

Transplant Centers in Illinois, Wisconsin, Indiana, Iowa

Information and Requirements

**Information reported by each Transplant Center website

Illinois:

Advocate Christ Medical Center

- Insurance plans accepted:
 - Changes every year
 - o Accepts most of the health insurance plans and if out of network hospital informs that patient which center they can go to
- Combined heart/kidney transplant
- Partnered with Texas Transplant Institute of Methodist Healthcare for kidney paired donation
- Spanish speakers available
- The only kidney transplant center in the south and southwest suburbs of Chicago
- Choice of satellite clinic locations for evaluations and follow-up of both recipients and donors
- Approved for Medicare reimbursement
- Participates in Gift of Hope Organ & Tissue Donor Network
- Personalized one-on-one patient education
- 24/7 access to transplant team
- Offers laparoscopic and robotic techniques
- Next-day discharge for living donors
- Recognized by the American Nurses Credentialing Center (ANCC) twice as a Magnet Center
- Kidney donor exchange program with opposing blood types and other incompatibility issues
- Kidney transplant program candidate selection criteria:
 - o Indications include:
 - Chronic kidney disease, as evidenced by the need for renal replacement therapy
 - GFR 20 or < ml/min: required for CRT listing only
 - Ability to provide fully informed consent for evaluation and surgery
 - Ability to comply with post-transplant regimen
 - Contraindications include:
 - Evidence of active infection or untreatable systemic infection
 - Evidence of advanced/irreversible heart disease, unless considered for a combined heart/kidney transplant
 - Evidence of ejection fraction of 30% or less

- Evidence of moderate to severe pulmonary hypertension
- Evidence of advanced/irreversible peripheral disease
- Evidence of active malignancy
- Evidence of severe lung disease with impairment of oxygenation or ventilation contraindicating use of general anesthesia
- Evidence of uncontrolled psychiatric illness
- Evidence of severe obesity: BMI greater than 39 (referral to bariatric program recommended)
- Evidence of advanced liver disease/cirrhosis
- Cigarette smoking
- Evidence of current alcohol or drug abuse (participation in drug rehab recommended)
- Evidence of non-compliance with medical recommendations
- Inability to provide fully informed consent for evaluation and surgery
- Long-term Plavix therapy (relative contraindication; candidates will be reviewed on case-by-case basis)
- Age limit: 75 year old with living donor (relative contraindication; candidates will be reviewed on case-by-case basis), 70 years old without living donor (relative contraindication; candidates will be reviewed on case-by-case basis)
- Living donor candidate selection criteria:
 - Indications include:
 - Age: 18 years old and older
 - Ability to provide fully informed consent for evaluation and surgery
 - Contraindications include:
 - Evidence of kidney disease
 - Evidence of protein in urine
 - Evidence of impaired glucose tolerance or diabetes
 - Evidence of hypertension
 - Evidence of HIV, Hepatitis A, B, or C or other systemic infections
 - Evidence of heart disease
 - Evidence of active/recent malignancy
 - Evidence of severe lung disease with impairement of oxygenation or ventilation contraindicating use of general anesthesia
 - Evidence of uncontrolled psychiatric illness
 - Evidence of obesity: BMI greater than 30
 - Evidence of advanced liver disease/cirrhosis
 - Evidence of lupus
 - History of blood clots
 - Cigarette smoking
 - Evidence of current alcohol or drug abuse (participation in drug rehab recommended)
 - Inability to provide fully informed consent for evaluation and surgery
 - Use of medications causing renal dysfunction
 - High suspicion of donor coercion and/or suspicion of illegal financial exchange between donor and recipient

- o Potential donors will undergo evaluation consisting of:
 - Initial meeting with transplant team
 - Initial blood work checking compatibility between donor and recipient
 - Further work-up testing and consults
 - Final pre-operative testing
- o For potential donors interested in learning more about living kidney donation, they should contact the transplant office at 708-684-7100.

Ranking

- o "U.S. News & World Report's '2017-2018 Best Hospitals' list, Advocate Christ has been rated as the fourth best hospital overall in the state of Illinois as well as in the Chicago metro area.
- o Advocate Christ is also recognized among the top 50 hospitals in the nation
- Advocate Christ physicians and staff named as being "high performers" in six other specialties: Gastroenterology & GI Surgery, Geriatrics,
 Nephrology, Neurology & Neurosurgery, Pulmonology and Urology.

Loyola University Medical Center

- Loyola patients will be granted access to the latest medications and therapies through clinical trials
- Requirements for a kidney transplants that may be a barrier:
 - o Alcohol or substance abuse problems
 - Certain cancers
 - o Inability to comply with treatment, such as following a strict immunosuppressive drug regimen
 - Lack of social and financial support
 - o Morbid obesity
 - Severe heart or vascular disease
 - Uncontrolled or untreatable mental illness
- Insurance, whether private, Medicare or Medicaid will pay for the recipients evaluation and surgery
- Pay-it forward program:
 - Starts with an altruistic donor who has decided to donate a kidney to a critically ill stranger. The program then allows patients with willing but incompatible donors to receive a transplant by matching altruistic donor and donor pairs in similar situations, creating a chain of living-donor kidney transplants.
- Ranking:
 - o #36 in the nation for nephrology U.S. News & World Report
 - o #3 Hospital in Illinois

Memorial Medical Center, Springfield

- Nearly 1,000 kidney transplants to date
- Expect to stay in the hospital for three to six days
- Requirements:
 - Kidney function <20% or on dialysis

- Completed transplant 101 education class
- o Completed necessary blood tests as outlined by transplant staff
- Blood type tested twice
- o BMI <35
- o EKG (over age 25)
- Chest x-ray
- Cardiac clearance for specified patients
- PAP smear
- o Mammogram (females over age 40)
- PSA (males over age 50)
- o Colonoscopy (over age 50)
- Patients who are not suitable:
 - o HIV positive
 - Patients actively using IV drugs
 - o Patients who smoke
 - Type 2 diabetics
- Patients who may not be suitable for transplant includes:
 - o Age >70
 - o BMI > 40
 - Pulmonary complications for kidney transplant
 - Substance abuse
 - History of non-compliance
 - Inadequate insurance or other source of funding for medical services
 - o Psychosocial problems or issues such as poor family support or lack of transportation
 - Liver disease
 - o Coronary artery disease (heart problems)
 - Peripheral vascular disease (circulation problems)
- Kidney paired donation
- Only hospital in central Illinois to offer kidney transplantations
- Ranking:
 - o #13 hospital in Illinois U.S. News & World Report
 - Not ranked in nephrology

Northwestern Memorial Hospital

- The largest transplant program in Illinois
- Largest living donor kidney transplant program in Illinois
- Offers ABO-incompatible transplantation

- Investigating new therapies to help wean transplant recipients off immunosuppressant drugs
- Kidney paired donation
- Steroid-free kidney transplantation
- Laparoscopic kidney procedures
- Satellite outreach clinics providing transplant evaluation services closer to home
- Hispanic transplant program offering a culturally sensitive approach to patient care
- Integration with the pancreas and islet transplant programs for combined transplants for renal disease and type 1 diabetes patients
- Clinical trials
- Criteria:
 - You have no other diseases that cannot be treated
 - You are not so sick that you are not likely to survive the transplant surgery
 - o All other medical or surgical treatments either have no worked or are not a good choice for you
 - There are no other contraindications
 - o You and your support systems understand and accept the risks of a having a kidney transplant
 - You and your support systems are fully committed to and compliant with what is needed before and after the transplant, to make the transplant a success. This would include access to funding for the transplant procedure, post-transplant medicines and other healthcare costs. The social worker and patient financial liaison may be able to help find other ways to pay for your care.
- Contraindications:
 - Severe, untreatable heart or lung disease
 - Active or uncontrollable cancer
 - Untreatable mental illness
 - Alcohol or drug addiction
 - Severe neurologic deficit
 - Severe peripheral vascular disease (PVD)
 - Uncontrollable infection that will not go away with a transplant
 - Uncontrolled HIV infection with AIDS despite optimal medical therapy
 - Irreversible brain disease or damage
 - o Failure of other organs that will not improve with a transplant
 - o BMI greater than 45
- May disqualify
 - o Age >70 with other serious illnesses
 - o Obesity BMI between 40-45 depending on other health risk factors
 - Chronic active Hep B
- Rank:
 - o #23 in nephrology U.S. News & World Report

OSF Saint Francis Medical Center, Peoria

- Disqualifications from transplant:
 - Life expectancy less than five years
 - History of cancer
 - Severe cardiac, liver, or pulmonary disease
 - Active infection
 - o Morbid obesity
 - Untreatable psychiatric illness
 - o Non-compliance with medical regimen
 - Active substance abuse
 - o Lack of adequate financial resources or medical insurance
 - o Inability to understand and follow transplant recommendations
 - o Lack of adequate social support
- Paired kidney donation
- Ranking:
 - o #5 in Illinois U.S. News & World Report
 - o High performing in nephrology

Rush University Medical Center

- You cannot be a living donor if:
 - o You are under 18 years old
 - Diabetes
 - o BMI over 35
 - High blood pressure depending on your age and ethnicity
- Ranking:
 - o #2 Hospital in Illinois U.S. News & World Report
 - o #44 nationwide in nephrology

The University of Chicago Medical Center

- Insurance plans accepted:
 - Aetna Better Health
 - o BCBS
 - o Humana
 - Cigna Health Springs
 - Illinicare
 - Medicare and Medicare Advantage Plans
 - Illinois Medicaid
 - o Indiana Medicaid, *only with Medicare*

- Insurance plants NOT accepted:
 - BCBS Blue Choice Plans
 - Molina Healthcare
 - Meridian Health Plan
 - Affordable Care Act Plans
- Qualifications for Kidney Transplant:
 - Currently receiving or approaching the need for dialysis
 - Weight requirements:
 - BMI less than or equal to 38 for transplantation
 - BMI 40 or below to begin evaluation
 - BMI 44 or below can work with our dietitian
 - Absence of cancer and severe heart or blood vessel disease
 - No current drug or alcohol abuse
 - o If **diabetic and smoking**, you will need to quit and be smoke-free for a minimum of 3 months before being evaluated for transplant (we can provide smoking cessation information and resources)
 - Adequate psychosocial support
 - o Compliance with dialysis treatments, medications and doctor appointments
- Reasons someone may NOT be able to donate:
 - High blood pressure (evaluates on a case-by-case basis)
 - Diabetes
 - BMI > 35
 - Hepatitis B, C
 - o HIV
 - Heart or lung disease
 - Lupus or rheumatoid arthritis
 - < 18 years of age</p>
- Online questionnaire for potential donors: www.uchospitals.edu/livingkidneydonor, for more info on living kidney donation: 773-702-4500
- Program Highlights:
 - Multilingual team
 - Spanish education sessions
 - o Polish-American Transplant Center
 - National Kidney Registry (SWAP) for incompatible donors/ recipients
 - Living donor champion program
 - Orland Park Satellite Clinic for recipient, donor, and access consults
 - One day transplant evaluations for eligible patients
 - One-on-one nutrition counseling to meet weight requirements
 - o Financial and insurance counseling

- No age restrictions
- Ranking:
 - #8 hospital in Illinois U.S. News & World Report
 - o High performing in nephrology

University of Illinois Hospital and Health Sciences System

- Insurance Plans Accepted:
 - Medicare/Medicare BCBSIL
 - United Healthcare
 - o Humana
 - Aetna (NOT State Plan)
 - Illinicare
 - County Care
 - Molina Healthcare
 - Meridian
 - Harmony
 - NextLevel
- Insurance Plans NOT Accepted
 - Aetna Better Health
 - FHN Family Health Network
 - CCAI Community Care Alliance of Illinois
 - Cigna Health Spring
- Kidney Recipient Requirements:
 - o On dialysis and have no other health conditions that would increase the risk of surgery
 - o Kidney functions at less than 20% and you are not on dialysis, you also can be a candidate for transplant
 - No age limit nor weight restrictions
 - Over the age of 70, need a living donor to be considered
- Living Donor Requirements
 - o Over the age of 18 and in good health and attitude
- Special Programs and Features:
 - o Specialties are for robotics for obese patients
 - o Donor swap program and desensitization program
 - Cross blood groups and crossmatch positive transplants
- Spanish Speaking Availability:
 - o Dr. Almario Alvarez, transplant surgeon
 - o Karen Lostaunau, pre-transplant nurse
 - o Mary Flores oversees the other Spanish speaking transplant assistants who make appointments and take phone referrals

- Rankings:
 - Top three in kidney transplants in Illinois
 - Top two in graft survival and patient mortality
 - o More ethnic transplants than any other transplant center in city

Wisconsin:

Froedtert

- Joint program with Children's Hospital of Wisconsin
- Wisconsin's' first minimally invasive donor surgery (nephrectomy) in 1999 and the state's first incompatible blood type kidney transplant in 2003.
- The end-stage kidney disease and kidney transplant program consistently ranks high in the nation for three-year post-transplant survival
 - o Exceeding 97% among live-donor transplant patients in the latest report by the Scientific Registry of Transplant Recipients
- Focus on live-donor transplants
- Participates in a paired kidney exchange program and the National Kidney Registry
- Incompatible transplant
 - o One of the few in the country offering incompatible blood type transplantation
 - o This approach decreases wait times for patients by expanding the pool of donors beyond those with a compatible blood type
 - o Treatments before and after transplant reduce rejection by lowering antibodies in the patients blood
- Minimized wait times
 - o Larger pool of live donor options
 - In 2013 their program was part of the world's second largest kidney chain in history involving 56 participants
 - Location
 - Wait times for deceased kidney donors are lower in Wisconsin
 - The median wait time for a deceased donor transplant at Froedtert Hospital is lower than national averages
 - o Affiliation with Wisconsin Donor Network (WDN)
 - Serves 2.3 million people in 12 Wisconsin counties

UW Health

- Since the program's inception in 1966 there have been more than 9,00 kidneys transplanted
- · Part of an academic medical center with research and teaching
- UW health transplant's average wait time is typically much less than the national and regional average
- Kidney desensitization program
- Eligibility for a kidney transplant:
 - Each patient is evaluated on a case by case basis but is uncommon past 75 years of age
 - o BMI of 35 or less

- Ranking:
 - o #1 hospital in Wisconsin U.S. News & World Report
 - o #28 in nephrology

Program Summary: Data from the Scientific Registry of Transplant Recipients

			UW Health (Madison)	Froedtert (Milwaukee)
Transplant Volume			305	97
Pediatric Patients			8	0
	Living Donor		111	32
	Deceased Donor		202	65
Transplant Rate			30.9 per 100	14.9 per 100
Outcome Assessment			As expected	As expected
Waiting List (as of January 2016)			1009	662
Joined the Waiting List			425	215
Were Removed from the Waiting List			467	321
•	Received Transplants		313	97
	Transferred to Another Center		5	3
	Died		44	29
	Deteriorated		17	18
	Recovered		2	0
	Other		86	84
Waiting List (at end of December 2016)			967	646
Transplant Dates (hatusan January 2016 and Dasambar 2016)	At this Hospital		31.6 out of 100	14.9 out of 100
Transplant Rates (between January 2016 and December 2016)	Nationally		18.1 out of 100	18.1 out of 100
	At this Hospital		5.0 out of 100	5.5 out of 100
Waiting List Mortality Rates (between January 2016 and December 2016)	Nationally		5.5 out of 100	5.5 out of 100
	30 Days	At this Hospital	3.8	1.7
	30 Days	Nationally	2	2
Time to Transplant	1 Year	At this Hospital	23.4	6.4
	1 Year	Nationally	10	10
	2 Years	At this Hospital	35.1	9.4

	2 Years	Nationally	16.6	16.6
	3 Years	At this Hospital	42.5	13.2
	3 Years	Nationally	22.6	22.6
	Transplants evaluated for 2.5		649	176
	year period			
From all donors	Percentage Alive with a Functioning Transplant at 1 year		96.00%	94.60%
	Outcome Assessment		As expected	As expected
From Living Donors	Transplants evaluated for 2.5 year period		251	56
	Percentage Alive with a Functioning Transplant at 1 year		96.5	94.6
	Outcome Assessment		As expected	As expected
From Deceased Donors	Transplants evaluated for 2.5 year period		398	120
	Percentage Alive with a Functioning Transplant at 1 year		95.6	94.4
	Outcome Assessment		As expected	As expected

lowa:

University of Iowa Hospitals and Clinics:

- Wellmark Blue Cross and Blue Shield has recognized the University of Iowa Hospitals and Clinics as a Blue Distinction Center for delivering quality transplant care
 - o The only lowa health system to receive this designation
- Has performed 5,000 solid organ transplants
- The only multi-organ, comprehensive transplant program in lowa serving both adult and pediatric patients
- Out of the 5,000 transplants performed by UI center since 1969, 431 of them (8.6%) involved veterans receiving care at the VA
- States surrounding lowa are home to 9% of their transplant patients
- Sponsored clinical trials for new transplant medications examining novel ways to manage transplant patients.
- Top 10 in the country for best graft survival rates
- National center for atypical hemolytic uremic syndrome (aHUS) care
- Waiting time for a kidney or pancreas transplant is much shorter than the national average
- Laparoscopic donor nephrectomy
- UI Hospitals and Clinics has been selected to participate in phase two of the collaborative innovation and improvement network (COIIN)
 - o A three year projected aimed to increase the number of kidney transplants and improve quality measures
 - o One of 37 hospitals in the US selected for this phase of the project
 - Requires participating hospitals to create and test ways to increase the number of transplants and enhance quality monitoring and to share what they find with other participants
- Kidney paired donation
 - o If you and your willing donor is not a match, you have the option to participate in a kidney paired donation (KPD)
 - o Participates in three different KPD programs UNOS, the North Central Donor Exchange Cooperative, and a center-to- center exchange program with John Hopkins
- ABO incompatible kidney transplants
 - o University of Iowa is the only program in the state offering ABO incompatible kidney transplants
 - Has achieved 100% graft function for participants who have participated in the ABO incompatible program to date
- Criteria for Kidney Donation
 - o You must be in good health and have normal kidney function and anatomy
- Many patients with kidney problems have other medical illnesses
 - Some may be limiting factors in some instances, there are a few absolute contraindications to kidney transplant and each patient is evaluated on an individual basis
 - Refer to a physician

- Ranking:
 - o #1 hospital in Iowa
 - o High performing nephrology

Program Summary: Data from the Scientific Registry of Transplant Recipients

			University of Iowa Hospitals and Clinics
Transplant Volume			58
Pediatric Patients			5
_	Living Donor		19
	Deceased Donor		44
Transplant Rate			25.3 per 100
Outcome Assessment			As expected
Waiting List (as of January 2016)			234
Joined the Waiting List			121
Were Removed from the Waiting List			112
	Received Transplants Transferred to Another Center		63
,	Died		2
	Deteriorated		13
	Recovered		1
	Other		30
Waiting List (at end of December 2016)			243
Transplant Dates (between January 2016 and Decomber 2016)	At this Hospital		27.1 out of 100
Transplant Rates (between January 2016 and December 2016)	Nationally		18.1 out of 100
Waiting List Montality Pates (between January 2016 and December 2016)	At this Hospital		1.2 out of 100
Waiting List Mortality Rates (between January 2016 and December 2016) —	Nationally		5.5 out of 100
	30 Days	At this Hospital	2.6
	30 Days	Nationally	2
Time to Transplant:	1 Year	At this Hospital	14.9
	1 Year	Nationally	10
	2 Years	At this Hospital	23.9

	2 Years	Nationally	16.6
	3 Years	At this Hospital	32
	3 Years	Nationally	22.6
	Transplants evaluated for		
	2.5 year period		145
From All Donner	Percentage Alive with a		
From All Donors	Functioning Transplant at 1		
	year		97.90%
	Outcome Assessment		As expected
	Transplants evaluated for		
	2.5 year period		41
	Percentage Alive with a		
From Living Donors	Functioning Transplant at 1		
	year		100
	Outcome Assessment		As expected
	Transplants evaluated for		
From Deceased Donors	2.5 year period		104
	Percentage Alive with a		
	Functioning Transplant at 1		
	year		97.1
	Outcome Assessment		As expected

<u>Indiana:</u>

Indiana University Health:

- Performs over 200 kidney transplants each year
- Performs difficult and high-risk kidney transplants including HIV positive recipients, Hepatitis C positive recipients and offering desensitization services and kidney paired donation to patients who are often deemed ineligible at other transplant centers
- Living Donor Champion Programs offers patients the tools to assist them in identifying a living kidney donor
- Kidney transplant outreach clinics in Merrillville, Mishawaka, Lafayette, Vincennes and Evansville for convenient pre-transplant and post-transplant care
- Ranking
 - o #1 in Indiana
 - o #19 in nephrology

Program Summary: Data from the Scientific Registry of Transplant Recipients		Indiana University of Health	Lutheran Hospital of Fort Wayne	St. Vincent Hospital and Health Care Center
Transplant Volume		177	29	55
Pediatric Patients		8	0	0
	Living Donor	67	14	14
	Deceased Donor	118	15	41
Transplant Rate		21.2 per 100	19.4 out of 100	25.2 per 100
Outcome Assessment		As expected	As expected	As expected
Waiting List (as of January 2016)		871	142	207
Joined the Waiting List		315	66	136
Were Removed from the Waiting List		362	58	114
	Received Transplants	185	29	55
	Transferred to Another Center	18	7	2
	Died	37	8	5
	Deteriorated	55	7	26
	Recovered	2	0	3

	Other		65	7	23
Waiting List (at end of December 2016)			824	150	229
Transplant Rates (between January 2016 and December	At this Hospital		21.9 out of 100	19.4 out of 100	25.2 out of 100
2016)	Nationally		18.1 out of 100	18.1 out of 100	18.1 out of 100
Waiting List Mortality Rates (between January 2016 and	At this Hospital		5.1 out of 100	5.4 out of 100	2.5 out of 100
December 2016)	Nationally		5.5 out of 100	5.5 out of 100	5.5 out of 100
	Í	At this			
	30 Days	Hospital	2.5	1.8	2.1
	30 Days	Nationally	2	2	2
	1 Year	At this Hospital	10.1	10.1	22.2
	1 Year	Nationally	10	10	10
Time to Transplant:	i icai	At this	10	10	10
	2 Years	Hospital	15.1	17.9	33.5
	2 Years	Nationally	16.6	16.6	16.6
		At this			
	3 Years	Hospital	19.3	23.8	41.8
	3 Years	Nationally	22.6	22.6	22.6
	Transplants				
	evaluated for 2.5				
	year period		399	81	115
From all donors	Percentage Alive with a Functioning				
	Transplant at 1 year		94.5	89.9	98.1
	Outcome		54.5	65.5	30.1
	Assessment		As expected	As expected	As expected
	Transplants				
	evaluated for 2.5				
	year period		139	36	25
From Living Donors	Percentage Alive				
j i i	with a Functioning		00.2	05.0	100
	Transplant at 1 year Outcome		99.3	85.8	100
	Assessment		As expected	Worse than expected	As expected
From Deceased Donors	Transplants		7.5 expected	Worse than expected	713 expected
	evaluated for 2.5				
	year period		260	45	90
	Percentage Alive				
	with a Functioning				
	Transplant at 1 year		91.9	93.3	97.5

Outcome			
Assessment	As expected	As expected	As expected