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GRANT *news*

November 2018 | A periodic e-bulletin to share results of organ donation and transplantation projects funded by the Division of Transplantation

Leveraging Primary Care Settings for Donor Designation Conversations

Two projects demonstrate effective ways for primary care providers and staff to educate patients and encourage donor registration.

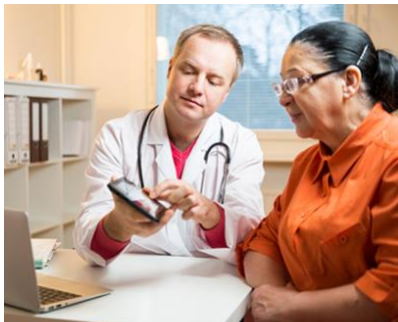


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With funding from the Health Resources and Services Administration's (HRSA) Division of Transplantation, two research projects identified ways to motivate patients to register as organ, eye, and tissue donors during routine primary care visits. In the process, the projects added nearly one thousand total donor designations to state registries in Pennsylvania, West Virginia, and Ohio.

Strategies that work:

- Training providers and office staff to answer questions about donation
- Giving providers and staff pocket-sized organ donation FAQ cards for quick reference
- Prompting patients to register in the office

Researchers from the **University of Pittsburgh** and the **Center for Organ Recovery and Education** implemented the Patients Save Lives program in primary care offices throughout Pennsylvania and West Virginia between 2011 and 2014. Offices in two

intervention groups received education about organ donation, a poster with educational brochures and donor designation forms to display, and staff training on distributing a special donor designation form during check in. Patients were invited to complete and return the form before or after seeing their providers. In contrast, the control group office only received the poster, brochures, and forms to display.

In the intervention groups, **8.1% of patients who did not already have donor designations on their drivers' licenses registered as donors.** In contrast, no patients in the control group registered.

Principal Investigator Howard Degenholtz, Ph.D. and research assistant Kristin Lazzara note that training and education are keys to ensuring the form is given out consistently and office staff and providers are prepared to answer patients' questions.

"The office becomes a donation-friendly environment," Lazzara says. "The trust people have in their physicians translates to donor designations."

Providers and organ procurement organizations [can use the Patients Save Lives program](#). Through an ongoing HRSA-funded project, the program is being automated so a patient's donor designation status appears alongside his or her electronic medical record at check in, prompting office staff to print a donor designation form. This ensures that patients are asked about their designation status only once a year.

Provider-patient trust spurs organ donation conversations

A related project was conducted by **Case Western University, Lifebanc,** and the **Cleveland Minority Organ Tissue Transplant Education Program** from 2013 to 2014 at primary care clinics in Cuyahoga County, Ohio. The project facilitated discussions between patients who had not previously consented to organ donation and their primary care providers. Patients in the intervention group watched a brief video about organ donation while waiting for their appointment. Study coordinators then prompted patients to select one of 12 questions to ask their provider during their appointment. Providers received a pocket card of frequently asked donation questions and answers.

After their appointments, patients were given the opportunity to add their names to the donor registry electronically or through the mail to the Ohio Bureau of Motor Vehicles. **In the intervention group, 22% of patients consented to organ donation, compared to 15% of patients in a control group** that did not watch a video or select a question.

The patient-provider conversations also spurred discussions about living wills and healthcare powers of attorney among those in the intervention group. Principal Investigator Daryl Thornton, MD, MPH noted that this is significant because many studies have tried to increase the completion of advanced directives in primary care offices without much success.

The project demonstrated that the trust existing in the patient-provider encounter can be extended into the area of organ donation. "Trust is a big reason why people in many communities, particularly minority communities, aren't willing to donate," says Thornton, "so being able to leverage that existing patient-provider relationship is a wonderful thing."

Learn more about these projects using the resources below.

Want to know more?

Controlled Trial of Academic Detailing and Web Based Education for Primary Care Physicians to Increase Consent for Organ Donation

Principal Investigator: Howard B. Degenholtz, University of Pittsburgh, degen@pitt.edu, 412-624-6870

Effects of a Video Intervention and Patient Cueing on Consent to Donate Organs Among Patients Visiting Their Primary Care Provider: The DECIDE Randomized Clinical Trial

Principal Investigator: J. Daryl Thornton, Case Western Reserve University, dthornton@metrohealth.org, 216-778-3732

Thornton J.D., Alejandro-Rodriguez M., Leon J.B., Albert J.M., Baldeon E.L., De Jesus L.M., Gallardo A., Hossain S., Perez E.A., Martin J.Y., Lasalvia S., Wong K.A., Allen M.D., Robinson M., Heald C., Bowen G., Sehgal A.R. (2012). Effect of an iPod Video Intervention on Consent to Donate Organs: A Randomized Trial. *Annals of Internal Medicine*, Vol.156, No. 7, 483-490.

Thornton J.D., Curtis J.R., Allen M.D. (2010). Primary Care Physicians' Attitudes and Practices Regarding Discussing Organ Donation with their Patients. *Journal of the National Medical Association*, Vol.102, No. 1, 52-58.

Thornton J.D., Sullivan C., Albert J.M., Cedeño M., Patrick B., Pencak J., Wong K.A., Allen M.D., Kimble L., Mekesa H. (2016). Effects of a Video on Organ Donation Consent among Primary Care Patients: A Randomized Controlled Trial. *Journal of General Internal Medicine*, Vol. 31, No. 8, 832-839.

Thornton J.D., Curtis J.R., et al. (2006). Completion of Advanced Care Directives is Associated with Willingness to Donate. *Journal of the National Medical Association*, Vol. 98, No. 6, 897-904.

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