THE GIFT THAT KEEPS ON GIVING

ORGAN TRANSPLANTS ARE UP, EVEN DURING THE PANDEMIC, BUT SUPPLY ISN'T KEEPING UP WITH DEMAND

Written By Bruce Shutan

There's finally cause for celebration on the state of organ donation and transplantation, which is a top-of-mind issue for self-insured health plans. Annual volume records have been set for kidney, liver and heart transplants, the most commonly transplanted organs.

Rather surprisingly, this has occurred two years into the worst pandemic in more than a century. Consider, for instance, how 2021 marked the eleventh consecutive record-breaking year for organ donation from deceased donors and the ninth in a row for deceased donor transplants, according to the United Network for Organ Sharing (UNOS), which serves as the Organ Procurement and Transplantation Network under federal contract.

Organ transplants performed in the U.S. increased 5.9% from 2020 to 2021, which as UNOS noted, surpassed the 40,000 milestone for the first time. Of the most common transplants done last year, UNOS reports that 24,669 were kidney transplants; 9,236 were liver transplants, which set annual records for the past nine years; and 3,817 were heart transplants, which set a new record in each of the past 10 years.

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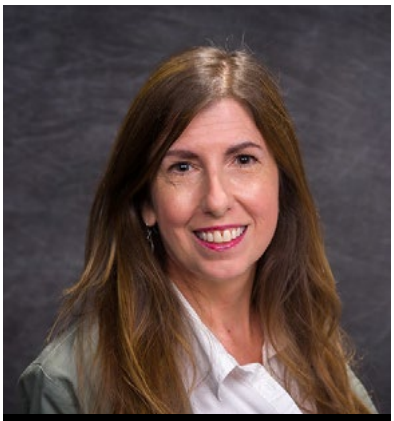
But this encouraging news doesn't trickle down to most people who are in need of organ transplantation. Scores of potential recipients are still waiting for life-saving treatment. UNOS reports that more than 106,000 people are waiting for organs, nearly 90,000 of them on the list for a kidney transplant. And more than 60,000 people are added to the waiting list every year.



Anne Paschke

"Our vision is a world in which there is no wait for a transplant," says UNOS spokeswoman Anne Paschke, who would like to see more people register to be an organ, eye and tissue donor. "Although many lives are saved by transplantation, there still aren't enough organs to go around."

That's due in part to only about 2% of the population dying under the right conditions to be a deceased organ donor, which involves being connected to a hospital ventilator. This phenomenon, however, doesn't extend to issue and cornea donations. Many people who die in motor vehicle accidents become organ donors, depending on the type of injury they sustain.

There are many reasons why the number of donors and transplants have increased, according to Paschke. One is a lot more advocacy by organ procurement organizations and tissue banks, as well as community leaders working getting the word out and media coverage. Other factors include innovation and improvement in the field or organ donation and transplantation.

CARVING OUT COVERAGE

Whatever the case may be, employers have a lot to take in when it comes to deciding on cost-containment strategies, as well as steering health plan members to quality providers and facilities.

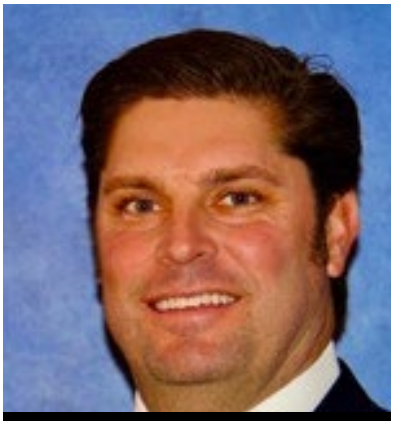
Robby Kerr, an SVP with Tokio Marine HCC - Stop Loss Group (TMHCC), has seen increased awareness of the organ-transplantation line from the self-funded industry over the past five years. The key driver, of course, is that health care continues to get more expensive.

With bills as high as seven figures for many different types of transplants and paid-out charges in the $400,000 to $600,000 range, he says more attention is being paid to a fully-insured organ transplant carveout product. Coverage for most of them would involve the transplant itself and full episode of care that include follow-up visits.

Using the kidney as an example because it's relatively inexpensive relative to other transplants, Kerr says coverage would extend to treatment throughout a patient's chronic kidney disease, end-stage renal failure, dialysis and ultimately the transplant.

The prevalence of this condition, which is caused by high blood pressure and diabetes and often called a "silent epidemic," helps explain why it flickers so bright on the radar of self-insured health plans.

"But then you get up into the space where you're doing an allogeneic bone marrow, heart transplant or heart/lung that's very expensive," he explains. "Now you're talking paid out costs potentially getting up there; just on the transplant alone $750,000 higher in that space."



Robby Kerr

If it's a known condition, he says the stop-loss carrier will look to laser out the claim, which simply shifts the burden to the policyholder.

Bottom line: Kerr says a fully-insured organ transplant carveout is the best solution, but it must be purchased at the right time. Namely: when the plan doesn't have those claimants. "No one's looking to sell you insurance when your house is on fire," he quips, "so the same thing applies in the organ transplant space."

Just like property and casualty insurance, he says premiums are reasonable and a separate policy is a no-brainer for the right size group. "It's definitely designed for the small to midsize employer because those are the ones that are scared about a big price change on their stop-loss," he explains. "If you can give them something that is cost relative and manageable, and they can pay that over time and get rid of that exposure, it's a really solid move."

Transplants represent an excellent example of good known risk that could be underwritten from a self-funded, stop-loss side of a potential laser because of the wait times for organs, Kerr explains. "People are beginning to finally say it might not be a bad idea to align this little niche product with our self-funded plan to carve out that risk and put it in a different policy," he says.

THE PANDEMIC'S IMPACT

Prior to the pandemic, Kerr noticed an uptick in living livers that was becoming somewhat of a new cultural phenomenon. An elective-surgery shutdown during the early days of COVID-19 erased that progress, along with living kidney and bone marrow donations, which he says led to "a reasonable catchup toward the end of 2020 and beginning of 2021."

The first six weeks of the pandemic, the number of deceased donor transplants were down 40% to 50%, Paschke reports. Living donor transplants dropped much further, and there were few of those being done at all. Some transplant programs temporarily curtailed living donor transplants in areas hit hardest by large COVID-19 outbreaks. But then the transplant community found ways to solve logistical problems, which included testing donors for COVID-19.

One morbid pattern that Kerr saw emerge was that there weren't as many deceased organs available earlier in the pandemic because people didn't vacation as much and, therefore, fewer traveling fatalities occurred. There also were concerns about the quality of lungs inside the body of people who died from the virus.

Given the need for respirators to combat breathing problems linked to the virus, there was a greater need for lung transplants, especially double-lung vs. single-lung procedures, which Kerr says was a trend that was already in motion just by coincidence.

He attributes the increase in living liver donation to technology enhancements. Noting how the liver will easily regenerate, he says transplanting just a portion of this organ will enable both the donor and recipient to thrive and benefit.

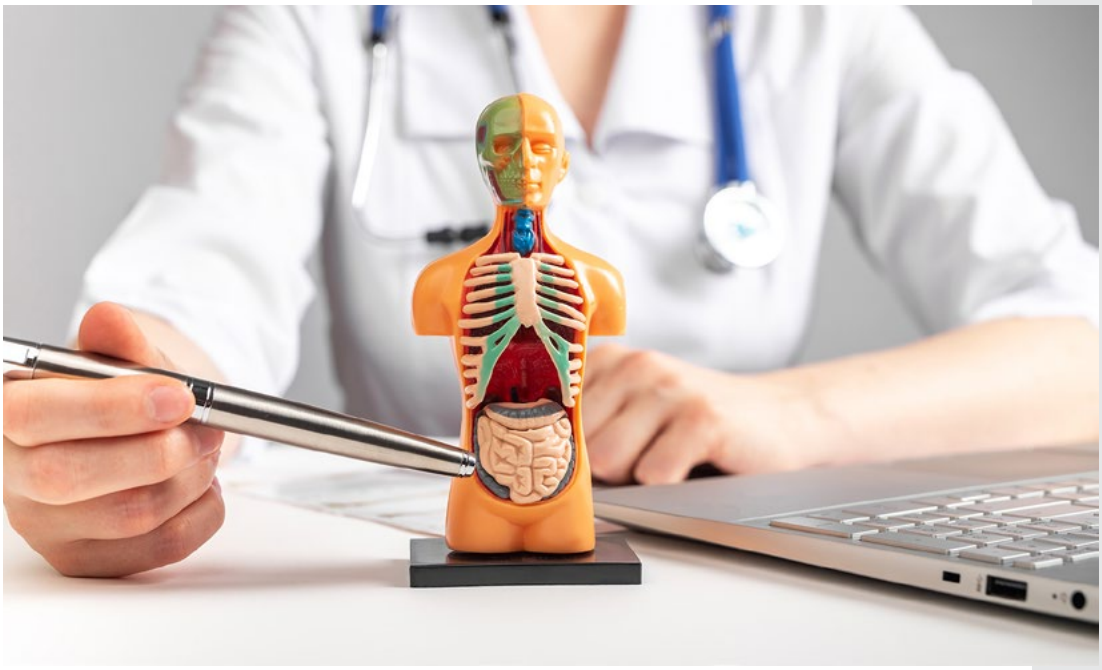
On the flip side, he says more people turned to alcohol to cope with pandemic isolation and depression during the pandemic, which obviously is detrimental to the liver.

"The alcohol itself is a qualifier that kicks people out," Kerr says, tracing the rising number in liver transplants to the pandemic.

Technology plays a significant role in other ways. For example, it was customary to put an organ on ice in an Igloo cooler. But organs that are approved for transplantation can be preserved for much longer periods of time, which Kerr says means that patients can travel further distances to their recipients.

Technologies involving machines that perfuse organs instead of shipping them on ice allow them to be maintained in a warm environment, Paschke explains. That can extend how long they can be out of the body, as well as in some cases, even improve the organs themselves.

Another manifestation of incredible medical breakthroughs means that someone who has hepatitis C or HIV can donate their organs, whereas that wasn't possible before.



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1 MyHealthGuide rankings, 2022 myhealthguide.com.
2 Fortune rankings, 2022, fortune.com.

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Kerr says the most interesting area right now involves cell and gene therapies to replace or augment bone marrow transplant as the treatment of choice. While a Chimeric Antigen Receptor (CAR) T-cell is closely connected with transplantation, he says it's not identical and is just a tangent of those procedures.

"If you can turn a large percentage of your bone marrow into a CAR T-cell, and a CAR T-cell is less expensive than a bone marrow transplant, then it would make sense to try to do that," he says. "That's just yet to be proven to be the pathway." While the Food and Drug Administration has delayed many approvals in the gene therapy space, Kerr reports that they have been approving products in the cell therapy space.

"To some degree," he adds, "it has increased confusion of what is covered in one of the fully-insured organ transplant carveout policies."

Bone marrow accounts for about 40% of all transplants on an annual basis with kidneys next in line, according to Kerr. He says the lowest number of transplant types involve intestines, pancreas and a combination of kidney and pancreas (fewer than 1,000 of those).

For bone marrow procedures, Kerr says it can take anywhere from 90 to 100 days between diagnosis and transplant, while kidney and liver recipients who bring in an organ for donation go to the front of the line and skip lengthy waits.

In the kidney space, he says wait times are long and there's a need for many pretransplant medical procedures. A debate, in fact, is brewing about whether it's better for patients to go straight to a kidney transplant vs. having 30 months of dialysis. "It's certainly less costly to have a transplant, and it's probably a lot better of a body from a toxicity standpoint than what's being done to you by going through dialysis," Kerr observes.

HELPING PROMOTE PREVENTION

What group health plans can do to reduce the need for organ transplants in the first place is promote disease prevention, Paschke notes. "We have a lot of perks with our health plan that incentivizes us to live a healthy lifestyle," she says.

A related strategy involves communicating the need for employees to take vacations so that they can be both physically and mentally fit. "Our CEO held a monthly town hall during the pandemic where he talked about how just because you're at home and you can't go on vacation doesn't mean you don't need to take your time off," she recalls. "The benefit is there for a reason, and people need to use it. It's part of that work-life balance."

Another way employers can help is by supporting living donation. More than 6,000 transplants last year came from living donors. As such, she encourages employers to provide time off to employees who become a living donor.

"There's actually a recognition program with the American Society for Transplantation for employers who provide that benefit," she says.

Preserving one's health following a transplant may be an ongoing battle for some. After people receive a kidney transplant, for example, Paschke says powerful drugs are required to suppress the immune system for the rest of their lives so that you don't lose the organ. Until recently, she notes that Medicare only covered three years' worth of immunosuppressive drugs.

"If people weren't able to continue paying for those drugs and they stopped taking them, chances were they would reject the kidney, need another and have to go back on dialysis," she explains.

Meanwhile, signing up to be an organ donor has never been easier. "You don't have to wait until you go to the DMV," Paschke says. "You can simply go to your state registry or registerme.org and fill out the form. And that's all it takes, just a couple of minutes. If you have an iPhone, you even can sign up in the iPhone health app." ■

Bruce Shutan is a Portland, Oregon-based freelance writer who has closely covered the employee benefits industry for more than 30 years.