kidney TRANSPLANT COLLABORATIVE

CMS INNOVATION CENTER • THE SEPTEMBER IOTA OFFICE HOUR

Living Donor Program Enhancement

A train-the-trainer framework for transplant centers

Andrew D. Howard, MD, FACP
Chairman, Kidney Transplant Collaborative

kidneytransplantcollaborative.com



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Nephrologist, trained at Walter Reed Army Medical Center, where he was Chief Medical Resident before a nephrology fellowship and an appointment as Assistant Chief of Nephrology and Assistant Professor of Medicine at the Uniformed Services University of Health Sciences.

Thirty years in clinical practice with Metropolitan Nephrology Associates, followed by work as a manager for the Maryland ESCO through the close of that ESRD payment model, and as a consultant guiding practice participation in the Kidney Care Choices and ESRD Treatment Choices models.

ALSO

Past President of the Forum of ESRD Networks and a current Board member. Past Chairman of the National Kidney Foundation of the National Capital Area. Medical Advisory Board, ESRD Network 17.

The Framework is proven in practice, and HHS is now funding the same approach.

9×

increase in living donor screenings

7×

increase in approved living donors

~50%

of recipients identified a donor, up from near zero

SOURCE: UAB / JOHNS HOPKINS PROGRAMS

HHS KIDNEYX EMPOWER AWARD WINNER

NYU Langone Health Transplant Institute's CADENCE, a virtual program employing trained lay navigators to deliver the Live Donor Champion program, equipping families to act as advocates.

Two roles that work together.

Dedicated Transplant Coordinator

Employed by the transplant center

- Leads recipient engagement on-site
- Trains volunteer facilitators
- Equips volunteers with messaging tools and ongoing coaching

Volunteer Facilitators

Friends, family, faith leaders, coworkers

- Help the recipient find a donor, then support that donor through the process
- Provide non-clinical support with scheduling, paperwork, logistics, from first interest through evaluation and surgery

One dedicated coordinator trains the volunteer facilitators throughout: first to help the recipient find a donor, then to support that donor through the process. This does not interfere with the transplant center's existing clinical or non-clinical staff responsibilities in any way.

Six phases, two arcs.

FINDING A DONOR

01 Recipient Initial Education & Intake

02 Committee Formation & Messaging Strategy

03 Network Outreach & Awareness

SUPPORTING THE DONOR

04 Donor Interest Engagement

05 Donor Evaluation Navigation Support

06 Donor Transplant Milestone Support

THE MATERIALS (AVAILABLE UPON REQUEST)

Every transplant center runs differently. These materials, phase-matched to the six-phase model, are available on request, not a fixed template. Centers we've worked with have found them a helpful starting point to adapt to their own process.

PHASE 01

Referral Snapshot

One-page recipient profile for intake

PHASE 01

Intake Questionnaire

Maps the patient's own network

PHASE 02

Committee Messaging Guide

How the story gets shared, and by whom

PHASE 03

Outreach Toolkit

Templates for community and digital reach

PHASE 04–05

Donor Engagement Toolkit

First contact through evaluation navigation

PHASE 06

Surgery Prep Guide

Milestone support for the donor

Clinical authority stays where it is.

THE TRANSPLANT CENTER RETAINS

All medical evaluation

Eligibility decisions

Clinical testing

Surgical and post-transplant care

COORDINATOR & VOLUNTEERS HANDLE

Education-based outreach

Non-clinical support

Logistics and navigation help

Volunteer training and support

Every medical question is redirected to the transplant center. The Independent Living Donor Advocate role under 42 C.F.R. § 482.98(d) is untouched and stays independent.

Becky needs a kidney. Here's how her coordinator and volunteers help her find one.

PHASE 01

She meets her coordinator

Becky learns how living donation actually works, and that finding a donor is a process someone will run with her.

PHASE 02

They map her network

Together they identify three or four people close to Becky who can carry her story: a sister, a neighbor, someone from church.

PHASE 03

They build the outreach

The coordinator drafts the Facebook posts and talking points, so Becky's network can share her story. At a small gathering of people who know Becky, a past donor shares what donation was actually like, and by the end, two more people ask how to get tested.

PHASE 04-06

Someone steps forward

A cousin's coworker calls the center. The same coordinator who worked with Becky continues supporting the donor, in a non-clinical capacity, while the transplant center's own clinical staff handle her medical evaluation. Becky's own facilitators stay in touch throughout, so the donor never feels like she's navigating this alone.

Mapped to CMS's own model goals.

Identify more Living Donors & assist potential LDs navigating process

Direct match. This is the framework, end to end.

Improve Care Coordination & Patient-Centeredness during the process

Structured non-clinical support at every stage.

Create greater Access to kidney transplants by addressing barriers to care

Reaches patients whose networks were never asked.

Improve Quality of Care before, during & after transplantation

Navigation support through evaluation and recovery.

Maximize use of Deceased Donor Kidneys

Unaffected. Living donation adds supply alongside.

Reduce Medicare Expenditures

Every additional living donor transplant moves this column.

Northwell is assessing reimbursement potential for this model.

Every center's circumstances differ. We encourage you to consult your own reimbursement and compliance experts about whether this approach could work for you.

PRESENTED BY NORTHWELL HEALTH

Northwell Health is KTC's implementation partner for this work, piloting the Framework through a three-year demonstration project with the Staten Island PPS that launched in January 2026. Nora Brady, Vice President of the Northwell Health Transplant Institute, will speak to that partnership.

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Questions are welcome, along with interest in adopting the framework at your center.

Email us: info@kidneytransplantcollaborative.com

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