More Than a Medical Question: Psychosocial & Financial Issues in Heart & Lung Transplantation

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Every patient undergoes a comprehensive psychosocial evaluation as part of the transplant work-up.

- Mental health history
- Substance use history
- Understanding of illness
- Support system
- Financial resources
- Post-transplant plan
- Compliance
- Readiness and understanding of transplant
Possible Psychosocial Contraindications to Transplant

- Untreated depression / anxiety that may interfere with care; recent history of suicidal ideation/attempts
- Active / recent substance abuse
- Lack of support / identified caregiver post-transplant
- Not emotionally ready for transplant
- Ongoing non-adherence

Three Outcomes of Transplant Evaluation Process

- Turn down
- Deferral
- List for transplant

Turn Down

- Patients may be turned down for medical or psychosocial reasons.
- Social Work support is available to patients and families regardless of reason for turn down.

Defer

- Medical reasons
  - Additional testing needed
  - Weight loss
  - Pulmonary rehab
  - “Too well”
- Social reasons
  - Need to resolve substance abuse / mental health issues
  - Need to develop support plan
  - Need to work with emotional readiness for transplant
  - Need to fundraise for anticipated expenses
Listing

- “Will I ever get called?”
- “Will I get organs before it’s too late?”
- “How can I possibly continue my day-to-day activities while waiting?”
- “Let’s do a practice run….”

Surgery and Hospitalization

- Emotionally overwhelming experience on multiple levels
  - Adjustment to hospitalization (multiple team involvement, preparation for discharge)
  - Physical recovery (post-surgical pain, complications)
  - Psychological recovery (body image issues, loss of former medical therapies and replacement with new ones, managing expectations)
  - Donor issues (survivor guilt)

Discharge / Short-Term Recovery

- Role transitions
- Caregiver stress
- Temporary relocation away from home in unfamiliar environment
- Adjusting to new reality
- Complications in recovery

Long-Term Recovery

- Returning to pre-transplant roles
  - Adjusting relationship dynamics
  - Engaging in former or new recreational interests
  - Returning to work
- Graft maintenance
  - Ongoing relationship with transplant team
  - Rejection / medical setbacks
  - Changing psychosocial circumstances
- Consideration of contact with donor family
  - Assessing personal readiness
  - Writing letter
- Giving back to community
  - Mentoring other patients / families
  - Raising community awareness
Financial Issues

Activity

- 49 transplants in total in 2009
  - 13 heart transplants
  - 3 combined heart-kidney transplants
  - 32 lung transplants
  - 1 combined heart-lung transplant

Role of Financial Coordinators

- Ensure sufficient insurance coverage for all transplant expenses
- Liaison with multidisciplinary medical / surgical team, as well as external insurance companies
- Provide insurance counseling to patients and families

Case Scenarios

- Patient A: Bilateral lung transplant patient with 2 million dollars in “exhausted” insurance coverage in need of re-transplant
- Patient B: Patient with limited Medicare A & B coverage in need of urgent heart transplant
Healthcare Reform

- No pre-existing conditions
- Insurance companies cannot drop coverage when you care sick
- Extension of coverage for dependents up to their 26th birthday under their parents’ insurance plan
- No lifetime maximums
Thank you!