

Briefing Paper

Strategic Plan 2021-2024

OPTN Executive Committee

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Strategic Plan 2021-2024

Sponsoring Committee: Executive
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Board Date

Overview

The OPTN Board of Directors adopts a new strategic plan every three years, to guide the work of the OPTN and its committees. The strategic plan maintains a balance between setting high level community goals and allowing committees the flexibility to design specific policy projects.

The proposed plan for 2021-24 is built around four primary goals. The most important is Goal 1: Increasing the Number of Transplants. The other three goals are Provide Equity in Access to Transplants, Promote Living Donor and Transplant Recipient Safety, and Improve Waitlisted Candidate, Living Donor, and Transplant Recipient Outcomes.

The proposed goals for 2021-2024 are similar to the high level goals in the current strategic plan except in one respect. The current strategic plan includes a high level goal for improving efficiency in the system. Discussions about the proposed strategic plan described a strong preference for projects that made the system more efficient – for the purpose of facilitating more transplants. Therefore, the initiatives that fit that criteria, efficiency in the service of transplantation, are now included in Goal 1: Increasing the number of Transplants.

Goal 1 includes continuing efforts to improve performance metrics, moving from one or two indicators to a more comprehensive dashboard approach. It also includes tools to improve utilization and increase system efficiency. It also calls on the OPTN to explore ways to increase the use of DCD organs for transplant, and to review policies to determine whether any changes are necessary to facilitate emerging organ perfusion technologies.

Goal 2, equity, includes efforts to better define requirements for multi-organ transplants, to continue the development of the Continuous Distribution policymaking approach, and to ensure diversity in the decision makers on the OPTN Board and Committees.

Goal 3, outcomes, includes data tools to better understand organ offers, and living donation and transplant outcomes. Traditionally, the difference between goals 3 and 4 – safety and outcomes – is one of timing. Safety events are short-term transplant operation issues, and outcomes refer to long-term, post-transplant graft and patient survival.

Goal 4, safety, includes educational and collaborative efforts to share expertise across the community in order to improve safety practices.

The proposed strategic plan sets targets for allocating committee resources to each of the four strategic goals, and they are not equal. The plan proposes spending half of all committee time and programming effort on projects that increase the number of transplants. The plan proposes allocating 30% to equity projects, fifteen percent to outcomes projects, and 5 percent to safety projects.

Finally, the strategic plan proposes trackable metrics for each of the key goals. They should be impacted by the strategic plan initiatives, and by any other committee work in these areas, but they are not tied in a 1:1 way to specific initiatives. One initiative may impact multiple metrics, and several initiatives could all intend to move the needle on the same metric. As each committee project is developed in detail over the period covered by the plan, specific metrics and monitoring plans are described for each project.

The current plan expires in June 2021. The Board and Executive Committee began review of the current plan in the late spring of 2020, convening over 80 OPTN Board members and Committee leaders to offer feedback and guidance on prioritization of efforts. Following these discussions, the Executive Committee released a draft plan for public comment in January 2021.

The Executive Committee sought public comment on whether this set of goals and their associated initiatives and metrics were appropriate and reasonably weighted. Specifically, the Committee requested the following feedback:

- 1) Do you agree with the Board's proposed areas of strategic focus for the 2021-2024 plan?
- 2) Is a goal or initiative missing from this plan that should be considered a strategic priority? Will resource allocation benchmarks need to be changed to accommodate the addition?
- 3) Are there goals or initiatives that should not be included in this plan? If so, should they be maintained in the OPTN's future operations or discontinued altogether?
- 4) Are the stated performance metrics sufficient, measurable and specific?

The following plan for Board consideration incorporates this collective feedback and provides updated resource allocation weights for each.

Proposed Strategic Plan

1 RESOLVED, that the 2021-2024 OPTN Strategic Plan, as set forth below, is hereby approved, effective
2 July 1, 2021.

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4 Organ Procurement and Transplantation Network 5 2021-2024 Strategic Plan

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7 Goal 1: Increase the number of transplants

8 Resource Allocation Benchmark 50%

9 *Core activities:*

10 Serving as the Organ Procurement and Transplantation Network (OPTN), UNOS maintains the
11 national transplant candidate waiting list and operates a 24/7 electronic matching system accessible
12 to every Organ Procurement Organization (OPO) and transplant hospital in the country. UNOS also
13 operates a 24/7 Organ Center, a live call center to assist OPOs and transplant hospitals with
14 questions, transportation arrangements, and with placing organs.

15 *Initiatives:*

- 16 1) Improve metrics and monitoring approaches for increased collaboration and performance
17 improvement activities when assessing transplant program and OPO performance.
- 18 a) Develop improved OPO metrics that provide an accurate assessment of OPO
19 performance and can be leveraged as a tool to identify actionable improvement
20 opportunities.
- 21 b) Develop a dashboard of transplant hospital metrics that goes beyond one-year post-
22 transplant outcomes and avoids creating disincentives to transplant, to include
23 measures that can be utilized to identify strategies for improvement, including
24 monitoring of offer acceptance rates by donor age and donor type, and late declines for
25 candidates with multiple accepted offers.
- 26 (i) Include metrics that measure quality of life for transplant recipients.
- 27 (ii) Include metrics for multi-organ transplants.
- 28 c) Develop systemic metrics that measure the interactions between OPOs and transplant
29 hospitals that identifies opportunities to increase the number of transplants.
- 30 2) Pursue policies and system tools that promote system efficiency and increase organ utilization.
- 31 a) Expand the use of offer filters to reduce unwanted offers and increase efficient
32 placement.
- 33 b) Reform the use of the “provisional yes” to make it a timely, meaningful response.

- 34 c) Address wide variation in biopsy practices.
- 35 d) Expedite offers of difficult to place organs.
- 36 e) Increase seamless data exchange between members and UNetSM to reduce data burden
37 and improve data integrity.
- 38 f) Support the use of local recovery to increase utilization and reduce team travel.
- 39 i) Improve technology support for sharing images and information during recovery
40 process.
- 41 ii) Develop best practices to work towards consistent expectations for local recovery.
- 42 3) Increase the number of Donation after Circulatory Death (DCD) donor organs recovered and
43 transplanted by encouraging inter-organ and inter-program collaboration and the development
44 of effective practices, particularly in the area of heart transplantation, where DCD organs have
45 been historically underutilized.
- 46 4) Review policies to determine whether future changes will be necessary to encourage or facilitate
47 mechanical preservation during transportation of organs.
- 48 5) Increase living donation
- 49 a) Increase the effectiveness of paired living donation programs
- 50 i) Develop policies to allow deceased donor kidneys to begin kidney paired donation
51 (KPD) chains
- 52 b) Increase education about living donor safety, recipient outcomes, and available
53 support.
- 54 6) Conduct donor management research to improve practices.

55 *Key metrics:*

- 56 1) A decrease in time from first organ offer and average number of offers to acceptance.
- 57 2) An increase in national offer acceptance rates.
- 58 3) A decrease in the number of candidates that die on the waitlist who had received an offer of an
59 organ that was transplanted.
- 60 4) An increase in utilization rate of organs from older donors.
- 61 5) An increase in utilization of organs from participants in collaborative improvement programs.
- 62 6) An increase in the utilization rate of DCD donor organs.
- 63 7) An increase in the number of transplants of mechanically preserved organs.
- 64 8) An increase in transplants performed through kidney paired donation.

65 **Goal 2: Provide equity in access to transplants**

66 Resource Allocation Benchmark: 30%

67 *Core activities:*

68 Through a consensus-driven and transparent process, the OPTN brings together a group of
69 individuals with diverse backgrounds and professional perspectives to develop equitable allocation
70 policies. The OPTN Board of Directors and advisory committees are comprised of transplant and
71 donation professionals, patients, living donors, and donor and recipient family members who bring
72 varying and unique perspectives to produce policies that are equitable across all patient populations.

73 UNOS research staff aggregate national OPTN data and analyze trends in transplantation, which
74 allows for the identification of inequities among transplant patient populations.

75 The OPTN monitors allocation matches to ensure organ allocation policies are followed and fosters
76 public trust in the national transplant network through public communications.

77 *Initiatives:*

- 78 1) Improve equity in transplant opportunities for multi-organ and single organ candidates.
 - 79 a) Include measures of multi-organ transplants in transplant hospital metrics.
- 80 2) Implement continuous distribution policy framework in all allocation policies to increase equity and
81 provide more flexible, patient-focused allocation policies.
 - 82 a) Monitor and evaluate effectiveness of changes to allocation policies.
 - 83 b) Refine allocation policies to achieve maximum effectiveness towards the goal.
- 84 3) Increase the ability for allocation policies to be dynamic and incorporate changes in faster policy
85 cycles to respond to post-implementation findings.
- 86 4) Examine differences in access to transplant among different ethnic, economic, and geographic
87 groups and develop strategies as indicated to address any identified disparities.
- 88 5) Increase patient involvement throughout the policy development process.
- 89 6) Increase racial, ethnic, and professional diversity on the Board and committees to
90 ensure a variety of perspectives are offered in the policy development process.
 - 91 a) Review current demographic data for key populations (MDs, transplant
92 program and OPO personnel, patients, donor families, etc.).
 - 93 b) Evaluate the election process for patient and donor representatives.
 - 94 c) Improve recruiting and awareness efforts with potential minority participants.
 - 95 d) Increase diversity in age of board and committee members.
- 96 7) Continually increase the quality of OPTN data collected and explore the use of
97 non-OPTN data to supplement policymaking and research.

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99 *Key metrics:*

- 100 1) Increased equity in access to transplant as measured by UNOS-published equity in access
101 methodology.
- 102 2) Reduction in time from policy project origination to implementation.
- 103 3) The volunteer workforce will reflect the patients and professionals served by the OPTN.
- 104 4) Increase the average number of individuals per cycle participating in the OPTN public comment
105 period.
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108 **Goal 3: Improve waitlisted patient, living donor, and transplant**
109 **recipient outcomes**

110 **Resource Allocation Benchmark: 15%**

111 *Core activities:*

112 UNOS aggregates national OPTN data and analyzes trends in transplantation and provides
113 meaningful and actionable reports and tools to members that contribute to the collective
114 knowledge of effective organ transplantation.

115 *Initiatives:*

- 116 1) Consider recipient longevity and quality of life measures in transplant hospital metrics.
- 117 2) Evaluate effective methods for assessing living donor outcomes.
- 118 3) Enhance transplant program tools and education in the selection and follow up of living donors.
- 119 4) Develop tools to calculate survival benefit to inform transplant hospital practices, patient
120 management, and OPTN policy development.
- 121 5) Improve patient tools for understanding transplant center metrics and comparing
122 programs.
- 123 6) Improve patient tools for understanding the allocation process and organ acceptance
124 strategies.
- 125 7) Improve patient tools for understanding living donation.
- 126 8) Improve the process/management of donor information that becomes available
127 after transplantation (blood cultures, sputum cultures, urine cultures, etc.).

128
129 *Key metrics:*

- 130 1) A reduction in waitlist mortality.
- 131 2) An increase in 1-year graft and patient survival rates.
- 132 3) An increase in the 5-year graft and patient survival rates.

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135 **Goal 4: Promote living donor and transplant recipient safety**

136 **Resource Allocation Benchmark: 5%**

137 *Core activities:*

138 The OPTN establishes minimum membership requirements for key personnel at transplant
139 programs, OPOs, and histocompatibility laboratories. The OPTN patient safety portal allows
140 member programs to report potential patient safety events. UNOS conducts routine on-site audits
141 to evaluate member compliance with OPTN policies and reviews transplant program and OPO
142 performance including outcomes and activity levels. Through a confidential medical peer review
143 process, the OPTN may investigate potential member institutions non-compliance with OPTN
144 obligations and the Board of Directors may take member actions.

145 *Initiatives:*

- 146 1) Enhance sharing of knowledge about safety events, near misses, and effective
147 practices across the transplant community.

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149 *Key metrics:*

- 150 1) Increase percentage of members' feedback that the OPTN Membership and
151 Professional Standards Committee (MPSC) is focused on improvement, as well as
152 compliance and safety.
- 153 2) Increase in the number of self-reported events.
- 154 3) On an annual basis, a minimum of 20 reported referrals from Member Quality and MPSC
155 monitoring activities for broader community education, communications or OPTN
156 committee review.