OPTN Operations & Safety Committee
Match Run Rules Workgroup
Meeting Summary
May 19, 2022
Conference Call

Alden Doyle, MD, MPH, Chair

Introduction

The Match Run Rules Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 05/19/2022 to discuss the following agenda items:

1. Review and Discussion: Redefining Provisional Yes and the Approach to Organ Offers Concept Paper
2. Next Steps

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

1. Review and Discussion: Redefining Provisional Yes and the Approach to Organ Offers Concept Paper

The Workgroup intends to produce a concept paper for the August 2022 public comment cycle. This concept paper will detail the proposed tiered framework and gather community feedback on the framework and associated requirements.

Data summary:

The associated responsibilities for each tier are detailed below:

- Tier I
  - Transplant programs must evaluate organ offers to see if the offer immediately meets any of their internal refusal reasons
  - Transplant programs must assess candidate's medical suitability
  - Transplant programs must assess histocompatibility
  - Transplant programs must confirm candidate availability for transplant
  - Transplant program notifies OPO of any additional information
- Tier II
  - Transplant program must evaluated organ offers to see if the offer immediately meets any of their internal refusal reasons
  - Transplant programs must assess candidate's medical suitability
  - Transplant program notifies OPO of any additional information needed
- Tier III
  - Transplant programs must evaluate organ offers to see if the offer immediately meets any of their internal refusal reasons

The Workgroup focused on the questions of candidates within each tier, time limits for evaluation, and specific policy requirements.

Summary of discussion:

Tier I

The Chair asked the workgroup how many candidates should exist within Tier I; in addition, should this tier include both the primary and backup candidates. A member responded it depends based on the organ. Kidneys, for example, will likely have more candidates within this tier than a heart or a liver. They proposed that the first two candidates should be considered Tier I. The Chair agreed with this sentiment and wondered if the member had given any thought to how much time should be allotted for programs evaluating the offer at this point. The member tentatively considered that the existing time requirements of one hour for each primary offer and thirty additional minutes for each backup offer seemed sufficient. They added that, retrospectively, because two kidneys were available from each donor, for kidneys there should probably be double the number of Tier I candidates. The Chair posited that, per each organ available, there would be two Tier I candidates. A second member supported this idea and also agreed with maintaining the existing timeframes, as, if programs are abiding by the policy requirements for each step, they should not need additional time.

A member wondered what the function of Tier II would be if the primary and backup candidates both exist within Tier I. Additionally, they expressed concern that programs could be overwhelmed with the number of offers they have requirements to evaluate if they do not want to refuse them; they did acknowledge that this is in part due to receiving a large number of unnecessary offers, which the Workgroup is also aiming to address.

The Chair suggested that the benefit of having the primary and backup programs both within Tier I would be if the primary center refuses, the backup program has performed all the required testing to be able to accept the organ immediately. The member responded that, within their program's practices, there is a difference in a primary and a backup offer – they need to understand whether there is a legitimate chance of receiving the organ. The Chair considered that the policy requirements do not stipulate, for example, confirming a hospital bed for the patient, but agreed that the proposed definitions need to be exceedingly clear as to what they constitute. The member agreed that, the more clarity that can be built into the policy requirements, the easier it will be to gain the support of transplant programs. They proposed that the concept paper could put forward some behavioral examples that would fall under each category to gather feedback.

A member contributed that these changes also need to consider the burden on the patient. The goal of the match run redesign should be to facilitate the process such that more patients receive a transplant without creating undue phone calls or travel. They also stated that a key part of the concept paper should not just be to convince transplant programs that the redesign is worth it, but also to convince patients that the redesign is beneficial to them. Another member agreed with this consideration and added that the redesign is in part a culture change. In the current system, transplant programs are very focused on serving their patient population; the new system will instead focus on the ability of a transplant program to facilitate another program's patient receiving an organ through efficient evaluation.

Tier II

The Chair noted that one of the key functions of Tier II is to determine a minimum set of requirements to ensure that programs evaluate an offer before potentially becoming Tier I.

A member noted that the language "Transplant program notifies OPO of any additional information needed" may be vague. They suggested that the terminology by changed to "Transplant program notifies OPO of any additional information needed for testing or evaluation" as that better captures the

intent. For example, if a program knows that a kidney biopsy will not be performed, they may be able to refuse based off of that information.

The Chair wondered how many candidates should exist within Tier II. A member supplied that the Workgroup also needs to consider how many notifications can be sent alongside the number of candidates. They suggested that the time limit for candidates should be based off of the time of offer received, rather than which tier they are in. They also added that they assumed the same number of candidates should exist in Tier II as in Tier I. Another member supported this suggestion, and contributed that a benefit of Tier II is that it serves as an intermediary step between an offer "from three days ago that you've forgotten about" and becoming primary.

A member countered that because Tier II does not require as much information evaluation as Tier I, the time limit should be shorter than Tier I. They added that, from a similar line of logic, more candidates could feasibly be considered within Tier II. A second member also contributed that the number of candidates within a tier should be variable depending on organ quality. The first member noted that there may not be objective measurements for organ quality similar to Kidney Donor Profile Index (KDPI) in other organs. The second responded that it could be based off a combination of donor characteristics.

The Chair considered that creating an algorithm to determine organ quality for tier thresholds may be too difficult to explain in a concept paper. They postulated that the Organ Procurement Organization (OPO) offering could have variability in the number of offers they are allowed to distribute. Two members agreed with this suggestion.

Staff asked if the workgroup had come to a conclusion on how long the programs had to evaluate Tier II offers. The Chair, with support from two members, was in favor of giving one hour, with thirty minutes for each subsequent notification.

Tier III

The Chair asked the Workgroup how Tier III offers will not encounter the same problems as provisional yes. They proposed that it could be because it allows more clarity into when a program refuses an organ "late" at a higher tier because of information they had at Tier III. Another member suggested that a benefit for transplant programs would be a unification and streamlining of offer notifications. The Chair posited that it could be built into policy that an electronic notification constitutes an offer, rather than leaving it open to OPO interpretation. They added that there could be an automated alert feature that allows for programs to be updated when their offer moves from Tier II to Tier I. A member supported this feature, adding that it lessens work for the OPO as well, as it only requires the OPO to notify a program specifically when they become Tier I primary.

A member noted the communication between OPOs and transplant programs seemed like it could be improved. They suggested the implementation of a chat feature that allows transplant programs to notify the OPO of additional information directly, rather than calling them.

<u>Next steps:</u>

Staff will begin drafting a concept paper for the Workgroup to review.

2. Next Steps

This agenda item was not discussed.

Upcoming Meeting

- June 16, 2022

Attendance

- **Workgroup Members**
  - Alden Doyle
  - Katherine Audette
  - Jill Campbell
  - Chris Curran
  - Jennifer Muriett
  - John Stallbaum
  - Chris Yanakos
- **HRSA Representatives**
  - Vanessa Arriola
  - Jim Bowman
- **UNOS Staff**
  - Isaac Hager
  - Kerrie Masten
  - Rob McTier
  - Kaitlin Swanner
  - Joann White