

OPTN Data Advisory Committee

Meeting Summary

August 14, 2023

Conference Call

Sumit Mohan, MD, MPH, Chair
Jesse Schold, PhD, M.Stat, M.Ed, Vice Chair

Introduction

The Data Advisory Committee met via Webex teleconference on 08/14/2023 to discuss the following agenda items:

1. Public Comment: Membership and Professional Standards Committee (MPSC): Require Reporting of Patient Safety Events
2. Overview of Organ Disposition Data Flow
3. Monthly Review and Closing Remarks

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

1. Public Comment: Membership and Professional Standards Committee (MPSC): Require Reporting of Patient Safety Events

The Committee was asked to review the MPSC's public comment proposal and to submit comments to the OPTN Contractor for inclusion in a formal comment on behalf of the Committee.

Summary of discussion:

The Committee was informed of the MPSC's public comment proposal, Require Reporting of Patient Safety Events. The Chair started the conversation by highlighting the proposal. The proposal's objective is to define the patient safety events and 'near misses' that will be required reporting in order for MPSC to monitor certain kinds of performance. The Chair asked the members to review the proposal and submit comments to Contractor staff as well as the OPTN website. The Chair stated that the feedback provided to Contractor staff will be used to create a formal response from the Committee about the proposal.

Next steps:

Committee feedback was requested by 8/18/2023.

2. Overview of Organ Disposition Data Flow

The Committee received a presentation describing the processes in the OPTN Computer System by which transplant programs decline offers of donor organs, and OPOs record a reason as to how donor organs were dispositioned. The presentation's objective was to share information about the process ahead of the Committee's next monthly meeting where the Committee members will be presented with a data analysis about the reasons and factors donor organs have not been used.

Summary of discussion:

Contractor staff provided Committee members with an overview of how “non-use” codes and “refusal” codes are used in the OPTN Computer System. Non-use codes are entered by OPO staff to indicate when an organ was recovered for transplantation, but not transplanted. Refusal codes are entered by transplant program staff to indicate when a program determines not to accept an organ offer. The Committee was provided this overview because at their next meeting, they will be presented with findings from a data request concerning the usage of non-use codes. It was determined that providing an overview of the processes associated with non-use and refusal codes in the OPTN Computer System would be beneficial to members when the findings are presented.

Contractor staff introduced the presentation by reminding Committee members that an important OPTN priority is to increase organ utilization. There are efforts underway examining opportunities to increase utilization of donor livers and kidneys, as well as all donor organs. The Committee has formed a workgroup to examine opportunities to clarify the definitions associated with the existing non-use codes, in order to make them more descriptive so that OPO staff can better align the causes with the codes. The workgroup is tasked with clarifying the codes that already exist and/or creating new codes that might better capture the reasons donor organs are recovered for transplant, but not transplanted. It was pointed out that this effort will not solve all the issues, but improving data collection and data quality can be considered as first-steps towards understanding why some donor organs are not used, and ways to address those reasons and increase organ utilization.

Process-wise, an OPO first performs a match run, and based on the results the OPO electronically notifies a transplant program about the availability of the donor organ(s). When offered a donor organ, a transplant program can provisionally accept the offer or refuse it. Refusal codes represent reasons why an organ was not accepted. When refusing an organ, the program must enter a primary refusal reason, and has the option to enter secondary refusal reason if program staff think more information is needed to describe why.

Donor organs that are identified as having the potential for transplantation are dispositioned by OPO staff in the OPTN Computer System. OPO staff complete three data fields to fully disposition the organ in the system: Organ Disposition Code, Organ Disposition Reason Code, and Organ Discarded Reason Code (this latter code will be referred to as “non-use” for purposes of this summary). The Organ Disposition Code is used to explain the outcome of an organ considered for the potential of transplantation, and includes options such as ‘organ not recovered,’ ‘recovered not for transplant,’ ‘transplanted,’ and ‘recovered for transplant, but not transplanted.’

Although organ dispositioning involves three data fields, OPO staff are ultimately limited to selecting one reason describing why an organ was procured for transplant, but not transplanted.

The Organ Disposition Reason Code is a child of the Organ Disposition Code. When the Organ Disposition Code is selected as ‘recovered for transplant, but not transplanted,’ then several Organ Disposition Reason Codes are available for selection, including ‘recovered for transplant: discarded.’ When ‘recovered for transplant: discarded’ is selected, OPO staff must choose a single reason from the Organ Non-Use Codes describing why an organ was procured for transplant, but not transplanted. Reviewing the appropriateness of the descriptions associated with Organ Non-Use Reason Codes is the focus of the work being performed by the aforementioned workgroup. The full list of the 21 Organ Non-Use Reason Codes and their descriptions were shared with the Committee.

The OPTN Contractor showed the Committee members the fields in the OPTN Computer System that OPO staff complete after all of the potential donor organs have been dispositioned. Each donor organ is

dispositioned. The Organ Disposition Reason Codes are associated with specific types of organs, and include different drop-down options, as a result.

Contractor staff provided the Committee with an example match run in order to demonstrate the process that OPO staff will follow in dispositioning a donor organ.

Contractor staff pointed out that there is a lot of similarity between all of the disposition reasons. It was suggested that the Committee may want to explore aligning the disposition reason code level, after completing the effort to provide more granularity among the non-use reason codes.

The Chair asked for questions about the process. The Chair stated that a challenge with the codes is that they are not mutually exclusive, and yet rarely is it that one thing leads to an organ being procured for transplant, but not transplanted. Therefore, from the Committee's perspective, there needs to be clarification about what the criteria should be. The other consideration for the Committee is what is an actionable finding from the codes; for instance, what information can inform the next step or identify an opportunity to make an improvement? The Chair suggested that those two questions are a good framework for moving forward, and asked for feedback.

A member of the Non-use workgroup agreed and said that clarifying the descriptions associated with the non-use reason codes could make the crux of the reason more apparent to OPO staff who make the selections. The workgroup member continued that it would also be beneficial to somehow use the refusal codes supplied by the transplant programs to determine the non-use reason, rather than put the burden on OPO staff to analyze the refusals and come to a determination for non-use. The workgroup member suggested some type of programming in the OPTN Computer System or use of artificial intelligence could produce a more appropriate resolution to the non-use. It is very challenging for OPO staff to review all of the different refusal code reasons provided and determine whether to categorize the non-use as donor-specific or recipient-specific. However, the opportunity seems to exist to use the available information to drill down to some specifics, such as if it is identified as an allocation issue does that mean it was on a pump for too long or that the list was exhausted with no interest? What were the reasons for those things happening? The workgroup member also suggested that there are some non-use code options that are subjective and need more specific definitions associated with them.

The Chair told the members that at the next meeting, the results of the data analysis involving the non-use codes and the refusal codes will be shared, and an important takeaway from the results are that the two sets of codes do not match up the way they might be expected to in certain aspects. The Chair also suggested it might be an appropriate exercise to determine whether the non-use and refusal codes should be closely aligned with each other, and if there are opportunities for the refusal codes to inform what non-use code should be chosen. Still, it needs to be recognized that the non-use codes and refusal codes address different things, and there are going to be times when they do not align.

A question was asked about how OPOs might currently address the following scenario: What if the majority of initial refusal codes entered by transplant programs are specific to a donor quality issue, for example donor age. Eventually, the organ is recovered for transplant, but the subsequent programs on the match run refuse the organ because it has been on a pump too long or on ice too long. So, the second set of refusals are related to something like the ischemia time is too long. What do OPO staff generally select in those instances? A workgroup member suggested that the option "No recipient located – list exhausted" might be chosen. However, each OPO may address this situation differently. A Committee member said that in past experiences, there were likely multiple reasons the donor organ was not used, and OPO staff would choose the option that made the most sense. The member continued that perhaps OPOs should be able to select more than one non-use code to better describe the reason an organ was recovered but not transplanted. The suggestion was echoed by another

Committee member, who also stated that the ability to select more than one reason could help into the future by providing more useful information about marginal donor organs and DCD organs that can be used to establish better criteria generally and better criteria for expedited organs specifically.

Next steps:

As part of the 9/11/2023 meeting, the Committee will receive a presentation of the findings from the analysis of non-use reason codes in the OPTN Computer System. The meeting time is extended to 3:00 to 4:30 pm in order to accommodate the presentation and member questions.

3. Monthly Review and Closing Remarks

Contractor staff showed the members the Committee's SharePoint site, specifically the spreadsheet, DAC – Activity and Information Tracker. The spreadsheet contains information about the active data-inclusive projects that may require DAC review and endorsement. The tracker also identifies the Committee's active projects and the statuses of those efforts. Additional information available on the tracker are Committee members involved with workgroups and broad descriptions of members' experience and fields of interest.

Committee members were reminded of the in-person meeting scheduled for 9/28/2023 in Detroit, Michigan. A Committee dinner will be held on 9/27/2023 at 7:00 pm in the hotel's restaurant, for those able to attend.

Upcoming Meetings

- September 11, 2023
- September 28, 2023 (in-person)
- October 16, 2023

Attendance

- **Committee Members**
 - Sumit Mohan
 - Jesse Schold
 - Rebecca Baranoff
 - Jamie Bucio
 - Kate Giles
 - Dustin Goad
 - Michael Ison
 - Paul MacLennan
 - Michael Marvin
 - Christine Maxmeister
 - Meghan Muldoon
 - Hellen Oduor
 - Jennifer Peattie
 - Julie Prigoff
 - Alicia Skeen
 - Allen Wagner
- **HRSA Representatives**
 - Adriana Martinez
 - Daniel Thompson
- **SRTR Staff**
 - Ajay Israni
- **UNOS Staff**
 - Lloyd Board
 - Rebecca Brookman
 - Brooke Chenault
 - Kevin Daub
 - Nadine Hoffman
 - Sevgin Hunt
 - Gene Khabinsky
 - Sara Langham
 - Elena Liberatore
 - Eric Messick
 - Lauren Mooney
 - Sharon Shepherd
 - Kim Uccellini
 - Ben Wolford
 - Divya Yalgoori
 - Anne Zehner
- **Other**
 - Clint Hostetler
 - Rachel White