IMPLEMENTATION OF A MEDICAL EDUCATION INTERVENTION TO IMPROVE ACCEPTANCE OF HIV-POSITIVE DONORS FOR TRANSPLANT AT A TERTIARY CARE HOSPITAL

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BACKGROUND

HIV patients have a higher waitlist mortality and decreased access to transplant. The enactment of the HIV Organ Policy Equity Act (HOPE) in 2013 was a big step towards increasing the donor pool but the utilization of organs has been less than anticipated.

OBJECTIVES

- To identify perceived barriers of HIV +/+ transplants
- To design an intervention to tackle these concerns in an evidence-based and systematic manner.
- To improve acceptance of HIV-positive donors for solid organ transplant at our center

METHODS

1. We surveyed transplant specialists and infectious disease clinicians to identify the factors causing hesitancy in HIV positive organ transplants through verbal questionnaires
2. We designed and implemented an educational intervention which took effect in December 2020
3. We conducted monthly multidisciplinary meetings to discuss HOPE offers in a standardized format
4. We compared our organ offers and outcomes pre and post intervention

RESULTS

Characteristic	Pre-Intervention N=32	Post intervention N=90	P value
Match date	March 2018 to Nov 2020	Dec 2020 to April 2022	
Offer acceptance- No Provisional Yes	 27 (84%) 4 (12%) 1 (3.1%)	 78 (78%) 6 (6.7%) 6 (6.7%)	0.748
Refusal reason			
HIV donor decline	25 (93%)	49 (63%)	0.003
Donor age or quality	24 (75%)	45 (50%)	
Donor medical history	0	3 (3.1%)	
Donor social history	1 (3.1%)	0	
Organ preservation	0	2 (2.1%)	
Patient ill/unavailable/refused	0	9 (9.4%)	
Positive crossmatch	0	6 (6.2%)	
Reason for refusal not documented	5 (16%)	12 (13%)	
Organ was transplanted at another center	15(47%)	30 (33%)	0.2

Barrier	Intervention
Concern about donor resistance	Presented data from HOPE trial and nationally about lack of resistance in donors without prior treatment history Education regarding novel antiretrovirals and their outcomes in patients with drug resistant HIV
Not all transplant ID faculty are practicing HIV clinicians	All transplant ID faculty joined the HOPE act email list Designated transplant ID faculty who continued to provide HIV primary care as champions to be contacted with HIV-specific questions for each offer
Many offers came on nights and weekends when the barrier to contacting other physicians is higher Fear of being the first to accept an offer in case of a less than positive outcome	Involvement of senior leadership in the multidisciplinary meetings to ensure that all clinicians felt comfortable with what senior leadership considered an acceptable offer Practice at the meetings at “getting to yes”
As members of each team rotated service, it was never the same group assessing an organ offer for more than a single case (no learning between cases)	Discussion of every organ offer at the monthly meeting to ensure that all providers could learn from each offer
Concern regarding organ quality or risk of rejection	OPO consultant from the primary site presented outcomes data to date from ongoing transplants

- **While there was only 1 HOPE transplant pre intervention, post intervention there were 6. The overall offer acceptance rate of offers improved from 3.1 % to 6.7%.**
- **HIV as the reason for decline of organs went from 93 % pre-intervention to 63% post intervention. Majority of the organ decline in both arms- pre and post intervention were due to donor age and quality.**
- **The rate of organs denied by our center being accepted at another center also improved from 47% prior to intervention to 33% post intervention.**

CONCLUSIONS

Making organs from HIV-positive donors available for donation does not mean they will be used. Intensive provider education can improve organ acceptance rates and help fulfill the promise of the HOPE act.

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