



# Heart and Lung Transplant Experience

*April 20, 2021*

# Amerigroup Texas Medicaid

- Membership: 909,719 (Dec 2020)
- 12 heart transplant centers
- 6 lung transplant centers

	<u>2019 Unique members</u>	<u>% of total</u>	<u>2020 Unique members</u>	<u>% of total</u>
<b>Potentially eligible members</b>	8,919		8,388	
<b>members referred for transplant</b>	63	0.7%	26	0.3%
<b>Number of transplants</b>	8	0.1%	6	0.1%

# Amerigroup Washington Medicaid

- Membership: 245,000
- 3 heart transplant centers
- 1 lung transplant center

	<u>2019 Unique members</u>	<u>% of total</u>	<u>2020 Unique members</u>	<u>% of total</u>
<b>Potentially eligible members</b>	2,280		2,443	
<b>members referred for transplant</b>	7	0.3%	5	0.2%
<b>Number of transplants</b>	3	0.1%	0	

# Literature Review

## Abstract 192: Disparities and Impact of Medicaid Expansion on Left Ventricular Assist Device Implantation and Outcomes

Xiaowen Wang, Alina A Luke, Justin M Vader, Thomas M Maddox, Karen E Joynt Maddox

Originally published 4 Apr 2019 | [https://doi.org/10.1161/hcq.12.suppl\\_1.192](https://doi.org/10.1161/hcq.12.suppl_1.192) | Circulation: Cardiovascular Quality and Outcomes. ;12:A192

- 889,377 patients admitted with heart failure in 15 states, 2012 - 2015
- Compared to commercial members, Medicaid members had LOWER mortality, while uninsured patients had HIGHER mortality
- **Conclusion:** Patients with low income, no insurance or Medicaid insurance, and racial/ethnic minorities were **less likely to receive LVADs**. Among patients who received LVADs, **African Americans and Hispanics had lower in-hospital mortality**. Medicaid expansion was not associated with a differential change in access to LVADs among likely poor patients.

# Literature Review

- Retrospective review of 11,000 adult lung transplant patients
- 7% were Medicaid
- 8% lower 10-year survival
- **Conclusions:** This study represents the largest cohort evaluating the effect of insurance on post-LTx survival.  
**Medicare and Medicaid patients have worse survival** after LTx compared with private insurance/self-paying patients.



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Original clinical science

## Insurance status is an independent predictor of long-term survival after lung transplantation in the United States

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# Literature Review

JAMA Cardiology | Original Investigation

## Strategies of Wait-listing for Heart Transplant vs Durable Mechanical Circulatory Support Alone for Patients With Advanced Heart Failure

Anuradha Lala, MD; John C. Rowland, MS; Bart S. Ferket, MD, PhD; Annetine C. Gelijns, PhD; Emilia Bagiella, PhD;  
Sean P. Pinney, MD; Alan J. Moskowitz, MD; Marissa A. Miller, DVM, MPH;  
Francis D. Pagani, MD, PhD; Donna M. Mancini, MD

*JAMA Cardiol.* 2020;5(6):652-659. doi:10.1001/jamacardio.2020.0631  
Published online April 15, 2020.

- **RESULTS** In total, 8281 patients had albumin level, creatinine level, and BMI data recorded and were included in the analysis. Despite propensity score matching, the 3411 patients receiving LVAD destination therapy still tended to be slightly older than the 3411 patients wait-listed for heart transplant (64.0 years [interquartile range, 55.0-70.0 years] vs 60.0 [interquartile range, 54.0-65.0 years];  $P < .001$ ), but there was no significant difference in sex (2701 men [79.2%] vs 2648 men [77.6%];  $P = .13$ ). After propensity score matching for age, sex, body mass index, renal function, and albumin level, 3411 patients were wait-listed for heart transplant. This included **1607 patients with bridge to transplant LVAD therapy and 1804 patients without LVAD**. The strategy of wait-listing for heart transplant was associated with better 5-year survival than LVAD destination therapy (risk ratio, 0.42; 95%CI, 0.38-0.46) after matching and adjusting for key clinical factors. This survival advantage was associated with heart transplant (adjusted risk ratio for time-dependent transplant status, 0.27; 95%CI, 0.24-0.32).

**CONCLUSIONS AND RELEVANCE** The present analysis suggests that **heart transplant with or without bridge to transplant LVAD therapy was associated with superior 5-year survival compared with LVAD destination therapy** among patients matched on several relevant clinical factors. Continued improvement in LVAD technology, along with prospective comparative research, appears to be needed to amend this strategy.

# Considerations in Nevada

- Anthem had 3 LVAD placements in 2 years (2019 – 2020)
- Only one center in NV is placing LVAD (Sunrise program started in 2020)
- No accredited lung or heart transplant centers in the state
- Intensive post-transplant rehabilitation is needed
- Infrastructure to provide ongoing post-transplant care in the state does not currently exist; periodic follow up at the transplant centers out-of-state will be necessary
- Periodic biopsies are needed (4-6 times/year); cost is similar to that of a cardiac cath

*Questions? Comments?*

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