

OPTN Transplant Administrators Committee

Meeting Summary

March 6th, 2024

In-Person

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

Introduction

The OPTN Transplant Administrators Committee (the Committee) met in Houston, Texas on 03/06/2024 to discuss the following agenda items:

1. Public Comment Proposal: 2024-2027 OPTN Strategic Plan Proposal
2. Public Comment Proposal: Update on Heart Continuous Distribution
3. Public Comment Proposal: Standardize Patient Safety Contact and Reduce Duplicate Reporting
4. Public Comment Proposal: Promote Efficiency of Lung Allocation
5. Public Comment Proposal: Standardize Six-Minute Walk for Lung Allocation
6. Public Comment Proposal: Modify Effect of Acceptance Policy
7. Public Comment Proposal: Concepts for Modifying Multi-Organ Policies
8. Public Comment Proposal: Refit Kidney Donor Profile Index without Race and Hepatitis C Virus
9. Expeditious Task Force Update
10. Open discussion

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

1. Public Comment Proposal: 2024-2027 OPTN Strategic Plan Proposal

The Committee heard from the OPTN Executive Committee the proposed 2024-2027 Strategic Plan Proposal.

Summary of discussion:

The Committee reviewed and discussed the implications of the public comment proposal.

After hearing the presentation, the Committee discussed the proposal and offered the following feedback for consideration:

- There was some concern that the pillars of the strategic plan did not explicitly mention metrics around safe and effective patient care outcomes which are integral to the work of the OPTN.
- The Committee suggested incorporating metrics related to system costs, such as OPO costs, decline rates, and transportation modes, when considering policies.
- It was suggested that a 6-month cadence would be appropriate for the frequency of reporting metrics to the Board of Directors, although real-time reporting would also be an optimal scenario.
- Members expressed the importance of not losing sight by promoting community buy-in by overly focusing on metrics like time to develop complex policies.

Overall, the Committee supports this proposal and advises the Executive Committee to take the above considerations into account.

Next steps:

The Committee provided their feedback as a public comment response.

2. Public Comment Proposal: Update on Heart Continuous Distribution

The Committee heard the public comment proposal from the OPTN Heart Transplantation Committee.

Summary of discussion:

The Committee reviewed and discussed implications of the public comment concept paper.

The Committee discussed the concept paper and offered the following feedback for consideration:

- The Committee advised considering driving distance/time when developing the Placement Efficiency attribute. It was mentioned that prioritizing local organ placements over flying, when possible, could aim to avoid situations where organs crisscross metropolitan areas and could enhance organ utilization.
- It was cautioned that there could be unintended consequences for smaller heart transplant programs if there becomes a greater need to use expensive technologies for organ perfusion for longer-distance procurements.

Overall, the Committee was supportive of the developments on Heart Continuous Distribution and advises that priorities around travel logistics and equitable access for smaller programs be considered in the development process.

Next steps:

The Committee provided their feedback as a public comment response.

3. Public Comment Proposal: Standardize Patient Safety Contact and Reduce Duplicate Reporting

The Committee heard the public comment proposal from the OPTN Ad Hoc Disease Transmission Advisory Committee.

Summary of discussion:

The Committee provided their feedback as a public comment response.

The Committee discussed the proposal and offered the following feedback for consideration:

- It was suggested that adding a required review of Patient Safety Contacts (PSCs) every 6 months might create an additional burden on staff. The Committee advised that the annual survey process might be a more appropriate vehicle for reviewing PSCs unless there are extenuating circumstances.
- “Require that PSCs work at the OPO or transplant program for which they are listed” The Committee recommended this language be more clearly defined as organizational and corporate structures vary and could be interpreted as restrictive of contracted work. It was suggested to rewrite or specifically spell out what constitutes 3rd party work versus contracted work.

Overall, the Committee supported the proposal and requested that the above comments be taken into consideration.

Next steps:

The Committee provided their feedback as a public comment response.

4. Public Comment Proposal: Promote Efficiency of Lung Allocation

The Committee heard the public comment proposal from the OPTN Lung Transplantation Committee.

Summary of discussion:

The Committee provided their feedback as a public comment response.

The Committee discussed the proposal and offered the following feedback for consideration.

- Members appreciated the option to select specific geographically isolated areas, such as Hawaii or Puerto Rico, without having to accept organs from all isolated areas.
- In relation to the newly released Lung Offer Filters, it was recommended to add a filter option based on a calculation for total lung capacity. Another recommendation was to include smoking history as a filter variable.
- The Committee advised providing a “reverse” option for when an OPO chooses to bypass bilateral lung candidates should the accepting center back out, allowing the OPO to place the organ where it is most needed.
- The Committee also recommended an option for OPOs to indicate elevation data as it could be helpful for lung programs to know altitude information.

Overall, the Committee supported the proposal and requested that the above comments be taken into consideration.

Next steps:

The Committee provided their feedback as a public comment response.

5. Public Comment Proposal: Standardize Six-Minute Walk for Lung Allocation

The Committee heard the public comment proposal from the OPTN Lung Transplantation Committee.

Summary of discussion:

The Committee provided their feedback as a public comment response.

The Committee recommended that concerns relating to center capacity and implementation feasibility be considered with this change, as some centers have greater access to resources than others. The Committee also recommended that more consideration be given to the ranges of distance walked and advised that the Lung Committee consider that there may need to be exceptions in the event a patient is in the ICU and cannot go to a testing facility.

Next steps:

The Committee provided their feedback as a public comment response.

6. Public Comment Proposal: Modify Effect of Acceptance Policy

The Committee heard the public comment proposal from the OPTN Ad Hoc Multi-Organ Transplantation Committee.

Summary of discussion:

The Committee provided their feedback as a public comment response.

The Committee is in support of the policy as proposed and maintains that potential multi-organ transplants should not be negatively impacted by the policy language.

Next steps:

The Committee provided their feedback as a public comment response.

7. Public Comment Proposal: Concepts for Modifying Multi-Organ Policies

The Committee heard the public comment proposal from the OPTN Ad Hoc Multi-Organ Transplantation Committee.

Summary of discussion:

The Committee provided their feedback as a public comment response.

The Committee acknowledged the importance of developing comprehensive and equitable multi-organ allocation policy, however, members felt that at this time, the populations referenced in the paper are not as negatively impacted as perceived. Members of the Committee agreed, however, that providing adequate organ access for pediatrics is important to be maintained, specifically for the low Kidney Donor Profile Index (KDPI) kidneys.

Next steps:

The Committee provided their feedback as a public comment response.

8. Public Comment Proposal: Refit Kidney Donor Profile Index without Race and Hepatitis C Virus

The Committee heard the public comment proposal from the OPTN Minority Affairs Committee.

Summary of discussion:

The Committee provided their feedback as a public comment response.

The Committee supported removing these variables from the KDPI as it is in alignment with enhancing equity within organ allocation. The Committee expressed concern, however, with the reliance on the previous Kidney Donor Risk Index (KDRI) model and variables which were first established in a paper written by Rao et al. (A Comprehensive Risk Quantification Score for Deceased Donor Kidneys: The Kidney Donor Risk Index) in 2009. Members advised that the OPTN and the Scientific Registry of Transplant Recipients (SRTR) reevaluate the entire model more holistically, with a wider range of variables. The Committee recommended a similar approach be taken as it was in 2009 and all variables be reevaluated for their appropriateness to be included or excluded from the KDRI, as the circumstances and environment in which the original analysis was done have changed.

The Committee greatly valued the work done on improving equity in kidney allocation and encouraged the Minority Affairs Committee to conduct a holistic review of the KDRI to further enhance and promote equity in organ allocation.

Next steps:

The Committee provided their feedback as a public comment response.

9. Expeditious Task Force Update

The Committee heard an update about the OPTN Expeditious Task Force and the work that has been done so far.

Summary of discussion:

Members discussed the work the Task Force has done and look forward to weighing in on future initiatives or projects the Task Force might extend to the Committee.

A member asked whether there were any discussions by the Task Force about looking at higher performing Organ Procurement Organizations (OPOs) to increase the volume of donors coming into the pipeline. The Task Force representative agreed that this is a crucial point and had asked a similar question at a previous Task Force meeting. They explained that the idea had been tabled for the moment, due to needing more appropriate stakeholders present for such discussions, e.g., Donor hospitals.

The Task Force representative also highlighted that the reason living donation was not specified in the current goals, was because members of the Task Force felt it would need to be an initiative in and of itself. They indicated that the current focus remains on non-use and non-utilization as well as optimizing organ procurement.

The Chair asked when some of the Plan-Do-Study-Act (PDSA) cycles that were brought up during the Expedited Placement Variance proposal could be initiated. It was explained that public comment feedback was still being evaluated on that proposal, but hopefully more information will be available soon. The Task Force is looking closely at all feedback to determine the next steps.

Next steps:

The Committee will remain apprised of Task Force updates and looks forward to providing more feedback on future calls.

10. Open discussion

The Committee discussed several different topics and brought up a few different items for future project consideration.

Summary of discussion:

The Committee open discussion centered on a few main topics:

- Non-use and transplant allocation
- Challenges in growth and resource allocation
- Utilization of new technologies and cost concerns
- Oversight of third-party vendors
- Collaborative efforts and policy advocacy

These topics highlighted areas of concern for the Committee and the Committee indicated their interest in pursuing some of these topics further as potential project ideas.

Non-use and transplant allocation:

One member expressed concern regarding the negative connotations associated with the term "discards" (also referred to as "non-use") in the transplant community. They suggested reframing the discourse around non-use to facilitate more constructive approaches to organ allocation and utilization. Another member highlighted the distinction between general non-use and avoidable non-use, emphasizing the importance of analyzing the reasons behind non-use and implementing strategies to minimize avoidable ones, thereby improving overall organ utilization.

The first member further elaborated on the need to reevaluate national allocation percentages, noting that certain organs may have higher non-use rates due to location or transplant centers' willingness to accept higher-risk organs. They suggested that a more nuanced understanding of non-use rates is crucial for developing effective allocation policies.

The second member shared insight that upcoming Task Force presentations in April will focus on liver and lung transplant programs, indicating ongoing efforts within the transplant community to address allocation and utilization challenges.

Challenges in growth and resource allocation:

One member brought attention to the critical issue of physician staffing, highlighting the difficulties in recruiting specialized medical professionals to support the growing demand for transplant services. They highlighted the importance of addressing staffing shortages to ensure the sustainability of transplant programs.

Another member delved into the financial implications of transplant program expansion. They raised concerns about reimbursement rates, particularly considering increasing costs associated with advanced technologies and procedures. This member emphasized the need for strategic planning to navigate financial challenges and secure necessary resources for program growth.

A third member echoed the concerns raised by the previous two, emphasizing the strain on capacity and resources within transplant centers. It was articulated that these challenges need to be addressed to effectively meet ambitious transplant goals while maintaining quality of care.

Utilization of new technologies and cost concerns:

One member advocated for the wider adoption of Normothermic Regional Perfusion (NRP) as a cost-effective solution for organ preservation and transplantation. This member highlighted the potential benefits of NRP in improving transplant outcomes while reducing costs, urging that the community consider its holistic impact on transplant practices.

Another member raised critical questions about the sustainability of adopting new technologies like Machine Perfusion (NMP) on a large scale. This member emphasized the need for careful evaluation of the financial implications and long-term viability of such technologies, cautioning against hasty implementation without considering the broader economic context. It was stated that smaller programs might not have the financial capacity to adopt some of these technologies.

Oversight of third-party vendors:

One member voiced concerns about the lack of oversight and accountability regarding third-party vendors involved in organ procurement and transplantation. They highlighted incidents involving vendors, underscoring the need for stronger regulatory measures and mechanisms for holding vendors accountable for quality and safety standards.

Another member suggested exploring policy initiatives to address oversight gaps and enhance transparency in dealings with third-party vendors. This member also emphasized the importance of collaboration within the transplant community and advocacy efforts to push for regulatory reforms at the national level.

Collaborative efforts and policy advocacy:

One member underscored the significance of collaborative efforts and cross-committee support for advancing policy initiatives within the Organ Procurement and Transplantation Network (OPTN). They emphasized the need for unified advocacy efforts to drive meaningful change and address pressing issues facing the transplant community.

Another member agreed, emphasizing the importance of leveraging collective voices within the OPTN to advocate for policy reforms and address systemic challenges. This member highlighted the role of lobbying and strategic partnerships in effecting positive change and advancing the interests of transplant stakeholders.

Next steps:

The Committee will continue their discussions on these topics at future meetings and pursue avenues for potential system enhancements and projects for improvements.

Upcoming Meetings

- March 25, 2024
- April 22, 2024

Attendance

- **Committee Members**
 - Susan Zylicz
 - Jason Huff
 - Sara Geatrakas
 - Stephanie Johnson
 - Rachel Detwiler
 - Laura O'Melia
 - Megan Fairbank
 - John Gutowski
 - Brian Cruddas
 - Kristin Smith
 - Chris Wood
 - Katherine Dokus
 - Chuck Zollinger
 - Kay Shields-Ragan
 - Luke Preczewski
 - Emily Warren
- **HRSA Representatives**
 - Jim Bowman
- **UNOS Staff**
 - Lindsay Larkin
 - Stryker-Ann Vosteen
 - Kaitlin Swanner
 - Kimberly Uccellini
 - Kelley Poff
 - Eric Messick
 - Kevin Daub
 - Kristina Hogan
 - Alison Wilhelm
 - Morgan Jupe
 - Sarah Roache
 - Cole Fox
 - Tamika Watkins
- **Other Attendees**
 - Rocky Daly (Heart Committee Chair)
 - Oscar Serrano (Minority Affairs Committee Vice Chair)
 - Marie Budev (Lung Committee Chair)
 - Rich Formica (Executive Committee Vice Chair)
 - Laura Butler (Board of Directors member and Task Force representative)
 - Lara Danziger-Isakov (Disease Transmission Advisory Committee Chair)