

**OPTN Membership and Professional Standards Committee
Performance Monitoring Enhancement Subcommittee
Meeting Summary
January 28, 2022
Conference Call**

**Richard Formica, M.D., Chair
Amit Mathur, M.D., Co-Chair**

Introduction

The Performance Monitoring Enhancement Subcommittee of the Membership and Professionals Standards Committee (MPSC) met via Citrix GoToTraining teleconference on January 28, 2022, to discuss the following agenda items:

1. Welcome and agenda
2. Overview of implementation and evaluation plans
3. Yellow zone parameters
4. Revised tools and plan for programs currently under review.
5. Next Steps

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

1. Welcome and Agenda

A staff member provided introductory remarks and welcomed the new subcommittee members, and the new Performance Monitoring Enhancement Subcommittee Co-Chair. She reviewed the agenda and explained the role of the subcommittee after board approval of the proposal. She also discussed the goals of the meeting.

2. Overview of Implementation and Evaluation Plans

A staff member reviewed the implementation and effective dates of the new metrics. She explained that there would be a phased implementation of the metrics in the proposal. The earliest date for implementation of the two post-transplant metrics will be in July 2022, the offer acceptance metric in July 2023, and the pre-transplant mortality metric in July 2024. Implementation of the metrics will correspond with the MPSC sending out the initial inquiries. The staff member also noted that member education and resources are being developed to coincide with the implementation. Staff members reviewed the implementation timeline with the subcommittee.

Post-Implementation Monitoring

A staff member reviewed the post-implementation monitoring plan. He explained that previous discussions about monitoring the proposal emphasized assessing changes at many different levels of the system. The staff member summarized the analysis and stated that the analysis is broken into subgroups based on different variables. He presented a slide listing each organ type, subgroup, and outcome. He also explained that staff would be looking at trends in the data over time. He asked subcommittee members for questions and feedback and none was offered at this time.

3. Yellow Zone Parameters

The Chair introduced the topic noting that the red zone is set in bylaws but the yellow zone is established operationally by the MPSC, so the threshold can be moved as needed. In setting up the yellow zone, the subcommittee should consider three factors. First, the subcommittee should make sure the OPTN is offering voluntary assistance to programs that are trending in the wrong direction and may need help improving to avoid moving into the red zone. Second, the parameters for the yellow zone should be understandable to the community. Third, at least in the initial pass, considering whether the OPTN would have the capacity to provide assistance if every program requested assistance.

Jon Snyder, SRTR Director, then presented the subcommittee with information on options for yellow zone parameters based on an evaluation of what might be a reasonable starting point. He stated the objectives in choosing parameters and reviewed the criteria established for MPSC interaction (Red) zone for each metric. The Director suggested the following potential parameters for the performance improvement (Yellow) zone:

- Waitlist Mortality – Adult and Pediatric Yellow Zone - Greater than 50% probability that the program’s waitlist mortality rate is greater than 1.5 or 50% higher than expected, but below 1.75. This potential parameter retains the 50% probability from the established red zone and moves the extent of the outlier creating a parallel boundary that would be easy to explain to the community. The suggested parameter moves the boundary for the yellow zone down by 25% from the red zone boundary of 1.75, or 75% higher than expected. Using the same example data as was used to establish the red zones in the proposal, this boundary would include 16 adult programs and 9 pediatric programs in the yellow zone, which is similar to the number of programs identified in the red zone.
- Offer Acceptance – Adult Yellow Zone - Greater than 50% probability that the program’s offer acceptance rate is lower than 0.40, 60% lower than expected, but above 0.30. This boundary is a 10% change from the red zone at 0.30, 70% lower than expected. Using the same example data as was used to establish the red zones in the proposal, this boundary would include 17 adult programs, which is similar to the number of programs identified in the red zone.
- Offer Acceptance –Pediatric Yellow Zone - Greater than 50% probability that the program’s offer acceptance rate is lower than 0.45 or 55% lower than expected, but above 0.35. This boundary is a 10% change from the red zone at 0.35, 65% lower than expected. Using the same example data as was used to establish the red zones in the proposal, this boundary would include 7 pediatric programs, which is similar to the number of programs identified in the red zone.
- 90-Day Graft Survival – Adult Yellow Zone - Greater than 50% probability that the program’s 90-day graft failure rate is greater than 1.5, 50% higher than expected, but below 1.75. This boundary is a 25% change from the red zone at 1.75, 75% higher than expected. Using the same example data as was used to establish the red zones in the proposal, this boundary would include 34 adult programs, which is close to twice as many programs as identified in the red zone.
- 90-Day Graft Survival –Pediatric Yellow Zone - Greater than 50% probability that the program’s 90-day graft failure rate is 1.35, 35% higher than expected, but below 1.60. The suggested parameter moves the boundary for the yellow zone down by 25% from the red zone boundary of 1.60, or 60% higher than expected. Using the same example data as was used to establish the red zones in the proposal, this boundary would include 8 pediatric programs, which is the same as the number of programs identified in the red zone.
- Conditional 1-Year Graft Survival – Adult Yellow Zone Rule – Greater than 50% probability that the program’s conditional 1-year graft failure rate is greater than 1.5, 50% higher than expected,

but below 1.75. This boundary is a 25% change from the red zone at 1.75, 75% higher than expected. Using the same example data as was used to establish the red zones in the proposal, this boundary would include 23 adult programs, which is approximately 50% more programs than identified in the red zone.

- Conditional 1-Year Graft Survival – Pediatric Yellow Zone - Greater than 50% probability that the program's conditional 1-year graft failure rate is 1.35, 35% higher than expected, but below 1.60. The suggested parameter moves the boundary for the yellow zone down by 25% from the red zone boundary of 1.60, or 60% higher than expected. Using the same example data as was used to establish the red zones in the proposal, this boundary would include 6 pediatric programs, which is the same as the number of programs identified in the red zone.

Another property of these suggested boundaries is that all of the suggested boundaries for waitlist mortality and the post-transplant yellow zone boundaries would not identify any programs that had only one death or graft failure.

The subcommittee discussed yellow zone options and offered questions and feedback. A subcommittee member asked about the workload for the MPSC after implementation of the metrics. He stated that in order to provide the bandwidth for helping programs in the yellow zone we should make sure that the anticipated workload does not increase significantly. A staff member responded that the overall number of programs is not expected to be any different from the previous metrics, some of the services provided for programs that request assistance will be supplied by staff rather than the MPSC, and it is unlikely that every program that falls in the yellow zone will request assistance.

The Chair and Director entertained a few questions from subcommittee members about development of the red zone and the exposure of programs being identified by multiple metrics, noting that the red zone was not developed to identify a certain percentage of programs. Additionally, the Chair explained that in the modeling used to develop the criteria, there was not significant incidence of a program being identified under multiple metrics.

Although the subcommittee members voiced support for the proposed yellow zone parameters, they suggested that the MPSC should consider other ways to notify programs that they fall within the yellow zone other than a letter since a letter from the MPSC can be very intimidating. Some subcommittee members suggested a website where programs could login, look at, and evaluate their own data. The OPTN President suggested an alternative view that as part of the effort for MPSC to be an improvement partner, the communication would should come from MPSC with message that MPSC is an improvement partner and this is part of our efforts to keep programs out of the red zone. This is a step towards moving the narrative away from the perception that the only communication from the MPSC is bad news to a supportive improvement partner.

One subcommittee member suggested that we should gather data on whether programs that appear in the yellow zone progress to the red zone. The MPSC Chair suggested revisiting the yellow zone on a regular basis, such as annually.

At the conclusion of the presentation, the subcommittee unanimously supported the chosen parameters suggested by SRTR for the yellow zone. However, the subcommittee supported having a focused information dissemination plan to combat the perception that the MPSC is looking to flag the same number of programs.

4. Revised Tools and Plan for Programs Currently under Review

A staff member discussed the MPSC's current member review process, which includes an initial questionnaire, expanded survey, and routine activity reports. Subcommittee members were asked to think about the current review process and consider the following questions, keeping in mind that the programs that will be identified for post-transplant graft survival will be more significant outliers than under the current criteria:

- Are these the right tools?
- Are two surveys necessary?
- Would any information from expanded survey be useful earlier?
- Are the current questions appropriate generally and are the same questions appropriate for both 90-day survival and conditional 1-year survival?

Another staff member noted that these tools have been in use for a long time and urged the subcommittee to review them from the member's perspective. This is a new system and therefore, an opportune time to make any needed changes to the review process.

The staff member informed the subcommittee that staff are creating a toolkit that will include resources for members to help evaluate and improve their performance on these metrics. Staff will also survey and interview members on how they evaluate and address their performance on these metrics. The feedback received from these surveys and interviews can be used in determining changes that need to be made the tools, and inform development of tools for the pre-transplant metrics. This feedback will also be used to develop resources for the toolkit.

The staff member reviewed the plan for programs that are currently under review and any programs that were identified in the Fall 2021 PSRs released in January 2022.

The subcommittee did not provide any additional feedback at this time.

5. Next Steps

A staff member concluded the discussion and told the subcommittee to be on the lookout for emails containing requests for feedback on educational tools. She stated that the discussion would continue at the next subcommittee meeting. The subcommittee had no additional questions or concerns.

Upcoming meeting

February 23-24, 2022 MPSC Meeting

Attendance

- **Committee Members**
 - Richard N. Formica Jr (Subcommittee Chair)
 - Amit Mathur (Subcommittee Co-chair)
 - Matthew Cooper
 - Todd Dardas
 - Catherine Frenette
 - Reginald Gohh
 - Alice L. Gray
 - John R. Gutowski
 - Ian R. Jamieson
 - Mary T. Killackey
 - Jules Lin
 - Kenneth McCurry
 - Willscott E. Naugler
 - Michael Pham
 - Steven R. Potter
 - Jason Smith
 - Zoe Stewart-Lewis
- **HRSA Representatives**
 - Marilyn Levi
 - Arjun U. Naik
 - Raelene Skerda
- **SRTR Staff**
 - Jonathan Miller
 - Jon J. Snyder
 - Bryn Thompson
 - Ryo Hirose
- **UNOS Staff**
 - Sally Aungier
 - Tameka Bland
 - Robyn DiSalvo
 - Nadine Drumn
 - Katie Favaro
 - Kay Lagana
 - Ann-Marie Leary
 - Amy Minkler
 - Danielle Hawkins
 - Samantha Noreen
 - Jacqui O'Keefe
 - Liz Robbins Callahan
 - Sharon Shepherd
 - Stephon Thelwell
 - Gabe Vece
 - Betsy Warnick
 - Karen Wooten
 - Amanda Young

- **Other Attendees**
 - None