hospital of Michigan, Michigan
Children's Hospital of the King's Daughters, Virginia

Children's Hospital of Wisconsin, Wisconsin
Children's Memorial Hospital, Illinois
Children's National Health System, District of Columbia
Christiana Care Hospital, Delaware
CHRISTUS Santa Rosa Health System, Texas
Cincinnati Children's Hospital Medical Center, Ohio
Cleveland Clinic, Ohio
Crozer Chester Medical Center, Pennsylvania
Dartmouth Hitchcock Medical Center, New Hampshire
Duke University Hospital, North Carolina
Einstein Healthcare Network, Pennsylvania
Einstein Medical Center Philadelphia, Pennsylvania
Erie County Medical Center, New York
Florida Hospital Memorial Medical Center, Florida
Froedtert Hospital, Wisconsin
Geisinger Medical Center, Pennsylvania
Geisinger Wyoming Valley Medical Center, Pennsylvania
Georgetown University Medical Center, District of Columbia
Harbor UCLA Medical Center, California
Harper Hutzell Hospital, Michigan
Hartford Hospital, Connecticut
Hennepin County Medical Center, Minnesota
Henrico Doctors' Hospital, Virginia
Henry Ford Hospital, Michigan
Hospital of the University of Pennsylvania, Pennsylvania
INTEGRIS Baptist Medical Center, Oklahoma
Intermountain Medical Center, Idaho
Iowa City VA Health Care System, Iowa

Jackson Memorial Hospital, Florida
Jewish Hospital, Kentucky
Kosairs Children's Hospital, Kentucky
Lankenau Medical Center, Pennsylvania
Lehigh Valley Health Network - Lehigh Valley Hospital, Pennsylvania
Loma Linda University Medical Center, California
Loyola University Medical Center, Illinois
Maine Medical Center, Maine
Massachusetts General Hospital, Massachusetts
Mayo Clinic Hospital, Arizona
Mayo Clinic-Rochester Hospital, Minnesota
Mayo Clinic-Saint Marys and Methodist Hospitals, Minnesota
McGuire Veterans' Hospital, Virginia
Medical University of South Carolina, South Carolina
Memorial Medical Center, Illinois
Memorial Regional Hospital, Florida
Mercy Medical Center - Des Moines, Iowa
Methodist Healthcare Systems, Texas
Mount Sinai Medical Center, Recanati
Miller Transplant Institute, New York
Nationwide Children's Hospital, Ohio
Nemours/Alfred I. duPont Hospital for Children, Delaware
Northwestern Memorial Hospital, Illinois
Ochsner Foundation Hospital, Louisiana
Oregon Health and Science University Hospital, Oregon
OSF Saint Francis Medical Center, Illinois
OU Medical System, Oklahoma
Penn State Milton S. Hershey Medical Center, Pennsylvania
Pinnacle Health System, Pennsylvania
Porter Adventist Hospital, Colorado



Donation Campaign will begin with a kick-off webinar on September 24 from 2 to 3 p.m. ET. Between September 2014 and April 30, 2015, hospitals will again work with donation organizations to implement and track activities to promote donor registration. Hospitals will again be recognized by HRSA and the campaign's National Partners for reaching gold, silver, or bronze activity level.

The 2014/2015 goal is to add another 100,000 donor enrollments to state registries during this period and have even more hospitals and transplant centers participate in the campaign and earn recognition. For more information about participating, contact your organ donation organization or email wpfl@akoyaonline.com.

Phase IV activities are available in the scorecard at organdonor.gov/howhelp/workplace.html, along with materials, resources, and stories of how other organizations have succeeded in their campaign efforts. Ideas and tools are provided, making it easy for your institution's PR staff or others to organize activities to earn points toward the various campaign levels.

Portland Veterans Administration Medical Center, Oregon
Presbyterian - St. Luke's Medical Center, Colorado
Presbyterian Hospital, Tennessee
Primary Children's Medical Center, Idaho
Queen's Medical Center, Hawaii
Rady Children's Hospital, California
Rhode Island Hospital, Rhode Island
Riverside Community Hospital, California
Robert Wood Johnson University Hospital, New Jersey
Rush University Medical Center, Illinois
Saint Barnabas Medical Center, New Jersey
Saint Francis Hospital, Illinois
Saint Francis Hospital, Oklahoma
Saint Luke's Hospital of Kansas City, Missouri
Sanford Medical Center Fargo, North Dakota
Sanford USD Medical Center - Sanford Health Transplant Center, Fargo, South Dakota
Scripps Green Hospital, California
Sentara Norfolk General Hospital, Virginia
Sharp Memorial Hospital, California
Spectrum Health System, Michigan
St. Anthony Hospital, Oklahoma
St. John Hospital, Michigan
St. John Medical Center, Oklahoma
St. Joseph's Hospital and Medical Center, Arizona
St. Louis Children's Hospital at Washington University Medical Center, Missouri
St. Louis University Hospital, Missouri
St. Mary's Health Care, Michigan
St. Mary's Hospital, Illinois

Sutter Memorial Medical Center, California
Tampa General Hospital, Florida
Temple University Hospital, Pennsylvania
The Children's Hospital of Philadelphia, Pennsylvania
The Children's Mercy Hospital, Missouri
The Christ Hospital, Ohio
The Methodist Hospital, Texas
The Ohio State University Wexner Medical Center, Ohio
The University of Kansas Hospital, Kansas
Thomas Jefferson University Hospital, Pennsylvania
Tulane University Hospital and Clinic, Louisiana
UC Davis Health System, California
UC Irvine Medical Center, California
UC San Diego Medical Center, California
UMASS Memorial Medical Center-Memorial Campus, Massachusetts
UNC Hospitals, North Carolina
University Health Systems - University Hospital, Texas
University Hospital, New Jersey
University of Arizona Medical Center-South Campus, Arizona
University of Arizona Medical Center-University Campus, Arizona
University of Arkansas for Medical Sciences, Arkansas
University of Chicago Medicine, Illinois
University of Cincinnati Medical Center, Ohio
University of Colorado Hospital, Colorado
University of Illinois Hospital & Health Sciences System, Illinois

University of Iowa Hospitals and Clinics, Iowa
University of Kentucky Medical Center, Kentucky
University of Maryland Medical Center, Maryland
University of Michigan Medical Center, Michigan
University of New Mexico Hospital, New Mexico
University of Toledo Medical Center, Ohio
University of Utah Hospital - Salt Lake City, Idaho
University of Wisconsin Hospital & Clinics, Wisconsin
UPMC Presbyterian, Pennsylvania
UPMC Transplantation Services, Pennsylvania
UT Health Science Center-Allograft Resources, Texas
VA Pittsburgh Healthcare System, Pennsylvania
Vanderbilt University Medical Center, Tennessee
Via Christi Hospital-Pittsburg, Kansas
Vidant Medical Center, North Carolina
Wake Forest Baptist Medical Center, North Carolina
Washington Hospital Center, District of Columbia
Willis-Knighton Health System, Louisiana
Yale-New Haven Hospital, Connecticut

"I wouldn't have made it through financially without this program. It was a big blessing for our family."

~ 2014 Living Donor

Methodist Specialty &
Transplant Hosp, Texas



Funding Renewed for National Living Donor Assistance Center!

National Living Donor Assistance Center (NLDAC): The American Society of Transplant Surgeons, the University of Michigan, and Arbor Research Collaborative for Health are pleased to announce they have been selected to continue operating the National Living Donor Assistance Center until 2019. Funding for this program was renewed by the Division of Transplantation, Health Resources and Services Administration. Launched in 2007, NLDAC provides reimbursement of travel and subsistence expenses for financially needy prospective living organ donors to travel to the transplant center to donate an organ to a family member or friend. Approved applicants receive a controlled value card (like a credit card) to pay for eligible expenses for transportation, food, and lodging up to \$6,000. To make sure your patients have access to funding, call NLDAC for program details.

**National Living Donor Assistance Center
American Society of Transplant Surgeons**

2461 S. Clark Street, Suite 640
Arlington, VA 22202 Toll Free: 888-870-5002
Tel: 703-414-1600 Fax: 703-414-7874
livingdonorassistance.org
nldac@livingdonorassistance.org

OPTN/UNOS Board Meeting

The OPTN/UNOS Board of Directors met June 23–24 in Richmond, Virginia. It approved the first national policies and standards, effective July 3, 2014, affecting vascularized composite allografts (VCA) transplantation. The initial requirements will be in effect for 15 months, allowing the OPTN to seek additional public comment and continue to develop additional VCA policies.

Other key action items approved by the Board included: Amendments to heart allocation priority for pediatric candidates

- A recommendation to the Health Resources and Services Administration that the OPTN/UNOS Kidney Paired Donation Pilot Program should become a permanent function of the OPTN, thus ending the pilot phase of its development
- Minimum requirements for complete and timely reporting of follow-up status and clinical data on living liver donors
- New methodology for OPTN review of patient and graft survival at transplant programs
- Amendments to policies addressing screening of deceased and living potential donors for the risk of donor-transmissible disease
- A comprehensive rewrite of OPTN histocompatibility standards
- Approval of the Fiscal Year 2015 budget for the OPTN and UNOS; the combined amount of the OPTN and UNOS registration fees will remain unchanged at \$957

An executive summary listing all Board actions is available on the OPTN website: <http://optn.transplant.hrsa.gov/members/executiveSummary.asp>.

KPD Program Update

The OPTN/UNOS Kidney Paired Donation Pilot Program reached a milestone in early July, with a three-way exchange marking 100 transplants that have been coordinated through the program since its inception. A report outlining the status and key metrics of the program was also released in July. This report, as well as additional resources and program enrollment information, are available on the Transplant Pro site: <http://transplantpro.org/kidney-paired-donation>.

OPTN Website Redesign/Public Comment

A substantial redesign of the OPTN website, <http://optn.transplant.hrsa.gov>, will go live in September. A prominent feature of the redesigned site will be a new public comment feature, which will allow immediate display of comments on the site in a manner similar to a discussion blog. The site also will be optimized for access on mobile devices, and some content will be reorganized to provide more ready access to frequently accessed information.

The relaunch of the website will coincide with the beginning of the fall 2014 public comment cycle, which is currently scheduled to open September 26 and close December 5.

Resources Available for Revised Pancreas, Kidney Allocation Systems

UNOS continues to develop and offer training and resource information regarding substantial changes to pancreas and kidney allocation to be implemented in the fall of 2014. These efforts include podcasts, webinars, training sessions, and patient brochures. To learn more about upcoming resources and training, and to access existing resources and archived webinars and podcasts, resource sections have been created on Transplant Pro for both pancreas (<http://transplantpro.org/significant-changes-pancreas-allocation-coming-soon>) and kidney (<http://transplantpro.org/kidney-allocation-system>) allocation.

Ongoing updates to each section will be noted in the monthly e-newsletter sent to Transplant Pro subscribers. If you are not a current subscriber and want to receive the e-newsletter, visit <http://transplantpro.org/enews> to sign up.

Policy Development Schedule

UNOS is developing a revised schedule of meetings and public comment cycles to allow more timely action on policies and bylaws. Key features of the schedule, to be implemented in 2015, will be slight adjustments to the timing of Regional and Board meetings and a somewhat shorter public comment period for proposals. Additional information will be forthcoming as the schedule is finalized.

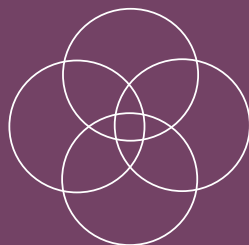
Organ Donation & Transplantation Alliance

The Organ Donation and Transplantation Alliance is a non-profit, independent organization comprised of a consortium of national organizations critical to the organ donation and transplantation process whose main goal is to eliminate deaths on the national organ transplant wait list. Alliance members include the American College of Healthcare Executives, the American Hospital Association, the American Society of Transplantation, the American Society of Transplant Surgeons, the Association of Organ Procurement Organizations, the Society of Critical Care Medicine, the Joint Commission, and the United Network for Organ Sharing. The Alliance is positioned to bring together diverse stakeholders to align, support, and advance initiatives all focused on saving lives through organ donation and transplantation.

Transplant Center Task Force – Organ Utilization Subcommittee

The mission of the Transplant Center Task Force (TCTF) is to promote engagement of transplant centers as key partners in the Donation and Transplantation Community of Practice (DTCP) by examining and addressing issues relevant to transplant center performance. In addition, the TCTF works to advance transplant center professionals' efforts to end deaths on the national organ transplant waiting list.

A small workgroup of the TCTF has recently been formed to explore how transplant centers can help to optimize organ utilization. The Organ Utilization Subcommittee (OUS) operationalizes this mission by examining the data that will lead to a better understanding of the reasons for the high rate of organs that have been discarded. The challenge the OUS faces is determining how to integrate various datasets and competing priorities in order to achieve this goal. This committee will be meeting on



About the Alliance

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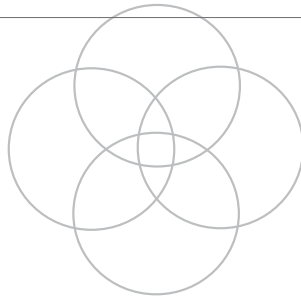
November 3 in order to explore the data, develop a plan to address this issue, and share it with the community.

Quality Improvement Task Force – Joint Commission Standards Review Committee

A group of experts from the Quality Improvement Task Force (QITF) has been formed to review approximately 25 existing Joint Commission standards addressing organ donation in the nation's hospitals. These standards have not been modified in at least 10 years and may not reflect current practice; therefore, this special workgroup will review all the existing standards and propose whether to keep them as is, modify, or delete as well as identify areas where new standards would improve the safety and quality of donation and transplantation. The purpose of this committee is not to create a comprehensive set of Joint Commission requirements for transplant centers, or to duplicate the requirements of other agencies such as CMS and OPTN. This committee will be convening over the next few months and, once the review is complete, the committee will submit their recommendations to the Joint Commission for their consideration.

Donor Intervention Research Expert Panel

In September 2013, more than 80 participants convened for the Donor Management Research Consensus Conference (DMRCC) to discuss concerns and identify solutions on human subjects review and regulation as it pertains to research studies designed to optimize deceased donor management and organ preservation. Members of the initial planning committee have initiated ongoing work over the past year to develop processes to be implemented in the community and regulatory environment. A follow-up meeting has been scheduled for November 19–20 to synthesize these efforts and



compile a comprehensive package to drive implementation of review and monitoring.

CEO Leadership Webcast

The CEO Leadership webcast, “The Power of One Leader – Saving and Healing Lives through Organ Donation and Transplantation,” will be held October 7 from 1:00–2:30 pm ET. This webcast targets CEOs and senior leaders from hospitals, transplant centers, state hospital associations, organ procurement organizations, and eye and tissue banks. This webcast is designed to share strategies on how to achieve the

common goal of attaining 1,000 more transplants per year. Speakers will present on data trends and successful practices in achieving performance measures supporting the goal. Participants will hear how transplant centers are working to improve processes to increase the number of organs transplanted through clinical standards, new technology, and increased utilization. In addition, participants will learn what medical challenges patients and families face in dealing with the need of a life-saving organ transplant and the simple steps hospitals can take to improve the community benefit in supporting this special group.

The Alliance conducts several of these key activities under a cooperative agreement from the Health Resources and Services Administration (HRSA). For more information about other upcoming Alliance sponsored events, webinars or available resources, please visit our website at www.organdonationalliance.org.



ASTS Career Center

Looking for your next career move
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The ASTS Career Center at careercenter.ASTS.org enables employers to post, manage, and update their job listings and company profile anytime day or night, with online payment for faster service. It also allows job seekers to apply for posted jobs or upload their resumes for employers to view.

Employers have the opportunity to post job openings on not only the ASTS Career Center, but also selected sites through the National Healthcare Career Network (NHCN), an integrated network of nearly 300 associations formed to connect healthcare employers with highly qualified candidates in numerous specialties.



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Calendar

ASTS is pleased to coordinate with other professional organizations to maintain a relevant events calendar. If your organization would like to list an event on this calendar, please contact Diane Mossholder at 703-414-7870 or diane.mossholder@ASTS.org.

September 23, 2014

Bayesian Methods for Assessing Transplant Program Performance
Webinar <http://transplantpro.org>

September 27–29, 2014

Annual ITNS Symposium: The Premier Transplant Nursing Event - One World of Caring

Houston, Texas
www.itns.org/Annual-Symposium/content/conference-central.html

October 2–3, 2014

Desensitization and Transplant Antibodies Course (DATA)
Orlando, Florida
<http://DATAMEDCOURSE.COM>

October 6, 2014

Preparing for Change: The New Pancreas Allocation System
Webinar:
transplantpro.org/kidneypancreas/

October 8–10, 2014

Transplant Quality Institute
Atlanta, Georgia
<http://amfdt.org>

Upcoming ASTS Events

ASTS 8th Annual Surgical Fellows Symposium

San Diego, California
October 17–19, 2014
ASTS.org/events-landing/2014/08/11/asts-8th-annual-surgical-fellows-symposium

ASTS 15th Annual State of the Art Winter Symposium

Miami, Florida
January 15–18, 2015
ASTS.org/education/events-meetings/winter-symposium

2015 American Transplant Congress

Philadelphia, Pennsylvania
May 2–6, 2015
2015.atcmeeting.org

October 26–28, 2014

ICU Management of Patients with End Stage Liver Disease Awaiting Liver Transplantation
Los Angeles, California

October 27, 2014

Consensus Conference on Training in HPB Surgery
San Francisco, California
www.ahpba.org

October 27–28, 2014

UNOS Primer: Building on Basics
Richmond, Virginia
transplantpro.org/education/unos-primer

March 25–29, 2015

National Kidney Foundation 2015 Spring Clinical Meetings (NKF SCM15)
Dallas, Texas
www.nkfclinicalmeetings.org

American Society of Transplant Surgeons

**15TH Annual
STATE OF THE ART
WINTER SYMPOSIUM**

TRANSPLANT

The Ultimate Team Sport

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Loews Miami Beach Hotel**

**Pre-Registration Deadline
Monday, January 5, 2015**

**Housing Deadline
Friday, December 12, 2014**

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