

**OPTN Transplant Administrator Committee
Fiscal Impact Advisory Workgroup
Meeting Summary
October 13, 2022
Conference Call**

**Susan Zylicz, MHA, BSN, RN, CCTC, Chair
Jason Huff, MSN, RN, FNKF, Vice Chair**

Introduction

The Fiscal Impact Advisory Workgroup of the Transplant Administrator Committee met via Citrix GoToMeeting teleconference on 10/13/2022 to discuss the potential fiscal impact of the following public comment proposals on the OPTN histocompatibility laboratories (lab), organ procurement organizations (OPO), and transplant programs:

1. Expanding Simultaneous Liver-Kidney Required Allocation (Ad Hoc Multi-Organ Transplantation Committee)
2. Mandatory Offer Filters (Operations and Safety Committee)
3. Modify Heart Policy for Pediatric Candidates and Intended Blood Group Incompatible (ABOi) Offers (Heart Transplantation Committee)

Staff provided an overview of the workgroup's role in evaluating public comment proposals. The workgroup reviews upcoming public comment proposals and provides a financial overview of potential member costs because of the proposal.

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

1. Expanding Simultaneous Liver-Kidney Allocation

Overview of proposal

The purpose of this proposal is to align simultaneous liver-kidney (SLK) allocation policy with heart-kidney and heart-liver policy by expanding the geographic distance over which both the liver and the kidney must be offered to qualifying transplant candidates from 250 nm to 500 nm. This change is intended to alleviate challenges in access to transplant for SLK candidates resulting from differences in transplant program location and access to donor organs, and diminish the reliance on OPO decision making in allocating a liver and kidney from the same donor.

Summary of discussion:

A member asked if the impact on individual transplant centers has been evaluated. The Ad Hoc Multi-Organ Transplantation Committee Chair noted that data will be available soon and will be reviewed by the committee. She added that the increase in cost by moving from 250nm to 500nm should be minimal because the purpose is to help those candidates outside of the densely populated areas of the country.

Another member asked if the pediatric population was included in the data analysis. The presenter noted that pediatric candidates were not included but could certainly be added.

There were no further comments or questions on this proposal.

2. Mandatory Offer Filters

Overview of proposal

The purpose of this proposal is to require kidney transplant programs to use and manage their offer filters. The Operations and Safety Committee is proposing setting “default” filters based on individual transplant programs acceptance history.

Summary of discussion:

A member noted that the implementation cost is low, but offer filters could affect transplant volumes. A member noted that the intent is to decrease costs because organ filters would increase efficiency by reducing the number of offers based on acceptance history. The member added that this would reduce the amount of time spent evaluating offers, although there was some concern about the impact on patients receiving offers.

A member asked about the hardware and software needed to implement offer filters. Another member stated that offer filters are already programmed into the OPTN Computer System. The only cost to transplant programs would be the time spent managing the offer filters to meet the needs of each individual transplant program.

A member asked if this would affect lab testing. Another member noted that this is only for organ offers a transplant program would accept and they would not be testing candidates that did not meet the criteria for the filters.

A member voiced support for this effort and that the benefit would outweigh the cost. He further noted that the only challenge would be the change in practices, such as accepting organs from Hepatitis C donors. Lastly, he supported requiring offer filter reviews and updates by the transplant programs every quarterly or semi-annually. The transplant programs have the ability to change the filters at any time, but at least periodically be required to validate that they are in place and current.

A member noted that while the filters are based on acceptance practice over a 2-year period, programs have the ability to show acceptance of organs outside the criteria over time. She also noted that as far as the financial impact, efficiency might reduce discards by placing more organs.

A member asked if there was any discussion about how this impacts transplant programs that take kidneys strictly on waivers. Another member noted that waivers could still be used when appropriate, but streamlining the process might result in waivers for those you would not accept.

There were no further comments or questions on this proposal.

3. Modify Heart Policy for Pediatric Candidates and Intended Blood Group Incompatible (ABOi) Offers

Overview of proposal

The OPTN Heart Transplantation Committee is proposing changes that will include:

- Allowing ABOi listing for all pediatric candidates with prioritization for ABOi listed candidates outside of infancy extended to those with low titers and urgent need;
- ABOi listing of all other pediatric heart candidates could otherwise be allowed, but not prioritized above ABOc candidates, to maintain equitable access to donor organs for those listed for ABOc transplantation; and
- Enhanced reporting of ABOi-specific information associated with listing and transplantation (e.g., ages, donor/recipient blood groups, titers pre and post HT, outcomes, etc.)

Summary of discussion:

One member noted that expanding the age group would require additional titers to be done if the testing is only good for 30 days. The member also commented that while no additional information reporting is required, it might require more work by the transplant coordinators to update the titer information.

There were no further comments or questions on this proposal.

Upcoming Meeting

- October 17, 2022, teleconference, 3:00 pm EDT

Attendance

- **Fiscal Impact Advisory Workgroup Members**
 - Amber Carriker
 - Andrea Tietjen
 - Christopher Wood
 - John Gutowski
 - Kevin Koomalsingh
 - Lenore Hicks
 - Stephanie Johnson
 - Michelle James
 - Nancy Metzler
- **HRSA Representatives**
 - Vanessa Arriola
 - Megan Hayden
- **SRTR Staff**
 - None
- **UNOS Staff**
 - Kristina Hogan
 - Robert Hunter
 - Taylor Livelli
 - Eric Messick
 - Susan Tlusty
 - Kaitlin Swanner
 - Laura Schmitt
 - Kristina Hogan
 - Joann White
- **Other Attendees**
 - Lisa Stocks, OPTN Ad Hoc Multi-Organ Transplantation Committee
 - Kimberly Koontz, OPTN Operations and Safety Committee