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Graft 2001; 4; 407

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A History of the LifeLink Transplant Institute

Dennis F. Heinrichs

Introduction

LifeLink Foundation has been a recognized leader in organ and tissue procurement and transplantation for nearly 30 years. Headquartered in Tampa, Florida, the foundation (a nonprofit organization) has 6 divisions, and the LifeLink Transplant Institute, an independent subsidiary. As such, it presents an alternative model to the more traditional transplant organizations. Elements of its structure are part of, or may be adapted to, programs elsewhere with similarly beneficial results.

The LifeLink Transplant Institute was founded by Dana L. Shires in 1994 for patients suffering from end-stage organ failure in this geographic location. Before this, patients were referred to Gainesville and Miami, which was often inconvenient for them. As the patient waiting list rapidly grew, their chances of a transplant decreased. Dr. Shires envisioned the LifeLink Transplant Institute as the means by which care could be provided closer to home.

The University of South Florida College of Medicine recruited Dr. Shires from Indiana University to initiate a kidney transplant program when the need for this service in the Tampa Bay community was becoming increasingly apparent. Envisioning, planning, and building a program of this nature required a high level of commitment on the part of many others within a given institutional structure. Organizational challenges and political complexities threatened the development of the new program in its earliest stages. When it became clear that it would be impossible to build a multifunctional transplant program at either Tampa General Hospital (TGH) or the University of South Florida, Dr. Shires decided to build his own.

He established a core team of founders, including a surgeon, another nephrologist, and an immunol-

ogist. Their experiences in Indiana led the group to believe that a collaborative effort would enable them to reach a jointly held goal: to develop a model for the delivery of exceptional patient care. They imagined a single location offering an array of services, including comprehensive medical, surgical, and transplant services.

Through the acumen of its founders, the LifeLink Transplant Institute has grown to include a large multispecialty group of transplant-related clinicians including surgeons, cardiothoracic surgeons, nephrologists, cardiologists, an internist, a psychologist, ARNPs, a social worker, transplant coordinators, and a support staff. Continuing collaboration with TGH and the University of South Florida College of Medicine have further helped to establish the institute by bringing all facets of clinical care under one roof.

Operation and Structure

By incorporating the core issues discussed in this issue of *Graft*—infrastructure, marketing, contracting, and patient care—LifeLink Transplant Institute provides an example of a successful integrated multiorgan transplant program.

Whereas it took 16 years to perform the first 1000 kidney transplants in Tampa, within the LifeLink framework it took 7 years to complete the next 1000. The LifeLink Transplant Institute and TGH successfully added a liver transplant program in 1997. Within the first 4 years, 187 transplants had been performed. Both transplant programs exceed the national 1-year survival rates.

The in-house immunology laboratory provides testing services that expediently match organs with waiting patients. All testing vital to patient safety and donor-recipient matching is performed in the

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same facility, 24 h a day. LifeLink cardiologists provide a large portion of the medical evaluation and follow-up care to patients of the heart transplant program, which performs an average of 40 transplants annually. With an integrated team of 65 employees involving medical staff, administration, and support staff, LifeLink and TGH initiated a pancreas program in early 2001 and performed the first successful pancreas transplant on February 20 of this year.

Several other important features have contributed to the development of LifeLink Transplant Institute.

Leadership

It is noteworthy that within the timeframe we are discussing, TGH has lived through 5 different administrations, each with a differing core philosophy and focus. The university has also undergone significant changes in leadership direction during this period. LifeLink has, however, continued to develop since its inception in 1973 without a significant change in personnel. Its board of governors continues to oversee the development of policies and procedures. The example of applied leadership that characterizes this group was established long before the federal government mandated broader representation on boards similar to LifeLink's. An essential reason for success is a streamlined and focused management structure that one does not always find within large organizations such as universities and hospitals.

Commitment to Physician Development

LifeLink works with referring physicians to keep them informed of the institute's services through regular and electronic mailings, phone contacts, educational seminars and dinners, protocol updates and in-services, educational materials, and so on. In 1998, LifeLink hired a full-time marketing professional to develop a full-scale marketing plan aimed toward developing strong relationships of this kind. As additional patient care services were added, different plans were implemented according to the need for each service. For example, when the new pancreas program was established, a separate plan was developed to bring that particular service to patients in need. The plan involved putting together educational materials for both referring physicians

and patients. Marketing has been a very important aspect of LifeLink's strategy, and as new programs are launched, its importance has become increasingly critical. Constant communication and relationship building with referring physicians, potential referring physicians, patients, and the public have produced strong alliances and positive patient outcomes.

Additionally, the institute emphasizes partnership with referring physicians. They are recognized as an integral part of the transplant team during both the preoperative and postoperative periods. After transplantation, a strong effort is made to refer the transplant recipient back to them once the patient has achieved posttransplant stability. The timing depends on the patient's clinical course, stability of transplant function, and the desire of the referring physician.

Managed Care

This area is in a state of continual evolution and has become increasingly complicated. LifeLink currently contracts with more than 1000 health care coverage providers. In 1998, LifeLink recruited an experienced professional to oversee contracting and credentialing efforts. This appointment was essential to maintain the volume of interactions and level of dialogue necessary to ensure excellent patient care and reasonable reimbursements. Through this department, LifeLink participation in HMO, PPO, and transplant networks (local and national) continues to function well during challenging times.

High Retention of Skill Base

Long-term continuity of senior-level management has led to a stable leadership environment for the younger staff, resulting in a low employee turnover. A competitive salary structure, fringe benefit plans, and developmental opportunities help to maintain and attract qualified staff. Encouraging widespread participation at myriad levels maintains a high level of motivation.

High Organ Procurement Rates

LifeLink of Florida and LifeLink of Southwest Florida are among the top-ranked organ procurement organizations in the country, based on donors-per-million population. This is in large part

due to collaboration with hospitals and other medical professionals, medical examiners, and law enforcement agencies. A volunteer program was initiated to increase public awareness of the growing need for organ and tissue donation.

Benefits

The integration of transplant-related functions has benefited cost structures, productivity, overall patient care, and patient convenience.

Cost

Centralized buying and an increased product/service mix keep patient costs down.

Optimized Productivity

Resources, generally not found in separate, specific medical practices, are shared across many divisions, which benefits the entire organization.

Team Approach to Patient Care

Medical staff members rotate clinical schedules and become familiar with most of the patients. The various practitioners, patient care coordinators, and nurses are located in the same building as the patient care clinic. Thus, staff members have continuous access to patients and to one another. Immediate access to other physicians facilitates dialogue for aggressive treatment therapies. Transplant candidacy committee meetings are held weekly, where each patient's needs and care are considered in depth. These committee meetings include the input of subspecialty practitioners involved in the evaluation process.

Patient Convenience

The Institute's "one stop shopping" concept and proximity to Tampa General Hospital is convenient for both the patients and medical staff. In addition, the clinic has 20 examining rooms, where transplant patients have the majority of their work-ups performed. The clinic owns the equipment necessary for cardiac stress testing, echocardiography, bone densitometry, and other necessary tests. Therefore, when a patient arrives for evaluation, the various tests required (including psychological and related evaluations) can be undertaken at the same place on the same day.

Future Plans and Conclusion

The LifeLink Transplant Institute will continue to expand services to help meet the need of patients suffering from end-stage organ failure. Future plans for development include possible expansion into lung and perhaps small bowel transplantation.

Advanced technologies, and the development of better drugs with fewer serious side effects, will continue to result in more patients' being able to lead fulfilling lives despite their serious diagnoses, via transplantation. These expanded opportunities, however, challenge everyone within the transplant community to face an ongoing critical issue shared by all: how to acquire the organs necessary to provide for as many patients as possible.