

**OPTN Operations & Safety Committee
Mandatory Usage of Offer Filters Workgroup
Meeting Summary
October 24, 2022
Conference Call**

Kim Koontz, MPH, CTBS, Chair

Introduction

The Mandatory Usage of Offer Filters Workgroup (“Workgroup”) met via Citrix GoToMeeting teleconference on 10/24/2022 to discuss the following agenda items:

1. Public Comment Review & Discussion
2. Dual Kidney Considerations
3. System Enhancements

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

1. Public Comment Review & Discussion

The Workgroup reviewed feedback on their concept paper “Optimizing the Usage of Offer Filters”.

Presentation summary:

There was strong support for the implementation of offer filters in a form more binding than voluntary usage. Most feedback supported a transition into a default state, in which programs have to choose to turn off offer filters. The community also felt that this project should be sequenced ahead of the effort to redefine provisional yes.

Feedback was generally centered on five main categories:

- Exclusion criteria
- Changing filter stringency
- Mandatory filter usage
- Data services
- Education

Summary of discussion:

There was no discussion on this item

Next steps:

Staff will present a draft of the language for their proposal “Optimizing the Usage of Offer Filters” to the Workgroup at their next meeting.

2. Dual Kidney Considerations

Staff supporting the Utilization Considerations of Kidney Pancreas Continuous Distribution Workgroup presented on proposed changes to dual kidney allocation that their workgroup was developing.

Presentation summary:

The utilization workgroup focuses on the operational aspects of kidney and pancreas allocation. Areas the workgroup is addressing are released organs, dual kidney, national kidney allocation, and facilitated pancreas.

Dual kidney

- Current system is inefficient and underused
 - 44.4% of dual kidneys are allocated out of sequence
 - Dual kidney candidates are located too far down the match run, which outweighs the benefit from dual kidney transplant
- The allocation system needs an alignment between programs that express an interest in dual kidney acceptances and those performing dual kidney acceptances
- The Considerations workgroup is proposing a framework in which specific donor criteria indicate when an OPO may begin allocating dual kidneys
 - This would involve the creation of a dual-kidney specific match run

Summary of discussion:

A member asked what the expected impact of including dual kidneys within offer filters would be. Staff responded that this would allow the offer filters model to filter out programs that receive dual kidney offers but do not transplant dual kidneys. The member also asked if there was currently a way for OPOs to designate a dual kidney-only allocation. Staff replied that the current system of dual kidney allocation was that they were included on single-kidney match runs but included after all single kidney offers.

It was suggested that there may be a “psychological” barrier to accepting kidneys at extremely high sequences, and that OPOs should have the option to convert a single-kidney allocation to dual kidney allocation after offering to a certain number of candidates.

Research staff clarified that in the current offer filters model, dual kidney was not considered for filter development. They also speculated whether programs would need to create separate filters for each kidney criteria: single, dual, and en bloc. A member wondered whether it would make more sense to have dual kidneys have exclusionary filters, in which programs indicates they would not consider an offer with “X” criteria *unless* the offer is a dual kidney offer.

The Chair suggested having a granularity in which dual kidney offers a program can see, such that there are absolute rule out filters that never get offer to any of a transplant program’s candidates and single-kidney rule out filters that do not apply to some dual-kidney offers. Research staff responded that in some ways, the model would identify which dual kidneys are considered acceptable by a transplant program because the filters are multi-factorial (e.g. dual-kidney offer *and* greater than 10 hours of cold ischemic time).

A member asked if the hypothetical removal of programs who had never accepted dual kidneys could be modeled prior to implementing the default offer filters. The speculated that, if that does address the inefficiencies, there may not be a need to change the allocation of dual kidney. The Chair countered that this would not resolve the underlying problem that dual kidneys are allocated with too much cold ischemic time to gain any benefit from transplanting both kidneys. They supported having set criteria that allowed programs to offer to only dual kidney candidates with certain donors.

Next steps:

Staff will present dual kidney as a criteria to be included in the model-identified filter criteria to the full Operations and Safety Committee.

3. System Enhancements

IT Staff presented on possible enhancements being considered for the offer filters tool.

Presentation summary:

Staff provided a review of Offer Filters Explorer, Offer Filters Manager, Offer Filters Report and the OPO view of offer filters on a match run.

The potential enhancements being considered are:

- Implementation of default filters
- Default exclusion criteria
- Voluntary exclusion criteria
 - Candidate height/weight
 - Dialysis time
 - Candidate age greater than
 - EPTS
 - Candidate is medically urgent
- New donor filter criteria
 - Admission serum creatinine
 - Peak serum creatinine
 - Most recent serum creatinine at time of offer
 - Donor weight

Alongside the potential enhancements, the implementation would include an update to the acceptance dataset and the generation of new default filters every three months for kidney programs. In addition, a new field would be created in the OPTN Waitlist application to exclude a candidate from all offer filters.

Within the current offer filters system, if a program generates a filter that will exclude more than 20 percent of their waitlist, the OPTN Organ Center will receive an alert and will reach out to the program. A proposed change would create a warning for programs at the time when they generate the filter.

Summary of discussion:

The Chair wondered if there would be any requirements on the new field to disallow programs from excluding all of their candidates. Staff replied that there would be monitoring of the field, but there was not currently policy language to prevent programs from doing that. A second member felt that there should be maximum number of allowed candidates using the field, but was unsure what the limit should be. Staff also clarified that the automatic exclusions would not need to be entered using this field. Expanding on that, a member emphasized that there would need to be significant education surrounding the usage of the manual exclusion field; the staff member entering candidate information in Waitlist was not the same staff member receiving offers and may not be familiar with offer filters at all.

A second member added that, in response to the community feedback that programs' autonomy would be eroded by offer filters, this would be an area a program could retain the ability to aggressively seek out transplant for specific candidates. It also provides programs flexibility in choosing which candidates they want to focus on transplanting. However, because of the built-in exclusion criteria, the number of candidates using the field should likely remain very low. They supported having some maximum percentage of a program's waitlist as guardrails to prevent overuse. Furthermore, they considered that having guardrails would prevent candidates from being mistakenly opted out of offer filters by transplant program staff that do not understand offer filters.

Staff asked if there was any feedback on the proposed additional candidate exclusion criteria. A member was supportive of the proposed additional exclusion criteria.

Next steps:

Staff will present the recommendations to the full Operations & Safety Committee.

Upcoming Meeting

- November 14, 2022

Attendance

- **Workgroup Members**
 - Kim Koontz
 - Gregory Abrahamian
 - Sanjeev Akkina
 - Jill Campbell
 - Sam Endicott
 - Reginald Goh
 - Melissa Walker
- **HRSA Representatives**
 - Jim Bowman
- **SRTR Staff**
 - Katherine Audette
- **UNOS Staff**
 - Isaac Hager
 - Melissa Lane
 - Krissy Laurie
 - Carlos Martinez
 - Kerrie Masten
 - Rae Shean
 - Sharon Shepherd
 - Rob McTier
 - Kayla Temple
 - Joann White
 - Ben Wolford