

SOLID ORGAN AND BONE MARROW TRANSPLANTATION

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides policy for ensuring Veterans' access to solid organ and bone marrow transplantation, post-transplantation health care, as well as providing guidance to VHA facilities regarding the responsibilities of the National Surgery Office (NSO) in oversight and funding of the VHA Transplant Program.

2. SUMMARY OF MAJOR CHANGES: An amendment, dated October 15, 2020, updates content to reflect the Department of Veterans Affairs (VA's) transition to a new electronic health record (EHR) and enable implementation of this directive at VA medical facilities using Cerner Millennium (see paragraphs 3.f.(2) and 5.b.(2)).

3. BACKGROUND

a. The NSO is responsible for clinical and operational oversight and policy related to the VHA Transplant Program including, but not limited to, facilitating and monitoring the transplant referral process as well as monitoring outcomes of all Veterans who have undergone transplantation by an approved Department of Veterans Affairs (VA) Transplant Center (TC).

b. VHA has provided transplantation services since 1961. Each year, approximately 1,800 enrolled and medically-eligible Veterans undergo transplant evaluation, and approximately 450 Veterans undergo solid organ or bone marrow transplantation at an approved VATC. These numbers are expected to rise as the number of VHA Transplant Programs increases.

c. VHA also provides post-transplant care to Veterans who have received a transplant at a non-VA facility either through dual care or primary care arrangements. An analysis of United Network for Organ Sharing (UNOS) data indicates that most of the 1,800 Veterans undergoing organ transplants annually across the United States return to VHA for follow-up care and medications.

d. The NSO distributes transplant special purpose funds to the approved VATCs annually to support program infrastructure and maintenance of VHA transplant services.

e. Beginning in 2011, the NSO substantially modified the transplant referral process between the referring VA medical facility staff and the VATC staff with the goal of streamlining Veterans' access to transplant services and reducing wait times. To expedite case reviews, enhancements included implementation of an electronic transplant referral process that distinguishes stable from emergency patient referrals based on the immediate health care needs of the Veteran.

f. Definitions

(1) **Bone Marrow Transplantation.** Bone marrow transplantation is characterized by the source of hematopoietic stem cells being transferred to the recipient for therapeutic purpose.

VHA DIRECTIVE 2012-018(1)

July 9, 2012

(a) Autologous bone marrow transplantation means that the recipient provides the donor stem cells.

(b) Allogeneic bone marrow transplantation requires the transfer of stem cells from a family member, an unrelated donor, or a bank for umbilical cord blood.

(2) **Electronic Health Record.** Electronic health record (EHR) is the digital collection of patient health information resulting from clinical patient care, medical testing, and other care-related activities. Authorized VA health care providers may access EHR to facilitate and document medical care. EHR comprises existing and forthcoming VA software including Computerized Patient Record System (CPRS), Veterans Information Systems and Technology Architecture (VistA), and Cerner platforms. NOTE: The purpose of this definition is to adopt a short, general term (EHR) to use in VHA national policy in place of software-specific terms while VA transitions platforms.

(3) **Solid Organ Transplantation.** Solid organ transplantation includes, but is not limited to, heart, kidney, liver, and lung transplantation.

(4) **Transplant Special Purpose Funds.** Transplant special purpose funds are VA Central Office funds for medical care and managed by the NSO, to support VHA Transplant Program infrastructure and maintenance of VHA transplant services.

(5) **Transplant Surgical Advisory Board (SAB).** The Transplant SAB serves as a subject matter expert resource to the NSO. Members include a Chair designated by the National Director of Surgery and two representatives from each associated clinical discipline, as well as two transplant clinical coordinator representatives.

4. POLICY: It is VHA policy that solid organ and bone marrow transplantation must be provided to enrolled and medically-eligible Veterans at designated VATCs.

5. ACTION

a. **Veterans Integrated Service Network (VISN) Director.** Each VISN Director is responsible for ensuring that necessary and appropriate health care is provided to all enrolled or otherwise medically-eligible Veterans.

b. **Medical Facility Director and Chief of Staff at the Referring VA Medical Facility.** The Medical Facility Director and Chief of Staff at the referring VA medical facility are responsible for ensuring:

(1) Veterans are provided all medically necessary care as defined by VA's medical benefits package (Title 38 Code of Federal Regulations (CFR) §17.38).

(2) The national transplant referral template is available in each facility's EHR and is utilized by VHA providers when referring Veterans for transplant services, either to a VATC or

to community transplant programs. *NOTE: Instructions regarding the use of the national transplant referral template are available on the NSO intranet Web site, <http://vaww.dushom.va.gov/surgery/index.asp>. This is an internal Web site and is not available to the public.*

(3) VA medical facility staff adheres to the NSO transplant referral guidelines as described on the NSO intranet Web site, <http://vaww.dushom.va.gov/surgery/index.asp>. *NOTE: This is an internal Web site and is not available to the public.*

(4) Stable patient transplant referrals are submitted with all required documentation.

(5) Emergency patient transplant referrals are established in association with a direct provider to provider contact with the VATC of choice.

(a) In the case of emergency referrals, the referring VA medical facility staff first contacts the VATC staff.

(b) The referring VA medical facility staff then provides available information per NSO transplant referral guidelines.

(6) Requests by the VATC staff for additional testing are completed in a timely manner;

(7) The Veteran and a support person, and the living donor and a support person, if applicable, are reimbursed for all transplant-related round-trip travel costs including pre-transplant evaluation, transplant episode, and post-transplant follow-up.

(8) VA coordinates the most clinically appropriate mode of travel with the VATC staff.

(9) Transplant special purpose funds are not used for the financial reimbursement of solid organ or bone marrow transplantation when performed outside of an approved VHA Transplant Program. When the facility Director, VISN Director, or designee, elects to provide care and treatment to the Veteran at a non-VA facility through purchased care, costs for surgical supplies and medical devices such as a ventricular assist device and total artificial heart are not reimbursed.

c. **Medical Facility Director and Chief of Staff at the VATC.** The Medical Facility Director and Chief of Staff at the VATC are responsible for ensuring that:

(1) The VATC maintains the necessary complex infrastructure, including staff and Level 1 Intensive Care Unit (ICU) designation, required to provide transplant services for which the VATC is approved.

(2) The NSO is notified if, and when, the VATC fails to maintain the necessary complex infrastructure to support the designated transplant services for which the VATC is approved.

(3) Referring VA medical facility has 24 hour, 7 day a week (24/7) access to approved VHA Transplant Programs.

VHA DIRECTIVE 2012-018(1)

July 9, 2012

(4) VATC staff provides to the NSO, and updates as required, a current list of points of contact (POC) for each VHA Transplant Program located at the facility. This POC list must include, but is not limited to, a VHA Transplant Program Director, two physician reviewers (one of which can be the VHA Transplant Program Director), and a VATC Transplant Coordinator.

(5) Appropriate lodging arrangements are in place for Veterans, living donors, and support persons. Lodging costs are reimbursed to the VATC from NSO Transplant Special Purpose funds.

(6) The stable patient transplant referral process is followed when clinically appropriate and includes:

(a) Upon notification that a stable patient transplant referral packet has been submitted, the VATC reviewer enters the secure NSO Transplant referral Web site and provides an eligibility decision within 5 business days.

(b) If the Veteran is deemed medically-eligible for further evaluation, a member of the VATC staff directly contacts the Veteran and arranges for either face-to-face consultation or consultation utilizing teleconferencing technology.

(c) The VATC staff coordinates with the referring VA medical facility staff to arrange and complete any additional tests, examinations, or consultations as deemed necessary.

(7) The emergency patient transplant referral process is followed when clinically appropriate and includes:

(a) The VATC staff responds immediately to the emergency needs of the Veteran, which results in one of the following three actions:

1. Transfer of care to the VATC;

2. Determination that the patient is not medically-eligible for transplant services based upon clinical and/or psychosocial reasons requiring care to continue at the referring VA medical facility; and

3. Determination that the patient is stable, therefore requiring the referring VA medical facility staff to follow the NSO stable patient transplant referral process.

(b) The VATC reviewer enters the NSO Transplant Web site within 48 hours of emergency referral to enter the transplant review decision.

(8) Care and treatment of the Veteran is coordinated when transfer to an alternate VATC is requested or dictated by clinical circumstances and authorized by the Veteran.

(9) Clinical and workload information is provided in a timely fashion to the NSO upon request.

d. **VHA Chief Financial Officer.** VHA Chief Financial Officer will provide specific purpose funding to the NSO at the approved funding level for that fiscal year. These funds will be used to support program infrastructure and maintenance associated with solid organ and bone marrow transplantation performed by an approved VHA Transplant Program.

e. **VHA National Director of Surgery.** The National Director of Surgery is responsible for:

(1) Providing clinical and operational oversight and policy for VHA Transplant Programs providing solid organ and bone marrow transplantation.

(2) Maintaining a database for tracking Veterans who have undergone transplantation at a VATC.

(3) Maintaining a list of approved VHA Transplant Programs.

(4) Maintaining a list of POCs for each of the approved VHA Transplant Programs.

(5) Maintaining the secure NSO Transplant Web site, allowing for:

(a) Stable transplant referral packet submissions and VATC reviewer determinations.

(b) Emergency transplant referral packet submissions and VATC reviewer determinations.

(6) Facilitating a second opinion referral request from referring VA medical facilities for Veterans who, upon initial referral, are deemed medically ineligible for transplantation for clinical and/or psychosocial reasons.

(7) Facilitating an appeal process when requested by referring VA medical facilities for Veterans who, upon second referral, are deemed not eligible for transplantation for clinical and/or psychosocial reasons. Appeals must be forwarded to the Transplant SAB for review and recommendation. The National Director of Surgery must provide timely notification to the referring VA medical facility staff regarding the final appeal determination.

(8) Establishing, maintaining, and providing oversight of the Transplant SAB.

(9) Administering and providing timely distribution of transplant special purpose funds to VATCs for transplant services.

6. REFERENCES: None.

7. FOLLOW-UP RESPONSIBILITY: The National Surgery Office (10NC2) is responsible for the contents of this Directive. Questions may be referred to the National Director of Surgery at (202) 461-7148.

VHA DIRECTIVE 2012-018(1)
July 9, 2012

8. RESCISSIONS: VHA Directive 2001-027, dated April 27, 2001, is rescinded. This VHA Directive expires July 31, 2017.

Robert A. Petzel, M.D.
Under Secretary for Health

DISTRIBUTION: E-mailed to the VHA Publications Distribution List 7/9/2012