

Trump to order overhaul of organ transplant and kidney dialysis systems

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By [Lenny Bernstein](#) and

[Kimberly Kindy](#)

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President Trump will order a broad overhaul of the nation's organ transplant and kidney dialysis systems Wednesday in an executive order designed to prolong lives and save the government billions of dollars, according to people familiar with the plan.

Trump will outline proposals to keep people with kidney disease off dialysis longer and make treatment less expensive; encourage more live donation of kidneys and livers; and force the [58 nonprofits that collect transplant organs](#) to improve their performance, people briefed on the plan said. He also will try to reduce discards of less-than-perfect organs by transplant surgeons.

In all, the government believes it can make 17,000 more kidneys and 11,000 more hearts, livers, lungs and other organs available for transplant every year, as well as save money for Medicare and Medicaid, which cover much of the cost of dialysis and transplantation. The United States has a severe shortage of transplant organs. More [than 113,000 people are waiting for them](#); most need kidneys.

"These are all good ideas. I'm impressed, very impressed," said Tommy Thompson, who worked to boost organ donation when he was secretary of Health and Human Services under President George W. Bush. "They are finally modernizing organ procurement."

The executive order the president is expected to announce tomorrow, first reported by Politico, is one of a series of health care initiatives Trump is announcing in the runup to the 2020 presidential election. Other recent plans have called for disclosure of health care prices and reducing transmission of HIV by 90 percent by 2030.

Kidney dialysis is a grueling regimen endured by about 510,000 of the 726,000 people who suffer from end stage kidney disease, according to the National Kidney Foundation. In the United States,

most people receive hemodialysis, a treatment that requires a device to filter waste and toxins from their blood in hours-long sessions three times a week. Most receive it in clinics or private facilities that serve dozens of people each day.

Average life expectancy for a person on dialysis is five to 10 years, though some live much longer.

In some other countries, however, most people receive peritoneal dialysis, a treatment that uses a fluid infused through a catheter implanted in the abdomen, often while the patient sleeps at home. The process is less expensive than hemodialysis but is used only by a small percentage of U.S. kidney patients. With appropriate training, patients also can receive hemodialysis at home.

Right now, the U.S. system creates incentives for clinic-based hemodialysis. Two companies, Fresenius Medical Care and DaVita, dominate the lucrative market. Physicians generally are reimbursed at higher rates for care of dialysis patients than for treatment of patients with kidney disease who don't yet need dialysis. And Americans are not accustomed to taking care of themselves at home.

"Do you want to go to the clinic, where the nurses and doctors are there to take care of you? Or do you want to do it at home yourself?" asked Vanessa Grubbs, an associate professor of nephrology at the University of California San Francisco.

Medicare spent about \$35 billion on dialysis patients in 2016--more than \$89,000 per person, according to the kidney foundation. Transplant patients, in contrast, cost Medicare \$35,000 per person.

Trump will order Secretary of Health and Human Services Alex Azar to test payment models that encourage doctors to treat kidney patients earlier, in an effort to delay or prevent kidney failure. That would cut the rate of hospitalizations and dialysis. The order also would encourage home dialysis.

Azar also will develop regulations that spur the development of an artificial kidney and increase transplantation of organs.

A key to boosting transplantation will be cracking down on "organ procurement organizations," the 58 nonprofit groups that collect organs from deceased donors and send them to transplant centers for implantation. Each OPO holds a monopoly over a chunk of U.S. territory and collects and reports its own data on how successful it is. Some poor performers have manipulated the numbers, researchers have shown.

New York's OPO, for example, [has consistently fallen short of government performance standards](#) but has been able to block HHS efforts to shut it down because current data is so unreliable.

"Clearly the current evaluation system is flawed across all aspects," said Kevin Myer, chief executive of the OPO in Houston, where organ recovery rates have increased by more than 40 percent since he took over in 2013. "First of all, it's self reported, which is a problem. I can't think of anyone who would say our current measurement system is effective. It is not."

Trump will order Azar to develop better ways of measuring OPO performance that are clearer, more reliable and easier to enforce, according to people familiar with the plan. On Tuesday, Sen. Todd Young (R-Indiana) introduced legislation calling for similar measures.

"This is an unqualified win for patients," Greg Segal, co-founder of ORGANize, a group seeking to improve organ transplantation, said in a statement. "OPO problems have been hiding in plain sight for years, but these government monopoly contractors have never received the sustained scrutiny they so desperately need."

Trump also will instruct Azar to improve the process of matching kidney donors to recipients, as well as the speed of delivery, to reduce discards of usable organs. A Washington Post analysis of 2.7 million death records from 2016 showed that by expanding the pool of donors to older and slightly less healthy people, [the transplant system could yield more than 75,000 organs for transplant annually](#)--enough to put the nation on pace to wipe out organ waiting lists within a few years.

Another Trump proposal would increase payments to live donors of kidneys and livers to cover more of their expenses, possibly including lost wages and child care.

"Anything we can do to make living donation easier for these altruistic people should happen," said Jason Wellen, surgical director of kidney transplants at the Washington University School of Medicine. "These people give of their time, stay in hospitals away from their families and give away one of their organs."

Lenny Bernstein

Lenny Bernstein covers health and medicine. He started as an editor on The Washington Post's National desk in 2000 and has worked in Metro and Sports. [Follow](#) 