

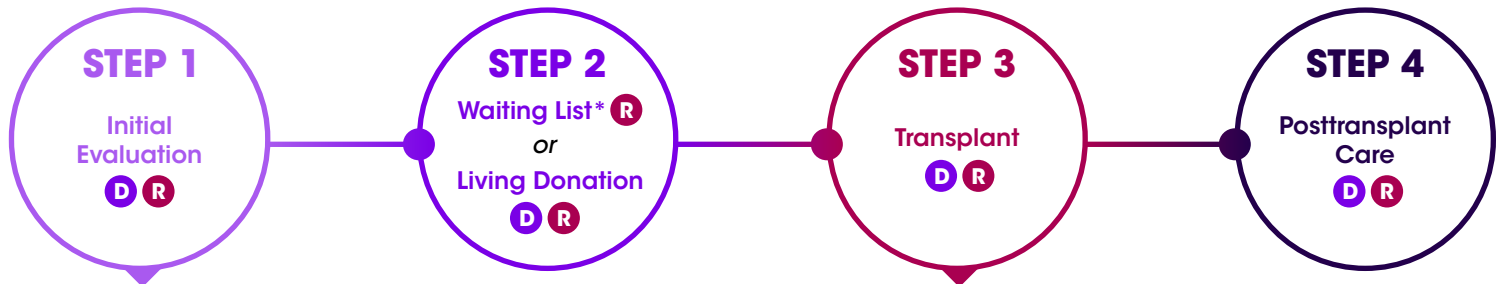
The Value of Transplant Centers to Hospitals and Health Care Systems

Hospitals and health care systems may help **improve patients' quality of life** with a **kidney transplant**, which is the optimal therapy for eligible patients with ESRD^{1,2}

Pretransplant evaluations, waiting list management, and posttransplant care require **multidisciplinary hospital services**^{3,4}

Transplantation may include these services: **D** DONOR **R** RECIPIENT

- Organ Procurement⁵ **D**
- Laboratory Testing^{3,6,7} **D R**
- Coordinated Care^{3,7} **D R**
- Imaging^{4,6} **D R**
- Physician Specialists^{4,6,8,9} **D R**
 - ▶ Surgeons
 - ▶ Radiologists
 - ▶ Endocrinologists
 - ▶ Psychiatrists
 - ▶ Cardiologists
 - ▶ Pathologists
 - ▶ Nephrologists
 - ▶ Gastroenterologists

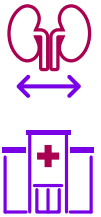


Medical evaluations to determine suitability for kidney transplantation may include but are not limited to^{3,6,7}

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> TESTING | <input checked="" type="checkbox"/> EXAMINATIONS | <input checked="" type="checkbox"/> SCREENING TESTS |
| <ul style="list-style-type: none"> ▶ HIV ▶ CMV ▶ Epstein-Barr Virus ▶ Hepatitis ▶ Blood and Tissue Typing | <ul style="list-style-type: none"> ▶ Liver ▶ Heart ▶ Lung ▶ Kidney ▶ Prostate | <ul style="list-style-type: none"> ▶ Mammogram ▶ Pap Smear ▶ Colonoscopy ▶ Frailty ▶ Neurology ▶ Stroke |

Annual volume for kidney transplant centers in the top 20% (n=50)^{10,†}

- ▶ Median number of **kidney transplants**: **~278**
- ▶ Percentage of the total **kidney transplant waiting list population**: **~48%**
- ▶ Median number of **patients on the kidney transplant waiting list**: **~740**



Investing in Transplant Centers May Benefit Health Care Systems in Addition to Patients

Transplant centers promote research and innovation in hospitals and health care systems^{11,12}

Kidney paired exchange (KPE) programs may help increase access to kidney transplant, potentially contributing to increased transplant rates at hospitals¹⁵



3,155 NIH-funded publications on transplantation in 2022¹³

~1 in 5 living donor kidney transplants in 2022 were achieved through KPE¹⁶

~\$930 million in NIH funding for transplantation research (1,942 projects) in 2022¹⁴

~10% of programs performed **>50%** of total KPE transplants in 2021¹⁷

CMV, cytomegalovirus; ESRD, end-stage renal disease; NIH, National Institutes of Health; OPTN, Organ Procurement and Transplantation Network.

*Waiting list includes individuals who may receive kidneys from deceased donors.¹⁸ † OPTN data were used to calculate the median number of transplants for centers in the top 20% (50 of 249) with the most transplants performed in 2023. The median number of transplants for all centers (N=249) was 74, with a range of 0 to 503 transplants. OPTN data from 2024 were used to calculate the percentage of patients on the waiting list of the identified centers in the top 20%; there were 46,601 patients on the waiting list of the transplant centers in the top 20% and 96,797 patients on the waiting list across all transplant centers.¹⁰

Intended for use with payers, formulary committees, or other similar entities for the purposes of population-based drug selection, coverage and/or reimbursement decision making.

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CMS Supports Kidney Transplantation

In October 2020, two new kidney transplant Medicare Severity Diagnosis Related Groups (MS-DRGs) were introduced to address the complexity of diagnosis and care for kidney transplant recipients, such as those with major complications or comorbidities (MCCs)^{19,20}

	MS-DRG 650	MS-DRG 651	MS-DRG 652
MS-DRG description ²¹	Kidney transplant with hemodialysis with MCC	Kidney transplant with hemodialysis without MCC	Kidney transplant
Total allowed cost (FY 2022) ^{21,†}	\$51,427	\$42,297	\$34,062
Hospital internal cost (FY 2022) ^{21,†}	\$38,207	\$29,762	\$25,886
Average ratio of total allowed cost to hospital internal cost (FY 2022) ^{21,†}	1.35	1.42	1.32

Suggested Strategies for Hospitals and Health Care Systems to Support Their Transplant Centers

- ▶ Expand living donation program^{22,23}
- ▶ Provide and promote participation in a KPE program²²
- ▶ Incorporate full-time equivalents (FTEs) as necessary to account for increases in community referrals²⁴
- ▶ Support the goals established by Advancing American Kidney Health (AAKH)²³

For more information on increasing access to kidney transplantation, please scan the following QR codes



PATH TO PKT RESOURCE



MILLIMAN REPORT

and visit our kidney transplant website at
[www.partnersintransplant.com/
preemptive-kidney-transplant.html](http://www.partnersintransplant.com/preemptive-kidney-transplant.html)

To request a meeting with a Sanofi Market Access Representative, please contact transplant@sanofi.com

CMS, Centers for Medicare & Medicaid Services; FY, fiscal year; PKT, preemptive kidney transplant; QR, quick response.

[†]This report analyzed kidney transplant admissions—specifically those that listed Medicare fee-for-service as the primary payer—using inpatient claims from 2021 and 2022 CMS 100% Limited Data Set files. MS-DRG relative weights were set using the national average cost to charge ratios applied to hospital charges to estimate hospital internal costs.²¹

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