

**OPTN Expeditious Task Force
Meeting Summary
December 2 and 3, 2023
St. Louis, MO**

**Alden Doyle, MD, Co-Chair
David Marshman, Co-Chair**

Introduction

The Expeditious Task Force met in-person in St. Louis, MO, and via Teams on December 2-3, 2023, to participate in a collaborative workshop. The task force engaged in activities, presentations, and discussions around the following topics:

1. Variance Discussion
2. Bold Aims Review
3. Setting the Growth Aim
4. Feedback Stations
5. Fireside Chat with Dr. Ken Kizer
6. The Characteristics of a Good Solution
7. Bold Aims-Oriented Solutioning
8. Impact vs. Effort Analysis
9. Launch Planning

In addition to the appointed task force members, task force advisors and guests, representatives from the Health Resources and Services Administration (HRSA), the Scientific Registry of Transplant Recipients (SRTR) contractor, and the Organ Procurement and Transplantation Network (OPTN) contractor that attended were invited to participate in the activities and discussions. The following is a summary of those activities.

1. Variance Discussion

Staff provided an update to task force members on the OPTN Executive Committee's intention to submit a public comment proposal to revise the framework in OPTN policy regarding variances. The OPTN permits the OPTN to test improvements to the allocation system through variances but requires the process for establishing and approving variances to be incorporated into OPTN policy through the OPTN policy development process.

The existing variance framework was not developed with short improvement studies in mind, and the Executive Committee agreed to sponsor a proposal to revise the framework to incorporate new approaches to variance studies, specifically to test various expedited placement protocols. The expedited placement test protocols would be designed according to established quality improvement activities, such as Plan-Do-Study-Act ("PDSA") initiatives, which are quick tests of specific changes. The proposed variance framework would allow the OPTN to run multiple expedited placement PDSAs, which could inform potential improvements to OPTN allocation policy in the future.

Staff noted that the special public comment period would likely include a request for the community to submit ideas for potential PDSAs that could be implemented under the new variance framework. Based

on the proposal's current requirements, the task force will likely be asked to evaluate any PDSA submissions and develop final recommendations for the Executive Committee's approval.

2. Bold Aims Review

Throughout the month of November, the Bold Aims Workgroup met for several hours per week to define the Expeditious Task Force's main objectives, identify metrics that could be used to track progress towards achieving those objectives, and consider potential unintended consequences of changes made within the OPTN to achieve the objectives. The Workgroup identified three areas of focus, around which they divided into sub-groups to develop and refine: Growth, Efficiency, and Utilization.

Three stations were set up around the workshop space for task force members to visit throughout the weekend. Each station displayed the data and research performed by the Bold Aims Workgroup to arrive at and substantiate its respective Bold Aim. Additionally, the co-leaders of each Bold Aims sub-group presented to the larger Task Force session on Saturday evening about their Bold Aim, the proposed metrics for setting and/or tracking the Bold Aim, and next steps.

The three Bold Aims are:

1. **GROWTH:** Save more patient lives by increasing the number of successful deceased donor transplants.
2. **EFFICIENCY:** Remove friction by increasing transplant professionals' ability to efficiently allocate organs.
3. **UTILIZATION:** Honor the precious gift from donors and donor families by increasing utilization of deceased donor organs.

3. Setting the Growth Aim

In anticipation of the OPTN Board Meeting on December 4, 2023, the Expeditious Task Force co-chairs sought to understand from the task force how "bold" the Growth Aim should be. Task force members indicated desired boldness by voting with their feet. Three posters, each listing one of the three options below, were spaced out along the length of the workshop space in order of increasing "boldness," and each participant stood along the line where they believed was an appropriate goal for the Bold Aim. Several task force members then shared with the group their rationale for standing where they did.

After the discussion, task force members indicated their level of agreement with each of the Bold Aim options below by voting on a Likert Scale from (1) Strongly Disagree to (4) Strongly Agree. The results are indicated in parenthesis at the end of each option below.

1. Least Bold: We should aim to emulate the top **33%** of programs to grow deceased donor transplants **44.4%** over the next 3 years to 54,954 deceased donor transplants by 2026. (1.6)
2. We should aim to emulate the top **25%** of programs to grow deceased donor transplants **49.9%** over the next 3 years to 57,035 deceased donor transplants by 2026. (2.6)
3. Most Bold: We should aim to emulate the top **20%** of programs to grow deceased donor transplants **54.9%** over the next 3 years to 58,965 deceased donor transplants by 2026. (3.4)

Ultimately, the group recommended the growth aim strive for 60,000 successful deceased donor transplants by 2026, and 100,000 successful deceased donor transplants by 2030.

4. Feedback Stations

Participants reviewed documentation arranged around the room in different stations. As described below, at each station, participants were asked to provide feedback on concepts, level of effort and priorities.

Ideas Marketplace

Many ideas for improving transplantation have been collected from various committees, prior research projects, and individual task force members. More than 100 of these ideas were on display in the “Ideas Marketplace” along the walls of the workshop space. The ideas were organized as a matrix, with the major themes from those ideas along the X-axis: Policy, Technology, Data, Incentives, and Quality. Along the Y-axis were the three Bold Aims categories: Growth, Efficiency, and Utilization. Task force members also added their own new ideas to the Ideas Marketplace throughout Saturday evening and Sunday morning.

After perusing the Ideas Marketplace, the task force participated in an activity where they broke down the most important ideas for achieving the Bold Aims by Quality Improvement or Systems Improvement. Six stations were set up around the room, two per Bold Aim (Growth, Efficiency, Utilization), for participants to discuss quality and systems improvement ideas and add those to the appropriate flip charts.

The Opportunity Parking Lot

While many task force members had additional great ideas, not all of them are within the scope of the Expeditious Task Force. The Opportunity Parking Lot was set up to make sure those ideas that go beyond the scope of Expeditious are captured and passed along to the appropriate OPTN committees or other appropriate entities as needed. During the workshop, “living donation” was added to the Opportunities Parking Lot. Participants noted that there are significant opportunities to grow the number of transplants through living donation, but it is outside the charge of the Task Force. (The Task Force was created in response to a rise in the non-use of deceased donor organs recovered for transplantation and rise in allocations out of sequence of deceased donor organs.) The OPTN Board President expressed her commitment to living donation and considering other opportunities to focus on living donation.

OPTN Computer System Redesign

Task force members could explore a prototype of a re-imagined organ allocation system. The prototype was developed based on insights from human-centered research and design co-creation with transplant program and OPO staff. In addition to the prototype walk-through, task force members learned about the research themes that led to the concepts within the prototype through infographics displayed around the station.

Overall, task force members agreed with the research themes and ideated concepts. Members shared which concepts they believed could be most impactful, such as developing a text message summary of the donor record for transplant coordinators to send to surgeons. Members also provided feedback on the prototype designs, including suggestions to improve the transplant program and OPO dashboards such as displaying alerts when an offer is about to time out. Other feedback included an ask for the team to consider what would happen if OPOs are unable to fulfill a transplant program's request in the communications hub.

5. Fireside Chat with Dr. Ken Kizer

On Saturday evening, the task force had the honor of hearing from Dr. Kenneth Kizer, an internationally respected health care leader. In addition to a personal connection with organ transplant, Dr. Kizer has decades of expertise in health system transformation, operational efficiency and quality improvement, veterans and military health issues, and patient safety. Below are some of the key points from his talk. Task force leadership thanks Dr. Kizer for taking the time to share his experiences and perspective with the Expeditious Task Force.

- **Empathy with the patient/care partner experience:** Dr. Kizer shared his personal reflections from supporting his wife through her multiple transplant experiences, including how voiceless patients and care partners often feel.
- **Leading with bold aims:** Reflecting on his successes as the Under Secretary for Health at the U.S. Department of Veterans Affairs (VA), Dr. Kizer shared how he responded to initial push-back on his establishment of new, bold performance metrics that ultimately drove large-scale systemic improvements at the VA. Dr. Kizer noted the importance of setting bold aims first, and then working to establish the systems that will help achieve the bold aims. He also commented on the value of removing policies or practices that do not support bold aims.
- **Relentless pursuit of bold aims:** Though initially told several times it would not be possible to complete both his M.D. and Public Health degrees simultaneously at UCLA, Dr. Kizer persisted until he was finally given permission to do so. He not only accomplished his goal in completing both degrees, but also paved the way for others who continue to benefit from the dual-degree program to this day. Dr. Kizer noted the need for relentless pursuit of bold aims as well, even if some groups or individuals oppose the aims.
- **Changing cultural paradigms:** Dr. Kizer explained the success behind his innovative approach to smoking cessation as the Director of the California Department of Health Services in the 1980s, thinking beyond the traditional educational programs on the dangers of smoking to reimagining a cultural shift around how we view smoking in public – from restaurants to public transportation and personal interactions. Achieving bold aims often includes changing cultural paradigms.

6. Characteristics of a Good Solution

Before discussing solutions, the Expedious Task Force engaged in an open conversation regarding the characteristics that comprise a strong solution for addressing the Bold Aims. Below are the characteristics that the task force determined a good solution *must* have and *should* have:

A good solution **MUST**:

- Attribute the impact to the solution
- Be customizable yet generalizable
- Be equitable
- Be explainable, translatable, and understandable to all populations
- Be measurable and scalable
- Be replicable and consider regional variances
- Define the problem and identify the lever
- Have a societal perspective, including when it comes to cost
- Have known control handles
- Have the patients' and donor families' best interests in mind
- Maintain focus on relationships via empathy and collaboration

A good solution **SHOULD**:

- Be designed in collaboration with the people it will impact
- Be explicit about potential trade-offs (i.e., opportunity vs. cost analysis)
- Be supported by HHS and coordinated with HRSA and CMS
- Capitalize on relationships through effective design and collaboration
- Consider how technology can be an enabler
- Consider pediatrics in addition to adults

- Consider the whole continuum of care
- Focus on areas of improvement outside of programming the OPTN computer system
- Leverage data and/or include collecting better data
- Not negatively impact efficiencies
- Reduce variability
- Support the advancement of the OPTN as a whole

7. Bold Aims Oriented-Solutioning

On Sunday morning, the task force broke out into three groups, one per Bold Aim, to continue the ideation process. In addition to the Quality Improvement and Systems Improvement flipcharts created the evening before, participants took with them to the breakouts any ideas from the Ideas Marketplace that they believed were important for achieving the specific Bold Aim.

Round Robin

In the breakout groups, each task force member picked one idea that they wanted to develop further for achieving the Bold Aim. In round robin fashion, each individual's idea was then passed in a circle for three rounds of feedback from others. The first round of feedback was for highlighting the positive aspects of the idea; the second round of feedback was for considering potential roadblocks or drawbacks of the idea; the third round of feedback was for brainstorming ways to improve upon the idea, given the feedback from the prior rounds.

Concept Posters

After doing a read-out of all the improved-upon ideas, the breakout group clustered similar ideas into concepts to focus on. Each breakout group then divided into sub-groups to expand upon one of the concepts by thinking through the following: the problem being addressed, impacted populations, quick wins, measures of success, pitfalls to avoid, elements to prototype or test, and project duration. Below are the Concept Posters that came out of each breakout room.

Growth Aim Breakout Room:

1. **Alignment Around Common Goals:** Align goals and behaviors across the system to grow the number of transplants
2. **Amnesty from Performance Metrics:** Grant amnesty from performance metrics to OPOs and transplant programs to allow for innovation and reduce variation in offer acceptance practices
3. **C-Suite Growth Commitments:** Support transplant programs in securing commitments for growth from their C-suites
4. **DCD Organ Technology:** Increase DCD organ utilization through pump and NRP recovery practices
5. **Patient-Level Data:** Make data that are relevant to the patient journey and decision-making public, accessible, and easy to understand

Efficiency Aim Breakout Room:

1. **Recommendation of Organ Acceptance:** Develop model for predicting organ acceptance to increase and standardize offer acceptance
2. **Dynamic Match Process:** Develop a dynamic match process that evolves as new data become available to eliminate extraneous offers
3. **The Right Data:** Make data presentation more customizable and readable for transplant programs to make decisions more efficiently

4. **Transparency, Education, Communication:** Improve decision making by providing offer reports on the individual level to patients, and on the program level to transplant programs

Utilization Aim Breakout Room:

1. **“Better Than Dialysis” (BTD) Kidney Allocation Project:** Increase utilization of marginal kidneys by proactively identifying candidates who would benefit from and would be willing to accept a marginal offer and for whom cold ischemic time and transportation costs can be minimized.
“Lungs for Life” Pilot Study: Increase utilization of lungs through education and use of advanced preservation techniques
2. **Centralized Virtual Crossmatching:** Create a centralized virtual crossmatching service to increase the transplant rate for sensitized patients
3. **DCD Organ Recovery and Utilization:** Enhance DCD organ recovery and utilization through advancement of technology, policy, data, and education
4. **Expedited Allocation of Hard-to-Place Organs:** Standardize the expedited allocation process for hard-to-place organs
5. **General Offer Acceptance Reboot:** Revamp general offer system to use AI to match kidneys with the right patients, change the “provisional yes” practice, and decrease overnight offers
6. **Transplant Program Metrics Revamp:** Change transplant program performance metrics to incentivize growth and reduce disincentive for taking high-risk cases

8. Impact vs. Effort Analysis

The Concept Posters above were grouped by theme and hung up around the workshop space for task force members to review in-depth. Members then weighed the impacts of a successful initiative against the effort it would take to execute the project by casting their vote on an Impact vs. Effort matrix. The results are summarized in the table below.

Concept Poster Grouping	Impact vs. Effort Analysis
“Better Than Dialysis” Kidney Allocation Project Expedited Allocation of Hard-to-Place Organs	Low Effort, High Impact
C-Suite Growth Commitments	Low Effort, Medium Impact
Centralized Virtual Crossmatching	Medium Effort, Medium Impact
Transparency, Education, Communication	Medium Effort, Medium Impact
DCD Organ Recovery and Utilization DCD Organ Technology “Lungs for Life” Pilot Study	High Effort, High Impact
Alignment Around Common Goals Amnesty from Performance Metrics Transplant Program Metrics Revamp	High Effort, High Impact
Dynamic Match Process	High Effort, High Impact

General Offer Acceptance Reboot	High Effort, High Impact
The Right Data	High Effort, High Impact
Recommendation of Organ Acceptance	High Effort, Medium Impact
Patient-Level Data Tools	High Effort, Low Impact

9. Launch Plans

As the final activity of the workshop, task force members each selected a Concept Poster or grouping of similar Concept Posters in the table above from which they drafted launch plans. The launch plans included a detailed description of the project, a breakdown of a six-month timeline, groups from which commitments would be needed, and with whom the plan would be tested. Several groups then shared their Launch Plans with the broader Expeditious Task Force. Below is a list of all Launch Plans that were designed during the workshop:

1. “Better Than Dialysis”: A kidney project to increase marginal kidney utilization
2. “Eyes on Lungs”: A pilot study to increase utilization of unallocated lungs
3. “Pump, Tech, Policy”: A comprehensive approach to enhancing DCD organ recovery and utilization
4. Creating a more patient-friendly data portal
5. Developing digital organ offer reports for patients
6. Developing messages to launch and cultivate commitment for our Growth Aims
7. Establishing policies for expedited placement of hard-to-place organs
8. HLA standardization collaborative
9. Smart data extraction, collection, and presentation and smart chat
10. “Sweet Dreams, Better Decisions”: An project to increase utilization by reducing organ allocation at night
11. Using predictive analytics to drive organ acceptance
12. Transplant program continuous offer acceptance feedback report
13. Using announcement of Bold Aims to launch C-Suite commitments and next steps

Upcoming Meetings

- January 28-29, 2024 – Detroit, Michigan
- February 29, 2024 10am – 12pm – virtual
- April 2, 2024, 10am – 12pm – virtual

Attendance

- **Task Force Members**
 - Woodlhey Ambroise
 - Marie Budev
 - Laura Butler
 - Kevin Cmund
 - Christopher Curran
 - Donna Dickt
 - Alden Doyle
 - Matthew Hartwig
 - Kyle Herber
 - Dean Kim
 - Catherine Kling
 - Michael Kwan
 - Kenny Laferriere
 - Jennifer Lau
 - Kevin Lee
 - Deborah Levine
 - Matthew Levine
 - Jeff Lucas
 - David Marshman
 - Barry Massa
 - Ginny McBride
 - Colleen McCarthy
 - Silas Norman
 - James Pittman
 - Christine Radolovic
 - Lloyd Ratner
 - Jason Rolls
 - Marc Schechter
 - Jesse Schold
 - Marty Sellers
 - Marcus Simon
 - Lisa Stocks
 - George Surratt
 - Sena Wilson-Sheehan
- **Task Force Advisors**
 - Rich Formica
 - Valinda Jones
 - Dianne LaPointe Rudow
- **Invited Guests and Speakers**
 - Kenneth Kizer
- **HRSA Representatives**
 - Chris McLaughlin
 - Suma Nair
- **SRTR Contractor Staff**
 - Ajay Israni

- Jon Snyder
- **OPTN Contractor Staff**
 - James Alcorn
 - Kate Breitbeil
 - Jadia Bruckner
 - Bonnie Felice
 - Rebecca Fitz Marino
 - Bobby Holiday
 - Bridgette Huff
 - Ann-Marie Leary
 - Carlos Martinez
 - Joel Newman
 - Jacqui O'Keefe
 - Beth Overacre
 - Michelle Rabold
 - Tina Rhoades
 - Dale Smith
 - Kayla Temple
 - Suhuan Wang
 - Candace Wilborn
 - Alison Wilhelm
 - Carson Yost
- **Facilitators**
 - Dennis Wagner
 - Chris Zinner
 - Leelah Holmes
 - Kylee Talwar
 - Chloe Keller
 - Esther Kim