

The Transplant Connection

SAVE THE DATE!

Oct. 1

Annual Transplant Picnic
11 a.m. - 2 p.m.
(Loose Park)

Oct. 12

"Living with Diabetes"
6:30-8 p.m.
Rooms 3-4
(outside cafeteria)

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 THE TRANSPLANT INSTITUTE
Research Medical Center

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From the Medical Director...



The field of organ transplantation is such a dynamic and exciting area of medicine. We're always striving for better results, better medications, better ways to improve donation, better ways to allocate those organs that are donated, and better ways to treat our patients so they can have a longer healthier life.

One of the more recent topics regarding the field of transplantation is that United Network for Organ Sharing (UNOS) is trying to find a better way to allocate organs to patients on the waiting list for kidney transplants. Currently, the major determining factor is how long one's been on the waiting list. The age of the donor, or of the recipient (except for those patients 17 years and younger), is not taken into consideration. It's not unheard of to have teenagers donate kidneys allocated into a 60, 70 or 80-year-old recipient, as well as kidneys of older donors transplanted into young recipients. If every kidney lasted as long as we needed them to, this wouldn't be an issue. But we know that's not the case. On average a kidney transplant lasts about 10-14 years. We also know that kidneys from younger donors last longer than those of older donors. The goal of the proposed new allocation scheme is to maximize the number of years a kidney transplant will function, and one way of doing this is to more closely match the age of the donor and recipient. Young donor kidneys tend to match better to a younger recipient and older donors to older recipients. It's estimated that if the new proposal was adopted, it would affect about 20 percent of the allocation process. The benefit would maximize the function of the kidney transplant and hopefully decrease the number of patients who need two or more transplants.

Other exciting news in transplantation is that we have a new class of anti-rejection medication for the first time in over 10 years. Nulojix (belatacept) was just approved by the FDA in July. One of the unique things about this medication is that it's administered once a month to new patients just receiving their transplant. The patient must meet certain criteria so we're initially going to be very selective in who receives it, but it's always good to have more options in choosing immunosuppression regimens.

Daniel Murillo, MD
Medical Director
The Transplant Institute
Research Medical Center

From the Program Administrator...

TRANSPLANT QUALITY INFORMATION THAT YOU HAVE ACCESS TO 24/7



Who measures it?

Scientific Registry of Transplant Recipients (SRTR)

Where can I find it?

The information that is shared with the public on quality measures is more easily accessible than ever. SRTR information on our program can be found at www.srtr.org. The website is updated every January and July. You can search for our transplant center specifically or you can look at any transplant center in the United States and find information on quality measures for transplant recipients.

Why is it important?

Each day we strive to provide top quality care, and having that information available to you is one important piece in keeping you informed about your care.

Our transplant program monitors quality in real-time and retrospectively. Real-time means that each day we are looking at labs to ensure that patients are taking their anti-rejection medication appropriately to maintain their transplanted organ. We also round as a transplant team on the patients who are in the hospital. The transplant team consists of our surgeon, transplant coordinators, case manager, transplant pharmacist, dietician, and the nurse taking care of the patient. You, the patient, are also part of the transplant team and our most important member!

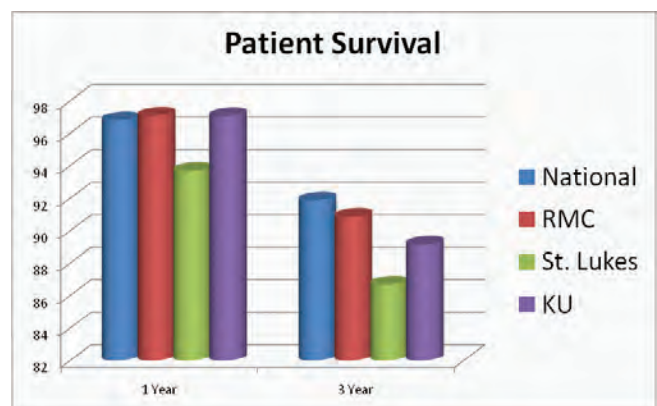
Looking at quality retrospectively means that on a monthly basis, our Quality committee reviews all the transplants from the previous month. The committee is looking to see what went well and what we could do better. We believe that always looking for ways to improve is one sign of a high quality transplant program.

Another sign of a high quality transplant program is its outcomes. The graphs below represent how the program at Research Medical Center (RMC) compares to other programs in the city as well as the national averages at the one year and three year post-transplant timeframe.

Becky Hulett

BECKY HULETT, RN, MSN

Program Administrator
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U.S. News & World Report Honors Daniel Murillo, MD

Searchable directory builds on Best Hospitals rankings

U.S. News Media Group recently announced U.S. News Top Doctors, a free searchable directory available at www.usnews.com/top-doctors that lists nearly 30,000 peer-nominated physicians across the country. Daniel Murillo, MD, was among those recognized in U.S. News Top Doctors.

U.S. News Top Doctors was created in collaboration with Castle Connolly Medical Ltd., publisher of *America's Top Doctors* and other consumer health guides. It draws from Castle Connolly's database of Top Doctors, all recommended for their clinical skills by other doctors and individually vetted by a physician-led research team. Consumers can search for a Top Doctor by location, hospital affiliation, and a full range of specialties and subspecialties.

U.S. News Top Doctors builds on the Best Hospitals rankings, which U.S. News updated last week. Health consumers can now see which Top Doctors practice at the 700-plus hospitals in the 22nd annual rankings by visiting www.usnews.com/best-hospitals.

"For decades, the Best Hospitals rankings have helped guide patients who need an especially high level of care to hospitals that excel in providing it," said Avery Comarow, U.S. News Health Rankings Editor. "Top Doctors has a similar mission. We want to help consumers find the doctors in their area who come highly recommended by other physicians."

Castle Connolly assembled the roster of Top Doctors by soliciting nominations from physicians in academic medical centers, specialty hospitals, and regional hospitals and

physicians in private practice. Its research team then reviewed each nominee's training, achievements, and appointments, among other credentials.

"We believe this brings important information on excellent physicians directly into the hands of consumers," said Dr. John J. Connolly, President and CEO of Castle Connolly Medical Ltd. "Given the unsettled future of the delivery and financing of healthcare and the changing nature of physician practices, it is critical that consumers have trusted sources of high-quality information about both doctors and hospitals."



DANIEL MURILLO, MD, has served as medical director of the kidney and pancreas transplant program at Research Medical Center since 2003. He also serves as assistant clinical professor in the surgery department at the University of Missouri-Kansas City. He received his bachelor's degree in biology at the University of California-Irvine and his medical degree at the University of Wisconsin Medical School. Dr. Murillo served his fellowship training in general and transplant surgery at Indiana University Medical Center and the University of Nebraska Medical Center.

"Living with Diabetes"

Presented by Alyvia Elliott, RN, BSN

Donor Family Services Coordinator • Midwest Transplant Network

Wednesday, Oct. 12

6:30-8 p.m.

Rooms 3-4 (outside cafeteria)

The Living Donor Gift



As the new living donor coordinator, I was somewhat apprehensive about the evaluation process for potential living donors. How could we ask someone to give away a kidney? How can we be sure that they will have no problems after donation? What risks are involved with being a living donor? All these concerns nagged at me especially if it was a particularly young person offering to become a donor.

After having worked in this area for about three years, I am surprised to say that approximately one out of 10 potential donors pass their tests and are actually healthy enough to become a donor. This is good news as we can then feel confident that our tests are thorough enough to be able to identify potential health issues that may become a problem not now....but down the road as they get older.

Our testing includes a basic urinalysis and a 24-hour urine collection that looks for protein, bacteria and any blood in these urine samples. We also look at insulin levels and glucose levels. An especially high insulin level shows a potential for Type II diabetes. Elevated liver enzymes and cholesterol levels can be red flags. We check blood pressures three different times

both standing and sitting. A CT of the abdomen and pelvis helps us to identify any abnormal anatomy and problems with either of the potential donor kidneys.

The next phase of testing will include consultations by a transplant nephrologist, a surgeon whose specialty is hand assisted nephrectomies, a psychologist and our transplant social worker. Each of our potential donors are educated multiple times regarding risks, potential complications and their own needs after donation.

Because of our excellent team work, our outcomes have been great. Long term problems have been minimal. If one of my potential living donor patients pass all the testing and the surgery becomes a very real option, I am optimistic that it will be a very positive experience for the recipient and the living donor.

Sherry Potts

Sherry Potts, RN, BSN, CCTC

Pre-Transplant Coordinator

The Transplant Institute

(816) 276-4731

From the Financial Coordinator...



The Transplant Institute at Research Medical Center is contracted with the following payors for kidney, pancreas, and simultaneous kidney-pancreas transplant services:

- **BLUE CROSS & BLUE SHIELD OF KANSAS CITY** (including Blue Advantage & Blue Care, Freedom Network & Freedom Network Select, Preferred Care & Preferred Care Blue, Blue Access, Traditional Indemnity (“PAR”))
- **COVENTRY** (including “Advantra” Medicare products)
- **HUMANA** (including “Gold Plus” and “Gold Choice” Medicare products)
- **MEDICARE** (including those with Supplemental Medicare Insurance, or “Medigap” plans, such as AARP Options, Sterling & Blue Cross, as well as all Medicare Private Fee For Service plans)
- **MEDICAID** (including MO HealthNet & Kansas HealthWave plans, i.e., Blue Advantage Plus, Family Health Partners, Missouri Care, Molina & Unicare)

- **SMARTCARE** (HCA employees’ PPO plan, administered by Aetna)
- **CIGNA** (LifeSource network)
- **PHCS/MULTIPLAN**

If you do not have insurance with these companies we will negotiate with them to allow your transplant to occur at Research Medical Center. While we will work diligently to assist you in attempting to assure that you receive maximum benefits at our facility, we are unable to overrule coverage decisions made by the insurance company with which we do not contract. We will sit down with you and go over your insurance benefits so you know what to expect financially for transplant.

Missy Trammell

Missy Trammell

Financial Coordinator

The Transplant Institute

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