Medical Review Board Statement

Dialysis/Transplant Information Exchange

The Medical Review Board of ESRD Network 18 recommends implementation of the following steps to improve communication between dialysis facilities and transplant centers to facilitate the transplant referral process.

From dialysis units (nephrologists) to transplant programs

1. With the initial referral to the transplant program, all pertinent clinical information that has already been done. i.e. H & P, X-rays, laboratory, etc.
2. Notification to the transplant program of any of the following changes of those patients on the waiting list:
   a. Patient moved out of area
   b. Patient’s death
   c. Any major change of physical condition. i.e. CVA or major surgery.
   d. Insurance changes.
   e. Any significant psychosocial changes.
3. Early referral to transplant program with any transplant organ dysfunction.

From transplant program to dialysis unit (nephrologists)

1. Regular reports on the status of the patient with the transplant program. i.e. finished consultation phase, transplant work-up phase, listed (active vs. in-active), not a candidate, transplanted.
2. Results of clinical testing from the transplant work-up. i.e. cardiac, G.I., neurological testing, laboratory results, psychosocial evaluation, etc.
3. Comprehensive report after the transplant before the patient returns to the nephrologists.

Note: Since every transplant center and dialysis unit are unique, one point of needed clarification is who is primarily responsible for ordering and obtaining the results of the transplant work-up? Is it the transplant program, dialysis unit, nephrologists, or a combination of these? The Medical Review Board suggests that your facility communicates with your corresponding transplant center(s) regarding it and complete forms and return them to the requesting party in a timely manner.

Below are the examples of communication elements between dialysis facilities and transplant centers to maintain accurate/updated status of the patient on the transplant wait list.
Transplant Control Form

- Patient is new to dialysis.
- Patient is not a transplant candidate due to the following medical conditions:

  Signature: ________________________, MD                                        Date: ____________

- Patient has been evaluated, but found not eligible for a transplant due to the following medical condition:

  Signature: ________________________, MD                                        Date: ____________

- Patient is not interested in this option at all.
- Patient is not interested in this option at this time.
- Patient would like to be evaluated for a transplant/referred to a transplant center. Date: ____________
  - Transplant Center: ________________________ Phone: ________________________
- Patient is currently being evaluated for transplant at: ________________________ Date: ____________
- Patient is currently being evaluated for transplant at: ________________________ Date: ____________
  - Contact Person: ________________________ Phone: ________________________
- Patient is currently listed on a transplant waiting list(s) at: ________________________ Date: ____________
  - Contact Person: ________________________ Phone: ________________________

Monthly Follow-Up

<table>
<thead>
<tr>
<th>Month</th>
<th>Date</th>
<th>Comments</th>
<th>Initial</th>
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</thead>
<tbody>
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<td>January</td>
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<td>February</td>
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<td>December</td>
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</tbody>
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It is recommended that transplant assessment/education start upon admission and revisited 90 days after the start of dialysis and monthly/quarterly/annually thereafter per the facility’s protocol.

This material was prepared by Network 18 under contract # HHSM-500-2006-NW018C and Network 12 under contract #HHSM-500-2006-NW012C with the Centers for Medicare and Medicaid Services (CMS). The contents presented do not necessarily reflect CMS policy.
### Transplant Log

<table>
<thead>
<tr>
<th>PATIENT</th>
<th>CHECK PREFERENCE STATUS</th>
<th>DATE OF:</th>
<th>Approved for Transplant List</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Declined Option</td>
<td>Referral</td>
<td>Work-up in Progress</td>
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<tr>
<td></td>
<td>Not a Candidate</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transplant Hospital of Choice</td>
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</tbody>
</table>

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Transplant Center: ________________________________
Annual Anniversary Review

Date:

Re: Patient Name: _________________________________

Date of Birth:__________________

Dear Dr./Dialysis Center,

We would appreciate a brief medical update on your patient who is currently on the waiting list for a transplant at the University of California, Irvine Medical Center Division of Transplantation. Updated medical information will help ensure a safe and successful transplant experience. During the past year, has your patient had:

- Patient’s current dry weight
  - NO
  - YES

- Chronic infection of any type
  - NO
  - YES

- Cancer diagnosis
  - NO
  - YES

- Cardiac issues
  - NO
  - YES

- Stroke, TIA or seizure
  - NO
  - YES

- Serious hospitalization
  - NO
  - YES

- Dialysis access problems
  - NO
  - YES

- Change in dialysis center
  - NO
  - YES

- Change in insurance
  - NO
  - YES

- Serious mental, emotional or compliance problems
  - NO
  - YES

- Wait changes > 10% over last year
  - NO
  - YES

Gain/loss: _____________________________

BMI: _____________________________

Dialysis Representative Signature: ___________________________________________

Nephrologist Signature: ____________________________________________________

Date completed:____________________

Is there any reason that this patient should not be active on the transplant wait list?

- NO
  - YES

Why? _____________________________

The completion of this form is very much appreciated.
This form may be faxed to (XXX)XXX-XXXX

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Section III
Patient Barriers to Transplant Evaluation

This form is to be completed by eligible patients *who decided not to proceed* with a transplant evaluation.

Please answer the questions below to the best of your knowledge. Please note that this survey is anonymous and if you don’t feel comfortable answering any of these questions, you may leave them blank.

1. Gender:  
   - [ ] Female  
   - [ ] Male

2. Age:  
   - [ ] 15-20  
   - [ ] 21-30  
   - [ ] 31-40  
   - [ ] 41-50  
   - [ ] 51-60  
   - [ ] 61-70  
   - [ ] 71-80  
   - [x] >81

3. Residency Status:  
   - [ ] U.S. Resident  
   - [ ] NON U.S. Resident

4. Education:  
   - [ ] Grade 1-6  
   - [ ] Grade 6-12  
   - [ ] Some College  
   - [ ] College Graduate  
   - [ ] Masters

5. Race: (Check all that apply.)  
   - [ ] American Indian/Alaskan Native  
   - [ ] Black/African American  
   - [ ] Asian  
   - [ ] Native Hawaiian/Pacific Islander  
   - [ ] White  
   - [ ] Latino

6. Are you currently working?  
   - [ ] Yes  
   - [ ] No

7. What County do you live in?  
   - [ ] Imperial  
   - [ ] Inyo  
   - [ ] Kern  
   - [ ] Kings  
   - [ ] Los Angeles  
   - [ ] Orange  
   - [ ] Riverside  
   - [ ] San Bernardino  
   - [ ] San Diego  
   - [ ] San Luis Obispo  
   - [ ] Tulare  
   - [ ] Ventura

8. What type of healthcare coverage do you have? (Check all that apply)
   - [ ] Medi-Cal  
   - [ ] Emergency Medi-Cal  
   - [ ] Employer based coverage  
   - [ ] Medicare (Basic, HMO, PPO)  
   - [ ] Private Insurance  
   - [ ] None

9. Do you speak English?  
   - [ ] Yes  
   - [ ] No  
   - [ ] A Little

   If No, what language do you speak? ____________________

   Do you have someone who can translate for you?  
   - [ ] Yes  
   - [ ] No
10. Were you informed about transplantation as a treatment choice?
   - Yes (Proceed to question 11)       - No (See below)
   - If you were not informed about transplantation as a choice, would you be interested in finding out more information?
     - Yes
     - No

11. If you have not been evaluated for a transplant what is the reason for not proceeding with the process?
   - Was not aware I had treatment choices
   - Need more information. (I don’t understand what transplantation means for me.)
   - I’m not interested
   - Do you consider transplant too expensive?
     - Yes: Please explain:
     - No
   - Unable to attend all required evaluation appointments due to:
     - Unable to take time off work
     - No transportation
     - No family support
   - Religious beliefs
   - Physician feels I’m not a candidate
   - I have other medical conditions that disqualified me for a transplant
     - Describe:
   - Other: Please state:
Barreras Camino a Ser Evaluado Para Trasplantes

Este formulario debe ser llenado por pacientes elegibles para trasplantes que decidieron no proceder con la evaluación.

Por favor conteste las siguientes preguntas. Nota: este cuestionario es anónimo y si no se siente cómodo contestando las preguntas, puede dejarlas en blanco.

1. Sexo:   □ Femenino   □ Masculino
2. Edad:   □ 15-20   □ 21-30   □ 31-40   □ 41-50   □ 51-60
   □ 61-70   □ 71-80   □ >81
3. Estatus Legal:   □ Residente Legal   □ No Soy Residente Legal
4. Educación:   □ Grado 1-6   □ Grado 6-12   □ Algo de Universidad
   □ Grado Universitario   □ Master
5. Raza: (Marque todas las que aplican)
   □ Indo-Americana/Nativa de Alaska   □ Negra/Afro-Americana
   □ Asiática   □ Nativa de Hawai/Pacífico-Isleña
   □ Blanca   □ Latina
6. ¿Está trabajando?   □ Si   □ No
7. ¿En qué condado vive?
   □ Imperial   □ Inyo   □ Kern   □ Kings
   □ Los Angeles   □ Orange   □ Riverside
   □ San Bernardino   □ San Diego   □ San Luis Obispo
   □ Santa Barbara   □ Tulare   □ Ventura
8. ¿Tiene seguro médico?   □ Si (siga a la pregunta 9)   □ No
9. Si tiene seguro médico, ¿qué tipo de seguro médico tiene? (Marque todos los que aplican)
   □ Medi-Cal   □ Medi-Cal de Emergencias   □ Seguro por empleador
   □ Medicare (Básico, HMO, PPO)   □ Seguro Privado
10. ¿Habla inglés?   □ Si   □ No   □ Poco
    En caso de No, ¿Tiene alguien que puede traducirle?
    □ Si   □ No
11. ¿Estaba informado(a) sobre el trasplante como una opción de tratamiento?
   ☐ Si (siga a la pregunta 12)   ☐ No (lea abajo)

Si no fue informado(a) sobre el trasplante como una opción, ¿Le interesa tener más información?
   ☐ Si   ☐ No

12. Si no ha sido evaluado (a) para un trasplante, ¿por qué no ha seguido con el proceso?
   ☐ No sabía que tenía opciones de tratamiento
   ☐ Necesito más información. (No sé que significa un trasplante para mí)
   ☐ No me interesa
   ☐ ¿Considera que el trasplante es demasiado caro?
     ☐ Si: Por favor explique: __________________________________________
     ☐ No

   ☐ No pude asistir a todas las citas requeridas para la evaluación porque:
     ☐ No puedo tomar tiempo libre de mi trabajo
     ☐ No tengo medio de transporte
     ☐ No tengo apoyo familiar
     ☐ Creencia de religión
     ☐ El médico opina que no soy candidato(a)
     ☐ Padezco de otras condiciones médicas que me descalifican para el trasplante
       Describa: ____________________________________________________________
     ☐ Otra: Por favor explique: ____________________________________________