

**OPTN/UNOS OPO Work Group  
Ad Hoc Systems Performance Committee  
Meeting Minutes  
August 21, 2018  
Conference Call**

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## **Introduction**

The OPO Work Group met via teleconference on 08/21/2018 to discuss the following agenda items:

1. Our Charge and Expectations
2. Project Timeline
3. Foundations Presentation: How are members monitored and measured today?

The following is a summary of the Work Group's discussions.

### **1. Our Charge and Expectations**

#### Data summary:

The OPO Work Group is focused on looking at higher-level drivers in effective practices, opportunities, and ways to align the work around the entire donation and transplant system that will improve overall results. All meeting materials will be available on the Committee's Basecamp site.

There was a co-chair meeting yesterday where leadership came together to discuss the high-level objective of the overall Ad Hoc Systems Performance Committee. That is to identify new and existing tools and strategies that allow OPTN, transplant hospitals, and OPOs to drive improved system performance and collaborative improvement. The Committee is composed of three working groups which will work independently: the OPO Work Group, Transplant Program Work Group, and Systems Dynamics Work Group.

There are many players involved in the entire donation and transplantation system. The Committee plays a role, along with the transplant hospitals, OPOs, and many other influencers. The goal is to invite others to be part of the process of laying a framework to advance change around systems improvement.

Key drivers around an overarching aim in the transplant system to deliver safe, effective, equitable, and efficient transplantation. The OPO Work Group is focused on a primary driver of effectiveness, which is to establish and maintain highly-reliable, high-performance OPOs.

The secondary drivers of system performance improvement were identified by the transplant community, OPOs and UNOS. Work Group members will identify which secondary drivers they want to be most involved with. The three drivers are: collaboration with transplant programs and resources, culture of equality and innovation, and evidence-based clinical and business practice. The next steps will be to look at specific practices that are effective.

OPO Work Group goals are:

- Review existing data and research and opportunities for improvement. This includes how data is being measured, how OPOs are being monitored and what can be done to improve that.

- Identify and prioritize new and existing strategies to allow OPOs to leverage metrics to drive performance improvement. The approach is to look at effective practices that will lead to the higher performance outcomes before looking at the metrics that will reinforce those outcomes.

The Work Group will lay out a platform of approaches that be taken as a directional roadmap and then hand off the work product to the other appropriate groups to drill down into the specific measures. Not within the scope of the Systems Performance Committee's charge:

- Proposing specific thresholds of performance on any measure for audit or performance review.
- Delivering data on proposed measures and having thresholds tied to that.
- Recommending process improvement plans.
- Looking at transplant center waiting list management or outcomes for listing metrics.

## 2. Project Timeline

There where will be monthly work group calls from now until the final in-person meeting in March 2019 in Chicago. There will be an additional in-person meeting where all three work groups will meet concurrently in October 2018 in Chicago.

## 3. Foundations Presentation: How are members monitored and measured today?

### Data summary:

MPSC uses the same process of review for OPOs and transplant center performance. The MPSC sends an initial inquiry and receives a submission back from the program or the OPO. The subject-matter experts conduct a review and provide feedback to the MPSC, who then determine whether or not the program or OPO should be released or continue under review. If the reviewers might have additional questions or a peer visit. This process will continue until MPSC approves recommendation to release.

The considerations of reviewers when looking at submissions include: plan for improvement that they have developed and implemented, whether they have demonstrated improvement, and whether they have demonstrated an ability to sustain that improvement.

### 1. Member monitoring.

Transplant programs have two performance review metrics used by MPSC:

- Transplant program performance outcomes review. This is based on SRTR risk-adjusted reports for patient and graft survival. SRTR provides those to the MPSC. MPSC uses specific criteria to identify a program for review for lower than expected survival and then sends them an initial inquiry that review of the submission from the program. Within kidney there is an additional evaluation prior to the inquiry. All kidney transplants are evaluated and determine whether a program meets the criteria. If they do, there is an additional evaluation with the higher-risk transplant outcomes reviewed. If they meet the criteria after having the risks removed, they receive an inquiry.
- Transplant program performance functional inactivity review. This looks at whether programs perform transplants during a particular time period. There are different time periods based on the organ group.
- OPO performance: organ-specific and aggregate donor yield review. This is also based on SRTR reports of OPO donor yield using the same methodology as used for OPO-

specific reports. Then MPSC identifies an OPO review for lower-than-expected organ yield if all the criteria are met for any individual organ or all organs.

The Composite Pre-Transplant Metric (CPM) started out as a combination of three metrics (acceptance rate, geography-adjusted transplant rate and waitlist mortality rate). Due to negative response from public comment, the MPSC set up a Pre-Transplant Metric Work Group to look at possible changes to CPM. They went with a dashboard approach that would look at measures for patient harm, transplant efficiency, and waiting list management. Then they would develop rules for initiation of any kind of active monitoring by MPSC. Several different metrics were put into different areas for review.

## 2. Tools and metrics available for data analysis.

- UNOS Data Services Portal. Data tools can be accessed through UNet. These include benchmark reports, report of organ offers, recovery and usage maps, as well as tools used for data quality and submission and commonly-requested reports.
- OPTN Collaborative Innovation and Improvement Network (COIIN) is a project with a primary aim of increasing transplantation with an initial focus on higher KDPI kidneys.

Three main themes: effective waitlist management, donor offer and acceptance processes and care management practices. The foundation of this is strong working relationship and solid framework for data management.

COIIN has a dashboard for transplant centers, giving them access to all the other centers' data in a collaborate approach to sharing data.

COIIN Advisory Council considers other potential outcomes for monitoring, so the Work Group has the resource of others that have done this type of work.

CUSUM was also used for performance monitoring of post-transplant outcome and acceptance rates. They also looked at transplant rates and waitlist mortality.

- SRTR reporting. SRTR reports are available as a resource, including Program Specific Reports.

### Summary of discussion:

One Work Group member asked how many programs have been reviewed based on outcomes. The MPSC started reviewing OPOs in July of 2012. There was an 18-month time period that went without review, but then reviews began again. The exact number of reviews will be brought to the next Work Group meeting.

Another Work Group member described one center in his area that participated in the COIIN Advisory Council. The concept of collaborative, interdependent work around shared goals really worked for this program and really makes sense. This was an example of how an OPO and kidney transplant program could intersect more than normal, as they had a dramatic increase in use of kidneys.

The Work Group is a great opportunity to make some significant changes. In order to be successful, work needs to be done beyond monthly calls. The March 2019 meeting will be transparent and inclusive so anyone wishing to participate will be welcome.

The secondary drivers for the ultimate goal of improving transplantation through the collaboration between OPOs and transplant centers were then brought up again. Tertiary drivers were additionally discussed at yesterday's meeting. A reasonable goal between now and the next conference call in September would be to break up into three different groups of six. Each group of six could respond to the tertiary drivers in each of the three secondary driver

areas. The groups could then discuss those specifics at the next meeting. Additional data sets needed from UNOS or SRTR could also be requested prior to the next meeting so by the time of the October in-person meeting, the staff could respond to those data requests.

A poll was conducted to determine which each member's preference. Results were as follows: 33% collaboration with transplant programs and resources, 25% culture of quality and innovation, 42% evidence-based clinical and business practices. Everyone will be given the opportunity to weigh in on all three drivers no matter what group they're in.

Next steps:

Leadership will balance out the three groups and let everybody know the group they're in. Members will look over the drivers and come with recommendations to the next conference call in September. Any specific data requests should also be defined. There will be an update of the donation rate work with AOPO and SRTR on the September conference call as well.

**Upcoming Meetings**

- September 25, 2018 at 4 p.m. EST
- October 29, 2018, in-person meeting in Chicago
- November TBD
- December 14, 2018 at 4 p.m. EST
- January 22, 2019 at 4 p.m. EST
- February 19, 2019 at 4 p.m. EST
- Week of March 11, 2019, in-person meeting in Chicago

## **Attendance**

- **(Sub)Committee Members**
  - First Name Last Name
  - First Name Last Name
- **HRSA Representatives**
  - First Name Last Name
- **SRTR Staff**
  - First Name Last Name
- **OPTN/UNOS Staff**
  - First Name Last Name
- **Other Attendees**
  - First Name Last Name