

THE AMERICAN JOURNAL OF MANAGED CARE®

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Managed Care's Role in Improving Adherence and Outcomes in Solid Organ Transplantation

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A Supplement to *The American Journal of Managed Care*

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PROJ ACE022

Managed Care's Role in Improving Adherence and Outcomes in Solid Organ Transplantation

Release date: January 15, 2015

Expiration date: January 15, 2016

Estimated time to complete activity: 3.0 hours

Type of activity: Knowledge

Medium: Print with Internet-based posttest, evaluation, and request for credit

Fee: Free

This activity is supported by an educational grant from Astellas Scientific and Medical Affairs, Inc.

Intended Audience

Managed care clinicians and administrators, including physicians, pharmacists, medical and formulary directors, and other managed care professionals involved in the management and care of patients who have received an organ transplant.

Activity Overview

This supplement to *The American Journal of Managed Care* is intended to provide an understanding of solid organ transplantation as it relates to improving long-term graft survival. Included are the most recent data on transplant types and their outcomes, approaches to managing immunosuppression and its adverse effects, data on cost-effectiveness of transplantation, and strategies to improve adherence.

Statement of Educational Need

Solid organ transplantation has evolved from an experimental procedure to a standard-of-care, life- and cost-saving procedure within a relatively short time frame. Renal transplantation, the most common type of transplant procedure performed, is supported by the most data and clinical experience. Since organ supply is one of the rate-limiting factors in the number of transplant procedures that can be performed, the longevity of the organ is critically important not only to the individual patient but also to the population as a whole. Organ longevity is particularly important to patients on waiting lists. Transplant outcomes are most commonly measured in terms of acute rejection, graft survival, and patient survival. However, despite improvements in immunosuppressive strategies and rejection rates, improvements in graft survival have not been observed, with the exception of small improvements in 10-year kidney graft survival. These issues call into question whether other factors may influence transplant outcomes.

Factors which may affect transplant longevity include comorbidities such as hypertension, diabetes, dyslipidemia, cardiovascular disease, malignancy, and infection. Immunosuppressants themselves can directly contribute to all of these conditions. Renal dysfunction is one of the most significant causes of death in all types of solid organ transplantation, and is directly influenced by immunosuppressant choice. Cardiovascular disease continues to be the leading cause of death after transplantation. Immunosuppression following organ transplant is difficult to manage, and various stakeholder groups have identified a need

to educate clinicians and managed care professionals regarding optimizing immunosuppression, managing adverse effects and comorbidities, and addressing adherence issues in order to improve the longevity of transplanted organs.

Educational Objectives

Upon completion of this activity, participants should be able to:

- Identify screening criteria used to efficiently register candidates for solid organ transplantation
- Summarize the immunosuppressive options for recipients of solid organ transplants
- List common adverse effects of medications used after solid organ transplantation
- Identify common barriers to adherence in transplant recipients
- Review the role of managed care in promoting successful transplant outcomes

Physician Credit

Accreditation Statement


This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Penn State College of Medicine and Pharmacy Times Office of Continuing Professional Education. Penn State College of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation

Penn State College of Medicine designates this enduring material activity for a maximum of 3.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Pharmacist Credit

Accreditation Statement

 Pharmacy Times Office of Continuing Professional Education is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education. This activity is approved for 3.0 contact hours (0.30 CEUs) under the ACPE universal activity number 0290-9999-15-002-H01-P. The activity is available for CE credit through January 15, 2016.

Obtaining Credit

Participants must read the article, complete the online posttest achieving a passing score of 70% or higher, and complete an online evaluation and request for credit. Detailed instructions on obtaining CE/CME credit are included at the end of this activity.

This CE/CME activity is also offered free online at www.arcmesa.org and at www.PharmacyTimes.org (for CE credit), where you will be directed to the activity in its entirety, including the online pretest and posttest, activity evaluation, and request for credit.

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■ Faculty Disclosures

Drs Enderby, Keller, and Mathis, and Ms Karkhanis have no relevant commercial financial relationships or affiliations to disclose.

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