

OPTN Liver and Intestinal Organ Transplantation Committee

Meeting Summary

February 16, 2024

Conference Call

Scott Biggins, MD, Chair

Shimul Shah, MD, MHCM, Vice Chair

Introduction

The OPTN Liver and Intestinal Organ Transplantation Committee (the Committee) met via WebEx teleconference on 02/16/2024 to discuss the following agenda items:

1. Public Comment Presentation: OPTN Strategic Plan 2024 - 2027
2. Continuous Distribution: Medical Urgency Attribute

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

1. Public Comment Presentation: OPTN Strategic Plan 2024 – 2027

The Committee received a presentation on the OPTN Executive Committee's public comment proposal, *OPTN Strategic Plan 2024 – 2027*. The Committee discussed the proposal and provided feedback.

Summary of discussion:

The Chair stated concern that the proposed strategic plan is shifting more towards efficiency and losing emphasis on equity. The Chair noted that the Committee's current project on continuous distribution aims to address inequities but there are also efficiency-related attributes incorporated. The Chair asked whether the Committee will have sufficient resources to continue to develop the continuous distribution project if it is not in full alignment with the proposed strategic plan. The Chair added concern that a top-down approach to project prioritization could leave behind a lot of stakeholder input, especially from minority populations. The Chair of the OPTN Executive Committee stated that the OPTN Board of Directors remains supportive of the continuous distribution projects but also requests that the sponsoring committees determine how to increase efficiency within the framework of continuous distribution.

A member noted that the proposal appears to have the OPTN Board of Directors more involved in project prioritization rather than the policy development committees. The member stated concerns about accountability and suggested that there should be metrics for all stakeholders to ensure the system is functioning properly. The member also suggested developing a mechanism that would allow for more direct feedback. The member stated that perhaps a lot of the variance seen in efficiency and equity could be partly due to transplant program practice variability. The member concluded that with so much impending change, it is important to monitor the plan or there may be an extreme amount of variability of what happens for every patient across the country. The Chair of the OPTN Executive Committee stated that it is the intention of the OPTN Board of Directors to provide checks and balances and ensure that resources are allocated appropriately. The Chair of the OPTN Executive Committee stated that the proposed strategic plan is envisioned to meet the needs of everyone in the transplant

community and noted that the benefit of the OPTN is that it is a collaborative community where decisions are made through consensus.

Another member noted they were struck by how different this proposed strategic plan was from previous strategic plans. The member stated that while they applaud the effort towards granularity and specificity, they worry that some of the transplant community's core values, such as equity and access, are not mentioned. The member stated this worries them because this is a strategic plan for the governing body of transplantation as a national effort. The member stated that the first goal, optimizing organ offer acceptance, is a metric. The member stated that organ offer acceptance was not in the vocabulary of the transplant community until it became a metric about two years ago. The member explained this is concerning because it is a modifiable metric and a reflection of transplant program behavior. The member stated this does not drive access or increase in transplants. The member noted that the second goal has some good substance to it. The member stated that the third goal also concerns them because it refers to the operations of the organization. The member explained that as this proposed strategic plan is being presented to the public, it appears that what the organization is most concerned about is increasing efficiencies and collaboration within the system and it does not mention important concepts like access. The member argued that the number one challenge their generation of transplantation professionals has to face right now that transplant is not accessible to enough people. The member noted that this strategic plan seems to be an operational document rather than a strategic document about key values in the field of transplantation.

The Vice Chair noted how the community has been focused on equity and access over the last several years and how it is alarming to not see it addressed in the strategic plan as a goal. The Vice Chair noted that it appears that the most important goal now, according to the strategic plan, is whether or not an organ gets accepted. The Vice Chair noted this is concerning since organ offer acceptance is based on behavior. The Vice Chair stated that in order to address improving organ offer acceptance, members could try to place organs at high volume transplant programs that they know will accept the organ, however that is not fair and is potentially very dangerous. The Vice Chair added their disagreement that there is not a liver transplant surgeon or hepatologist representing the Committee on the OPTN Expedient Taskforce.

Another member suggested exploring metrics that could be collected across time and contractors in order to determine how the system is functioning.

An SRTR representative stated that efficiency and access do not have to be in conflict. The SRTR representative noted that areas of the system could be improved in terms of efficiency without reducing access.

The Chair suggested that the strategic plan incorporate specific language about equity. The Chair does not want all of the organ-specific committees to lose sight of the ongoing development of continuous distribution. The Chair asked for reassurance that the Committee will continue to have access to resources to support the development of the liver and intestine continuous distribution project. The Chair of the OPTN Executive Committee affirmed and noted they will work with the OPTN Board of Directors to ensure that messaging is not lost.

A member stated that all of these goals are getting at the ultimate goal of saving patients' lives. The member stated that it is important that all of the goals focused on efficiency do not sacrifice outcomes such as optimal patient survival and benefiting the most patients.

2. Continuous Distribution: Medical Urgency Attribute

The Committee discussed what information is needed to evaluate various liver medical urgency models.

Summary of discussion:

The Chair overviewed suggested questions related to general topics, model performance topics, and model comparison topics.

A member stated that it may not be helpful to ask about sensitivity specificity. The member stated that the main question is to ask the authors why they think their medical urgency models are better than the current scoring system. The member added that there will need to be clear justification provided for why the model incorporates the variables chosen. Another member stated that it would be important to ask whether any of the variables included in the medical urgency models are subjective and/or manipulatable.

A member noted that the development of other medical urgency models may not have been developed using data that reflects current practice. The member added that it seems difficult to have the community agree to use a new medical urgency model at the same time as continuous distribution.

Next steps:

The Committee will continue this discussion at an upcoming meeting.

Upcoming Meetings

- March 1, 2024, at 2 pm ET (teleconference)

Attendance

- **Committee Members**
 - Scott Biggins
 - Shimul Shah
 - Aaron Ahearn
 - Allison Kwong
 - Cal Matsumoto
 - Christine Radolovic
 - Chris Sonnenday
 - Colleen Reed
 - Joseph DiNorcia
 - Kathy Campbell
 - Kym Watt
 - Neil Shah
 - Shunji Nagai
 - Sophoclis Alexopoulos
 - Tovah Dorsey-Pollard
 - Vanessa Cowan
- **HRSA Representatives**
 - Jim Bowman
- **SRTR Staff**
 - Jack Lake
 - Katie Audette
 - Nick Wood
 - Tim Weaver
- **UNOS Staff**
 - **Betsy Gans**
 - Cole Fox
 - Erin Schnellinger
 - James Alcorn
 - Kayla Balfour
 - Meghan McDermott
 - Susan Tlusty
- **Other**
 - Dianne LaPointe Rudow