

# Models of Transplant Psychiatry at Four Centers in New York City

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## INTRODUCTION

Transplant psychiatry has developed alongside other specialties as part of a multidisciplinary team dedicated to the clinical care, training, and research surrounding solid organ transplantation (Zimbrea 2016). However, few guidelines exist for best practices in the practical realities of implementing transplant psychiatry consultation services and performing psychiatric evaluations in transplant settings. Four major academic institutions in New York City (Columbia-NYP, Montefiore Medical Center, Mount Sinai Medical Center, NYU Langone Health) have each individually developed transplant psychiatry services now supporting all four major organ groups.

## OBJECTIVE

By comparing and contrasting the staffing models, referral processes, evaluation procedures, and post transplant follow up procedures at these four major academic institutions, we hope to identify standards that may be used as guidelines.

## METHODS

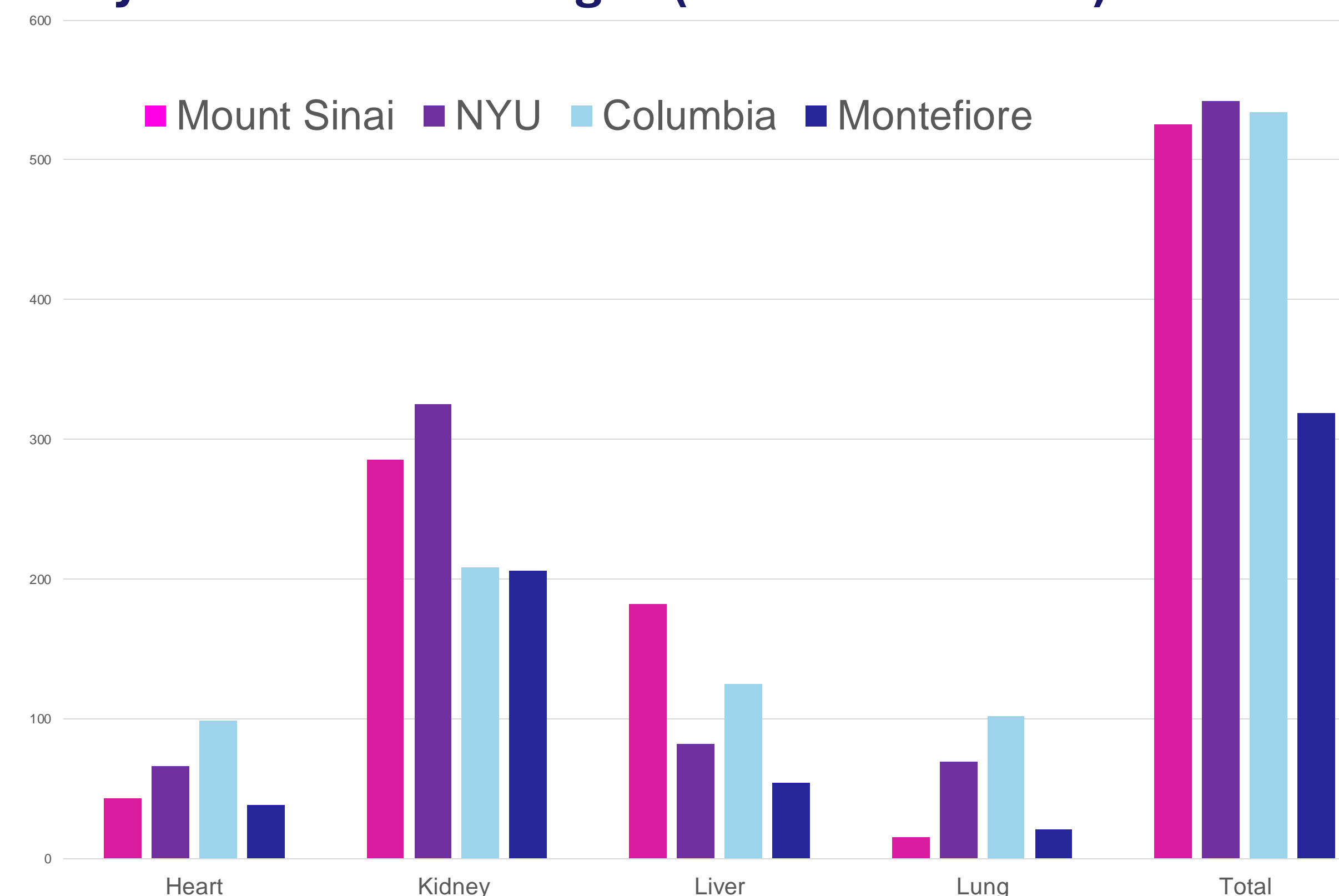
UNOS data was evaluated for each of the 4 academic centers, divided by organ. A survey was distributed to all transplant psychiatrists at all four institutions (N=11). Questions were divided into the following categories: personnel/resources, setting of evaluations, procedures for pre-transplant evaluations of recipients, content of pre-transplant evaluations of recipients, selection meetings, post-transplant follow up, and donor evaluations.

## RESULTS

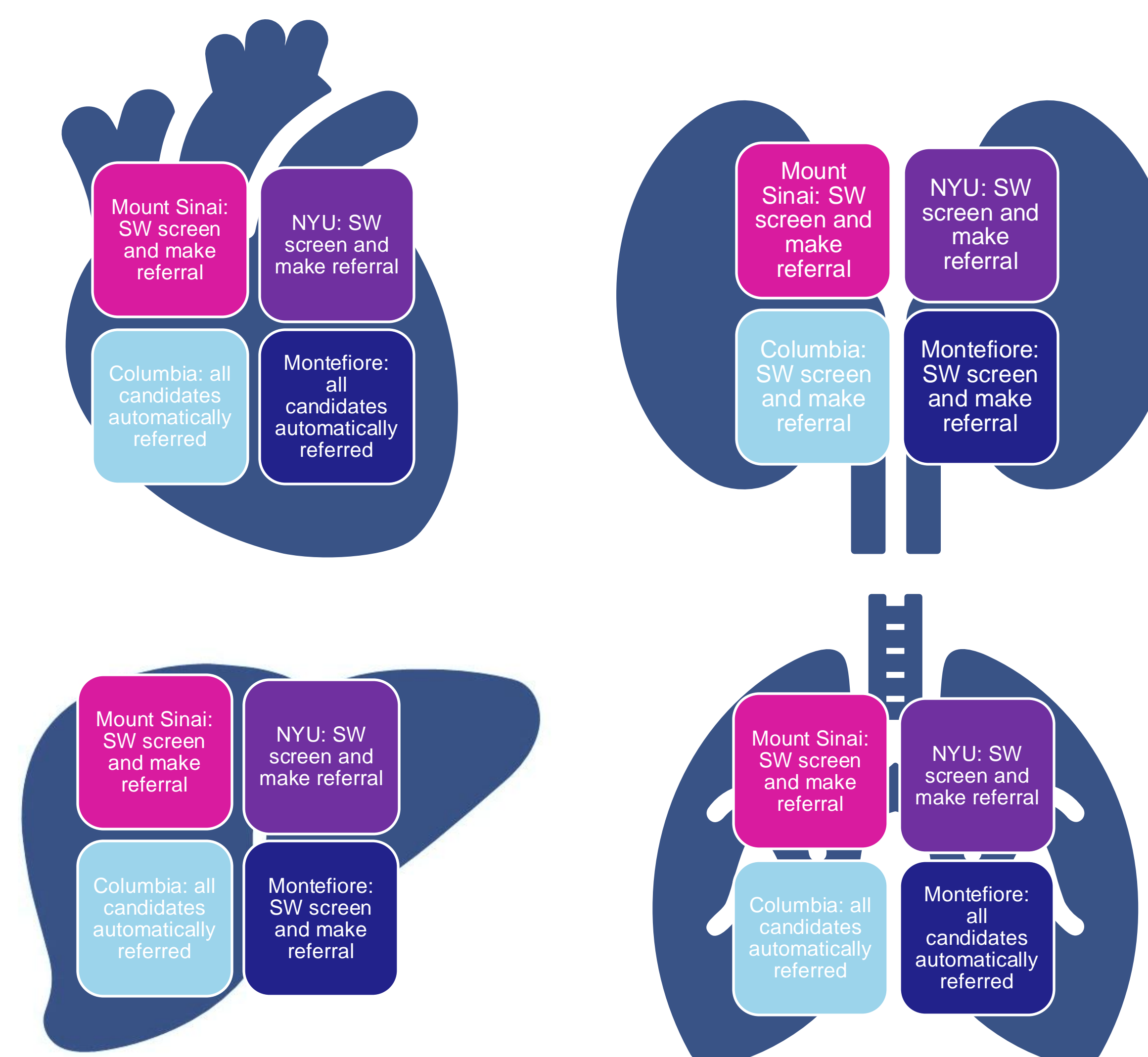
**Table 1: Personnel Demographics, Work Setting, and Provider Responsibilities**

Institution	# Providers (N=11)	Psychiatrists/ Psychologists	Total # FTE	Staffing Ratio (per 100 patients)	Provider Work Setting	Provider Responsibilities
Mount Sinai	3	3/0	2.75	0.45	Both Inpatient and Outpatient	Both General CL and Transplant
NYU	2	2/0	1.4	0.22	Only Outpatient	Only Transplant
Columbia	3	3/0	3	0.47	Both Inpatient and Outpatient	Both General CL and Transplant
Montefiore	3	2/1	3	0.85	Both Inpatient and Outpatient	Only Transplant

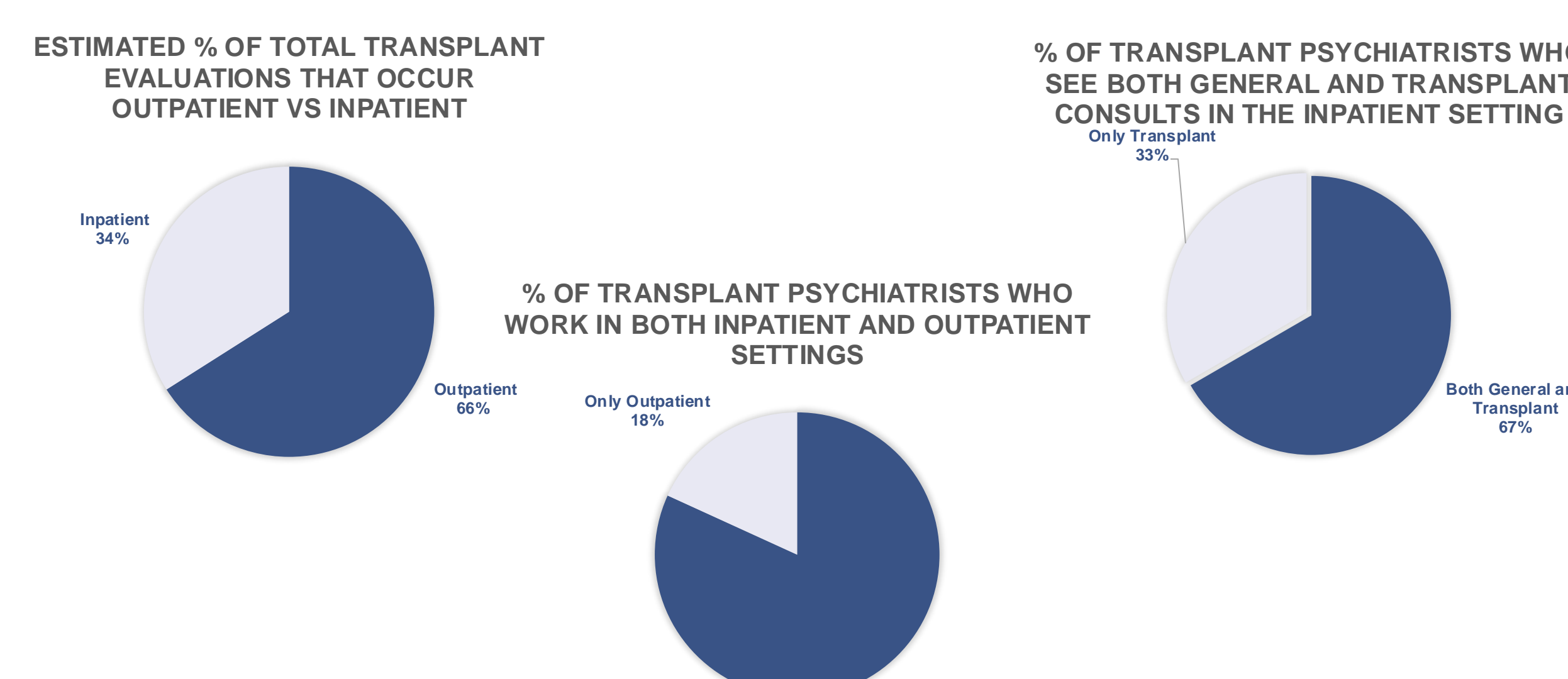
**Figure 1: Mean Annual Recipient Transplants by Institution and Organ (UNOS 2021-2023)**



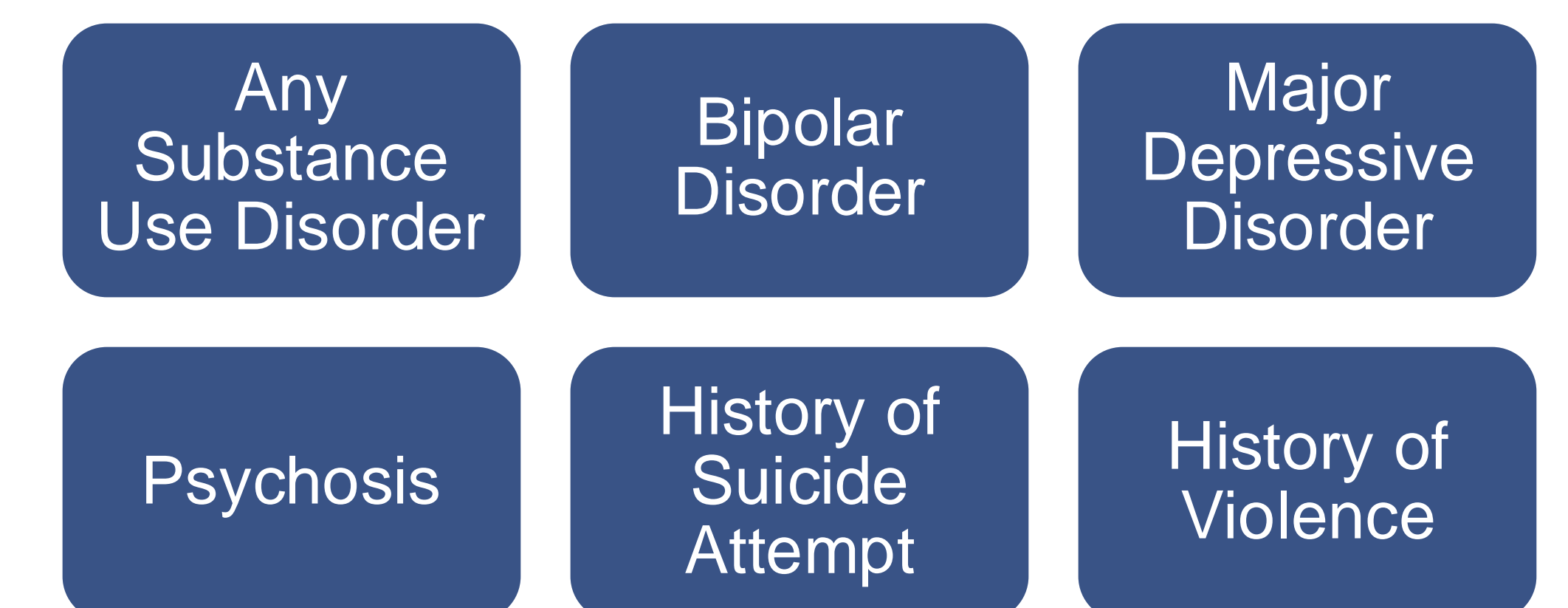
**Figure 2: Referral Processes by Institution and Organ**



**Figure 3: Comparison of Evaluation Settings and Provider Responsibilities**



**Figure 4: Most Common Reasons for Psychiatric Involvement in Transplant Evaluation**



## Key Results

- Providers at institutions with higher staffing ratios performed evaluations in both inpatient and outpatient settings, while those with lower staffing ratios only worked in the outpatient setting.
- Among providers who worked in both inpatient and outpatient settings, 67% worked in both transplant and general CL settings.
- All institutions proactively performed transplant psych evaluations for those with substance use disorders.
- Social workers were crucial in referral process at all institutions. At institutions with the highest staffing ratios, all lung and heart candidates were automatically referred for evaluation.
- Most common reasons for psychiatric involvement in transplant evaluation were similar across all institutions.
- Provider perception of strengths and weaknesses were similar across all institutions.

## CONCLUSIONS

- Significant heterogeneity exists in the staffing models, referral processes, and post-transplant follow up procedures at these four institutions. Reasons for referral and content of evaluations was similar at these four institutions.
- Institutions seeking to build Transplant Psychiatry programs may choose different models depending on staffing available.
- For institutions with lower staffing ratios, utilizing social work for initial screening and referral, targeting provider work towards outpatient settings, and limiting provider responsibilities to transplant may be preferred. In this situation, reliance on General CL services for inpatient evaluations may be greater.
- Higher staffing ratios could be used to focus on research and quality improvement

## REFERENCES

- Zimbrea, Paula, et al. "Transplant psychiatry: An introduction, part 1." *Psychiatric Times* 33.9(2016).
- <https://www.psychiatrictimes.com/view/transplant-psychiatry-introduction-part-1>