

**OPTN Executive Committee
Meeting Summary
May 24, 2019
9:00 a.m.**

**Sue Dunn, Chair
Maryl Johnson, Chair**

Introduction

The OPTN Executive Committee met via teleconference on 05/24/2019 to discuss the following agenda item:

1. Calculation of Median MELD at Transplant Based on Geographic Distribution Unit

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

1. Calculation of Median MELD at Transplant (MMaT) Based on Geographic Distribution Unit

The Liver Committee identified late in the process that DSA and region-based distribution with MMaT calculated at 250 NM circles for standard exception MELD scores could create disadvantages to candidates at certain programs within five DSAs. The MMaT in the National Liver Review Board was to be calculated based on a circle around the candidate's transplant hospital, to align with circles to be used in the new liver allocation policy, and the expectation was for a transition period between implementation of the NLRB and the new acuity circle allocation policy. The Executive Committee attempted to resolve this issue by changing the calculation of the MMaT to the DSA rather than to the individual centers within a 250 NM circle. A subsequent public comment period indicated that the community supported avoidance of period where misalignment could take place, and the decision made for co-implementation to avoid potential misalignment.

The original situation arises as an undefined interim period (rather than planned 90-day period) in which calculation of MMaT is made under a NLRB in circles, while still allocating by DSA.

Proposed solution: Support the Liver and Executive Committees' original suggestion that circle-based calculation be changed to DSA calculation for the period in which allocation is still being made by DSA; not a fixed amount of time but rather when acuity circles are finally implemented, then MELD score will transition back to calculation by circles to match. If this is the supported path, the Committee will communicate these plans to the Court, plaintiffs and community at large.

A member asked whether there will be individual communications going out to affected DSAs in transplant centers, or had this been done via individual communication already. Answer is this has been done mostly through individual communication. Broader communication will be made if participants here believe this to be the general direction. This speaker did not want to ask the Committee members to consider a solution that they had never heard of. If Committee is in favor of this approach, then steps will be taken to initiate communication with the community and particularly to affected DSAs, that the Executive Committee would convene and take action on this approach as soon as possible. This would apply to the period from present day through whenever acuity circles are implemented.

The Chair noted that participants will be polled to find common time for quorum. Should questions arise between now and vote time, participants should contact the call leader. This solution was vetted the

first time around, and the Committee is simply returning to this same solution. A “chat” was read for participants on the phone thanking the caller from Austria who supported this being the right course to take.

Next steps

Follow-up meeting/vote in accordance with scheduling poll results.

Summary/Meeting Closed

The Committee will continue to work with this process as it unfolds. Call leaders thanked participants for being on the call.