

3701-84-20

**APPENDIX B****Screening Criteria for Patients Presenting with Significant Histories of Alcohol or Substance Dependency****Evaluation Process**

Individuals presenting with histories of alcohol or substance dependency shall be evaluated by an interdisciplinary team including at least the following: a chemical dependency specialist (who may be a social worker, psychologist, psychiatrist, or addictionologist); an internist; and a surgeon. The evaluating committee will determine the patient's suitability for transplantation and will make recommendations regarding rehabilitation or counseling prior to listing or as a condition of listing.

**Standard Criteria**

For patients with a diagnosis of alcohol or substance dependency as defined by DSM-IVTR at the time of evaluation, the patient must sign a contract pledging not to use alcohol or any illicit or addictive substances (unless under a doctor's order) in the future, and agreeing to unlimited, random drug and/or alcohol screenings both while awaiting as well as after transplantation. All patients must satisfy the following requirements prior to listing:

1. Patients must demonstrate complete abstinence from all addictive substances (unless under a doctor's order) throughout the pre-transplant period and must meet one of the three determining factors:
  - a) Abstinence for more than two years prior to listing and confirmed by collateral information;
  - b) At least three months abstinence prior to listing and three months current participation in an active recovery program (structured treatment program and/or documented 12-Step meeting attendance with sponsor selection/contact) and random toxicology screens prior to listing and confirmed by collateral information; or
  - c) Meets criteria as a medically urgent patient (*see following section entitled "Medically Urgent Heart or Liver Candidates Unable to Meet Conditions 1a or 1b of the Standard Criteria"*).
2. Patients must also have demonstrated the following to the transplant treatment team:
  - a) Insight into their past alcohol or substance dependency;
  - b) A good understanding of how alcohol or substance dependency has had an impact on their current health; and

- c) Adequate coping skills for dealing with stressors; or
- d) Meets criteria as a medically urgent patient (*see following section entitled “Medically Urgent Heart or Liver Candidates Unable to Meet Conditions 1a or 1b of the Standard Criteria”*).

Current and consistent participation in an active recovery program, corroborated by the transplant team could satisfy these requirements. (Patients are expected to continue active participation in a recovery program after listing).

3. Additionally, other prognostic factors for abstinence will be taken into consideration, such as:
  - a) The presence of a sober, stable social network that will be available both pre- and post-transplant to offer ongoing support;
  - b) A stable work history; and
  - c) The presence of a family unit that acknowledges the issues posed by alcohol or substance dependency and that will support the patient’s commitment to abstinence.

Even if the patient satisfies all of the aforementioned standard criteria, the transplant center does not necessarily have to accept the patient as a transplant candidate. The rationale for why the patient should not be a transplant candidate shall be included in the patient’s medical summary or medical record.

**Medically Urgent Heart or Liver Candidates Unable to Meet Conditions 1a or 1b of the Standard Criteria**

Any transplant candidate with a diagnosis of alcohol or substance dependency who has not been abstinent for at least two years and, although committed to maintaining sobriety, is too ill (as defined in the table below) to actively work a recovery program for three months, may qualify for listing as low risk, medium risk, or high risk:

Liver	For those with a <b>MELD score <math>\geq 22</math></b> (calculated or eligible for exception) the following will apply:
Heart	<ul style="list-style-type: none"> <li>▪ For those who are status <b>1a</b> the following will apply:</li> <li>▪ For those who are status <b>1b</b> and are hospitalized, on inotropes, and unable to have VAD placement, the following will apply:</li> </ul>
Lung	For those with a calculated <b>LAS &gt; 50</b> (candidates with a calculated LAS < 50 will be reviewed on a case by case basis) the following will apply:
Intestine	For those who are status 1 the following will apply:

### Low Risk

Patients who are low-risk for recidivism as defined below and confirmed by the treatment team are eligible for statewide review with at least one month confirmed abstinence, a signed contract (See “Standard Criteria,” above), and a commitment to begin the rehabilitation program pre-transplant (if the patient’s health permits) and to continue actively working the recovery program post-transplant. A patient is low risk for recidivism if he or she meets all of the following criteria:

- a) The patient had no previous failure with alcohol or substance rehabilitation;
- b) The patient had never been told in the past that alcohol or substance abuse was affecting his or her health, and to discontinue use; and
- c) The patient has a good social support.

### Medium Risk

Patients who are at medium risk for recidivism as defined below and confirmed by the treatment team are eligible for statewide review with at least three months confirmed abstinence, a signed contract (See “Standard Criteria,” above), and a commitment to begin a rehabilitation program pre-transplant (if the patient’s health permits) and to continue actively working the recovery program post-transplant. A patient is at medium risk for recidivism if he or she meets all of the following criteria:

- a) The patient had two or more failures with rehabilitation; and
- b) The patient has a minimal support system.

### High Risk

Patients who are at high risk for recidivism as defined below and confirmed by the treatment team are eligible for listing based on the recommendation of the treatment team and only if they meet the criteria as specified in section 1b of the “Standard Criteria” section, above. A patient is at high risk for recidivism if he or she meets all of the following criteria:

- a) The patient had two or more failures to remain abstinent despite medical complication(s);
- b) The patient refused to sign the contract referenced in the “Standard Criteria” section; and
- c) The patient has minimal to poor social support.

For all patients who do not actively work a recovery program for three months pre-transplant, each transplant program must closely monitor post-transplant compliance with ongoing active participation in a recovery program. Failure to follow treatment recommendations will be reported to the OSOTC for future use in modifying the CD criteria.

Even if the patient satisfies all of the above medically urgent criteria, the transplant center does not necessarily have to accept the patient as a transplant candidate. The rationale for why the patient should not be a transplant candidate shall be included in the patient's medical summary or medical record.

#### Chemical Dependency Committee Evaluation

The CD representatives from the Consortium programs shall review the patient's medical history and forward their advisory recommendations to the organ specific Patient Selection Committee. This review process will be conducted before or simultaneously with the medical review. The organ specific Patient Selection Committee will take the recommendations of the CD Committee under consideration as they determine whether the patient is appropriate to list for transplantation.

In so far as it is reasonable practical, based on first person and/or collateral resources, medically urgent criteria patients will be evaluated regarding:

1. Insight into their past substance abuse dependency;
2. A good understanding of how substance dependency has had an impact on their current health; and
3. Adequate coping skills for dealing with stressors.

Additionally, other prognostic factors for abstinence will be taken into consideration, such as:

1. The presence of a sober, stable social network which will be available both pre and post-transplant to offer ongoing support;
2. A stable work history; and
3. The presence of a family unit which acknowledges the issues posed by substance dependency and will support the patient's commitment to abstinence.

#### Medically Urgent CD Patient Listing Prior to Review

Should it be necessary to list a medically urgent CD candidate (MELD > 22 and too ill to actively work a recovery program for three months and meets criteria for low, medium or high risk) with UNOS prior to the review by the CD Committee or the organ specific Patient Selection Committee, the transplant center must notify the OSOTC immediately by phone and /or email and submit the patient's clinical summary with chemical dependency history to the OSOTC office the next business day.

#### Exceptions

If a patient does not meet conditions 1a or 1b of the "Standard Criteria" section, above, but the referring team determines that the patient should be an acceptable candidate for transplantation, the transplant service shall conduct a conference call with the Chemical Dependency Committee in order to facilitate a full and complete assessment of the patient's situation. The Chemical Dependency Committee and the appropriate medical

specialists shall review the patient's medical history and forward their advisory recommendations to the organ specific Patient Selection Committee under the prospective statewide review process. This review process will be conducted before or simultaneously with the medical review. The organ specific Patient Selection Committee will take the recommendation of the Chemical Dependency Committee under consideration in determining whether the patient is appropriate to list for transplantation.

#### Patient Non-Compliance

If the patient fails to maintain complete abstinence during the evaluation process or after listing, the patient shall be immediately made inactive or removed from the list. The evaluating team will reconsider the patient and recommend appropriate chemical dependency treatment. The evaluating team will have the discretion to reevaluate the patient or refer the patient to another center for reevaluation. In order to be requalified for listing with a program in Ohio, the patient must actively participate in a recovery program for three months and demonstrate confirmed abstinence for three to six months. The transplant service must obtain confirmation of the patient's participation in an ongoing recovery program and participate in a conference call with the Chemical Dependency Committee before relisting or reactivating the patient on the waiting list.

Patients who have a second relapse while awaiting a transplant will not be eligible for relisting. Failure to submit to random blood or urine screening will constitute evidence of a relapse. Patients who fail to follow treatment recommendations will not be eligible for transplant.