

Strategies to Optimize Psychosocial Outcomes

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14th Annual Living Donation Conference

Presented by the American Foundation for Donation and Transplantation

NO DISCLOSURES



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OBJECTIVES

- Investigate and describe guidelines for the psychosocial evaluation of Living Donors in the United States
- Identify risk factors that make a subset of donors at risk for poor post-donation psychosocial outcomes
- Describe ways to mitigate donor risk for poor post-donation psychosocial outcomes



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Organ Procurement and Transplantation Network (OPTN) Policies

- Health Care Professionals Performing Psychosocial Evaluations
 - Licensed Social Worker
 - Psychologist
 - Psychiatrist



Psychosocial



“pertaining to the influence of social factors on an individual's mind or behavior, and to the interrelation of behavioral and social factors”



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Organ Procurement and Transplantation Network (OPTN) Policies

Psychosocial Evaluation Requirements for Living Donors

- An evaluation for any psychosocial issues
- The presence of behaviors that may increase risk for disease transmission of HIV, HBV, and HCV infection according to the U.S. Public Health Service (PHS) Guideline
- Living donor's history of smoking, alcohol, and drug use, including past or present substance abuse disorder
- Identification of factors that warrant educational or therapeutic intervention prior to the final donation decision
- Short and long-term medical and psychosocial risks for both the living donor and recipient associated with living donation
- Decision to donate is free of inducement, coercion, and other undue pressure
- Ability to make an informed decision
- Ability to cope with the major surgery and related stress
- Living donor's occupation, employment status, health insurance status, living arrangements, and social support
- The potential financial implications of living donation



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Domains of the Psychosocial Evaluation of **Living Donors**

- Donor social, environmental, and personal circumstances and resources
- Donation and decision-making about donation
- Risk factors for adverse donor outcomes after donation



Dew, M.A., DiMartini, A.F., Steel, J.L., Jowsey-Gregoire, S.G. (2021). Psychosocial Evaluation, Care and Quality of Life in Living Kidney Donation. In: Lentine, K.L., Concepcion, B.P., Lerma, E.V. (eds) Living Kidney Donation. Springer, Cham. https://doi.org/10.1007/978-3-030-53618-3_11

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Domains of the Psychosocial Evaluation of Living Donors

Donor social, environmental, and personal circumstances and resources

Demographic and social history

- Education, literacy, health literacy, occupation, employment history, citizenship, cultural background (including religious and faith practices)
- Marital/partnership status, living arrangements, number of dependents



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Domains of the Psychosocial Evaluation of Living Donors

Donor social, environmental, and personal circumstances and resources

Demographic and social history

- Community and volunteer activities and service
- Current/history of legal issues
- Current/history of behaviors that increase the risk of disease transmission



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Domains of the **Psychosocial Evaluation** of Living Donors

Donor social, environmental, and personal circumstances and resources

Social support and attitudes of others

- Availability of practical and emotional assistance from support network
- Support, opposition, and other reactions from support network



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Domains of the Psychosocial Evaluation of Living Donors

Donor social, environmental, and personal circumstances and resources

Financial status and preparation

- Financial resources to cover financial obligations
- Arrangements made to address role responsibilities
- Health, disability, and life insurance coverage



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Domains of the Psychosocial Evaluation of Living Donors

Donation and decision-making about donation

Motivation for donation

- Rationale and reasons for donation
- Evidence of undue pressure, inducement, or exploitation
- Ambivalence

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Domains of the Psychosocial Evaluation of Living Donors

Donation and decision-making about donation

Relationship with the transplant candidate

- Type of relationship
- Evidence that donation or inability to donate would...
 - Adversely affect relationship
 - Impose expectations or obligations



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Domains of the Psychosocial Evaluation of Living Donors

Donation and decision-making about donation

Knowledge and understanding of donation surgery and recovery

- Alternative *treatments* available to recipient, potential for short and long-term benefits to the recipient, risks for surgical complications and adverse health complications
- Short and long-term risks for donor surgical complications, potential for negative impact on donor's health outcomes
- Employability, lifestyle, ability to obtain health, disability, life insurance



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Domains of the Psychosocial Evaluation of Living Donors

Donation and decision-making about donation

Knowledge and understanding of donation surgery and recovery

- Post-donation recovery time, post-donation clinical follow-up
- For anonymous donors, understanding program protocols regarding communication post-transplant
 - If and when donors and recipients can communicate with each other



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Domains of the Psychosocial Evaluation of Living Donors

Donation and decision-making about donation

Cognitive status and capacity

- Impairment that could limit capacity to comprehend information
- Capacity to make decision voluntarily

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Domains of the Psychosocial Evaluation of Living Donors

Donation and decision-making about donation

Cognitive status and capacity

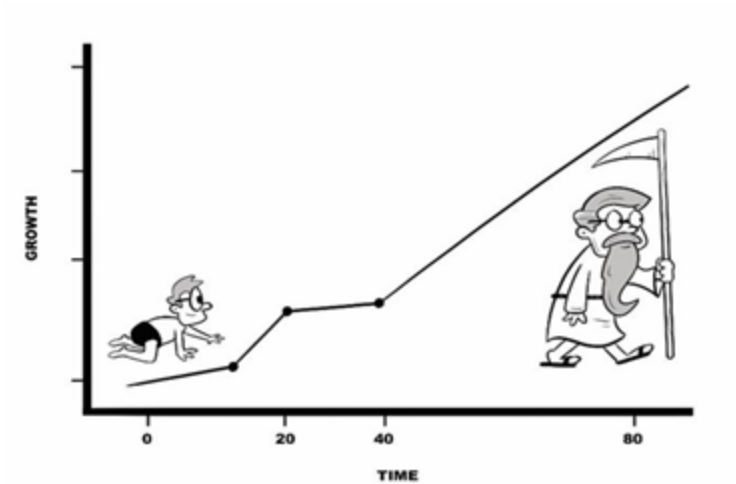
- Impairment that could limit capacity to comprehend information
- Capacity to make decision voluntarily



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"The best predictor of future behavior is **past behavior**"



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Domains of the Psychosocial Evaluation of Living Donors

Risk Factors for adverse donor outcomes after donation

Mental health history

- Past and current psychiatric disorders
- Current psychiatric symptoms
- Current or past suicidal ideation or self-injurious behaviors
- Current life stressors
- Evidence of ability to cope with health-related stressors



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Domains of the **Psychosocial Evaluation** of Living Donors

Risk Factors for adverse donor outcomes after donation

Substance use history

- Substance frequency, amount, duration of use and periods of abstinence
- **Diagnosable disorder**
- Past and current substance use treatment



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The Psychosocial Evaluation of Living Donors

- Not yet been standardized
- Varies widely across providers and institutions
- The Live Donor Assessment Tool (LDAT)



"The psychosocial evaluation is best considered as a process rather than a one-time event."



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Living Donors at risk for **poor psychosocial outcome** post-donation

Dew et al. (2012)

- Narrative literature review
 - Individuals ambivalent about donation are at risk for poor psychosocial outcomes
- Prevention of poor psychosocial outcomes in the following domains:
 - Psychological distress, somatic complaints, interpersonal relationship
- Preventative intervention
 - Motivational Interviewing



Dew MA, Zuckoff A, DiMartini AF, Dabbs AJD, McNulty ML, Fox KR, Switzer GE, Humar A, Tan H. Prevention of poor psychosocial outcomes in living organ donors: from description to theory-driven intervention development and initial feasibility testing. *Prog Transplant*. 2012 September; 22(3): 280-293.

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Living Donors at risk for **poor psychosocial outcome** post-donation

Lentine et al. (2012)

- OPTN registrations for 4,650 living kidney donors
 - Administrative data of US private health insurer

Results

- **Demographic and clinical correlations of increased likelihood of depression diagnoses included:**
 - Female gender, white race, some perioperative complications



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Living Donors at risk for **poor psychosocial outcome** post-donation

Lentine et al. (2012), continued

Results

- White donors were twice as likely to have depression diagnoses after donation, compared with non-whites
- Lower frequencies of clinically detected depression among persons of other racial and ethnic backgrounds may be in part due to non-white donors' reluctance in seeking mental healthcare and indirect, or "culture bound" presentations



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Living Donors at risk for **poor psychosocial outcome** post-donation

Jowsey et al. (2014)

- The Renal and Lung Living Donors Evaluations Study (RELIVE)
- Study cohort consisted of 6,909 donors, donated between 1963-2005

Results

- Pre-donation psychiatric disorders were more common in unrelated donors
- Graft failure did not lead to increased depressive symptoms long-term
- Post-donation predictors of depressive symptoms
 - Non-white race
 - Younger age at donation
 - Longer recovery time from donation
 - Greater financial burden
 - Feeling morally obligated to donate



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Living Donors at risk for **poor psychosocial outcome** post-donation

Jowsey et al. (2014), continued

Suggested Interventions

- Mindfulness-based stress reduction
- Frequent monitoring of mood symptoms post-donation
- Problem-solving strategies to address financial stressors
- Motivational Interviewing



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Living Donors at risk for **poor psychosocial outcome** post-donation

Wirken et al. (2015)

Systematic review and meta-analysis summarizing prospective studies of the course and predictors of health-related quality of life (HRQoL) in living donors

Results

- On average kidney donors have high long-term HRQoL
 - Donors with low psychological functioning at baseline are more at risk for impaired long-term HRQoL



Wirken L, Middendorp HV, Hooghof CW, Rovers MM, Hoitsma AJ, Hillbrands LB, Evers AWM. The Course and Predictors of Health-Related Quality of Life in Living Kidney Donors: A Systematic Review and Meta-Analysis. American Journal of Transplantation. 2015 July; 15:3041-3054.

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Living Donors at risk for **poor psychosocial outcome** post-donation

Holscher et al. (2018)

- Single center cross-sectional study
- 825 Living Kidney Donors screened for anxiety and depression

Results

- 5.5% screened positive for anxiety
- 4.2 % screened positive for depression
- 2.1% reported regretting their donation

Conclusions

- Anxiety, depression and regret of donation among Living Kidney Donors are interrelated conditions
- Positive screen for one condition should prompt evaluation for others

Holscher CM, Leanza J, Thomas AG, Waldram MM, Haugen CE, Jackson KR, Bae S, Massie AB, Segev DL. Anxiety, depression, and regret of donation in living kidney donors. BMC Nephrology. 2018; 19:218.



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Living Donors at risk for **poor psychosocial outcome** post-donation

Wirken et al. (2019)

- Prospective multicenter study on health-related quality of life (HRQoL), donor-recipient relationships, and regret
- Data for 230 donors were analyzed

Results

- Donor physical HRQoL was comparable at all points, except for increase of fatigue
- Up to 35% experienced worsening fatigue
- Higher fatigue levels were more likely to be found in those presenting with pre-donation fatigue; with worse general physical functioning; and a younger age



Wirken L, Middendorp HV, Hooghof CW, Sanders JF, Dam RE, Pant KAMVD, Wierdsma JM, Wellink H, Duijnhoven EMV, Hoitsma A, Hilbrands, LB, Evers AWM. Psychosocial consequences of living kidney donation: a prospective multicenter study on health-related quality of life, donor-recipient relationships and regret. *Nephrology Dialysis Transplantation*. 2019. 34: 1045-1055.

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Living Donors at risk for **poor psychosocial outcome** post-donation

Wirken et al. (2019), continued

Results

- Mental HRQoL decreased at 6 months post-donation, but returned to baseline at 12 months
 - 14% experienced regret 12 months post-donation
 - Predictors of regret were more negative health perceptions and worse social functioning 6 months post-donation

Recommendation

- Prevent unrealistic expectations
 - Evidence based information regarding potential consequences of kidney donation
 - Discussion of alternative treatment options
 - Expectations of the transplantation for the recipient and on the donor



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Living Donors at risk for **poor psychosocial outcome** post-donation

Limited research and findings are inconsistent...

Who is at risk?

- Ambivalent Donors
- Longer recovery times post-donation
- Negative initial psychological reactions post-donation
- Greater donor body mass index at donation

Mixed evidence

- Recipient status



Dew MA. Psychosocial Risks of Living Kidney Donation. American Society of Transplantation: Live Donor Community of Practice. 2017.

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Recommendations

Routine assessment of donors post-donation

Routine use of screening measures

- Generic HRQoL measures
 - Short Form (SF)-36
 - SF-12
 - SF-8
- Mental Health
 - Patient Health Questionnaire (PHQ)-9
 - PHQ-2
 - Generalized Anxiety Disorder (GAD)-7

Dew MA. Psychosocial Risks of Living Kidney Donation. American Society of Transplantation: Live Donor Community of Practice. 2017



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Recommendations

Partnering with another member of the psychosocial team

- Referral to Psychiatrist or Psychologist
- Case presentations

Collateral Information

- Mental health providers
- Caregivers



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**What protocol does your
transplant center have in place for
post-donation complications?**



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"Julie"

- Julie is a 45-year-old Black female
- Collapsed lung
 - Required chest tube
- Living Donor Social Worker evaluates patient at bedside, referral to transplant psychiatrist is made
 - acute depression and anxiety
- No history of any psychiatric disorders



Julie

- Transplant psychiatrist determines that Julie's mental health complications are related to their donation surgery
- Julie requires continuing mental health treatment

What do you do?



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Billing for Donor Post-Kidney Transplant Complication Services

Department of Health and Human Services, Centers for Medicare and Medicaid Services

Template Letter

The below-referenced patient donated a kidney to a recipient at our transplant center on XX_XX_XXXX and we were notified on XX_XX_XXXX that the donor requires continuing care related to the donation.

There are specific insurance coverage guidelines that need to be followed when providing services to a kidney donor. The donor's claims for post-donation related services should be submitted to the kidney recipient's insurance, as indicated below.

Additionally, the claim should contain the ICD10 Diagnosis Z52.4 – Kidney Donor, the diagnoses for symptoms/conditions for which they are being treated, and for Medicare billing, please add the Q3 modifier (Kidney Donor Surgery and Related Services). Medicare will reimburse these services at 100% of the Medicare Limiting Charge.

Please note that this donation was anonymous and that any claims sent to the insurance below should be blinded. You may remove the donor's name and place Kidney Donor as the first and last name and replace any identifiable donor information with the demographics for the recipient, provided below, on the claim.

Donor Name
Date of Birth of Donor:
Date of Birth of Insured: :
Name of Insured:
Address of Insured:
Insurance Carrier:
Policy #:
Comments:

MLN Matters® Number: MM7523 Related Change Request Number: 7523

for Donor Post-Kidney Transplant Complications services. Be sure your staff is aware of the clarifications.

Key Points of CR7523

Section 140.9 of Chapter 11 of the "Medicare Benefit Policy Manual" is being updated to show the following:

The donor of an organ for a Medicare transplant is covered for an unlimited number of days of care in connection with the organ removal operation. Days of inpatient hospital care used by the donor in connection with the organ removal operation shall not be charged against either party's utilization record.

Regarding donor follow-up:

- Expenses incurred by the transplant center for routine donor follow-up care are included in the transplant center's organ acquisition cost center.
- Follow-up services performed by the operating physician are included in the 90-day global payment for the surgery. Beyond the 90-day global payment period, follow-up services are billed using the recipient's health insurance claim number.
- Follow-up services billed by a physician other than the operating physician for up to 3 months should be billed under the recipient's health insurance claim number.

Regarding donor complications:

- Expenses incurred for complications that arise with respect to the donor are covered only if they are directly attributable to the donation surgery. Complications that arise after the date of the donor's discharge will be billed under the recipient's health insurance claim number. This is true of both facility cost and physician services. Billings for donor complications will be reviewed.
- In all of these situations, the donor is not responsible for co-insurance or deductible.

In addition, CR7523 is adding language to Section 90.1.3 of Chapter 3 of the "Medicare Claims Processing Manual" to provide clarifications as follows:

- Expenses incurred for complications that arise with respect to the donor are covered and separately billable only if they are directly attributable to the donation surgery.
- All covered services (both institutional and professional) for complications from a Medicare covered transplant that arise after the date of the donor's transplant discharge will be billed under the recipient's health insurance claim

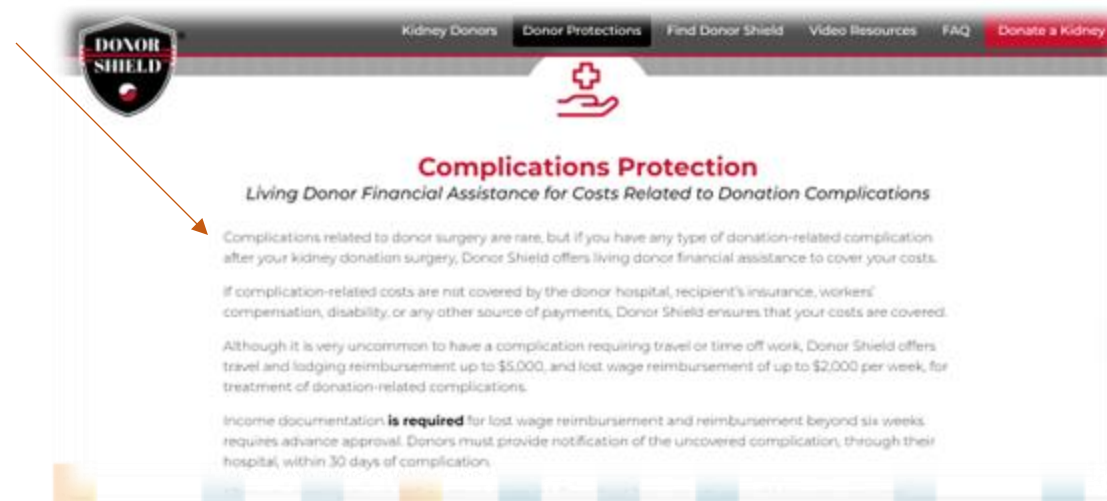
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Billing for Donor Post-Kidney Transplant Complication Services

National Kidney Registry (NKR) Donor Shield Program



The screenshot shows the Donor Shield website interface. At the top, there is a navigation bar with links for 'Kidney Donors', 'Donor Protections', 'Find Donor Shield', 'Video Resources', 'FAQ', and 'Donate a Kidney'. The 'Donor Shield' logo is on the left, and a red cross icon is in the center. Below the navigation bar, the main heading is 'Complications Protection' in red, followed by the sub-heading 'Living Donor Financial Assistance for Costs Related to Donation Complications'. The text below explains that complications related to donor surgery are rare, but Donor Shield offers financial assistance for costs not covered by insurance or other sources. It also mentions travel and lodging reimbursement up to \$5,000 and lost wage reimbursement up to \$2,000 per week. A note states that income documentation is required for lost wage reimbursement and reimbursement beyond six weeks, and that donors must provide notification of the complication within 30 days.

Donor Shield

Kidney Donors Donor Protections Find Donor Shield Video Resources FAQ Donate a Kidney

Complications Protection

Living Donor Financial Assistance for Costs Related to Donation Complications

Complications related to donor surgery are rare, but if you have any type of donation-related complication after your kidney donation surgery, Donor Shield offers living donor financial assistance to cover your costs.

If complication-related costs are not covered by the donor hospital, recipient's insurance, workers' compensation, disability, or any other source of payments, Donor Shield ensures that your costs are covered.

Although it is very uncommon to have a complication requiring travel or time off work, Donor Shield offers travel and lodging reimbursement up to \$5,000, and lost wage reimbursement of up to \$2,000 per week, for treatment of donation-related complications.

Income documentation **is required** for lost wage reimbursement and reimbursement beyond six weeks, requires advance approval. Donors must provide notification of the uncovered complication, through their hospital, within 30 days of complication.



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**What protocol does your
transplant center have in place for
post-donation complications?**



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“Health professionals should be aware that merely raising the issue of live organ donation may instigate powerful psychological processes beyond the potential donor’s voluntary control and leave little room for refusal without psychological cost.”

Russell S, Jacob RG. Living-related organ donation: the donor’s dilemma. Patient Educ Couns 1993;21(1-2):89-99.



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QUESTIONS



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Strategies to Optimize Psychosocial Outcomes

Farrah Desrosiers, MS, LCSW, CCTSW | April 19th 10:15 AM-10:45 AM



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