

**OPTN Membership and Professional Standards Committee  
Performance Monitoring Enhancement Subcommittee  
Meeting Summary  
May 21, 2021  
Conference Call**

**Richard Formica, M.D., Chair**

## **Introduction**

The Performance Monitoring Enhancement Subcommittee of the Membership and Professional Standards Committee (MPSC) met via Citrix GoToTraining teleconference on May 21, 2021, to discuss the following agenda items:

1. Welcome and Agenda
2. Continue Work on Setting Boundaries for Adult Transplant Review
3. Special Situations
  - Small Volume/Pediatric
  - Pancreas Programs
4. Wrap Up

The following is a summary of the Subcommittee's discussions.

### **1. Welcome and Agenda**

A staff member reviewed the agenda and explained the meeting's objectives. She noted that the goal of the meeting was to continue to work on setting boundaries for adult transplant performance review and address boundaries for small volume, pediatric, and pancreas programs. The staff member also reviewed the project timeline and explained that the earliest date for implementation would be a year from now, with a delayed implementation for the pre-transplant metrics.

The Performance Monitoring Enhancement Project Subcommittee Chair stated his appreciation for the work of the subcommittee. He reminded the subcommittee of the goals of the project and noted that the process would be iterative. He asked the subcommittee to refrain from conversations about risk adjustment because risk-adjustment components were not the focus of the current project, although they could be discussed in the future. The Subcommittee chair also stated that it is important to understand the current environment and articulate the metrics well during public comment.

### **2. Continue Work on Setting Boundaries for Adult Transplant Review**

The Subcommittee reviewed a chart that showed the number of identified programs under the current monitoring criteria for the Spring 2019 through Fall 2020 PSR cycles. The Subcommittee then reviewed data on the number of programs identified under the SRTR suggested boundaries for adult transplant programs (heart, kidney, liver, and lung) that were developed based on the subcommittee's parameters for boundaries.

The Subcommittee chair also discussed key takeaways from the May 7, subcommittee meeting. He stated that overall; the subcommittee was comfortable with the types of programs identified by the suggested boundaries for the 90-day graft survival and 1-year conditional on 90-day graft survival metrics. He also noted that the Subcommittee was generally satisfied with the overall distribution of

flags across pre- and post-transplant metrics. The Subcommittee continued the discussion and provided additional comments.

#### Subcommittee Feedback:

After reviewing the graphs, some members had questions about the distribution of identified programs across organ types for waitlist mortality. A member expressed concern that the uneven distribution across organs could cause unintended consequences including certain organ programs acting more conservatively. Another member suggested that the boundaries for each metric should be organ-specific. Other members disagreed and supported the distribution of identified programs with the suggested boundaries noting that the distribution among organs reflected the variability of performance for each organ. One member noted that the identified programs were almost twice as likely to have patients die on the waitlist as was occurring nationally. Another subcommittee member stated that the subcommittee should embrace the variability in the new metrics because it would give the MPSC and the community the ability to learn where improvement is needed and inform future consideration by the MPSC. She also mentioned that transparency is important.

The Subcommittee Chair stated that it is essential for the MPSC to interact with the identified programs to get more insight into the reasons for flagging and understand the practice variations. He also stated that looking at organ-specific boundaries could raise concerns in the community that the metrics would put more programs in jeopardy. He noted the importance of having a justifiable rationale for the chosen boundaries. A representative from SRTR reminded the subcommittee that the factors included in waitlist mortality are risk-adjusted and should not cause risk-averse behavior amongst programs.

A staff member stated that the MPSC had previously supported delaying the full implementation of pre-transplant metrics while asking programs to provide data voluntarily to evaluate the waitlist mortality boundary and develop appropriate inquiries and resources. Another staff member also noted that staff could also reach out to programs that were considered strong in those areas to ask about QAPI practices, which could be used to help other programs.

The subcommittee and MPSC members present participated in a poll to gauge support for recommending that the SRTR suggested boundaries for adult transplants be included in the public comment proposal. The majority of the Committee members present supported inclusion of the SRTR adult suggested boundaries by a vote of 17 For, 3 Against.

### **3. Special Situations**

The Subcommittee discussed boundaries for small volume/pediatric and pancreas programs. The Subcommittee reviewed a chart that showed the number of programs identified under SRTR's suggested boundaries for pediatric transplant programs (heart, kidney, liver, and lung):

- Waiting List Mortality – 50% Probability RR > 1.75
- Offer Acceptance – 50% Probability RR < 0.35
- 90-Day Graft Survival – 50% Probability HR > 1.60
- Conditional 1-Year Graft Survival – 50% Probability HR > 1.60

A staff member reported that there were two programs identified by multiple metrics. She explained that there were 25 unique programs flagged for review under the suggested boundaries. Of these, two programs did not have approved pediatric components. The Subcommittee also reviewed data on the MPSC's previous actions in reviews of pediatric programs identified for 90-day and 1-year graft failure that were also identified under the current criteria.

A staff member explained that a graft survival model has not been developed for pancreas transplants, so the MPSC has only evaluated patient survival. A new pancreas graft loss definition was implemented in 2018 and there has not yet been enough data captured using that new definition to create a graft survival model for pancreas transplant. She asked the subcommittee whether to continue to look at patient survival or only review pre-transplant until a graft survival metric was available. The members reviewed all programs identified as having less than expected outcomes for pediatric and pancreas programs and offered feedback and questions for each metric.

The Subcommittee also reviewed data showing the total number of identified pancreas and pediatric programs that had been identified for performance review during the four reporting cycles from Spring 2019 to Fall 2020.

#### Subcommittee Feedback:

- **Small Volume/ Pediatric Programs:** Some members raised questions about the results with the waitlist mortality metric and the distribution of identified programs across metrics. One member noted that the statistical power to identify small volume programs and suggested that all small volume program's data should be reviewed on a periodic basis and information requested. He also stated that he would support the use of specific pediatric boundaries rather than using the same boundaries as the adult transplants in order to ensure that programs that have opportunities for improvement are identified. The Subcommittee participated in a poll to gauge support for recommending the SRTR suggested boundaries for pediatric transplants be included in the public comment document and additionally, including in the evaluation plan a periodic review of data and request for information from small volume programs for use in evaluating the application of the new criteria to small volume programs.

The majority of the Committee members present supported inclusion of the SRTR pediatric suggested boundaries by a vote of 16 For, 2 Against.

- **Pancreas Programs:** The members stated their support for evaluating patient survival for pancreas programs until a model is developed for graft survival. One member noted that it would be better to review patient survival than to not evaluate any post-transplant outcomes. The Subcommittee chair stated that once a graft survival model was developed, the Committee could consider replacing the patient survival metric with a graft survival metric. The Committee members present participated in a poll to gauge support for inclusion of patient survival for post-transplant outcomes for pancreas programs.

The Committee members present unanimously supported including review of patient survival for pancreas programs in the public comment proposal.

#### **4. Wrap Up**

A staff member stated that the Subcommittee would review the proposal bylaw language and the evaluation and implementation plans during the subcommittee meeting on June 11. The Subcommittee chair stated that SRTR could be available during the next meeting to provide information on the models and risk adjustment for the proposed metrics since there had been a number of questions raised by Committee members. The SRTR Director noted that a review of the metrics could help the community understand the models and factors that affect program outcomes.

At the conclusion of the meeting, staff announced that a performance metrics national webinar is scheduled for June 2. Feedback received during the webinar will be used to finalize the public comment document.

Staff concluded the meeting, and there were no other questions or comments at this time.

**Upcoming meetings**

- May 25, 2021: MPSC conference meeting, 2:00 – 4:00 pm, ET
- June 1, 2021: Performance Monitoring Enhancement Subcommittee meeting, 11:00 am – 1:00 pm, ET
- June 11: Performance Monitoring Enhancement Subcommittee meeting, 2:00 – 4:00 pm, ET
- June 24: MPSC conference meeting, 1:00 – 3:00 pm, ET

## Attendance

- **Committee Members**
  - Richard N. Formica Jr (Subcommittee Chair)
  - Sanjeev K. Akkina
  - Errol L. Bush
  - Adam M. Frank
  - Catherine T. Frenette
  - Alice L. Gray
  - Ian R. Jamieson
  - Christy M. Keahey
  - Mary T. Killackey
  - Jon A. Kobashigawa
  - Jules Lin
  - Virginia(Ginny) T. McBride
  - Willscott E. Naugler
  - Matthew J. O'Connor
  - Steven R. Potter
  - Lisa M. Stocks
- **Other MPSC Members**
  - Jonathan A. Fridell
  - PJ Geraghty
  - Edward F. Hollinger
  - Anne M. Krueger
  - Clifford D. Miles
  - Zoe Stewart-Lewis
  - Parsia A. Vagefi
- **HRSA Representatives**
  - Marilyn Levi
  - Arjun Naik
  - Raelene Skerda
- **SRTR Staff**
  - Ryo Hirose
  - Nicholas Salkowski
  - Jon J. Snyder
  - Bryn Thompson
- **UNOS Staff**
  - Sally Aungier
  - Tameka Bland
  - Robyn DiSalvo
  - Nadine Drumn
  - Amanda Gurin
  - Danielle Hawkins
  - Ann-Marie Leary
  - Amy Minkler
  - Jacqui O'Keefe
  - Liz Robbins-Callahan
  - Sharon Shepherd

- Stephon Thelwell
  - Gabe Vece
  - Betsy Warnick
- **Other Attendees**
  - None