
TITLE: ORGAN TRANSPLANT PROGRAM**DISTRIBUTION:** TEACHING HOSPITALS IN WESTERN AUSTRALIA

1. Purpose

The purpose of this technical bulletin is to describe the scope and operation of the Organ Transplant program with particular emphasis on the purchase of activities in 1998/99.

2. Background

Not all DRG's have a well-defined characteristic DRG cost signature. In the case of exceptional DRG's these are often very difficult to predict in terms of average cost or estimates for the one time and multi time components. In 1996/97 these DRGs were classified as XDRGs and their activity and subsequent costs were considered in the Exceptional Episode Insurance Pool (EEIP). Most transplant services were classed as XDRGs.

Transplant activity includes:

- Liver (DRG 5);
- Bone Marrow (DRG 6);
- Multiple Organ Transplants (DRG 7);
- Heart (DRG 8); and
- Lungs (DRG 9)

Note that the transplants of kidneys are not included in this program because there are sufficient numbers performed to allow reliable estimates of the cost of care.

In 1998/99 the above transplant DRGs (5-8) are classed as program DRGs and paid at a rate which recognises the cost of providing these services. In most cases they will have a Scaled Central Episode price that will be computed using the WA Cost Weight Schedule. Exceptional activity (that occurring outside the boundary points, as defined by the new schedule) will be considered through the EEIP mechanism.

Nationally Funded Centres

The Nationally Funded Centre (NFC) program was a mechanism for pooling contributions from the various States and Territories to facilitate the provision and funding of special interventions performed at procedure-specific national centres of excellence. The NFC program will be discontinued with the end of the 1993/98 Medicare Agreement.

DRG 9 - Lung Transplants which were NFC procedures, will now be purchased on a case by case basis from the two current eastern state providers. For WA people seeking Lung Transplant services the two recognised service providers are St Vincent's hospital program in Sydney and the Alfred hospital program in Melbourne.

3. Specifications

The above DRG's are provided by the three designated metropolitan Teaching Hospitals (DRG 5-8) and two interstate hospitals (DRG 9). In WA, Royal Perth Hospital provides Bone Marrow and Heart transplant services, Sir Charles Gairdner Hospital has Liver and Bone Marrow transplant services and Princess Margaret Hospital has a Bone Marrow transplant service. Lung transplants are currently not provided in WA but in 1997/98 were accessed via the Nationally Funded Centres program.

Transplant activity levels are not specified in the current MoUs. Future program activity levels will be determined by the Metropolitan Health Service Board (MHSB) in consultation with the specified providers.

Service definitions and costing for lung transplant services to WA patients are still being developed. In defining the scope of a comprehensive service and the relevant payment schedule, items to be considered include: pre-hospital care; drug treatment costs; accommodation expenses; patient-relative support mechanisms; oxygen therapy costs; pre-transplant services; post transplant services; pre or post transplant death (and subsequent return to WA) and visiting specialist costs. The actual price used for lung transplant services is still to be negotiated with service providers in consultation with the MHSB and the HDWA.

In 1998/99 all transplant program services will require a full costing review to identify the specific one-time and multi-time cost components of the services. In 1999/2000 the issues associated with Lung transplants will also be considered with a view to having this service provided in WA.

4. Program Management

Program management is required in each of the specific transplant areas. In the case of lungs, there is a WA Lung Transplant Working Group considering all the associated issues. A database to monitor the cases is currently being developed jointly by the Hospitals and the HDWA. The information includes details of cases waiting to be listed, listed cases, cases awaiting transplants and cases transplanted.

Heart transplants which are currently undertaken at RPH, have been the subject of a full review commissioned in 1997. This review fully supported the program and had a number of specific recommendations including issues related to referral patterns and organ donation rates.

Bone Marrow transplants will require close monitoring in 1998/99. Management of this service is particularly important because of the significant growth in actual numbers being undertaken and its relation to the provision of chemotherapy services. A bone marrow transplant register will be established to capture information on all relevant patients and the details of the care provided by different transplant units.

Liver transplants are currently managed and monitored by the WA Liver Transplant Assessment Panel. Current departmental representation on this committee provides access to clinical information related to patients referred for assessment; patients on active list; and transplant patients.

5. Reporting Requirements

All the relevant providers will be required to collate and forward quarterly activity reports to the Health Department. The detail of the reports will be notified to providers as the MoUs are negotiated. The Health Department will be responsible for analysing these reports and providing feedback to the providers and the MHSB.

6. Business Rules

The actual volumes for 1998/99 are not currently set because of the un-predictability of these cases occurring during the course of a year. Like other XDRGs, the purchase of transplants will be funded directly from the EEIP. The business rules applicable to claim and payment processes from the EEIP will apply. These are outlined in the Exceptional Episode Insurance Pool policy statement and in the Technical Bulletin 21/1, The Payment Process for Exceptional Episodes.

Due to cost issues associated with these cases, further investigation is required and will be undertaken in cooperation with relevant service units, coordinating clinical groups and the MHSB during 1998/99.

The Program Purchasing Branch in the Operations Division will be responsible for further analysis of this program, the case work and price/volume studies.