U.S. Department of Veterans Affairs

Public Access Author manuscript

JAMA. Author manuscript; available in PMC 2015 September 28.

Published in final edited form as:

JAMA. 2014 July 23; 312(4): 437. doi:10.1001/jama.2014.7158.

Liver Transplants Among US Veterans

William P. Gunnar, MD, JD

Veterans Health Administration, Washington, DC

To the Editor

Dr Goldberg and colleagues¹ reported a disparity in the rates of US veterans waitlisted for liver transplantation and, once waitlisted, receiving a liver transplant when the veteran's local Veteran's Affairs (VA) medical center was located more than 100 miles from a transplant center. This disparity was observed regardless of whether the veteran received care at a Veterans Affairs Transplant Center (VATC) or a non-VATC. I believe that the authors imply that distance relationships affect veterans more so than similarly situated nonveterans and this requires clarification.

Liver transplantation is provided to the US population by 139 specialized centers in 37 states, the District of Columbia, and Puerto Rico,² so logically the majority of patients in need of liver transplant services travel long distances, and often more than 100 miles. The Veterans Health Administration (VHA) provides liver transplant services either at 1 of 6 geographically dispersed VATCs or through non-VA purchased care based on clinical circumstances. Goldberg et al¹ showed that veterans waitlisted at a VATC had an equivalent rate of receiving a liver transplant compared with those waitlisted at a non-VATC. Furthermore, any benefit of having a local VA hospital within 100 miles of a transplant center applied to both patients waitlisted at a VATC or a non-VATC. In a study in a nonveteran population,³ similar mortality outcome benefits were observed for patients living within 30 miles of a transplant center compared with patients living at greater distances.

Inequities in access to liver transplantation exist across the United States generally and are not limited to veterans specifically.⁴ Rather, the VHA minimizes barriers to access and provides continuity of care across great distances based on an integrated system of 150 acute care hospitals and more than 820 community-based outpatient clinics. Veterans requiring specialized services may receive travel benefits to assist with care before and after receiving the transplant, including lodging for the veteran and caregiver. Beginning in 2010, the VHA enhanced its electronic transplant referral system and expanded telehealth capabilities to expedite timely transplant services.

Corresponding Author: William P. Gunnar, MD, JD, Veterans Health Administration, 810 Vermont Ave NW, Washington, DC 20420 (william.gunnar@va.gov).

Conflict of Interest Disclosures: The author has completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and reported being the Veterans Health Administration national director of surgery.

References

1. Goldberg DS, French B, Forde KA, et al. Association of distance from a transplant center with access to waitlist placement, receipt of liver transplantation, and survival among US veterans. *JAMA*. 2014; 311(12):1234–1243. [PubMed: 24668105]
2. Scientific Registry of Transplant Recipients. US hospitals with liver transplant centers. <http://www.srtr.org/csr/current/Centers/TransplantCenters.aspx?organcode=LI>.
3. Zorzi D, Rastellini C, Freeman DH, Elias G, Duchini A, Cicalese L. Increase in mortality rate of liver transplant candidates residing in specific geographic areas: analysis of UNOS data. *Am J Transplant*. 2012; 12(8):2188–2197. [PubMed: 22845911]
4. Axelrod DA, Guidinger MK, Finlayson S, et al. Rates of solid-organ wait-listing, transplantation, and survival among residents of rural and urban areas. *JAMA*. 2008; 299(2):202–207. [PubMed: 18182602]