Carolinas Medical Center Renal Transplant Program

Jan Fries, RN
Intake Clinician
Kidney Transplant
Carolinas HealthCare System is Atrium Health

40 Hospitals, 940 Care Locations, 7,400 Licensed Beds
Introduction: Our Transplant Program

• First kidney transplant at CMC: May 4, 1970

• Certified by Centers for Medicare and Medicaid Services (CMS) and a member of the United Network for Organ Sharing (UNOS)

• Only 1 of 6 transplant centers in the US with its own hospital-based organ procurement program

• Offers a comprehensive multi-disciplinary approach to transplant

• Approximately 130 referrals received per month, over 1400 referrals in 2019

• Performed 153 kidney/kidney-pancreas transplants in 2019; to date, over 3,000 kidney transplants performed at CMC
Contact Information

Atrium Health
Carolinas Medical Center
Transplant Center
1025 Morehead Medical Drive
PO Box 32861
Charlotte, NC 28232

Phone: 800-562-5752
704-355-6649
Fax: 704-446-4876

Intake Coordinator: Jan Fries, RN
Phone: 704-355-2948
Kidney Transplant Team

Transplant Surgeons
• Vincent Casingal, MD  Surgical Director
• Lon Eskind, MD
• Roger Denny, MD
• J. Raul Soto, MD

Mid-Level Providers
• Brenda Thrasher, FNP-C
• Michael Filsinger, PA
• Alexzandria Messer, PA
• Ashley Wagner, PA

Transplant Nephrologists
• Chris Fotiadis, MD  Transplant Medical Director
• Benjamin Hippen, MD
• Peale Chaung, MD
• Adit Mahale, MD

Pharmacists
• Kevin Cooper, Pharm D
• Bennett Noell, Pharm D
• Jane Revollo, Pharm.
Kidney Transplant Team

Nurse Coordinators
• Kelly Carlisle, RN
• Marlay Manopaseuth, RN
• Gwen Ligon
• Kellian Scott
• Diane Derkowski, RN
• Jan Fries, RN  Intake Coordinator
• Lorrie Lockwood, RN
• Judy Sar, RN
• Amy Kupsco, RN
• Christy Wallace, RN
Kidney Transplant Team

Medical Social Workers
- Adrienne Hines, MSW
- Leslie Mills, MSW

Clinical Dietitians
- Karli Hogsed, RD
- Claire Roess, RD

Financial Coordinators
- Tess Harris
- Michelle Kern
- Diana Smith
- Tosha Breland

Program Assistants
- Cindy Thompson
- Marilyn Jackson
- Tracey Massey
- Katie Goosch
- Tammy Fea
- Yvonne Ellerbee
- Elena Henault
Criteria for Referral

• Referral must come from a dialysis center or nephrologist
• Patients with or nearing end stage renal disease (ESRD)
• Patients with advanced chronic kidney disease (CKD); all patients with advanced CKD should be considered for transplant evaluation
• Decreasing glomerular filtration rate (GFR); physicians are encouraged to refer all medically appropriate patients once a GFR of less than 30 mL/minute is reached

*Every medically appropriate patient deserves an opportunity to be referred for kidney transplant evaluation in a timely manner in order to reap the significant lifestyle and survival benefits experienced from transplant (Retrieved from https://optn.transplant.hrsa.gov)
Absolute Contraindications

- Active substance abuse
- Advanced cardiovascular disease
- Patient refusal
- Advanced neuropsychiatric illness
- Untreated malignancy
Why a Patient May NOT be a Transplant Candidate…

- Medical issues, such as advanced heart or lung disease, cancer
- Poor physical conditioning
- Lack of adequate social or financial support
- Non-compliance with dialysis, medications or appointments
- Current use of illegal drugs, alcohol abuse, and tobacco use
- Morbid obesity
Transplant Assessment Process: What Patients Need to Know

• Kidney transplantation is **NOT** a cure

• Understand risks and benefits of transplantation

• Getting listed for a transplant requires commitment and ownership from the patient

• Biggest Obstacles to Transplant Listing
  • Weight goals (BMI < 35)
  • Financial/Fundraising
  • Lack of support systems
  • Transportation

• Getting on the wait list can move fairly quickly, but receiving a kidney transplant can take several years
The Transplant Process

- First attend an educational class
- Meet with a Coordinator 1:1
- Multidisciplinary evaluations
  - MSW
  - Nephrology
  - Surgeon
  - Dietary
- Cardiac evaluation
- Labs, CXR
- Routine health maintenance (PAP, mammogram, colonoscopy)
Expectations

- KDU’s & patients will receive a confirmation of referral
- KDU’s & patients will receive schedule of evaluation
- KDU’s will receive a copy of any letters sent to patient
- KDU’s will receive a copy of the evaluation tests
- KDU’s will receive status reports regarding their patients
Each potential kidney transplant candidate is required to have financial counseling with a transplant financial counselor.

During this visit, the counselor and patient will go over their income analysis form to gauge their financial readiness for kidney transplant. This teaching also includes a medication co-pay analysis based on their current RX plan. Once this is completed, the patient is presented with a debt to income ratio. This ratio, based on our criteria will determine if they will have a fundraising goal. At our center, the maximum we require patients to fundraise is $7500.00. The counselors check with the patients every 3 months on the status of their fundraising goal.
## Financial Assessment and Counseling Checklist

<table>
<thead>
<tr>
<th>Financial Counseling Checklist</th>
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<tbody>
<tr>
<td><strong>Patient Name:</strong></td>
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<tr>
<td><strong>Date:</strong></td>
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<tr>
<td><strong>Insurance Profile provided and discussed</strong></td>
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<tr>
<td><strong>Immunosuppressive Financial Assessment provided and discussed</strong></td>
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<tr>
<td><strong>Medicare Part D coverage discussed</strong></td>
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<tr>
<td><strong>Comprehensive Financial Assessment offered</strong></td>
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<tr>
<td><strong>VA Benefits discussed (if applicable)</strong></td>
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<tr>
<td><strong>Patient Assistance Programs discussed</strong></td>
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<tr>
<td><strong>Fundraising Opportunities Discussed</strong></td>
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<tr>
<td><strong>Health Insurance Risk Pool Discussed</strong></td>
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<tr>
<td><strong>Financial Agreement signed</strong></td>
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<tr>
<td><strong>Questions:</strong></td>
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If a patient is required to fundraise, we provide them with handouts and contact information. These are recommended, but not required to utilize. There are other resources that are available.

- Children’s Organ Transplant Association
- National Foundation for Transplants
- Help, Hope, Live

In addition, the patient also signs a fundraising agreement.
Medicare and Kidney Transplant

• MEDICARE COVERS THE FOLLOWING TRANSPLANT RELATED EXPENSES:

• Evaluation and admission for the kidney transplant, including professional fees, for both the recipient and the living donor. When Medicare is secondary to a commercial insurance, Medicare covers all donor charges, pre and post transplant.

• If donor complications arise, Medicare B will cover those costs, as long as they are directly related to the donation and as long as your Medicare B is active at the time of transplant.

• Medicare B can cover 80% of immunosuppressant medications (when they are the primary payer and there is coordination with the secondary insurance).
Q&A – 3-5 minutes?

Address questions specific to your transplant center