

# CHIMERA

Published for Members of the American Society of Transplant Surgeons

Winter 2012



We aim to be the authoritative resource in the fields of organ and cell transplantation by representing our members and their patients, as we advocate for comprehensive and innovative solutions to their needs.

—ASTS Vision



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May 2011-May 2012



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## Editor's Letter

Dear ASTS Members,

### ACCEPT THE INVITATION!

Three times a year I begin the *Chimera* with an Editor's Letter. In it is an invitation for you to submit your important member news and information. For over two decades, ASTS has published the *Chimera* in hopes of providing relevant content for your practice and your patients. In addition, the *Chimera* exists to inspire and connect you with your colleagues and friends in the field.

The Communications Committee takes great pride in providing an avenue to showcase the ASTS membership, but we can't do it without you. I invite you to become more engaged with the Society by submitting information concerning, your practice, your transplant center or your colleagues. I look forward to receiving your input for inclusion in future editions. I will distribute reminders as we near another edition. Stay Tuned!

Meanwhile, from legislative to regulatory, meetings to new society initiatives, this edition of the *Chimera* is filled with content that I believe will be of immediate value. ASTS is now accepting online

applications for its Research Grants Program, the AJT recently released a CME program entitled "Images in Transplantation" and ASTS is doing its part to increase organ donation by signing on as a national partner with the Workplace Partnership for Life (WPFL) Hospital Campaign. WPFL is an initiative of the U.S. Department of Health and Human Services, Health Resources and Services Administration with a goal of registering 300,000 donor designations on organ and tissue donor registries throughout the United States by April 30, 2012. Learn how you can get involved on page 31. There is much more inside this issue. I'll leave you to it.

Stay connected!

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### About the Cover

It was a picturesque scene in Tucson, Arizona as ASTS hosted its 5<sup>th</sup> Annual Surgical Fellows Symposium in September. Close to 60 second-year transplant fellows convened for three days of didactic and interactive educational content combined with networking events. The symposium provided fellows unparalleled opportunities to have personal, one-on-one interactions with nationally recognized faculty experts and peers. Symposium highlights can be found on page 25.

If you have a photograph that you would like displayed on the cover of the *Chimera*, please email it, accompanied by a brief description, to [chantay.parks@asts.org](mailto:chantay.parks@asts.org).

As a reminder, the **ASTS 12<sup>th</sup> Annual State of the Art Winter Symposium** takes place January 12-15, 2012 at the Loews Miami Beach Hotel. I encourage you to register today to receive discounted rates. Scroll to page 16 to view a preliminary program. In addition to the science, please plan to participate in the Inaugural ASTS 5K Fun Run/Walk. Visit [www.ASTS.org](http://www.ASTS.org) to register today.

## INAUGURAL ASTS 5K FUN RUN/WALK

LACE UP WITH ASTS AS WE

# RUN MIAMI

Sponsored by Astellas Pharma US, Inc.



The event takes place during the  
**ASTS 12<sup>th</sup> Annual State of the Art Winter Symposium**  
Held in conjunction with the NATCO Symposium for Advanced Transplant Professionals

Sunday, January 15, 2012  
Loews Miami Beach Hotel, St. Moritz Lawn  
**Register Today!**



# President's Letter

Mitchell L. Henry, MD

Throughout my life, I have often been reminded of the value and strength of a team effort. In my previous athletic endeavors, I saw how one player could create opportunity for others that allowed the entire team to savor victory. As a parent, I've experienced the joys (and challenges) of raising two children and appreciate that teamwork is a key component of successful parenting. Today, we work in a field that is arguably the best example of a multi-disciplinary team approach within medicine. In each of these three examples, team members share common goals but each individual has a unique role to play and brings distinct skills to the effort that results in greater achievement than a solo effort would have produced.

The same is true within ASTS. The executive committee, council, committees, members-at-large and national office staff are all part of our team effort to be the authoritative resource in the fields of organ and cell transplantation. Each person has a unique role to play and brings distinct skills to our Society – and we are better for it!

Much of ASTS' success depends on the involvement of members like you and the activities of our committees. These "teams" tackle matters such as standards in organ transplantation, ethical challenges, the evolving field of cell transplantation, thoracic transplantation issues, fellowship training standards, and legislative, regulatory and reimbursement issues. Additional teams create educational resources such as the curriculum, ATC, the winter symposium, business practice seminars, the leadership development program and other CME activities. Other teams review grant applications and provide research funding for our members, create resources for advanced transplant providers, provide scientific input on important issues, tackle diversity issues

and provide leadership in emerging sciences. Our teams also help us identify and cultivate future leaders, expand the membership, study workforce issues, communicate in innovative ways and operate effectively.

That being said, it requires collaboration to ensure that these teams are working effectively. To that end, ASTS is taking tangible steps over the next year to improve the way our committees are structured to better utilize our most valuable resource – your talents and dedication to our society. The aim is to increase collaboration and communication between committees with related functions and ensure that everyone comes together as a coordinated team to accomplish our goals. I encourage you to read the Bylaws Update, page 5, to learn more and I look forward to your input in this process.

A new team effort this year is the process by which we nominate and elect our officer and councilor-at-large positions. The Nominations Committee will solicit nominations from the membership beginning on December 12<sup>th</sup> via our new online system. After its deliberations, the committee will put forward a ballot for consideration by the eligible voting membership that contains six candidates for the three councilor-at-large positions, three candidates for the treasurer position and one candidate for the president-elect. You can learn more about this new process on page 5.

In order for a team to grow, it is important to reflect on what it does well and where it can improve. To do this, I'm asking for your participation in an upcoming member survey. Your input will be critical to determine the usage and value of current programs and other benefits of membership, identify met and unmet service or educational needs, understand your preferences

for communications and examine the interest level and demand for additional services in the future. I know that we all face some level of survey fatigue – we receive them all the time from various sources and it is easy to just delete the message despite any gimmicks designed to incentivize participation. I'm hopeful you will take the time to complete this survey despite the demands on your time as your focused feedback that will shape our future planning processes and help us better serve you. Watch for an email in early December.

As 2011 draws to a close, it has been another exciting year at ASTS. This edition of the *Chimera* recaps some of the key events over the last several months and looks forward to the 12<sup>th</sup> Annual State of the Art Winter Symposium. This is probably my favorite meeting of our year, as it brings together our surgeons under the direction of the energy and talents of the Vanguard Committee, to talk about surgical issues in transplantation. I hope you'll join us in Miami as we tackle *Surgical Challenges, Creative Solutions*. This year's symposium promises to be another great and will include the first winter symposium 5K fun run/walk along Miami Beach on Sunday morning.

Whether in sports, parenting, healthcare or our own professional home, a team effort often produces better results than we could accomplish on our own. I'm proud to be a part of the ASTS team and invite you to be active team members as we collectively seek to advance the field and best serve our patients.

Mitchell L. Henry, MD  
ASTS President



# 2012 Call for Council Nominations

## *ASTS Announces New Nominations & Election Processes for Council Positions*

The 2011 Annual Business Meeting marked a milestone for ASTS when the membership approved a bylaws amendment to change the way we elect our leadership. Starting this year, the Nominations Committee will solicit nominations for officer and councilor-at-large positions and put forward a ballot to eligible voting members via an online system prior to the annual business meeting.

Nominating is easy – all you need is the nominee's name, institution, email and a brief description of his/her qualifications, accomplishments and/or interest in serving ASTS. Nominations will be accepted from December 12, 2011 – January 22, 2012.

All nominees will be asked to complete a biography form, indicate his/her intent to serve, if elected, and submit two letters of support.

The nominations committee will review all submissions and put forward a ballot that contains six candidates for the three councilor-at-large positions, three candidates for the treasurer position and one candidate for the president-elect position. Candidate information will be posted on the ASTS website and eligible voting members will receive a unique link to vote via an online system. The results of the election will be announced at the annual business meeting, held during ATC, in early June 2012.

As ASTS continues to grow and evolve, it is critical to identify, recruit and cultivate strong leadership that will serve the Society as it works to achieve its mission. We trust you will agree that the new nomination and election processes are positive steps for the Society. The nominations committee looks forward to your input.

*As ASTS continues to grow and evolve, it is critical to identify, recruit and cultivate strong leadership that will serve the Society as it works to achieve its mission.*

## Bylaws Committee Report:

*Committee Restructuring Will Reduce Redundancy  
& Better Serve the Membership*

In May, the Council charged the Bylaws Committee with examining the current committee structure and identifying opportunities for improvement in terms of structure and internal processes. The goal was to examine the current committee structure for relevancy, identify gaps and areas of overlap and make recommendations to enhance the system and better serve the needs of the membership.

After extensive deliberations, the committee put forward a preliminary report to the Council in September. Based on their feedback, the Bylaws Committee is now working on key bylaws changes to put forward to the membership for consideration and vote at the annual business meeting in Boston in June 2012. They will include some innovative changes that will reduce redundancy between committees and modify others to better serve the needs of our growing membership. Details in early 2012!

In the meantime, there are some changes that don't require a bylaws amendment that we can implement to improve the way our committees function. Starting in January, committees will be grouped by functional areas such as education, professional services, career development, advocacy and research and the Chairs of the committees within each group (i.e. CME, Fellowship Training and Curriculum) will be asked to communicate more frequently to ensure alignment of their initiatives. Additionally, a councilor-at-large will be assigned to each group of committees to enhance communication between the council and committees. Starting in June, we will ask each committee to complete an annual form that identifies short and long-term activities and goals for the following year. This will help ASTS prioritize initiatives and measure success.

As the committee prepares the bylaws amendments for membership review, we invite your input on how we can improve the current committee structure to best serve our members. Please email your ideas to ASTS Executive Director, Kim Gifford, at [kim.gifford@asts.org](mailto:kim.gifford@asts.org).

Jean Emond, MD  
Chair, Bylaws Committee



## Member News

*The ASTS Fall Council meeting was held September 21, 2011 in Tucson, Arizona. The following are select committee news and reports from the meeting. Please note that committee chairs were not present at the meeting. The meeting consisted of the ASTS Council and Committee Liaisons from the ASTS National Office.*

### **Ad Hoc Committee on Minority Issues**

The Committee is currently working to develop a national survey of U.S. kidney and liver program directors and organ procurement organizations to assess outreach efforts and determine how PDs and OPOs raise awareness and educate minorities at their respective centers on organ donation and transplantation. The purpose of the survey is to establish best advocacy and outreach methods.

### **Advanced Transplant Providers Committee**

Ms. Behari reported that the ATP Committee would like to create a mentorship program that would pair ASTS members with ATPs new to transplant. Council supported the concept of a mentorship program and thought it could be expanded to fellows or junior faculty in the future. Ms. Behari also requested permission to launch a monthly e-Newsletter targeted to those identified as ATPs in the ASTS database. The Council agreed to establish both an ATP mentorship program and an e-Newsletter.

### **American Transplant Congress Planning Committee**

Ms. Gifford presented a proposal from the American Transplant Congress (ATC) Executive Committee to provide clearer separation between ATC educational activities and satellite symposia. The planning committee proposed moving the early morning workshops (EMWs) to luncheon slots on Sunday and Tuesday with no concurrent satellite symposia. Additionally, the planning committee proposed offering luncheon satellite symposia at the Sheraton on Monday and select evenings during ATC. The Council agreed the current system may be confusing to attendees and approved the proposal.

Additionally, the Council approved a proposal from the ATC planning committee that will separate the presidential addresses of ASTS and AST, as well as recognition award ceremonies into two separate sessions. This would allow each society their own session and provide space for an additional mid-day symposia.

### **Business Practice Services Committee**

Ms. Kulikosky reported that the 2011 Leadership Development Program (LDP) was highly successful and once again sold out in less than a week. The Council recommended providing one day in-depth live programs focused on subjects

like Quality Assessment and Performance Improvement (QAPI) as well as follow-up webinars offered three times per year and designed specifically for previous LDP attendees. The webinars would focus on relevant subjects in more detail such as coding, conversion factors and RVUs.

### **Communications Committee**

Ms. Kulikosky reported that the new ASTS smart phone application (app) would be launching in late 2011. The Communications Committee requested approval for the national office staff to develop an RFP and reach out to prospective vendors regarding a potential redesign of the ASTS website.

# SAVE THE DATE

## SURGICAL CHALLENGES, CREATIVE SOLUTIONS



## ASTS 12<sup>TH</sup> ANNUAL STATE OF THE ART WINTER SYMPOSIUM

# 2012

### Pre-Meeting: January 12 - 13

Held in conjunction with the NATCO Symposium  
for Advanced Transplant Professionals





### **Continuing Medical Education Committee**

Ms. Behari reported that the Continuing Medical Education (CME) Committee would like to create a Part 2 Maintenance of Certification (MOC) activity for ASTS members. This CME activity would allow members to review articles and complete a self-assessment activity that would satisfy Part 2 MOC, Self-Assessment and Lifelong Learning.

### **Curriculum Committee**

The Committee reported that 75% of the curriculum is complete with 147 presentations available online within the ASTS Academic Universe. The Committee is also implementing a surgical video unit. In addition, the committee reported that they launched the mandatory fellowship participation of the online curriculum in July following an approval from the Council at the spring 2011 council meeting.

### **Ethics Committee**

Ms. Gifford reported that the Ethics Committee reviewed a draft position statement on Donation after Cardiac Death (DCD) from the American Academy of Pediatrics and had significant concerns with the tone of the statement. Dr. Henry reported that AOPO had also been asked to review the statement and had drafted a response which mirrored the ASTS' concerns. Dr. Henry suggested that ASTS sign-on to the AOPO letter and the Council agreed.

## **Through a unique partnership with the Johns Hopkins Carey Business School, work is underway to explore the feasibility of providing health insurance to living kidney donors.**

### **Fellowship Training Committee**

Based on a survey of program director interest, the Fellowship Training Committee proposed to provide Hepato-Pancreato-Biliary (HPB) accreditation for 2013. The Council agreed and discussed the possibility of exploring accreditation for vascular access as well.

### **Living Donation Committee**

Through a unique partnership with the Johns Hopkins Carey Business School, work is underway to explore the feasibility of providing health insurance to living kidney donors. Select committee members are working with MBA students from the Carey Business School to develop a feasibility study for a national program.

### **Membership Committee**

Ms. Kulikosky reported that the total ASTS membership stands at 1911, a growth of almost 200 members over

year-end 2010. The majority of the increase has been in the surgical associate category. Based on requests from the administrator community, it was proposed that the Bylaws Committee work with the Membership Committee to create a membership category for administrators within ASTS.

The proposal will be put forward to the membership for a vote at the June 2012 business meeting.

### **Reimbursement Committee**

Ms. Gifford reported that the Committee is finalizing a transplant surgery CPT™ coding guide for an easy reference in professional billing. Additionally, the Committee is working with the Standards Committee to include quality measures and modifiers, along with the CPT™ guide, in a single integrated tool. Finally, the Committee has initiated work to create a Diagnosis Related Group (DRG) guide for member reference. The Council asked that the Committee prioritize the DRG project over the next six months.

### **Scientific Studies Committee**

The Committee requested the Council's feedback on the document titled "Research and Innovation in Organ Donation" that the Ethics, Standards and Scientific Studies Committees put together at the Council's request. In addition, the Committee reported that a survey on kidney transplant practices in obesity is being finalized for release, and a similar survey for liver transplant practices is under development.

**ASTS Announces  
World Transplant Congress  
San Francisco, CA  
July 26-31, 2014**





# Regulatory and Reimbursement Update

## CMS RELEASES MEDICARE PHYSICIAN PAYMENT RULE FOR 2012

In the final 2012 Physician Fee Schedule Rule, released on November 1, 2012, it includes some good news and some bad news for transplant surgeons.

The bad news is that, unless Congress acts this year, the Medicare conversion factor will decrease by approximately 27.4 percent in 2012 as the result of application of the Sustainable Growth Rate formula. However, it is anticipated that Congress will once again enact legislation averting this reduction.

The good news is that the final rule also includes significant relative value unit (RVU) increases for a number of lung and heart/lung codes, as well as changes to the RVUs for implantation and removal of ventricular devices. While the RVU increases for the affected codes are significant, they are lower than the increases recommended by the AMA's Relative Value Update Committee. ASTS actively supported the initial RUC recommendations in comments filed on the Proposed 2012 PFS Rule, and in a Refinement Panel held by CMS on August 30.

The chart above sets forth the current and final total 2012 RVUs for each of the transplant procedures whose W-RVUs were reviewed by the AMA RUC and which have changed in 2012:

During a time when many physicians are experiencing substantial payment reductions as a result of RUC review of their CPT codes, it is highly unusual for the RUC to increase valuations to this extent.

## CMS ISSUES FINAL INPATIENT PROSPECTIVE PAYMENT SYSTEM RULE FOR 2012

CMS has also released final DRG weights for 2012. A table showing DRG weights and payment amounts for 2012 is set forth in the table on page 9:

CPT Code	Description	(2012)	(2011)
32851	Lung transplant single	99.53	78.64
32852	Lung transplant with bypass	109.09	87.01
32853	Lung transplant double	137.56	93.53
32854	Lung transplant with bypass	146.52	102.32
33935	Transplantation heart/lung	149.54	106.75
33975	Implant ventricular device	39.64	33.95
33976	Implant ventricular device	48.52	37.67
33977	Remove ventricular device	35.14	37.03
33978	Remove ventricular device	41.64	41.16
33979	Insert intracorporeal device	60.34	74.24

CMS also revised a proposal to add a new "claims based" reporting measure to the FY 2014 hospital Inpatient Quality Reporting (IQR) measure set—"Medicare spending per beneficiary"—such that hospitals will be measured on the Medicare costs per beneficiary up to 30 days post-discharge, rather than up to 90 days post-discharge. This modification is consistent with comments previously filed by ASTS.

CMS also finalized its proposal to establish three new "readmission" measures—for pneumonia, AMI and heart failure. ASTS had expressed concern that these measures would discriminate against transplant centers and other tertiary care facilities that generally serve more severely ill patients. CMS noted that the readmission rates would be "risk adjusted" for severity of illness which is intended to address differences in case-mix.

## ASTS PREPARES COMMENTS OBJECTING TO NEW PUBLIC HEALTH SERVICE DRAFT GUIDELINES FOR REDUCING THE TRANSMISSION OF CERTAIN COMMUNICABLE DISEASES THROUGH ORGAN TRANSPLANTATION

ASTS recently submitted comments objecting in the strongest possible terms to draft Public Health Service (PHS) "Guidelines for Reducing the Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Hepatitis C Virus Through

Solid Organ Transplantation," which were issued by the agency on September 21, 2011.

ASTS had appointed representatives to serve on the Expert Panel and Review Board to update the current guidelines on this topic; however, the ASTS representatives, along with most of their fellow expert panel and review committee members, felt compelled to withdraw from participating because of lack of a collaborative process, which resulted in a deeply flawed and misleading document. Specifically, the expert panel and review committee provided input into the development of this document in 2009 and 2010, prior to interagency review. After interagency review, in the summer of 2011, the document was returned to the panel and review committee, but it had been dramatically altered by the interagency review process. The interagency review process had resulted in the addition of new recommendations, numerous instances of rewording and strengthening of recommendations, and reinterpretation of the data. Virtually all of the external expert reviewers indicated that the changes made during the course of the interagency review were not consistent with the little evidence that is available, and that the document, as modified, did not represent their expert opinion. Accordingly, virtually all of the transplant experts that had been involved in formulation of the original revised document declined to be named in the





MS-DRG Title	DRG No.	2011 DRG Weight	2012 DRG Weight	Percentage Change	Payment based on proposed national standardized amount for hospitals with wage index greater than 1 and full update*
Heart Tx or Implant of Heart Assist System w/MCC	001	26.3441	24.2794	-7.8%	\$126,489
Heart Tx or Implant of Heart Assist System w/o MCC	002	13.6127	13.9700	2.6%	\$72,780
Liver Tx w/MCC or intestinal Tx	005	10.1771	10.4814	2.9%	\$54,605
Liver Transplant w/o MCC	006	4.8353	5.1059	5.3%	\$26,600
Lung Tx	007	9.3550	9.8710	5.23%	\$51,425
Simultaneous Kidney/Pancreas Tx	008	4.9632	5.1176	3.01%	\$26,661
Pancreas Tx	010	3.7831	3.8900	2.75%	\$20,265
Kidney Tx	652	3.0442	3.0507	0.21%	\$15,893

\*Note that this amount does not include hospital specific DRG add-ons for capital costs, DSH adjustments, IME, wage-index adjustments, case mix or organ acquisition costs all of which could substantially increase Medicare's total reimbursement.

revised document, which was published for public comment over their objections (and over the objections of ASTS and other transplant organizations.)

The Draft Guidelines, as released for public comment, reflect an institutional bias on the part of the PHS that fails to weight the risk of disease transmission appropriately vis-à-vis other risks to prospective transplant recipients; and it has a real potential to mislead the public regarding the risks of disease transmission through organ transplantation. Moreover, the Draft Guidelines make strong recommendations on issues about which there is little or no published data. In light of these and other fatal flaws in the Draft Guidelines, the transplant community, including ASTS, is requesting that the PHS begin the process anew.

ASTS, along with AST, NATCO and AOPO have requested a formal meeting with HHS Assistant Secretary Koh to express unified opposition to the Draft Guidelines. ASTS and other transplant organizations will also be communicating their concerns to members of Congress who historically have served as advocates for transplantation on the Hill.

#### CMS OFFERS "CARROTS" AND ELIMINATES "STICKS" TO INCREASE INTEREST IN ACOs: IMPLICATIONS FOR TRANSPLANT CENTERS

CMS recently issued the long-awaited Accountable Care Organization (ACO) Rule, which eliminates many of the concerns and increases the potential benefits for hospitals and other providers (including physician networks) to participate in the new ACO program. An ACO is a provider network (which may or may not include a hospital) that enters into a three-year (renewable) agreement with CMS to be held accountable for the cost and quality of care for Medicare beneficiaries assigned to it. In exchange, the ACO shares in some of the savings (in excess of certain thresholds) achieved through efficiencies instituted by the ACO.

At this stage, it is unclear whether, or to what extent, the modifications made in the final ACO rules will be successful in spurring interest in the program; however, it is possible that some providers that were dissuaded by the draft rules will take another look at this option, especially in light of increased flexibility under the fraud and abuse and physician-referral rules available to ACOs that participate in the program. Increased flexibility under the anti-trust rules to bargain collectively with non-Medicare payers also may entice some systems to consider participation in the new program.

While it remains unclear how the healthcare community will react to the changes made by CMS, a number of broad observations may be worth

considering with regard to the potential implications of the ACO program for transplant centers.

First, while a Medicare patient assigned to an ACO retains the right to obtain care (including transplantation-related services) outside of the ACO network of providers, transplant patients may be dissuaded in a myriad of ways from even considering transplantation. For this reason, ASTS had requested CMS to modify the proposed ACO rule to require dissemination of full and accurate information regarding the availability, benefits, and risks of transplantation and other relatively high cost procedures and to require ACOs to state specifically in their applications the processes that would be used to assure that Medicare patients have access to relatively costly but medically necessary procedures, such as transplantation. CMS did not make these changes, and ACOs have little incentive to ensure that their patients are fully informed in this regard, especially if a transplant center is not included in the ACO network.

Second, renal transplantation remains one of the few truly cost-saving therapies that offer superior clinical outcomes as compared with dialysis, and it appears that other transplants (heart, liver) may be cost-effective, given their impact on patient survival; however, these

*continued on page 37*



# Legislative Report

*Congressional Agenda Continues to be Dominated by  
Budget Deficit and Federal Funding Issues*

**D**eliberations over the federal budget and the associated negotiations over the federal debt ceiling have dominated every aspect of legislative and political activity for most of this year. The deal the White House and top lawmakers reached on July 31, and was signed into law on August 2, 2011 averted the first default of the federal government in history. However, many of the tough decisions on spending cuts and revenue increases have yet to occur. This is the primary focus of the “Super Committee” currently tasked with compiling a proposal to achieve \$1.5 trillion in debt reduction by November 23, 2011. This is no easy task and if preliminary indications from the super committee are any indication of the ultimate outcome, there is little reason for optimism.

## Repercussions of the Debt Ceiling

**Deal:** As background context for this budget analysis, federal spending is implemented through two different types of spending legislation, “discretionary” and “mandatory.” Discretionary spending requires passage of annual appropriations bills and is typically for a fixed period (usually a year). Examples would be housing programs, military procurement programs, or NIH research programs. Mandatory spending (sometimes referred to as “direct” spending) refers to spending enacted by an authorized law but is not dependent on an annual or periodic appropriations bill. Most mandatory spending consists of entitlement programs such as Social Security benefits, Medicare and Medicaid but also includes much smaller budget items such as the salaries of Federal judges.

**Stage One:** The deal to raise the U.S. debt ceiling includes a multi-stage approach that would authorize President Obama to immediately raise the debt ceiling by \$400 billion, plus \$500 billion subject to Congressional resolutions of disapproval that would presumably be

vetoed by the President. This \$900 billion increase in the existing \$14.3 trillion debt limit would allow the government to cover debt liabilities through 2011. The proposal would also create mechanisms for raising the debt limit to cover liabilities through 2012.

The debt deal caps total discretionary spending over the next ten years. This is a stunning statement that will have major implications on federal spending over the next decade. In fact, the Congressional Budget Office estimates these caps would decrease the federal budget deficit by \$917 billion between 2012 and 2021. The implications of these cuts will become clearer in years to come, when problems are identified that require a federal response, but federal funding will simply not be available. These cuts have major implications on the future budgets of NIH, FDA, HRSA, AHRQ, and many other federal agencies relevant to ASTS and health care in general.

In addition, these same discretionary programs are subject to further cuts if the super committee chooses to include them in their recommendations for debt reduction. If the super committee fails to achieve consensus or Congress does not pass their recommendations into law by December 23, 2011, then these same programs will be subject to additional across-the-board cuts in later years. Medicare and Medicaid are entitlement programs and are protected in the first round of cuts.

**Stage Two:** The second stage of the budget process would involve the newly created bipartisan, joint congressional committee (the “super committee”) which would recommend changes in law to reduce the federal debt by \$1.5 trillion (through entitlement reform and/or tax revenues) over the next ten years. This figure, coupled with the \$900 billion from stage one of the budget process,

is designed to ensure that every dollar of increase in the debt limit is offset by spending cuts or revenue raisers, but the total figure is a shadow of the \$4 trillion+ proposals which the President and Congressional leaders negotiated but failed to ultimately agree upon this past June and July.

Whatever proposal is put forward by the super committee needs to be approved by November 23, 2011 by the joint committee and Congress is then required to vote on these proposals, without amendment, by December 23rd of this year. This process is similar to the military base closing commission used several years ago to ensure that Congress could not play politics with this difficult task. It remains to be seen whether this same process can work in the debt reduction deliberations.

If the joint committee agrees to a proposal worth \$1.5 trillion (subject to another congressional vote of disapproval), then the plan would raise the debt ceiling by \$1.5 trillion. If Congress fails to enact a bill, the debt limit would be raised by only \$1.2 trillion.

## How the Debt Deal is Enforced:

If the committee fails to reach a compromise by no later than January 15, 2012 that would decrease the federal debt by at least \$1.2 trillion over ten years, or Congress fails to enact it, the Act includes a budget enforcement mechanism (known as “sequestration”) that will implement automatic spending cuts to both discretionary and direct spending over 2013 through 2021. Half of the sequestration cuts would come from defense spending and the other half from nondefense programs. The idea behind this “trigger” is that both Republican and Democratic priorities are at risk under it, meaning both sides have an incentive to act on the joint committee’s proposal. In fact, there are estimates that many federal



agencies would have to be cut by as much as 9% per year under sequestration, which would be devastating for many programs.

However under sequestration, across-the-board spending cuts to Medicare would be limited to 2% of the program's cost. These cuts would come out of payments to providers and insurance plans, not benefits or beneficiary cost sharing. Therefore, Medicare reimbursement for surgeons and hospitals would be impacted by sequestration, but by no more than 2% per year. Medicaid and Social Security are completely exempt from across-the-board cuts under sequestration. In a relative sense, this is a victory for health care stakeholders, including ASTS, which collectively sought protections for Medicare and Medicaid under this budget agreement.

As key payers of transplantation services across the country, what happens in the debt talks could have profound implications for Medicare and Medicaid for many years. The threats are not specific at this point, but if a long term deficit reduction plan is put in place that significantly impacts these programs, transplantation will most certainly be affected. And in the current legislative environment, any proposal—such as the immunosuppressive drug legislation, a long-standing priority of ASTS—that does not save the federal government money will be that much more difficult to enact.

### **Medicare Physician Fee Schedule:**

Notably, the deficit deal does not include a permanent fix for the sustainable growth rate formula (SGR) for physician reimbursement under Medicare. Under the SGR, physicians again face a 29.5 percent cut in reimbursement on January 1, 2012, unless Congress once again steps in to provide relief.

The American Medical Association (AMA)—as well as many other surgeon and physician specialty organizations—has been pushing the deficit committee to repeal the SGR and implement a period of stable Medicare physician payments

in transition to a new payment model. Complicating matters, the AMA has also had to advocate against a recently released Medicare Payment Advisory Commission proposal, sent to the deficit committee, which would repeal the SGR but also freeze payment rates for primary care services for 10 years and cut payments for all other services by 5.9% in each of the next three years, and then freeze these fees for the next seven years. Given the current bleak fiscal environment, a further one- or two-year SGR patch is considered is the most likely outcome. This would likely occur after the super committee's proposal receives an up-or-down vote by Congress later this year.

### **Immunosuppressive Drugs – 6**

**Classes:** ASTS recently became aware that pharmacy benefit managers (PBMs) and their trade association, the Pharmaceutical Care Management Association (PCMA), are pushing to scale back and/or eliminate a policy that ASTS fought for in the recent past. At the time, ASTS and other concerned groups sought a legislative provision that strengthened the formulary coverage for 6 classes of Medicare Part D prescription drugs so these protections would be in statute rather than regulation only. Congress agreed and included this protection in Medicare law.

This provision strengthened protections for medically vulnerable populations by codifying the requirement that Medicare Part D plans cover “all or substantially all” drugs in the six classes of drugs that are critical to treating HIV/AIDS, mental illnesses, cancer, epilepsy, autoimmune diseases such as Crohn's, and transplant patients. Coverage of nearly all of the drugs in these categories was standard practice among state Medicaid programs and private insurers at the time. It was also more cost effective and better clinically for people with these conditions when clinicians had the flexibility to prescribe the drug or drugs most appropriate to manage the condition according to factors unique to each patient.

As transplant surgeons know, for these drug classes or categories, a drug or combination of drugs that works for one patient may not be able to be tolerated by another patient, who may require a specific brand-name or multiple brand-name drugs. The proposal sent to the super committee by the pharmacy benefit managers seeks to roll back the protected status for these six classes of drugs. ASTS has joined a large number of other provider and advocacy groups in writing a letter to the super committee reminding them why Congress took this action previously and why it is paramount that the policy be maintained. ASTS will continue to press the super committee on this issue in the coming weeks.

### **Immunosuppressive Drug Coverage Extension Legislation**

**– H.R. 2969 / S.1454:** ASTS has been engaged for the past several months behind the scenes in efforts to address ASTS' long-standing goal to remove the Medicare coverage cliff for immunosuppressive drugs for kidney transplant recipients. ASTS has worked in concert with other transplant organizations to have new legislation introduced in Congress as well as renewed commitments from key legislators in the 111<sup>th</sup> Congress to finally resolve this problem.

When originally instituted, the Medicare immunosuppressive drug benefit was limited to 12 months following a transplant. Legislation enacted in 1993 expanded coverage to 36 months following a transplant. This applied to all individuals receiving a Medicare-covered transplant.

Then in 2000, Congress passed the Beneficiary Improvement and Protection Act and eliminated the 36-month limitation for Medicare aged and disabled transplant patients who were Medicare-eligible at the time of transplant. However, due to political constraints and limits on the amount Congress was willing to spend at that time on improving the Medicare program, one group of transplant recipients was left

*continued on page 37*



### Kidney Paired Donation Pilot Program Update

In September, seven transplants took place involving seven transplant centers through the OPTN's national kidney paired donation (KPD) pilot program. These included a non-directed donor chain of three transplants, a three-way exchange and the initial transplant in a six-way, non-directed donor chain. The five additional transplants in the six-way chain should be completed in November. An additional three-way exchange is also scheduled to take place in November.

A free informational brochure is available to provide basic information to potential donors and recipients about the national program. It may be ordered online through the UNOS Store: <http://store.unos.org>.

The program's operational guidelines are being updated to reflect current practices and capabilities. Once they are finalized, they will be distributed to all participating programs and publicized in the monthly member e-newsletter and archive (<http://communication.unos.org>).

UNOS is developing automated data entry screens for participating programs to enter potential donors and candidates, which will include the ability to maintain information so that repeat input is not needed for multiple match runs. These screens should be operational by the end of the year.

For additional information about the KPD program, or to seek information about participating, please consult the KPD page on the OPTN website (<http://optn.transplant.hrsa.gov/resources/KPDPP.asp>) or send an e-mail to [kidneypaireddonation@unos.org](mailto:kidneypaireddonation@unos.org).

### Items for Public Comment

Public comment will be accepted through December 23 on 14 proposals for new or amended OPTN policies and bylaws. To learn more about the proposals and offer comments, please access the OPTN web site: <http://optn.transplant.hrsa.gov/policiesAndBylaws/publicComment>.

Public comment will be sought beginning in December on a rewrite of OPTN bylaws for plain language and more user-friendly organization of content. Anyone interested in commenting will be directed to an online survey to provide feedback. A similar approach will be used at a later time for comment on a plain language rewrite of OPTN policies.

### Deadline for Member Survey Responses

Responses to the online UNOS member survey will be accepted through Friday, November 25. These surveys are conducted every two to three years to assess members' usage of key services and recommendations for new and improved services. Feedback from prior member surveys has helped guide initiatives such as the monthly electronic newsletter, the UNOS Primer, and the plain-language rewrite of bylaws and policies currently in progress. To access the survey, visit the "News from UNOS" category of the UNOS member e-newsletter and news archive: <http://communication.unos.org>.

### OPTN/UNOS Board of Directors Meeting and Nominees for Election

The OPTN/UNOS Board of Directors met November 14-15 in Atlanta, after the submission deadline for this edition. An executive summary of all Board actions will be posted on the OPTN website (<http://optn.transplant.hrsa.gov/members/executiveSummary.asp>) as soon as it can be compiled.

Among its actions, the Board approved a slate of nominees for election to open positions for the 2012-2013 Board term. The slate will be posted to the OPTN and UNOS websites and published in UNOS' magazine, *Update*. Voting materials, including an election ballot and brief biographical sketches of nominees, will be sent to voting representatives of OPTN/UNOS member institutions in early 2012.

## Follow us on

Visit our profile to see regularly updated ASTS news and click  on our profile so you can get ASTS updates delivered straight to your Facebook newsfeed.

To visit the ASTS Facebook page directly, please go to: <http://www.facebook.com/AmericanSocietyofTransplantSurgeons>



# American Society of Transplant Surgeons Receives Power of A Gold Award

*National Living Donor Assistance Center*

The American Society of Transplant Surgeons was one of just nine associations to receive a 2011 Gold Award from the American Society of Association Executive's (ASAE). [The Power of A Awards](#), is the premier program honoring associations that engage in activities and initiatives that benefit America and the world.

The National Living Donor Assistance Center (NLDAC) was established in 2006 to provide reimbursement of travel and subsistence expenses to individuals being evaluated for and/or undergoing living organ donation. NLDAC is funded by a federal grant from the Health Resources and Services Administration (HRSA) and was awarded to the University of Michigan in partnership with the ASTS and provides up to \$2,000,000 yearly. The NLDAC is managed by the ASTS national office staff in Arlington, VA.

"This program epitomizes how associations are committed to making meaningful contributions to society," said John H. Ganoe, CAE, Association Management Group, Inc., chair of The Power of A Awards Judging Committee. "It illustrates in a substantive, tangible way how the dedication of association professionals and association members across the country and around the world can help others."

Other Gold Award winners include the School Nutrition Association, American Academy of Orthopaedic Surgeons, Texas Medical Association, National Volunteer Fire Council, National Association of State Boating Law Administrators, Quota International Inc, Guide Dog Foundation for the Blind and American College of Rheumatology. The Awards recognize outstanding accomplishments of associations and industry professionals for their efforts to enrich lives, create a competitive workforce, prepare society for the future, drive innovation and make a better world. A complete list of winners is available at [www.ThePowerOfA.org/awards](http://www.ThePowerOfA.org/awards).

In 2010, the Associations Advance America Awards and the Associations Make a Better World Awards combined to become The Power of A Awards. The new awards are part of [The Power of A](#), an awareness campaign launched by ASAE in 2009 to educate and inform policymakers in Washington and other outside audiences about the wealth of resources and expertise in the association community.

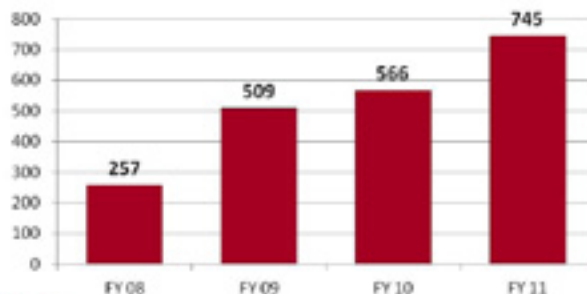


Special thanks to Joseph K. Melancon, MD, Director of Kidney and Pancreas Transplantation, Georgetown University who allowed NLDAC Program Assistant, Ning Duan to observe a live donor nephrectomy and kidney transplant on September 25.



This year, the National Living Donor Assistance Center (NLDAC) increased the number of applications received by 32% and nearly 80% of all transplant centers that perform living donor surgeries have filed at least one application. The strategic partnership of the University of Michigan, ASTS, HRSA and transplant centers across the country has created a powerful resource for living donors and their families. Please contact NLDAC staff if you would like more information on how to participate. 703-414-1600 | [livingdonorassistance.org](http://livingdonorassistance.org)

## # NLDAC Applications Received by Year



# ASTS Research Grants



Faculty • Resident & Trainee • Fellowship

## Grant Opportunities

Since the inception of the program, ASTS has awarded more than 200 individuals over \$8 million in funding for research

Visit the ASTS website at [www.asts.org/awards](http://www.asts.org/awards) to learn more about ASTS grants, eligibility, and submission criteria.

**Application Submission**

**Deadline:**

**January 10, 2012**

**Award Notifications:**

**March 2012**



Funding of ASTS research grants is contingent upon the availability of funds and the receipt of qualified applications.





# Launch of the American Journal of Transplantation “Images in Transplantation”

## *Journal-based CME Activity*



The American Society of Transplant Surgeons (ASTS) and American Society of Transplantation (AST) are pleased to announce the launch of the American Journal of Transplantation’s (AJT) new Journal-based CME activity – *AJT Images in Transplantation!*

Each month, a case-based feature will be included in the AJT providing the learner the opportunity to explore images illustrating a clinical problem and enhancing knowledge by answering CME questions. The focus of the activity is to educate readers on up-to-date developments in the science of images in transplantation and to meet

the educational needs of physicians and surgeons in the field of transplantation. The first article premiered in the November issue of the AJT and is entitled: “Acute Hepatic Failure in a Pediatric Patient”, authored by Michael Ishitani, MD, Mayo Clinic, Rochester, MN.

Each activity has clear educational objectives and provides the opportunity for you to earn 1 AMA PRA Category 1 Credit™. In addition, this new offering allows readers many benefits, such as:

- Flexibility to take post-tests at anytime, anywhere
- Immediate response on the answers provided
- Retake failed post-tests
- Earn CME credit
- Individualized CME credit storage, maintains the records of the activity submitted for credit earned.
- Printable CME Certificates

For additional information go to: [www.amjtrans.com/cme](http://www.amjtrans.com/cme).



• ASTS 12<sup>th</sup> Annual State of the Art  
• Winter Symposium  
• **Surgical Challenges, Creative Solutions**  
• January 12 - 15, 2012  
• Loews Miami Beach Hotel  
• **REGISTER TODAY!**

# PROGRAM

## PURPOSE

This symposium is designed for Transplant Surgeons, Trainees, Fellows, Advance Transplant Providers, Clinicians, Coordinators, and Allied Transplant Health Professionals. The aim of the symposium is to improve knowledge of the most current information regarding transplant surgery, innovative techniques, ethical and regulatory issues, and practice-based learning pertaining to both transplant donors and recipients, with the goal of improving patient outcomes. Attendees will have the opportunity to exchange ideas with expert faculty and colleagues regarding controversies common in the transplant community. Attendees of this symposium will gain knowledge with learning designed to advance the quality of patient care.

## LEARNING OBJECTIVES

After completing this educational activity, participants will be able to:

- Assess recent innovation in transplant surgery and be able to identify potential candidates for new techniques
- Assess innovation in transplant surgery and transplant training to identify options for revised best practices
- Identify the impact of regulation and legislation on transplant centers and examine practical ideas for operating within this changing paradigm
- Recognize various risk factors and their impact on transplant candidates

## ACCREDITATION STATEMENT

The American Society of Transplant Surgeons (ASTS) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

## CREDIT DESIGNATION STATEMENT

ASTS designates this live activity for a maximum of 23.0 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

## TYPES OF ACTIVITIES

### Business Practice Seminar

ASTS designates this live activity for a maximum of 3.0 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

### Pre-Meeting Course

ASTS designates this live activity for a maximum of 7.5 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

### Winter Symposium

ASTS designates this live activity for a maximum of 12.5 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

## CERTIFICATE OF ATTENDANCE

A certificate of attendance will be issued to non-physicians and allied health care professionals upon request.



Held in conjunction with the NATCO  
Symposium for Advanced Transplant Professionals

## LOOK FOR THESE ICONS WHEN PLANNING YOUR ITINERARY



**SURGEONS**



**CLINICIANS**



**RESEARCHERS**



**ALLIED HEALTH  
PROFESSIONALS**



**ADVANCED TRANSPLANT  
PROVIDERS**



**TRAINEES**

Pre-Registration Deadline  
January 6, 2012



- ASTS 12<sup>th</sup> Annual State of the Art Winter Symposium
- **Surgical Challenges, Creative Solutions**
- January 12 - 15, 2012
- Loews Miami Beach Hotel

## **BUSINESS PRACTICE SEMINAR**

*THURSDAY, JANUARY 12, 2012*

As part of its commitment to facilitate the ASTS members' understanding of the business aspects of transplantation and provide education and guidance on transplant management and regulatory issues, the Business Practice Services Committee is pleased to sponsor the 5<sup>th</sup> Annual Business Practice Seminar held in conjunction with the ASTS State of the Art Winter Symposium. This year's seminar will focus on increasing transplant leaders' understanding of transplant center regulatory review. Given the mounting focus on both process and outcomes measures, clinical leadership and involvement in policy development and quality review is more important than ever.

### **THE ABC'S OF TRANSPLANT REGULATORY REVIEW: CMS, MPSC, SIAs**



#### **Part I: The View from the Regulatory Authorities: What Are They Looking For?**

**3:00 – 3:10 PM**

##### **Welcome and Introduction**

David Axelrod, MD, MBA

*Dartmouth Hitchcock Medical Center*

**3:10 – 3:40 PM**

##### **Innovations in Transplant Center Review: Developing & Implementing an Effective Quality Assessment and Performance Improvement (QAPI) Program**

Thomas Hamilton

*Director, Survey and Certification Group*

*Centers for Medicare and Medicaid Services*

**3:40 – 4:15 PM**

##### **UNOS Regulatory Compliance: New Initiatives and their Impact on the Transplant Community**

David Mulligan, MD

*Vice Chair, Membership and Professional*

*Standards Committee (MPSC), United Network for Organ Sharing*

*Mayo Clinic Arizona*

#### **Part II: Preparing For and Responding to Site Reviews**

**4:15 – 4:25 PM**

##### **Introduction**

William Chapman, MD

*Washington University, St. Louis*

**4:25 – 4:50 PM**

##### **Effective Preparation for a Site Review**

Jennifer Milton, BSN, CCTC, MBA

*Administrative Director*

*University of Texas Health Sciences Center  
San Antonio*

**4:50 – 5:15 PM**

##### **Real Life Example from the Trenches: Navigating a CMS Service Improvement Agreement**

James Whiting, MD

*Maine Medical Center*

**5:15 – 6:00 PM**

##### **Panel Discussion**

Thomas Hamilton

David Mulligan, MD

Jennifer Milton, BSN, CCTC, MBA

James Whiting, MD



### **Have you registered for the Lunch & Learn Session?**

These informal sessions allow attendees to engage in round-table discussions on a wide range of topics hosted by various ASTS committees.

Join us for the 2<sup>nd</sup> Annual Lunch & Learn on Saturday, January 14<sup>th</sup> from 12:45 - 2:15 PM.

Pre-registration for this event is \$25.





- ASTS 12<sup>th</sup> Annual State of the Art Winter Symposium
- **Surgical Challenges, Creative Solutions**
- January 12 - 15, 2012
- Loews Miami Beach Hotel

## PRE-MEETING

January 12 - 13, 2012

### *Discovering the Luster: Ensuring the Future of Transplant Surgery*

As part of its ongoing commitment to training and education, the ASTS Vanguard Committee is pleased to sponsor a Pre-Meeting during the ASTS State of the Art Winter Symposium. This year's Pre-Meeting will focus on the unique challenges that exist for the continued growth and success of transplant surgery. The Pre-Meeting will have sessions addressing strategies for recruitment, new training paradigms and educational innovation, critical aspects of clinical and professional development for junior faculty, and how to successfully foster basic and clinical science research. The session will conclude with a lively "Soapbox Session" in which practitioners ranging from surgical residents to senior faculty will share their thoughts on what the future holds for transplant surgery.

#### THURSDAY, JANUARY 12, 2012



#### **Here Comes the Sun: Shepherding the Future Leaders in Transplant Surgery**

##### **Moderators**

GINNY BUMGARDNER, MD, PhD

*The Ohio State University*

ZOE STEWART, MD, PhD

*University of Iowa Hospitals and Clinics*

#### **12:15 – 12:45 PM**

#### **Ain't No Mountain High Enough: Challenges Unique to Our Field**

DIXON KAUFMAN, MD, PhD

*University of Wisconsin*

#### **12:45 – 1:15 PM**

#### **Recruiting the Best and Brightest**

JONATHAN FRYER, MD

*Northwestern University Medical School*

#### **1:15 – 1:45 PM**

#### **Where Has All the Science Gone?**

ALLAN KIRK, MD, PhD

*Emory University*

#### **Don't Blame it on the Sunshine: Transplant Training Paradigms**

##### **Moderators**

DOUGLAS FARMER, MD

*Ronald Reagan UCLA Medical Center*

VINCE CASINGAL, MD

*Carolinas Medical Center*

#### **1:45 – 2:15 PM**

#### **What Must Every Transplant Fellowship Curriculum Provide?**

KENNETH WASHBURN, MD

*University of Texas*

#### **2:15 – 3:00 PM**

#### **Strategies for Training in the Operating Room**

JEAN EMOND, MD

*Columbia University Medical Center*

HANS SOLLINGER, MD, PhD

*University of Wisconsin Hospital*

PAIGE PORRETT, MD, PhD

*University of Pennsylvania*

DAVID LEE, MD

*University of Michigan*

#### **3:00 – 3:15 PM**

#### **Break**

#### **Don't Blame it on the Sunshine: Transplant Training Paradigms (continued)**

##### **Moderators**

DIXON KAUFMAN, MD, PhD

*University of Wisconsin*

JOSEPH MAGLIOCCA, MD

*University of Florida*

#### **3:15 – 3:45 PM**

#### **Residents & Medical Students**

CHRISTOPHER SONNENDAY, MD, MHS

*University of Michigan*

#### **3:45 – 4:15 PM**

#### **Advanced Transplant Care Providers**

DEBORAH HOCH, MSN

*Maine Medical Center*

#### **4:15 – 5:00 PM**

#### **Surgical Educational Innovation: New Training Paradigms**

REBECCA MINTER, MD

*University of Michigan, Health Systems*

##### **Panel:**

REBECCA MINTER, MD

RYUTARO HIROSE, MD

WENDY GRANT, MD

THOMAS COLLINS, MD

JONATHAN FRYER, MD



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#### THURSDAY, JANUARY 12, 2012



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Ginny Bumgardner, MD, PhD

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*Emory University*

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*Ronald Reagan UCLA Medical Center*

Vince Casingal, MD

*Carolinas Medical Center*

#### **1:45 – 2:15 PM**

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Kenneth Washburn, MD

*University of Texas*

#### **2:15 – 3:00 PM**

#### **Strategies for Training in the Operating Room**

Jean Emond, MD

*Columbia University Medical Center*

Hans Sollinger, MD, PhD

*University of Wisconsin Hospital*

Paige Porrett, MD, PhD

*University of Pennsylvania*

David Lee, MD

*University of Michigan*

#### **3:00 – 3:15 PM**

#### **Break**

#### **Don't Blame it on the Sunshine: Transplant Training Paradigms (continued)**

##### **Moderators**

Dixon Kaufman, MD, PhD

*University of Wisconsin*

Joseph Magliocca, MD

*University of Florida*

#### **3:15 – 3:45 PM**

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Christopher Sonnenday, MD, MHS

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*Maine Medical Center*

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Rebecca Minter, MD

*University of Michigan, Health Systems*

##### **Panel:**

Rebecca Minter, MD

Ryutaro Hirose, MD

Wendy Grant, MD

Thomas Collins, MD

Jonathan Fryer, MD



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## WINTER SYMPOSIUM

# SCHEDULE OF EVENTS

### FRIDAY, JANUARY 13, 2012



#### **Surgical Challenges, Creative Solutions**

##### **Moderators**

Robert Higgins, MD, MSHA

*Ohio State University*

Dorry Segev, MD, PhD

*Johns Hopkins University*

#### **12:00 - 12:05 PM**

##### **Welcome**

Dorry Segev, MD, PhD

*Johns Hopkins University*

#### **12:05 - 12:20 PM**

##### **Framing the Challenges & Solutions**

Robert Higgins, MD, MSHA

*Ohio State University*

#### **12:20 - 12:35 PM**

##### **Innovating in the OR**

Charles Miller, MD

*Cleveland Clinic Foundation*

#### **12:35 - 1:05 PM**

##### **David Hume Lecture:**

##### **Reflections and Memories**

G. Melville Williams, MD

*Johns Hopkins University*

#### **1:05 - 1:20 PM**

##### **Break**



#### **Re-Transplantation**

##### **Moderators**

John Magee, MD

*University of Michigan Medical Center*

Hoonbae Jeon, MD

*University of Illinois at Chicago*

#### **1:20 - 1:40 PM**

##### **Kidney Re-Transplantation Issues**

Lloyd Ratner, MD

*Columbia University*

#### **1:40 - 2:00 PM**

##### **Liver Re-Transplantation Issues**

David Mulligan, MD

*Mayo Clinic Arizona*



#### **Keynote Presentation**

2:00 - 2:35 PM

Mitchell Henry, MD

*Ohio State University*



#### **What's Hot, What's New**

##### **Moderators**

Mitchell Henry, MD

*Ohio State University*

Dorry Segev, MD, PhD

*Johns Hopkins Hospital*

#### **2:35 - 2:55 PM**

##### **Surgical Challenges, Solutions in the Lab**

Jonathan Bromberg, MD, PhD

*University of Maryland School of Medicine*

#### **2:55 - 3:15 PM**

##### **Surgical Challenges, Solutions on the Hill**

Amy Friedman, MD

*SUNY Upstate Medical University*

#### **3:15 - 3:30 PM**

##### **Break**



#### **3:30 - 5:00 PM**

##### **Poster Session with Presenters in Attendance**

The "Top Ten" posters will be awarded "Posters of Distinction"

#### **David Hume Lecture Reflections and Memories**

ASTS and the American Foundation for Donation and Transplantation (AFDT) established the David Hume Lecture in the hopes of sharing the wisdom of an honored senior surgeon.

This year, please join us in the Plenary session on Friday, January 13<sup>th</sup> to hear the 3<sup>rd</sup> Annual David Hume Lecture presented by Dr. G. Melville Williams.





- ASTS 12<sup>th</sup> Annual State of the Art Winter Symposium
- **Surgical Challenges, Creative Solutions**
- January 12 - 15, 2012
- Loews Miami Beach Hotel

## WINTER SYMPOSIUM

# SCHEDULE OF EVENTS



**5:00 - 6:30 PM**

### **Career Development Seminar**

#### **Technical Development as a Faculty Member**

Hans Sollinger, MD, PhD

*University of Wisconsin Hospital*

Warren Maley, MD

*Thomas Jefferson Medical College*

Lloyd Ratner, MD

*Columbia University*

Alan Hemming, MD, MsC

*University of California, San Diego*

Thomas Fishbein, MD

*Georgetown University Hospital*

G. Melville Williams, MD

*Johns Hopkins University*

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**6:30 - 7:30 PM**

### **Exhibit Hall Reception**

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**SATURDAY, JANUARY 14, 2012**



### **Surgical Techniques**

**8:00 - 8:05 AM**

#### **Welcome**

**8:05 - 9:00 AM**

#### **Liver Case Studies**

##### **Presenter**

Gregory McKenna, MD

*Baylor University Medical Center*

##### **Panel:** Igal Kam, MD

Shawn Pelletier, MD

Carlos Esquivel, MD, PhD

**9:00 - 10:00 AM**

#### **Kidney Case Studies**

##### **Presenter**

Kenneth Woodside, MD

*University Hospitals Case Medical Center*

##### **Panel:** Lloyd Ratner, MD

Randall Sung, MD

Peter Stock, MD, PhD

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**10:00 - 10:15 AM**

#### **Break**



### **Mini Debates**

#### **Moderators**

Kenneth Chavin, MD, PhD

*Medical University of South Carolina*

Marc Melcher, MD, PhD

*Stanford University*

**10:15 - 11:00 AM**

#### **The IVC and Liver Transplantation**

##### **Caval Sparing**

Kenneth Washburn, MD

*University of Texas*

Shawn Pelletier, MD

*University of Michigan Health System*

##### **Caval Replacement without Bypass**

Joseph Tector, MD, PhD

*Indiana University Medical Center*

Devin Eckhoff, MD

*University of Alabama at Birmingham*

##### **Caval Replacement with Bypass**

Greg McKenna, MD

*Baylor University Medical Center*

#### **Diabetic with a Live Donor**

##### **Wait for SPK**

Dixon Kaufman, MD, PhD

*University of Wisconsin*

Ty Dunn, MD

*University of Minnesota*

##### **Live Donor Plus PAK**

Jonathan Fridell, MD

*Indiana University School of Medicine*

Peter Stock, MD, PhD

*University of California, San Francisco*



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**11:00 AM - 12:30 PM**

#### **Oral Abstracts Session I**

##### **Moderators**

Sandy Feng, MD, PhD

*University of California, San Francisco*

Matthew Levine, MD, PhD

*University of Pennsylvania*

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**12:30 - 12:45 PM**

#### **Break**



- ASTS 12<sup>th</sup> Annual State of the Art Winter Symposium
- **Surgical Challenges, Creative Solutions**
- January 12 - 15, 2012
- Loews Miami Beach Hotel

## WINTER SYMPOSIUM

# SCHEDULE OF EVENTS

**12:45 - 2:15 PM**

**Lunch & Learn**

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**5:30 - 6:30 PM**

**Symposium Reception, Mentorship Award,  
Vanguard Award & Advanced Transplant  
Provider Award Presentations**

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**6:30 - 10:00 PM**

**Winter Symposium Dinner**

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**SUNDAY, JANUARY 15, 2012**



**8:30 - 8:35 AM**

**Welcome**

**8:35 - 9:50 AM**

**Surgical Video Presentations**

**Moderators**

James Pomposelli, MD, PhD

*Lahey Clinic*

Daniela Ladner, MD

*Northwestern Memorial Hospital*

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**9:50 - 10:00 AM**

**Break**

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**10:00 - 11:30 AM**

**Oral Abstract Session II**

**Moderators**

Derek DuBay, MD

*University of Alabama at Birmingham*

Thomas Peters, MD

*Shands Jacksonville Transplant Center*

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**11:30 - 11:45 AM**

**Break**

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**Innovation**

**Moderators**

Alan Langnas, DO

*University of Nebraska Medical Center*

James Guarrera, MD

*Columbia University*

**11:45 - 11:55 AM**

**Lung Innovations**

Robert Love, MD

*Loyola University Medical Center*

**11:55 AM - 12:05 PM**

**Deceased Donor Innovations**

James Guarrera, MD

*Columbia University*

**12:05 - 12:15 PM**

**Innovations in the Obese Surgical Recipient**

Andrew Posselt, MD

*University of California, San Francisco*

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**War Stories**

**The Most Challenging Problem I Ever Had and  
How I Solved It**

**12:15 - 1:00 PM**

**Moderators**

Dorry Segev, MD, PhD

*Johns Hopkins University*

Michael Englesbe, MD

*University of Michigan*

**Presenters**

G. Melville Williams, MD

Thomas Peters, MD

John Roberts, MD

Michael Abecassis, MD, MBA

Mitchell Henry, MD

Kim Olthoff, MD

Lewis Teperman, MD

John Magee, MD

Catherine Garvey, RN, BA, CCTC



# 2011 ASTS Leadership Development Program

Northwestern University  
Kellogg School of Management  
Evanston, IL, September 11-13, 2011

*Left: LDP Faculty members relax after dinner*

*Above: Jennifer Milton, BSN, CCTC, MBA Presents on Policy Development*

“The ASTS LDP provides critical and timely insight into the changing demands placed on stakeholders in, and leaders of, the transplant programs of today and tomorrow. Participants of this exciting program leave with an expanded tool set that helps them think strategically about branding, marketing, managerial accounting, and transplant-specific financial management. Participants gain an understanding of techniques that will help them better manage relationships with payers and hospitals, and actionable information that will help them guide and grow their programs.”

– *Steven R. Potter, MD, East Texas Medical Center*

Participants in the second annual ASTS Leadership Development Program (LDP) were treated to spectacular sunny skies bathing the shoreline of Lake Michigan September 11-13. The program brought together a diverse group of faculty in an intense, three day program addressing all aspects of transplant program leadership. Combining world class business school faculty, active transplant professionals and leaders from government and industry, the LDP explored the challenges and opportunities facing transplantation in the new decade.



Participants enjoy Professor Carpenter's marketing session

“The ASTS LDP is perhaps the best meeting in which I’ve ever had the pleasure of participating. The lecturers were excellent and the attendees were interactive, enthusiastic, and willing to share ideas. I will recommend the course to everyone. It’s a must in the present world of transplantation.”

– *Matthew Cooper, MD, University of Maryland Medical System*





## A Message from the Leadership Development Program Planning Chair

In the second year of the LDP, we were able to build on last year's foundation to provide greater depth of exploration of key topics, and the introduction of new perspectives which added to the utility of the course for administrative and clinical leaders of transplant programs.

In 2011, we devoted more time to core business topics including accounting, marketing, negotiation, and team leadership. These courses provided participants with the opportunity to explore concepts through case based learning and interactive teaching. These sessions were complemented by ASTS faculty who provided "real world" experience and leadership pearls. We added new discussions of quality assessment and performance improvement (QAPI) programs and clinical policy development, which is vital to ensuring regulatory compliance.

Among the highlights of the course this year were guest speakers Thomas Hamilton from CMS and Robert Webb from OptumHealth Care Solutions. Mr. Hamilton's long support of the transplant enterprise and ongoing commitment to improving care for transplant patients was evident during a lively evening discussion with participants. The following day, Robert Webb, CEO of OptumHealth Care Solutions, provided a fascinating discussion of the challenges facing American healthcare. Mr. Webb recognized the transplant community's ongoing commitment to measuring and improving the value of the care we provide.

I am grateful to the many ASTS faculty who participated in the program. We all benefit greatly from their knowledge, leadership, and willingness to share to improve the community as a whole. I am equally appreciative of the participants in the course who remained enthusiastic despite long days (and nights). It is a testament to the ongoing values of the ASTS that we can come together as colleagues and not competitors, and seek to improve the functioning of all of our programs. Finally, I would like to



*ASTS Council member, Elizabeth Pomfret, MD, PhD enjoys a break with Ty Dunn, MD and Timothy Pruett, MD*

thank the ASTS council for continuing to support this program and the program staff for endless hours invested in organization and coordination.

As the economic and regulatory challenges for all of our centers continue to increase, the value of the society has never been more evident. Through the support of this program, the ASTS council has provided a valuable resource for the membership as we continue to lead programs vital to our patients and institutions. I look forward to welcoming a new group of committed transplant leaders to the 2012 Leadership Development Program in Chicago, September 10-12, 2012.

*David Axelrod, MD, MBA, Dartmouth Hitchcock Medical Center  
Chair, Business Practice Committee*

If you would like to be placed on the interest list for the 2012 LDP, please contact Laurie Kulikosky at [laurie.kulikovsky@asts.org](mailto:laurie.kulikovsky@asts.org).



*Participants laugh during a lighter moment*

### **ASTS:**

Michael Abecassis, MD, MBA  
*Northwestern Memorial Hospital*

Marwan Abouljoud, MD  
*Henry Ford Hospital*

David Axelrod, MD, MBA  
*Dartmouth Hitchcock Medical Center*

William Chapman, MD  
*Washington University School of Medicine*

Mitchell Henry, MD  
*The Ohio State University*

Raja Kandaswamy, MD  
*University of Minnesota*

Jennifer Milton, BSN, CCTC, MBA  
*UT Health Science Center, San Antonio*

Julie Parsell  
*Washington University School of Medicine*

Timothy Pruett, MD  
*University of Minnesota*

David Reich, MD  
*Drexel University College of Medicine*

The ASTS Business Practice Committee

The ASTS Council

### **Kellogg School of Management:**

Greg Carpenter, MBA, PhD  
Keith Murnighan, PhD  
Leigh Thompson, PhD  
Beverly Walther, MBA, PhD  
Al Isenman, PhD  
Cindee Bath

### **Guest Speakers:**

Robert Webb, MBA  
*OptumHealth Care Solutions*

Thomas Hamilton  
*Centers for Medicare & Medicaid Services*





# 5th Annual Surgical Fellows Symposium

Westin La Paloma Resort • Tucson, AZ, September 19-21, 2011

**"The ASTS fellows meeting was the best meeting I have ever been to, and I would love and hope to be involved in the future!"**

*- David Lee, MD  
University of Michigan*

The ASTS is committed to supporting training and providing career-long education to its members. One of the most important society initiatives is the accreditation of fellowship training programs and the development of junior surgeons in the field of transplantation. In an effort to maintain educational standards across training programs, the ASTS developed the Annual Surgical Fellows Symposium to address frequently cited gaps in fellowship training. Over three days of intensive lectures, presentations and interactive cases studies, fellows focus on transplant specific scientific content, necessary to become competent and highly skilled transplant surgeons.

The program kicked off Monday, September 19, 2011 on a sunny day in Tucson, Arizona. The fellows were greeted by Program Planning Committee Chair, Dr. Johnny Hong and Fellowship Training Committee Chair, Dr. Douglas Farmer. The room was abuzz with anticipation and excitement as fellows prepared to hear lectures from their mentors on topics ranging from histocompatibility to social networking in transplantation. The stage was set for a rigorous and stimulating symposium!



ASTS President, Dr. Mitch Henry, delivers his Presidential Message to the fellows

**"The speakers, the events, and the organization of the meeting were excellent. I learned a lot of new things, and it was a great reinforcement to my previous experience. It was really interesting to discuss different techniques with other fellows and gain a new perspective. This was a great opportunity to connect with other transplant fellows who I may have the chance to work with in the future."**

*-Jaime A. Pineda, MD,  
University of Cincinnati*

## Back by Popular Demand

Due to previous success with the Audience Response System (ARS), presenters took advantage of the technology to poll the fellows and test their knowledge on topics ranging from UNOS and CMS regulations to techniques in kidney transplantation. Dr. Peter Stock's presentation titled "Kidney Transplantation: Donor-Recipient Matching & Organ Allocation" featured questions regarding specific cases and offered fellows the chance to test their decision-making skills. The results were displayed on the monitor and the fellows were able to see how their peers would handle the situation. Being able to see the results spawned excellent discussions among the fellows and faculty, offering popular techniques and new perspectives to the entire audience.



Team leaders present their Kidney Cases Discussion

**"I want to thank all of ASTS staff and planners for excellent organization of the meeting. I appreciated the opportunity to attend, as it was a great educational meeting! It was a real pleasure to meet with the faculty and fellows."**

*-Vesna Opalic, MD  
University of Texas, Houston*

## American Society of Transplant Surgeons

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





**"I believe that the ASTS Fellows Symposium is one of the highlights of our society's activities. It is a one of a kind educational meeting for the fellows and provides an opportunity for personal interaction between the trainees and the leaders in the field."**

*Johnny C. Hong, MD, FACS, David Geffen School of Medicine at UCLA*

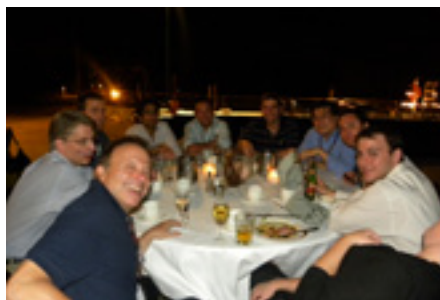
### **Relax and Unwind**

Each day fellows had unique opportunities to get to know their colleagues outside of the scientific sessions. Drs. Kim Olthoff, Dorry Segev and Peter Stock hosted a morning fun-run to help the fellows get energized for the day! After the Tuesday sessions, the fellows challenged the faculty with the first annual Water Slide competition, where participants were judged on speed, style and splash. The final evening included a dinner event with the ASTS council and symposium faculty that allowed fellows unrivaled access to leaders in the field of transplantation.

### **A Hard Day's Night**

One of the most talked about presentations was Dr. David Mercer's presentation titled "Negotiating for & Succeeding in Your First Job: Getting Hired & Finding Your Niche." Dr. Mercer started off by asking fellows a few questions regarding their geographic preferences, immigration status and where they see themselves working in the future. Overall, fellows responded positively that they would seek a job in transplantation and most fellows felt that they would find a job in transplant. Dr. Mercer encouraged fellows to be flexible and adaptable by having strong basic surgical skills and bringing additional expertise to the table, like research and education. He highlighted transplant employment statistics, noting that

seventy-five percent of fellows looking for a job get hired in the U.S.



*Peer Networking Dinner*

**"I think that the fellows appreciated a realistic evaluation of the current job market, and I would hope they realized that opportunities are available, but that they will require both a willingness to be adaptable and to use all their surgical skills, and not necessarily just those specifically related to transplant."**

*-David F. Mercer, MD, PhD  
University of Nebraska  
Medical Center*

**"The waterslide competition brought forth the old and the young, the experienced and novice, big and small, bikinis and board shorts (and maybe even a couple of Speedos), but the main thing was it brought out a sense of camaraderie among fellows and faculty that we are all in this together – and healthy competition of course."**

*-Kim M. Olthoff, MD  
University of Pennsylvania*

## **Special Thanks**

Special thanks to the symposium planning committee!

Douglas G. Farmer, MD  
Program Advisor

Wendy J. Grant, MD  
Program Advisor

Johnny C. Hong, MD, FACS  
Program Chair

Timothy M. Schmitt, MD  
Planning Committee

Randall S. Sung, MD  
Planning Committee





# AMERICAN TRANSPLANT CONGRESS

John B. Hynes Convention Center • June 2 - 6, 2012

BOSTON, MA

# Boston

# 2012



[www.atcmeeting.org](http://www.atcmeeting.org)



# ASTS Advanced Transplant Provider Committee

*Developing Programs for the Advanced Practice Clinicians*

The ASTS Advanced Transplant Provider (ATP) Committee continues to develop programs and practices that support advanced practice clinicians, attracting our colleagues to join ASTS as the specialty organization of choice for up-to-date information on peri-operative practice and care. This Committee remains the only specialty committee in the country joining advanced transplant practice nurses and physician assistants to provide support, network, and advance the science of transplant surgery through educational resources, and professional and community outreach.

The ATP Committee is working on several initiatives, one of which is the launch of an exciting new program for ATP professionals – the ATP Mentorship Program. Currently, this unique mentoring program is open to clinicians entering the field of transplantation and offers the benefit of peer support from experienced providers in the field of transplantation. Clinicians within the ATP community arise from many specialties, and can offer a wealth of resources that may provide a new member of the community the support and framework to succeed in this very demanding and passionate field. The Committee's future plans are to link the mentorship program to the ASTS Academic Universe that will make a significant difference in the orientation and learning curve of ATPs entering the field.

To further enhance the mentorship program, an educational webinar is also in development for the mentoring-mentee relationship. The webinar will serve as a teaching and guiding tool for mentoring within the professional society.

Another unique feature of the ATP is the nomination for the annual ASTS Advanced Transplant Provider Award.

**The ATP Committee continues to increase its presence at the annual American Transplant Congress.**

**Our members continue to deliver excellent educational programs that will be presented in 2012!**

The ASTS ATP Committee presents this award to recognize individuals whose time and efforts are dedicated to advancing clinical practice through translation of scientific information, development of standards and clinical mentoring of the Advanced Transplant

Provider. This award is presented at the ASTS Annual State of the Art Winter Symposium. We need to recognize our colleagues who consistently promote evidence based patient driven excellence. For eligibility requirements please go to [www.ASTS.org](http://www.ASTS.org).

Finally, the ATP committee continues to increase its presence at the annual American Transplant Congress. Our members continue to deliver excellent educational programs that will be presented in 2012! Stay tuned...

The ATP Committee members represent a diverse background of clinicians from many specialties and interests. Please feel free to email them with any questions, suggestions or interest. We want to hear from you!

## ATP Committee Members

Click on the link to view committee members bios: <http://www.astss.org/thesociety/advancedtransplantproviderscommitteemembers.aspx>

### Chair:

Deborah Ann Hoch CCRN, ACNP-BC, DNP, [HOCHD@mmc.org](mailto:HOCHD@mmc.org)

### Co - Chair:

Mark Burns, FNP, ACNP, [burns.mark@mayo.edu](mailto:burns.mark@mayo.edu)

Amanda G. Dean, Acute Care NP, RNFA, [amanda.g.dean@gmail.com](mailto:amanda.g.dean@gmail.com)

Rebecca Duke, NP, [Rduke@nmh.org](mailto:Rduke@nmh.org)

Tracy Evans-Walker, RN, MSN, CNP, CCTC, [EVANST@ccf.org](mailto:EVANST@ccf.org)

Barry Friedman, RN, BSN, MBA, [bfriedm3@Fairview.org](mailto:bfriedm3@Fairview.org)

Gwen McNatt, FNP, [Mcgmcnatt@nmh.org](mailto:Mcgmcnatt@nmh.org)

Denise S. Morin, MSN, RN, CCTC, [Denise.S.Morin@lahey.org](mailto:Denise.S.Morin@lahey.org)

Georgeine Smith MS, MHS, PA-C, [georgeine.smith@uphs.upenn.edu](mailto:georgeine.smith@uphs.upenn.edu)

## Coming Soon

**The ATP e-Newsletter for up-to-date committee activities, news and information.**





## ASTS Cell Transplant Committee

### *Letter from the Chair*

Dear ASTS Members,

As the leading society in transplantation, ASTS aims to be the authoritative resource in the fields of organ and cell transplantation by representing members and their patients, and advocating for comprehensive and innovative solutions. The Cell Transplant Committee lies within this scope of member and patient advocacy. The primary objective of the Cell Transplant Committee is to promote the advancement of research & clinical applications in cellular transplantation and regenerative medicine, while serving as an advisory expert panel for the ASTS Council in cell transplant-related issues.

Over the next few years, the committee will be looking to develop cell transplant research awards, cell transplant training programs for fellows, and fellowship awards in the field of stem cell, bone marrow, pancreatic islet, and cellular bio-engineering.

At the forefront, one of the committee's most urgent initiatives is the advancement of clinical islet transplantation and how we as a society can help promote the development of this promising technique throughout the transplant community. We want to improve understanding of any current and future FDA regulatory requirements and develop resources to help guide funding strategies and provide insurance coverage for the procedure. We are also interested in learning about the current practices of transplant centers regarding their islet transplant processes, including manufacturing requirements and transfer protocols, as this would help determine what factors affect the financial ramifications of this procedure.

Over the next year, our committee will work diligently to develop these items and we hope you will help us achieve our goals!

Sincerely,

Andrew M. Posselt, MD, PhD

Chair, Cell Transplant Committee

## The Luster of Transplantation

By Maggie Kebler, ASTS Education & Training Coordinator

In May 2011, ASTS members and transplant providers traveled to Philadelphia, Pennsylvania for the annual American Transplant Congress (ATC). During the presidential message, Michael Abecassis, MD, MBA, told the story of a fellow who decided not to pursue a surgical career in transplantation because he said transplantation had "lost its luster". Dr. Abecassis urged colleagues to heed this message. The immediate response from the ASTS members was to rally behind this and work together to bring the relevance and importance of transplantation into the new millennium.

I was recently speaking with a colleague who just finished a pharmacy residency in June of this year at Hahnemann University Hospital in Philadelphia,

Pennsylvania. Robert J. Hickey, PharmD, BCPS, completed a one-year post-graduate pharmacy residency to explore different clinical specialties within his profession. He expressed to me that his favorite specialty rotation was transplantation and after the 4-week rotation, he would like to pursue a career in the field. In light of the recent presidential message and the drive to bring out the luster in transplantation, I reached out to him to find out what made his experience so extraordinary.

### **Q. How was your program structured?**

**A.** My program was a one year postgraduate pharmacy residency with practice experiences in a wide array of specialties. I was part of an

interdisciplinary team during month long rotations in solid organ transplant, internal medicine, infectious diseases, oncology, and critical care medicine among others. I also had the opportunity to conduct clinical research, present research on a regional and national level, and teach pharmacy students.

### **Q. What was your goal when participating in this program? What did you hope to get out of it in terms of your long term career plans?**

**A.** My goal was to gain practical experience in various specialties and to provide direct patient care in the institutional setting. My career goals are to work as a clinical pharmacist at an academic medical center and precept pharmacy students. Ideally, I hope to



work closely with transplant patients, collaborate with the transplant team, and conduct transplant-related research.

**Q. When did you begin the transplant rotation? How long was your transplant rotation? Was it a requirement for your program?**

**A.** The solid organ transplantation rotation started just before the midpoint of the residency year and was four weeks in duration. I really enjoyed my experience and chose to complete an additional rotation in solid organ transplantation as an elective rotation at the end of the residency year as well.

**Q. What attracted to you transplant?**

**A.** I was first introduced to the field of transplantation at The Children's Hospital of Pittsburgh. I completed a pediatric liver and small bowel transplantation rotation there as a pharmacy student. In addition, I interned at a community pharmacy that often filled prescriptions for newly transplanted patients being discharged from the nearby medical center. These initial experiences with transplantation had a lasting impression on me for several reasons;

First, the ability to be a part of providing patients with a new organ, and essentially a new life, is a very rewarding experience. Second, the field of transplantation is complex and provides constant challenging opportunities. I was responsible for counseling patients and their families on the details of their discharge medication. In addition, I feel the potential impact of a pharmacist in the care of a transplanted patient is extremely evident. Optimizing medication therapy, managing the complications of immunosuppressive medication regimens, and providing effective patient counseling on the management of numerous new medications are vital steps in order to improve patient and graft survival outcomes. Medications change vastly between pre- and post-transplantation; they are new, complicated, and vital to preserving patient life. The education of

usage and patient compliance is of the utmost importance.

One of the other things that attracted me to transplant is the team approach. There are many disciplines in play when completing the listing process, performing the surgery, and managing the patient post-transplant. It became evident to me that it was extremely important for everyone to work together in order to achieve the desired outcomes. It was necessary to think about the patient globally, as a team: assess the situation, what are problems, solutions, etc.

**Q. Who did you work with during the transplant rotation? Surgeons? Researchers? Procurement offices?**

**A.** I had the benefit of working with several outstanding and distinguished physicians during my rotations. I worked alongside surgeons Dr. David Reich, MD, FACS, Dr. Stephen Guy, MD, FACS, and Dr. Gary Xiao, MD, FACS. I also collaborated with transplant nephrologists Dr. Alden Doyle, MD, MS, MPH and Dr. Karthik Ranganna, MD. In addition, I received great mentorship from our clinical pharmacy specialist in solid organ transplant, Gregory Malat, PharmD, BCPS.

**Q. Explain what a typical day was like during your transplant rotation?**

**A.** During my rotation, I was responsible for about 10 patients on a daily basis. I completed pre-rounding on each of these patients where I evaluated their medication regimens and determined the need for pharmacist intervention. I participated in interdisciplinary rounds with the transplant surgery and transplant nephrology teams and made recommendations to optimize patient care. I was also responsible for drug level monitoring of immunosuppressive medications and made suggestions for obtaining goal concentrations.

The outpatient clinic follow-up was a unique experience, as I was not exposed to outpatient clinics during my other

rotations. I also held discussions on transplantation related topics with our clinical pharmacy specialist and conducted patient case presentations and journal clubs.

**Q. While you found it beneficial, what didn't you like about the program?**

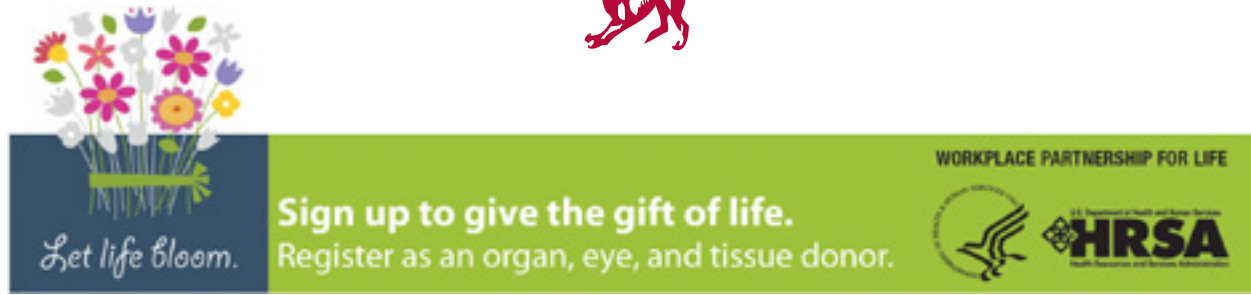
**A.** My program's focus was liver and kidney transplantation. I would have enjoyed more experience in the transplantation of other organs. Ideally, it would have included one year of residency, and a second year in transplant. These opportunities are frequently associated with larger institutions.

**Q. What advice do you have for others looking to continue on a transplant tract?**

**A.** Regardless of their discipline, I would highly recommend organ transplantation to those considering this field. It is a complex specialty that continues to grow and evolve. The advent of newly approved medications such as belatacept and others in the pipeline, as well as a strong push for calcineurin inhibitor sparing immunosuppressive regimens, may challenge our current practice. It also provides an opportunity for those interested in clinical research. In addition, there are several programs in place designed to increase the organ donor pool which will increase the demand for well-trained professionals to provide care for these patients. The ability to provide patients with a new lease on life, while working in a specialty that consistently calls for professional growth is an appealing opportunity.

*What is Dr. Hickey doing now?*

Currently, Dr. Hickey is a Unit-Based Clinical Pharmacist in the Cardiothoracic Surgical Intensive Care Unit at the Hospital of the University of Pennsylvania (HUP). Working in this setting allows him to participate in the care of transplanted patients while staying close to home. He has interacted with the transplant team HUP on a smaller scale thus far and plans to increase his involvement as he settles in to this new position.



## National Workplace Partnership for Life Hospital Campaign

More than 11,000 National Workplace Partner companies and organizations are educating their employees and associates about the critical need for organ, eye, and tissue donation registration – and ASTS is one of them. ASTS has signed on to be a national partner with the national Workplace Partnership for Life (WPFL) Hospital Campaign. WPLF is an initiative of the U.S. Department of Health and Human Services, Health Resources and Services Administration. The goal of the Campaign is to register 300,000 donor designations on organ and tissue donor registries throughout the United States by April 30, 2012. As a national partner, we're asking

### ASTS Made the Commitment, So Can You!

members to help meet that goal by joining the WPFL Hospital Campaign and identifying an advocate in each hospital that will help educate the

extended hospital community on the critical need for donation and provide opportunities for hospital staff to register as organ, eye and tissue donors. Your small efforts can make an enormous difference. In fact, one hospital campaign in Louisiana resulted in over 200,000 newly registered donors, far exceeding their goal of 160,000.

#### Joining the campaign is easy.

Contact the ASTS National Office at [asts@asts.org](mailto:asts@asts.org), or 703.414.7870; ask for Chantay Moye, Communications Director. You may also visit [www.organdonor.gov](http://www.organdonor.gov) for more details on getting involved.

## Understanding the Good Samaritan Donor

By Katrina A. Bramstedt, PhD  
ASTS Member  
*Transplant Ethics*



With such a vast need for organ donation you might think that transplant centers would readily embrace the concept of Good Samaritan donation; however, many facilities are still leery of the notion of healthy adults giving living organs to total strangers. What would motivate them to do such a thing? Are they crazy? Attention-seeking? Maybe they are secretly selling their organs?

In our book, *The Organ Donor Experience: Good Samaritans and the Meaning of Altruism* (Rowman & Littlefield, 2011) we explore the lives of 22 people who gave a kidney, liver lobe, or lung lobe to strangers. Using in-depth interviews and validated survey tools, we analyzed the personal histories of these donors, as well as the foundations of their “giving behavior”. The result is a fascinating data set that shapes a new definition of altruism never before reported in medical or sociological literature: “altruism born of abundance”. We also discovered distinct trait and behavior patterns common to these donors.

We believe the results of our work can educate living donor teams about various ethical concepts in Good Samaritan donation, and can help teams optimize their assessment of donor candidates. Currently, there are only about 100 Good Samaritan donations each year in the US and this is likely limited not by donor desire, but by fears and myths that prevent many transplant centers from allowing this type of donation. Our book calms these fears and shatters the myths, paving the way for more donations to occur.





## Corporate Contributors

*The American Society of Transplant Surgeons would like to thank the following companies for their generous contributions of the ASTS and its activities.*

### *President Circle*

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### *Sponsor Circle*

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### *Associate Circle*

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### *Friend Circle*

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Dear ASTS Members:

**A Donation to the ASTS Foundation is an Investment in Your Future.**

ASTS is committed to its various missions. One of these is to provide its members with services that advocate on their behalf and that of their patients, as well as services that allow for career advancement opportunities. While ASTS has a rich tradition of successful partnerships with industry that have allowed us to advance this particular agenda, the recent regulatory environment does not allow us the latitude we once enjoyed to apply industry grants to these important initiatives. Nonetheless, in the coming months, ASTS will continue to implement new programs designed to increase and enhance the quality of member benefits.

As part of this ongoing process, we invite you to assist us in reaching these objectives by participating in the development of these programs. To this end, ASTS is committed to providing its members with a one-stop portal for enhancing both educational and career opportunities. Our hope is that by facilitating your ability to connect with ASTS, we can facilitate your participation in serving both the needs of the membership as well as in fulfilling the missions of the ASTS.

Some of ASTS' more ambitious goals for the coming year are:

- To create a transplant center policy library that will include sample policies, background information, regulatory requirements and best practices for specific subject matter;
- To increase CME based activities and other educational programs such as Maintenance of Certification (MOC) and increase curriculum usage; and
- To integrate an association membership system that will allow you to better communicate and interact with us about member services, news and events, operations and more.

Part of what drives the establishment of these and other new programs is the assurance that ASTS provides a platform for investigators to advance their research goals, and for practitioners to provide quality care and services to their patients. But we need your help.

Please [Donate](#) to the Foundation of the ASTS today.

Your participation and your donation ensure that ASTS remains at the forefront of transplantation, in order to fulfill its [vision](#) to be the authoritative resource in the fields of organ and cell transplantation by representing our members and their patients, as we advocate for comprehensive and innovative solutions to their needs.

Your donation is tax deductible.

With Warmest Personal Regards,

A handwritten signature in black ink, appearing to read "M. Abecassis".

Michael M. Abecassis, MD, MBA  
President, Foundation of the ASTS

**Proud of Who We Are, Proud of What We Do**



## ASTS Job Board

ASTS provides this Job Board as a benefit to our members. This is an abbreviated listing of the positions currently available on the ASTS web site at the time of printing. Please log into the members' portal to view the full announcement at [www.ASTS.org](http://www.ASTS.org). If you would like to submit a listing, please contact Chantay P. Moye at 703 414.7870 or [chantay.parks@ASTS.org](mailto:chantay.parks@ASTS.org).

### **Harper University Hospital and the Children's Hospital of Michigan: Surgical Director**

Vanguard/Detroit Medical Center is seeking a Surgical Director for their Adult and Pediatric Kidney/Pancreas Transplant Programs at the Harper University Hospital and the Children's Hospital of Michigan. This position will have an academic appointment at Wayne State University.

#### **Contact:**

Lisa Norris  
Email: [lisanorris@transplantmanagement.com](mailto:lisanorris@transplantmanagement.com)  
Frank Greaney  
Email: [frankgreaney@transplantmanagement.com](mailto:frankgreaney@transplantmanagement.com)

### **Hartford Hospital: Multi-organ Transplant Surgeon**

Hartford Hospital is seeking a talented multi-organ transplant surgeon for their growing abdominal transplant program. The ideal candidate will have two years post-fellowship experience in all abdominal organs, including laparoscopic nephrectomy and vascular access.

#### **Contact:**

Lisa Norris  
Email: [lisanorris@transplantmanagement.com](mailto:lisanorris@transplantmanagement.com)  
Frank Greaney  
Email: [frankgreaney@transplantmanagement.com](mailto:frankgreaney@transplantmanagement.com)

### **Intermountain Healthcare: Gastroenterologist with Hepatology Salt Lake Valley, Utah:**

Intermountain Healthcare has an exciting opportunity for one BC gastroenterologist with hepatology fellowship training or equivalent experience to fill the position of Medical Director, Hepatology and Liver Transplant, a position encompassing responsibilities in patient care, administration, research and education.

#### **Contact:**

Willem J. Van der Werf, MD, FACS,  
Chief  
Division of Transplant Surgery  
Intermountain Medical Center  
Surgical Director  
Phone: 801 507.9600  
Fax: 801 507.9601  
E-mail: [wvanderwerf@comcast.net](mailto:wvanderwerf@comcast.net)  
OR Barbara Tarran  
Physician Recruiting  
E-mail: [PhysicianRecruit@imail.org](mailto:PhysicianRecruit@imail.org)  
<http://physicianjobsintermountain.org>

### **Intermountain Medical Center : Hepatology Medical Director Salt Lake Valley, Utah**

Intermountain Healthcare has an exciting opportunity for one BC gastroenterologist with hepatology fellowship training or equivalent experience to fill the position of Medical Director, Hepatology and Liver Transplant, a position encompassing responsibilities in patient care, administration, research and education.

#### **Contact:**

Willem J. Van der Werf, MD, FACS  
Chief, Division of Transplant Surgery  
Intermountain Medical Center  
Surgical Director  
E-mail: [wvanderwerf@comcast.net](mailto:wvanderwerf@comcast.net)  
OR Barbara Tarran  
Physician Recruiting  
E-mail: [PhysicianRecruit@imail.org](mailto:PhysicianRecruit@imail.org)  
<http://physicianjobsintermountain.org>

### **Sanford Clinic Transplant Services/Sioux Falls: Transplant Nephrologist**

Sanford Clinic Transplant Services is seeking a Board Certified fellowship-trained transplant nephrologist. Experience in pancreas transplant is desirable.

#### **Contact:**

Dianne Zoellner, CMSR, Director

Physician Placement – Sanford Health  
Phone: 605 328.6994 or 866 312.3907  
Email: [Dianne.Zoellner@sanfordhealth.org](mailto:Dianne.Zoellner@sanfordhealth.org)  
[www.sanfordhealth.org](http://www.sanfordhealth.org)

### **University of Iowa Health Care: Faculty, Hepatobiliary Surgery**

The Department of Surgery Division of Transplantation and Hepatobiliary Surgery and the Organ Transplant Center at the University of Iowa is seeking faculty for a position in the areas of Abdominal Solid Organ Transplantation and Hepatobiliary Surgery.

#### **Contact:**

Alan Reed, MD  
Director, University of Iowa Organ Transplant Center  
University of Iowa Hospitals and Clinics  
319 356.0537  
Email: [alan-reed@uiowa.edu](mailto:alan-reed@uiowa.edu)  
<http://jobs.uiowa.edu>

### **UT Health/ The University of Texas Medical School at Houston: Liver Transplant Surgeon**

The Department of Surgery, Division of Immunology and Organ Transplantation is seeking a full time qualified transplant surgeon to join its liver transplantation and hepatobiliary surgery section. We are seeking a candidate at the Assistant Professor level who has a strong interest and solid foundation of training in the field.

#### **Contact:**

Edie Y Chan MD, FACS  
Department of Surgery  
Phone: 312 942.3074  
Email: [Edie\\_Y\\_Chan@rush.edu](mailto:Edie_Y_Chan@rush.edu)  
And Joy Rodriguez  
Faculty Recruitment  
Phone: 312 942.1835  
Email: [Joy\\_Rodriguez@rush.edu](mailto:Joy_Rodriguez@rush.edu)



## New Members

For more information on becoming a member, visit [www.asts.org](http://www.asts.org)  
or contact Joyce Williams, Membership Manager at [asts@asts.org](mailto:asts@asts.org) or 703 414.7870.

Jorge Alberto Almario Alvarez, MD  
*Northwestern University*

Alagappan Annamalai, MD  
*Cedar Sinai Medical Center*

Lokesh Bathla, MD  
*University of Nebraska Medical Center*

Jennifer A Berumen, MD  
*Sanford University Medical Center*

Markus U. Boehnert, MD, MBA  
*Toronto General Hospital*

Daniel Borja-Cacho, MD  
*University of Minnesota*

Jared C. Brandenberger, MD  
*University of Washington*

Lloyd G. Brown, MD, MS  
*Henry Ford Hospital*

Thomas E. Bulter, MD  
*The Dumont - UCLA Transplant Center*

B. Daniel Campos, MD  
*Stanford University*

David Cavallucci, MBBS, FRACS  
*University of Toronto*

Sertac Cimen, MD  
*Queen Elizabeth II Health Sciences Centre*

Kristopher Croome, MD, MS  
*University of Western Ontario*

Madison C. Cuffy, MD, MBA  
*Columbia University*

Enrique Diaz Guzman Zavala, MD  
*University of Kentucky*

Gabriel J. Echeverri, MD  
*Columbia, South America*

Ahmed A. Elgohary, MBBCh, FRCSI  
*Yale School of Medicine*

Ashraf M. El-Hinnawi, MD  
*University of Miami - Jackson Memorial Hospital*

C. Kristian Enestvedt, MD  
*Hospital of the University of Pennsylvania*

Sunny L. Fink, MD  
*University of Pittsburgh Medical Center*

Katharine R. Franko, MMS, PA-C  
*University of California, San Diego*

Boris L. Gala-Lopez, MD, MSc  
*University of Alberta*

Armando J. Ganoza, MD  
*University of Pittsburgh Medical Center*

Vikraman Gunabushanam, MBBS, MS  
*University of Pittsburgh Medical Center*

Karim J. Halazun, MD  
*Columbia University*

Vanessa R. Humphreville, MD  
*University of Minnesota*

Mohammad Jamal, MBCh, Med  
*McGill University*

Imran Javed, MD  
*Albert Einstein Medical Center*

Kristine Jennings, RN, MSN, ACNP-BC  
*University of Texas Southwestern*

Nancy A. Johnson, RN, BSN  
*University of Miami Hospital*

Hitesh Kaul, MD, MS  
*Tampa General Hospital - LifeLink Institute*

Ahmet Kilic, MD  
*The Ohio State University Medical Center*

Joohyun Kim, MD  
*Virginia Commonwealth University*

Rupak D. Kulkarni, MBBS, MS  
*Shands at University of Florida*

Hwai-Ding Lam, MD  
*University of Pittsburgh Medical Center*

Kwan Nang Lau, MD  
*The Dumont - UCLA Transplant Center*

Qi Li, MD  
*University of Chicago Medical Center*

Ying Lin, MD, PhD  
*Washington University School of Medicine*

Kaifeng Liu, MD  
*Children's Hospital Boston*

John C. Lohlun, MD  
*University of Minnesota*

Nir Lubezky, MD  
*Mount Sinai Medical Center*

Arunthathi O. Mahendran, MBBS, MSc  
*Columbia University*

James McDaid, MD, PhD  
*Massachusetts General Hospital*

Liga Z. Mezaraups, BSN, MHA  
*Swedish Health Services*

Contance M Mobley, MD, PhD  
*The Dumont - UCLA Transplant Center*

Atul K. Nanda, MBBS, MS  
*University of Illinois at Chicago*

Phyllis E. Napoles, MD  
*University of California, San Diego*

Susanna M. Nazarian, MD, PhD  
*Johns Hopkins Hospital*

Geir I. Nedredal, MD, PhD  
*Mayo Clinic*

Gelu Osian, MD, PhD  
*University of Maryland Medical Center*

*It's Truly a Great Time to be a Member!*



## New Members Con't

Siegfredo R Paloyo, MD  
Miami Transplant Institute

Ehab Rafael, MD, PhD  
Toronto General Hospital

Suresh Raghavaiah, MBBS, MS  
Mayo Clinic

Jonathan P. Roach, MD  
University of Colorado School of Medicine

Vinayak S. Rohan, MD  
Medical University of South Carolina

Ramanathan Seshadri, MD  
Northwestern University

Walid Mohamed El Moghazy Shehata,  
MD, PhD  
University of Alberta

Chiranjeevi Pramodnath Reddy  
Siddagunta, MD, MS  
University of Iowa Hospitals & Clinics

Caroline J. Simon, MD  
Lahey Clinic Medical Center

Ajitabh Srivastava, MD  
University of Rochester Medical Center

Gerardo Tamayo-Enriquez, MD  
University of Minnesota

Elizabeth M. Thomas, DO  
University of Southern California

Jared A. White, MD  
University of Alabama at Birmingham

Barbi M. Witz, PA-C  
University of Texas Health Science Center

Yohei Yamada, MD  
Massachusetts General Hospital

Qiang Yin, MD  
Oregon Health & Sciences University

Elliot J. Zahtz, MD  
University of Minnesota

## Calendar

The ASTS is pleased to coordinate with other professional organizations in order to maintain a relevant events calendar. To list an event on the ASTS calendar, please contact Chantay P. Moye at 703 414.7870 or [chantay.parks@asts.org](mailto:chantay.parks@asts.org).

### December 2011

December 2, 2011

#### The Montefiore Einstein Center for Transplantation presents:

*The 3rd Annual Montefiore-Einstein Transplantation Symposium  
Psychosocial and Ethical Challenges in Transplantation: A Kaleidoscopic View*

7:30 am - 3:30 pm  
NY Academy of Medicine  
1216 5th Avenue, New York, NY  
[www.montefiore.org/transplant](http://www.montefiore.org/transplant)

December 3, 2011

#### 2<sup>nd</sup> Annual George P. Noon Conference

*Management of Organ Failure*  
The Methodist Hospital Research Institute  
Houston, TX  
[www.methodistcme.com](http://www.methodistcme.com)

### February 2012

February 15-18, 2012

**12<sup>th</sup> Annual Rachmiel Levine Diabetes and Obesity Symposium: Advances in Diabetes Research**  
The Langham Huntington, Pasadena, CA  
Email: [levinesymposium@coh.org](mailto:levinesymposium@coh.org)  
[www.levinesymposium.com](http://www.levinesymposium.com)

### June 2012

June 14 - 16, 2012

**ASAIO 58th Annual Conference**  
*American Society of Artificial Internal Organs*  
San Francisco, CA  
[www.asaio.com](http://www.asaio.com)

June 22-30, 2012

**American Foundation for Donation & Transplantation (AFDT)**  
*16th Histocompatibility Specialist Course*  
New York, New York Hotel & Casino Las Vegas, NV  
Email: [skinner@amfdt.org](mailto:skinner@amfdt.org)  
<http://www.amfdt.org>



### Upcoming ASTS Events

[www.asts.org/meetings](http://www.asts.org/meetings)

**January 12-15, 2012**

**2012 Annual State of the Art Winter Symposium**  
Miami, FL

**June 2 - 6, 2012**

**2012 American Transplant Congress**  
Boston, MA

**September 10-12, 2012**

**2012 Leadership Development Program**  
Kellogg School of Management, Northwestern University  
Evanston, IL

**January 31 - February 2, 2013**

**2013 Annual State of the Art Winter Symposium**  
Miami, FL

**July 26-31, 2014**

**World Transplant Congress**  
San Francisco, CA

### July 2012

July 15-19, 2012

**XXIV International Congress of The Transplantation Society**  
Berlin, Germany  
[www.transplantation2012.org](http://www.transplantation2012.org)





### *Regulatory and Reimbursement Update* *Continued from page 10*

cost savings may not be immediate. Unfortunately, in light of the complex beneficiary assignment methodology adopted in the final ACO rule, it is possible that Medicare patients assigned to an ACO in one year may not be assigned to the ACO the next, and, for this reason, ACOs have little incentive to consider long term cost savings.

Third, while ASTS had encouraged CMS to strengthen the quality requirements for ACOs and, specifically, to incorporate outcomes-related measures into the final rule to ensure that Medicare patients assigned to ACOs are not short-changed on medically necessary care (including transplantation), CMS has moved in exactly the opposite direction, significantly reducing the number of quality measures that ACOs must meet.

On the whole, the final ACO rules appear likely to spur more interest in integrated care delivery. The Government is offering waivers from anti-kickback, physician self-referral and patient inducement prohibitions and less intensive anti-trust scrutiny to ACOs, to increase interest in the program in the provider community. For this reason, regardless of whether ACOs ultimately result in significant shared savings, they have the potential to modify the health care marketplace landscape. Transplant Centers should carefully consider the strategic role they intend to play in the event that CMS' various efforts to facilitate provider consolidation prove successful.

*By Rebecca Burke, Esq. and  
Diane Millman, Esq.  
ASTS Regulatory Counsel  
Powers Pyles Sutter & Verville, PC.*

### *Legislative Report* *Continued from page 12*

with a coverage limitation. If eligibility was based solely on the beneficiary's End-Stage Renal Disease (ESRD) status, immunosuppressive drug coverage for these individuals still ended at 36 months post transplant. Despite extensive efforts over the years, this 3-year coverage cliff is still federal law.

Most recently, updated versions of the bill, the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2011, have finally been reintroduced in the 112<sup>th</sup> Congress. The new bill is an updated version of a previous bill developed by House champions and the Centers for Medicare and Medicaid Services (CMS) during the negotiations on the Affordable Care Act in 2010 (a.k.a. the Health Care Reform Bill). The new approach includes the following updated provisions:

- Changes the eligibility provisions to retroactively deem Medicare immunosuppressive drug coverage for anyone who received a Medicare covered transplant;
- Changes the premium calculation to limit the cost of coverage, thereby making immunosuppressive drug coverage under Medicare more affordable; and,
- Changes the effective date of the bill, delaying these provisions from taking effect for one year to minimize the cost of the bill.

House and Senate champions are in agreement that the bill has enormous potential for the future of

transplantation and the Medicaid ESRD program. Congressional staff have pledged to work with ASTS and the other transplant organizations to seek opportunities to pass the revised proposal as part of a larger Medicare bill if and when the opportunity presents itself. Of course, the current deliberations on ways to reduce the federal debt are an inhospitable environment to any proposal the Congressional Budget Office (CBO) determines does not save the federal government money. CBO currently estimates that elimination of this coverage cliff costs between \$400 and \$600 million over ten years. This is not a major cost in CBO terms, but it is enough to place it on the list of proposals that cost, not save, the federal government money.

ASTS and other organ donation and transplantation groups are assisting the bill's sponsors in securing cosponsors and briefing congressional staff. On the merits, the prospects for this legislation look fairly positive and there is newfound optimism that there may finally be action on this legislation sometime this Congress. The complicating factor, of course, is the broader set of fiscal circumstances facing our country and what will happen with the future of Medicare and Medicaid in this context.

*By Peter W. Thomas, J.D.  
ASTS Legislative Counsel, and  
Adam R. Chrisney  
Senior Legislative Director  
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