

**OPTN Policy Oversight Committee
Benefit Scoring Subcommittee
Meeting Summary
February 23, 2023
Conference Call**

Lisa Stocks, RN, MSN, FNP, Chair

Introduction

The Benefit Scoring Subcommittee (“Subcommittee”) met via Citrix GoToMeeting teleconference on 02/23/2023 to discuss the following agenda items:

1. Inclusion of Impact
2. Debrief on New Project Benefit Score

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

1. Inclusion of Impact

The Subcommittee recently discussed including a measurement of impact in the benefit score. This discussion centered around operationalizing the new value.

Data summary:

Problem statement: current benefit scoring does not adequately capture project benefit. The degree of a project’s impact on the impacted population should be captured in the score.

Furthermore, in the current system, policy and guidance documents score similarly because there is no measure of impact.

Two options for impact scoring are:

- Rating it on a scale of “high”, “medium”, or “low”
- Rating it by likelihood to meet key metric

Summary of discussion:

The Chair asked the Subcommittee how previously scored projects would be incorporated into the new system, given that they would not have a score for impact in the total benefit score. A member suggested that new projects could be compared against each other, while older projects are excluded unless a specific one is needed for reference. In that case, the older project’s impact could be specially scored on a survey.

The Chair supported assessing impact based on a “high”, “medium”, or “low” scale. They felt it would be difficult to accurately judge the likelihood of meeting the key metric, especially early in the project phase. A second member supported that opinion, noting that there may be a better method of analyzing the key metric, such as asking “is this a reasonable key metric”? A member also noted that it was easier to analyze the impact of a project when comparing it to other projects, rather than in a vacuum. Staff added that, within the larger Policy Oversight Committee (POC), there was consideration for “bundling” new projects together for review to provide that perspective.

A member suggested that one of the difficulties in accurately using benefit score could be that projects are too different to be able to compare across; for example, can pancreas white papers be compared to heart allocation changes?

Staff clarified that the intent behind the possible “key metric” impact option was to determine the exact amount of benefit that would come from a project. Therefore, if two projects explicitly stated their intended impact, the POC could prioritize between the two.

However, another member considered that some projects may not have as large an impact because they are trying to broaden the existing intended group, using living donors as an example. In those cases, the existing population size for the policy would be relatively small because it does not account for barriers that exist in access to becoming a living donor.

A member endorsed having more information available when reviewing policy priorities for the next round of benefit scoring. A second member agreed and supported the ratings of “high”, “medium”, and “low” over a Likert-type scale. They added that there could also be benefit in tailoring the questions to align with specific projects.

Next steps:

Staff will include a question on impact in the next redcap scoring.

2. Debrief on New Project Benefit Score

The Subcommittee reviewed the updates to the Benefit Score.

Data summary:

During the most recent round of benefit scoring, staff noted there was a 50/50 split vote on whether the new project was a POC Policy Priority

Summary of discussion:

The Chair introduced the discussion, stating that, when she had considered the project initially, she had not thought it was a policy priority, but then when she had reviewed it again, she had thought it was. It was suggested that this could be a policy priority because it addresses equity. Staff noted that the policy priority addressing equity was “increase equity for single- and multi-organ candidates”. The Chair wondered if, for the next round of benefit scoring, more context could be provided for each of the policy priorities.

A member suggested that it could match all three policy priorities: 1) Efficient donor/recipient matching – the policy revolves around matching donors and recipients; in this case, international donors. 2) Continuous distribution - this project may help elucidate how to best match donors and recipients in the continuous distribution framework. 3) Equity for single- and multi- organ candidates – this project will explore what barriers exist for candidates receiving organs from international donors. The Vice-Chair of the Living Donor Committee agreed with these considerations. They added that this project would also be “resourceless”, noting that it would have no IT implementation effort.

Staff suggested that there may be ambiguity between different members’ interpretations of policy priorities and agreed that in the next survey there should be more clarity about what each one was.

The Chair wondered if benefit scoring was necessary for guidance documents. They pointed out that they take less time and resource investment than a policy proposal. Staff provided context that the question of how to consider guidance documents was not a new one. For example, guidance documents were not released for public comment at one point in time. This changed because some guidance documents, such as the National Liver Review Board Guidance Documents, seemed to have a similar

weight to policy. In addition, staff considered that there was resource investment when creating guidance documents, but the only resource investment shown in new project review was IT.

Next steps:

The Subcommittee will consider whether to score guidance documents and policy proposals separately or differently in their next meeting.

Upcoming Meeting

- March 24, 2023

Attendance

- **Subcommittee Members**
 - Lisa Stocks
 - Dolamu Olaitan
 - Kimberly Koontz
 - Matt Hartwig
 - Peter Stock
 - Stevan Gonzalez
 - Scott Lindberg
- **HRSA Representatives**
 - Marilyn Levi
- **UNOS Staff**
 - Isaac Hager
 - Cole Fox
 - James Alcorn
 - Stryker-Ann Vosteen