

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2012-2013, 17 and 19 October 2012

Question: E12-227

OUTCOME 1: Population Health

Topic: ORGAN DONOR RATES

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Senator: Senator Di Natale

Question:

The DonateLife 2011 performance report provides information comparing Australia's organ donor rates to other countries. Reference: <http://www.donatelife.gov.au/the-authority/performance-reports>

The Donate Life report uses 2010 as the start date for Australian reform. The announcement was made in 2008, the authority established on 1st January 2009. According to those responsible with reform in their respective countries, the start date in Croatia was 2006 and Portugal 2009. The changes that Portugal implemented under Maria João Aguiar began in 2006. The "Allocation and coverage of the cost of donor preparation and transplant services, outside the hospital budget limit, is considered to be by far the most important economic incentive. Such a financial model was implemented in Croatia in 2006." Source: Organ donation and transplantation - the Croatian Model, Mirela Bužić, MD. Ministry of Health and Social Welfare of the Republic of Croatia.

"More recently, Croatia and Portugal have adopted the model insofar as a national transplant agency, a network of procurement hospitals and the in-house figure of the medical TC is concerned. As a result, from 2006 to 2009 both countries have increased their deceased donation rates in 37% (from 12.9 to 17.7 deceased donors pmp) and 54% (from 20.1 to 31 deceased donors pmp), respectively." Source: Spanish experience as a leading country: what kind of measures were taken Transplant International^a 2011 European Society for Organ Transplantation 24 (2011) 333-343

- a) Why is the Authority using different criteria for start date than the countries themselves use?
- b) Why is the Authority using the year after funding began in Australia as the start year, yet several years prior to in-hospital funding for the comparison countries?

Answer:

- a) The question suggests that the start dates in Croatia and Portugal were 2006 and 2009 respectively. This is not correct. The article referenced in the question above (Spanish experience as a leading country: what kind of measures were taken, Transplant International^a 2011 European Society for Organ Transplantation 24 (2011) 333-343) provides a description of the reform which occurred in Spain but does not describe when the first full year of implementation of reform occurred in Croatia or Portugal.

Australia

The Australian Organ and Tissue Donation and Transplantation Authority (AOTDTA) utilises the year 2009 as the commencement year in Australia when the structural elements of national reform agenda were put in place including the establishment of the AOTDTA and employment of state and territory Medical Directors, DonateLife Agency staff and hospital-based staff. Therefore, 2010 is the first year of full implementation of the national reform agenda.

Spain

Utilising the same parameters and applying them to Spain, which like Australia had a clear introduction of a national reform agenda, the following dates are applied:

- National reform announcement year (Spain 1989, Australia 2008)
- Commencement year when the national agency and hospital reform elements are established (Spain 1990, Australia 2009)
- First full year of implementation (Spain 1991, Australia 2010)
- Second full year of implementation (Spain 1992, Australia 2011)

Croatia

The national organ donation reform agenda in Croatia was announced in 1998 by publication of a Minister's Instruction called the Program for Increasing the Number of Organ Donations in the Republic of Croatia which set out the national reform objective, measures and implementation steps. Following this Instruction, there was progressive implementation of measures commencing with the appointment of the National Transplant Coordinator (NTC) national authority by the Croatian Ministry in 2001.

From this point, Croatia describes their sustained and continuous increase in cadaveric organ donations as due to the gradual implementation of several measures, for which the comparable Australian elements are detailed in the table below:

Croatian measure	Year	Comparative OTA measure	Year
Minister's Instruction of the Program for Increasing the Number of Organ Donations in the Republic of Croatia which define the structure for national reform.	1998	National reform agenda announcement and endorsed by Council of Australian Governments.	2008
Organisation of existing surgical procurement and retrieval teams.	1998-2001		
Appointment of National Transplant Coordinator and full time Ministry employees to direct and implement national reform and implementation and monitoring of the deceased donation and transplantation programs.	2001	Establishment of a National Authority.	2009
Implementation of national network through the appointment of hospital-based Transplant Coordinators in each hospital ICU, supported by the Ministry.	1998-2001	Employment of State and Territory Medical Directors, DonateLife Agency staff and hospital-based staff in 8 DonateLife Agencies and 78 Australian hospitals.	2009

Commencement of external inspection program in five hospitals as a quality assurance process for deceased donation in hospitals nationally, progressing towards the establishment of a clinical practice improvement program and rigorous quality assurance process whereby planned audits of 33 donor hospitals occurs annually with the assistance of external quality assurance experts.	2002-2010	DonateLife Audit implemented to audit all deaths for potential donors.	2010
Planning and providing additional training for professionals (including training programs in requesting consent and managing the family donation conversation).	2003	Professional Education Package (PEP) for DonateLife staff and other health professionals working with potential donors and their families.	2011
<i>Transplant Act 2004</i> adopted by the Minister which confirmed the appointment of Transplant Coordinators in each Donor Hospital and committed funding for those positions	2004		
Progressive increase of organ donation and transplantation promotion activities for public awareness.	1998 - 2005	Community awareness and education program launched.	2010
Inaugural National Donor Day.	2006		
Implementing activity-based funding at the hospital level for Transplant Coordinators.	2006	Organ Donation Hospital Support Funding (activity based funding) to provide a contribution to hospitals for the extra costs associated with donation.	2009

According to Mirela Basic, 2001 was the first year a truly coordinated approach to organ and tissue donation was implemented, following the appointment of the National Transplant Coordinator. To date, the AOTDTA has used 2002 as the first year of implementation of reform in Croatia, however in light of more detailed information becoming available; it is proposed to amend this date to 2001.

In 2004, Croatia adopted new donation and transplantation legislation, the *Transplant Act 2004*, along with a set of protocols and algorithms addressing the identification of potential donors. In 2003 national training programs for intensive care unit doctors and hospital coordinators were launched and the implementation of reimbursement to Croatian donor hospitals commenced in 2006.

These actions are described as some of the elements Croatia has implemented at a national, hospital and public level as part of a progressive reform process since the appointment of the NTC national authority in 2001.

Noting that to date the AOTDTA has used 2002 as the first year of implementation of reform in Croatia; the AOTDTA proposes to adjust its public reporting to change these dates, namely:

- Announcement of national reform policy in 1998;
- From 1998 to 2001, the Croatia's national reform objectives and measures were identified;
- First full year of implementation – change from 2002 to 2001; and
- Second full year of implementation – change from 2003 to 2002.

The 2012 publication by Mirela Basic is supportive of the AOTDTA's identification of 2001 as the first year of full implementation of major organisational changes to increase organ donation in Croatia, following establishment of the NTC national authority. (Source: Mirela Basic and Arijana Lovrencic-Huzjan, (2012), Action Taken to Boost Donor Rate in Croatia, Organ Donation and Transplantation - Public Policy and Clinical Perspectives, Dr. Gurch Randhawa (Ed.), ISBN: 978-953-51-0039-3).

Portugal

In 1993, the Portuguese Organisation of Transplantation was created as a coordination office within the Ministry of Health. In 1996 the national authority then created a regional network of five Organ Donation and Transplant Coordination Offices (GCCT). The main functions of the GCCTs were to coordinate the donation and distribution of organs and tissues in the transplantation process. (Source: A Calvao Da Silva, T Saavedra, A Alves, M Henriques, Evolution of Organ Donation in Central Portugal 1994-2009-A Change In Donor Profile, Organs, Tissues and Cells (13), 101-105, 2010)

In 2007, this was superseded by the Authority for Blood Services and Transplantation as decreed by the Prime Minister on 29 May. This included the recruitment of organ and tissue donation staff in hospitals in addition to the Regional Coordination Offices and National Donor Coordination functions.

To date, the AOTDTA has used 2007 as the first year of implementation of reform in Portugal. The AOTDTA will adjust its public reporting to change these dates from those used to date namely:

- Commencement year – change from 2006 to 2007;
- First full year of implementation – change from 2007 to 2008; and
- Second full year of implementation – change from 2008 to 2009.

The key lesson to be learnt from each of the international comparators is that reform of organ and tissue donation is an incremental process as national systems are developed and hospital-based clinical practice is reformed.

- b) Refer to the response for question a).