Does an “aggressive” transplant center lead to higher Medicare costs?

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Introduction
- Higher wait-list mortality for a center suggests that the center accepts higher-risk candidates for transplant.
- A higher transplant rate suggests that the center accepts higher-risk donors.
- We hypothesized that cost of kidney transplantation at such centers may be higher since they are accepting high-risk candidates and donors.

Methods
- Study population included adult Medicare kidney recipients transplanted between 1/1/2007 and 6/30/2009. We excluded those recipients without Medicare as Primary Payer and small transplant centers with expected wait-list mortality or expected transplant rate less than 3.69. The expected transplant rate and wait-list mortality for all kidney transplant centers in the study.

Using the SRTR program-specific reports, we determined the observed/expected wait-list mortality and observed/expected cost for recipients of deceased and living donor kidneys.

Using the SRTR program-specific reports, we determined the observed/expected wait-list mortality and observed/expected transplantation rate for all kidney transplant centers in the study. Then we determined the correlation coefficient between relative cost and observed/expected transplantation rate for all kidney transplant centers in the study.

The mean observed transplantation rate was 0.99 (IQR=0.88-1.08). The mean observed/expected transplantation rate on the waiting list of 1.24 (IQR=0.82-1.59) was not correlated with the relative cost (r=0.08, p=0.26).

Panel A: Variation in Cost of Transplantation & Transplant Rate

Panel B: Variation in Cost of Transplantation-B Worse Quadrant

Conclusions
- There was no association between being an “aggressive center” and the first-year cost of transplant to Medicare.
- Variation in cost and a center’s transplantation rate and wait-list mortality rate suggests a need to determine the most cost-effective practices to reduce costs of transplantation.
- There are opportunities to improve the outcomes and reduce cost to Medicare by disseminating cost-effective practices.