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UC Davis Medical Center to close liver transplant program

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UC Davis Medical Center has begun shutting down its liver transplant program and will help patients get on waiting lists elsewhere, the medical center said Friday, one day after it started informing patients of the change.

LIVER TRANSPLANTS DOWN

While liver transplants nationwide, statewide and in Northern California appear to be trending downward, the decline is steeper at UC Davis Medical Center, which is closing its liver transplant program.



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The number of transplants performed by the relatively small program has dropped by more than half in the past year, and is hovering just above the minimum level that federal authorities set for Medicare reimbursement.

"The resources to keep the program going really are more than we can spend at this time," said Dr. Allan Siefkin, chief medical officer.

The decision was not driven by any medical problems, or by the federal reimbursement rules for transplants that were established in spring 2007, Siefkin said.

"We have an excellent program ... a high quality program," with good survival rates, he said.

The federal Centers for Medicare and Medicaid Services has begun reviewing every transplant center nationwide to ensure that the center's 2007 reimbursement rules are met, but the process will take several years, said Steven Chickering, a regional administrator for the program in San Francisco.

He said he does not believe UC Davis' liver transplant program has undergone that federal review yet.

The standards require 10 liver transplants annually, and so far in 2008, UC Davis has done 11, according to Siefkin. The year before, it did 25.

Siefkin blamed the decline partly on a shortage of organ donors and partly on increased demand for livers from other transplant programs in the north state.

Even 25 transplants annually falls below the number that some doctors consider ideal for keeping surgical skills strong.

"The ideal number is probably at least 40 to 50. That's enough that everybody continues to maintain their skill set," said Texas physician Don Rockey, who serves on the liver and intestinal organ

transplantation committee for the United Network for Organ Sharing. "If only 11 were done, that would raise questions about the ability to maintain expertise," he said.

Overall nationwide, liver transplants are staying roughly steady, but smaller transplant centers can face more difficulties and be more prone to closures, Rockey said.

"The whole thing is a competition," he said. "It is likely that the combination of a shortage of organs and competition from other networks would be at play" in UC Davis' decision.

The medical center has begun briefing the 37 patients on its liver transplant waiting list about the change, and will work with them as they choose other transplant sites.

Three other Northern California hospitals perform liver transplants: University of California, San Francisco; Stanford University; and California Pacific Medical Center in San Francisco. All did more than 50 liver transplants in 2007, with UCSF performing 127.

Livers are allocated based largely on how sick someone is, so changing to a different center shouldn't increase anyone's wait for an organ, doctors said.

Some people waiting for liver transplants are still relatively healthy and can move around and work although their liver function is slowly declining due to infections, alcohol use or other problems. Others are desperately ill, awaiting their transplant in intensive care units.

UC Davis Medical Center declined to pass interview requests along to its liver transplant patients, according to spokeswoman Carole Gan.

Gan also said the center's liver transplant surgeons would not be interviewed, preferring to defer to Siefkin.

Siefkin said he has "no idea" how many jobs UC Davis Medical Center may cut because it is closing the liver transplant program, but he suggested fewer specialized nurses or anesthesiologists might be needed, and some doctors may opt to go elsewhere.

Some UC Davis surgeons perform both kidney and liver transplants, Siefkin said, and the kidney transplant program is not closing.

As the liver program winds down, the medical center may still do a few more transplants, he said. Until every patient is placed on another institution's waiting list, the medical center will continue to evaluate livers that become available for transplant, and will do a transplant if the proper match is made.

"Our No. 1 concern is to make sure our patients get care and nobody falls through the cracks," he said.

Call The Bee's Carrie Peyton Dahlberg, (916) 321-1086.

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