

# Relative performance index methodology for solid organ transplant programs and advanced cellular therapies

## Cigna LifeSOURCE Network for Transplant and Advanced Cellular Therapies



### Introduction

The Cigna LifeSOURCE Network maintains a high-performing network of transplant programs that meet or exceed standards, which include among other things, transplant-specific experience, performance outcomes, transplant facilities and transplant team personnel. Information is collected through an annual quality and performance review process and is analyzed and approved by the Cigna LifeSOURCE Network Performance Review Committee (NPRC). Based on the survey results, the NPRC determines the network level participation status of each transplant program in the Cigna LifeSOURCE Network.

The NPRC uses a variety of sources to set guidelines for program volumes and performance outcomes. Industry standards and norms are used as a basis for the Cigna LifeSOURCE network program inclusion guidelines and are identified through professional experience, transplant-related publications, and information posted on websites authored by the United Network for Organ Sharing (UNOS), Scientific Registry of Transplant Recipients (SRTR), Organ Procurement and Transplantation Network (OPTN) and Centers for Medicare & Medicaid Services (CMS), among others. The Cigna LifeSOURCE network program inclusion guidelines exceed the industry standards or norms, and include programs that are competitively priced relative to equivalent programs in the region and/or market.

For solid organ programs, yearly outcome and volume data from the July SRTR Program Specific Reports (PSRs) and OPTN websites are analyzed. The SRTR provides ongoing evaluation of the scientific and clinical status of solid organ transplantation for kidney, heart, liver, lung and intestine transplants. The federally mandated and funded SRTR publishes data on all solid organ transplants and donations in the United States.

### Statistical Analysis Components

The Cigna LifeSOURCE Transplant NPRC utilizes the July SRTR PSRs each year to assess the performance outcomes of adult transplant programs based on the following metrics: the waitlist transplant rate (getting a transplant faster), the one-year graft survival rate and three-year graft survival rate.

- **Transplant rate on waitlist (getting a deceased donor transplant faster):** From the July SRTR Program Specific Reports (PSRs), this is defined as the number of patients on the waitlist transplanted within a year relative to the national experience.
- **Graft failure rate:** This is a measure of actual transplant program results compared with expected program results that are based on modeling transplant outcomes from all programs in the United States.

## Statistical Metric Definitions

- The number of **graft failures** for a program in the cohort are compared with the graft failures that are expected to have occurred. The expected numbers are derived from mathematical modeling that is based on the case mix of their transplant population. The ratios for each program are compared with the experiences of all transplant programs in the nation.
- The **transplant rate** is a calculation of the number of specific organ transplants performed by a program in a given year, as compared with the experience of all transplant programs in the nation. SRTR publishes the statistical factors/performance of transplant programs biannually in December and July. The SRTR PSRs contain information about the number of transplants performed during a two-and-a-half-year cohort.

## Relative Performance Index (RPI)\*

The NPRC analyzes the performance of transplant programs by calculating the Relative Performance Index (RPI). The RPI is determined by adding the values of SRTR ratings of the following metrics: the wait list transplant rate (getting a deceased donor transplant faster), the one-year graft survival rate and the three-year graft survival rate. The combined deceased and living donor wait list transplant rate replaces the wait list transplant rate (getting a deceased donor transplant faster) and the one-year and three-year deceased and living donor graft survival replaces the one-year and three-year deceased donor graft survival for the liver and kidney transplant program RPI calculations.

The one-year and three-year graft survival rating is calculated by ranking the estimated observed to expected ratio of each program nationally and then into quintiles.

The transplant rate and one-year graft rate is weighted 1.25% and the three-year graft rate is weighted 0.50% in the total RPI calculation of the three metrics. The metric ratings are totaled and divided into quintiles. Higher RPI quintiles indicate better program performance.

## Program Inclusion Guidelines

Programs will be selected for the LifeSOURCE Designated network level (also known as the Cigna LifeSOURCE Transplant Network®) when the overall performance ranking is in quintiles 2–5. Programs with performance in quintile 1 may be selected for the Supplemental network level.



\*The transplant waitlist rate metric is not calculated in the heart program RPI.

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