

**OPTN Membership and Professional Standards Committee  
Performance Monitoring Enhancement Subcommittee  
Meeting Summary  
October 14, 2022  
Conference Call**

**Amit Mathur, M.D., Subcommittee Chair**

## **Introduction**

The Performance Monitoring Enhancement Subcommittee of the Membership and Professional Standards Committee (MPSC) met virtually via Citrix GoToTraining on October 14, 2022, to discuss the following agenda items:

1. Welcome and agenda
2. Update on experience with performance review under new post-transplant metrics
3. Initial post-implementation monitoring data
4. Update and gather feedback on Offer Acceptance Collaborative
5. Next Steps

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

### **1. Welcome and Agenda**

The Chair welcomed Subcommittee members and reviewed the agenda for today's meeting.

### **2. Update on experience with performance review under new post-transplant metrics**

A staff member updated the Subcommittee on the experience with new performance review process in the first cycle. The staff member reviewed the number of programs that either were or would have been identified by the new criteria for all four metrics. There is very little overlap among metrics, with five programs that would be identified for adult graft survival as well as offer acceptance and one program that is identified for pre-transplant mortality and post-transplant outcomes. Staff also reviewed the number of programs that fell within the performance improvement zone for all four metrics.

Staff then focused on the programs that received an inquiry in July 2022 for the two post-transplant outcomes metrics. There were 52 flags and 51 programs identified, as compared to 96 programs identified in the fall 2021 program specific reports. There were four programs that did not receive an inquiry because the program was either inactive or withdrawn, so 47 programs received an inquiry. The MPSC subcommittees recommended to continue to monitor most of the programs, seven programs were recommended from release, and four programs will be on the MPSC discussion agenda either because the reviewers did not agree or all of the votes have not been received. Two of the programs will continue to be monitored and the subcommittee recommended skipping a cycle to assess improvement for one more cycle for one of the programs, and recommended the other one for an informal discussion.

Staff shared some general observations about the reviews. The case packets are longer since the MPSC decided to request the programs policies or protocols rather than have the program provide a summary. Even though the criteria were designed to identify outlier programs, some programs are still being

recommended for release based on findings that the programs had sufficient improvement plans in place, and/or there had been no recent events.

Staff then reviewed themes in the responses about the effect of COVID-19 on the programs. The programs observed

- An increase in telehealth and virtual visits
- A decrease in referrals or delay in evaluations that slowed additions to the waiting list
- Bed availability
- Staffing shortages or redeployed staff
- A reduction in donors or increased procurement by others
- Supply chain or community lab shortages

#### Summary of Discussion:

The chair noted that it is comforting to see that there is not a huge number of programs that are flagged, as compared to previously and noted that the Committee should provide the transplant community with this data.

One Subcommittee member noted that many health systems are facing serious financial overhead as a result of COVID-19, which affects the ability for hospitals to begin new programs or to invest in existing programs.

He also asked if the Committee had discussed how it would react if a program appeared in the performance improvement zone and stayed there, which could be a conscious decision on the part of the program because the program wants to be aggressive and is comfortable with their outcomes. Staff responded that the Committee's stated purpose of the performance improvement zone was to notify programs and hopefully, avoid the program moving into the MPSC interaction zone. The Committee did not express any concerns about programs that fell into that performance improvement zone. The Chair asked if the Committee, in the future, may want to inquire with a program that falls within the performance improvement zone for multiple metrics in both the pre-transplant and post-transplant phases. A Subcommittee member noted that falling within the performance improvement zone for pre- and post-transplant metrics may demonstrate more systemic issues at a program. The Chair suggested that the Committee continue to review the data over the next few cycles to determine these trends, including the movement of programs in and out of the performance improvement zone as well as data on the number of programs that use the services provided by the Individual Member Focused Improvement (IMFI) initiative.

### **3. Initial Post-Implementation Monitoring Data**

A staff member provided an overview of the plan for post-implementation monitoring of this project. She noted that we are in the early post-implementation period so that even though there is a very aggressive post-implementation monitoring plan, there is not much data available yet for analysis. She presented data on trends in waiting list additions for each organ for the period from 1/1/2020 to 9/30/2022. Staff noted that other than a dip in registrations for some organs in 2020 due to COVID, the trends for waiting list registrations for all organs has been fairly stable.

Staff shared that it was still early to review or do any statistical testing and that the MPSC has not determined an "intervention date." It is difficult to determine the "intervention date" due to the staged implementation of the four metrics, the varying cohort dates that will be used for the new metrics and

determining the date that a change in program behavior could potentially be expected in response to these metrics. There is no clear date like the effective date for allocation changes.

Summary of discussion:

The Chair referenced the chart of the metrics that are included in the post-implementation monitoring plan and stated that it demonstrated the depth of the areas we will be monitoring to determine the effect of the new metrics. He also noted that it is too early to see any behavioral changes reflected in the waitlist additions data, especially since the only metrics that have been implemented are the post-transplant metrics.

Another staff member explained that there are a number of different dates that could be considered an intervention date:

- January 1, 2022 - was the beginning of the cohorts for the two pre-transplant metrics
- June 2022 - when programs were first notified through the SRTR secure site of whether the program fell within the MPSC interaction (red zone) or the performance improvement (yellow zone)
- Staggered intervention dates for each metric based on the actual implementation date when inquiries were first sent to programs for each metric.

A Subcommittee member stated that he expects that the venue in which we will hear feedback about the metrics is the regional meetings. He asked if there was a plan to collect that feedback at the regional meetings this winter. Staff reported that Member Quality and/or the MPSC provide updates at regional meetings at least one a year and noted that staff provided a broad update on Member Quality and MPSC that included this project in the last cycle of regional meetings.

#### **4. Update and Gather Feedback on Offer Acceptance Collaborative**

Staff provided an update on the Offer Acceptance Collaborative, summarizing the aim, purpose and that the application to participate would be open to all members and organ groups. Staff are building on efforts related to organ and offer acceptance practices from the Collaborative Innovation and Improvement Network (COIIN) project for kidney programs. Staff are interviewing more programs to enhance and modernize the information already in the Improvement Guide and supplement practices that might be unique to other organ groups. Staff described the time line and that the project will include a kick-off conference in January, followed by a six month collaborative effort that will include coaching, webinars, collaborative calls and data. Finally, staff described the kick-off conference that will be a hybrid meeting to include a virtual component that will be open to all members, and sessions for the in-person participants that will focus on their efforts within the collaborative. Another staff member noted that this effort will also help the Committee to identify characteristics of successful programs and help the Committee identify areas for inquiry within the offer acceptance reviews.

Summary of Discussion:

The Chair asked how staff will get higher performers to participate and engage with the collaborative. The staff member explained that in past collaboratives, some higher performers elect to participate in the collaborative to gather additional improvement opportunities. In addition, staff will weave in opportunities for higher performers to be involved in the conferences as well as in the webinars and collaborative calls.

In response to a question about the process for choosing enrollees, the staff member stated that they are in the process of developing an interest form in order to gauge the interest in the collaborative. The goal is to accept and engage with as many members as possible. We want to get representation from all

regions, organ types, and ranges of offer acceptance ratios. Staff expect to have more details to provide at the upcoming MPSC meeting on October 26-27, 2022.

Another Subcommittee member noted that there is a financial incentive for higher performing and lower performing programs as all hospitals have experienced a dramatic increase in organ offers. The Chair noted that strategies to make the offer acceptance process more efficient can provide cost savings.

## **5. Next Steps**

- Next meeting early December – staff will distribute a poll
  - Present this project at the October MPSC meeting
- Consultation on offer acceptance collaborative
- Begin work on review process for offer acceptance

## **Upcoming Meeting**

- October 26-27, 2022: MPSC Meeting

## Attendance

- **Subcommittee Members**
  - Amit Mathur (Subcommittee Chair)
  - Todd Dardas
  - Victoria Hunter
  - Ian Jamieson
  - Carolyn Light
  - Nancy Metzler
  - Pooja Singh
  - Jason Smith
  - Zoe Stewart-Lewis
  - Candy Wells
- **HRSA Representatives**
  - Marilyn Levi
  - Arjun Naik
- **SRTR Staff**
  - Ryo Hirose
  - David Zaun
- **UNOS Staff**
  - Sally Aungier
  - Rebecca Brookman
  - Tameka Bland
  - Katie Favaro
  - Samantha Noreen
  - Beth Overacre
  - Michelle Rabold
  - Sharon Shepherd
  - Stephon Thelwell
  - Betsy Warnick
- **Other Attendees**
  - None