OPTN

EXPEDITIOUS

TASK FORCE

Organ Usage through Placement Efficiency

Our focus in St. Louis

To identify, prioritize, and select the most impactful solutions that the Expeditious Task Force can feasibly implement to work towards delivering our Bold Aims

69 Workshop participants

INCLUDING

Patient and donor family advocates

Transplant hospital professionals

Administrators (Hospital, Transplant Societies, Improvement Organizations)

OPO professionals

OPTN contractor & SRTR contractor staff

HRSA representatives

Participants

Patient and donor family advocates

- Valinda Jones
- Kenny Laferriere
- Jennifer Lau
- Jeff Lucas
- Marcus Simon
- George Surratt

TxP professionals

- Marie Budev
- Alden Doyle
- Richard Formica
- Matthew Hartwig
- Dean Kim
- Catherine Kling
- Michael Kwan
- Matthew Levine
- Deborah Levine
- Silas Norman
- Lloyd Ratner
- Jason Rolls
- Marc Schecter

Administrators (Hospital, Transplant Societies, Improvement Organizations)

- Laura Butler
- Donna Dickt
- Dianne LaPointe Rudow
- James Pittman
- Jesse Schold
- Dennis Wagner
- Sena Wilson-Sheehan

OPO professionals

- Woodlhey Ambroise
- J. Kevin Cmunt
- Christopher Curran
- Kyle Herber
- Kevin Lee
- David Marshman
- Barry Massa
- Ginny McBride
- Colleen McCarthy
- Christine Radolovic
- Marty Sellers
- Lisa Stocks

OPTN Contractor

- James Alcorn
- Kate Breitbeil
- Jadia Bruckner
- Bonnie Felice
- Rebecca Fitz Marino
- Darby Harris
- Bobby Holliday
- Bridgette Huff
- Ann-Marie Leary
- Carlos Martinez
- Joel Newman
- Jacqui O'Keefe
- Beth Overacre
- Michelle Rabold
- Tina Rhoades
- Dale Smith
- Kayla Temple
- Suhuan Wang
- Candace Wilborn
- Alison Wilhelm
- Carson Yost

HRSA

- Chris McLaughlin
- Suma Nair

Facilitators

- Chris Zinner
- Leelah Holmes
- Kylee Talwar
- Chloe Keller
- Esther Kim

SRTR Contractor

- Jon Snyder
- Ajay Israni

Invited Guests

- Kenneth Kizer

ACTIVITY & DISCUSSION

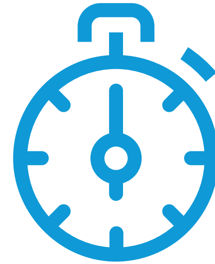
Bold Aims Review

Throughout the month of November, the Bold Aims Workgroup met to define the task force's main objectives. At the start of the workshop, the co-leads of the three Bold Aims sub-groups presented each group's recommendation to the task force.

The Bold Aims

Growth

Save more patient lives through increased growth of successful deceased donor organ transplants.



Efficiency

Remove friction by increasing transplant professionals' ability to efficiently allocate organs.

Utilization

Honor the precious gift from donors and donor families by increasing utilization of deceased donor organs.

Setting the Growth Aim

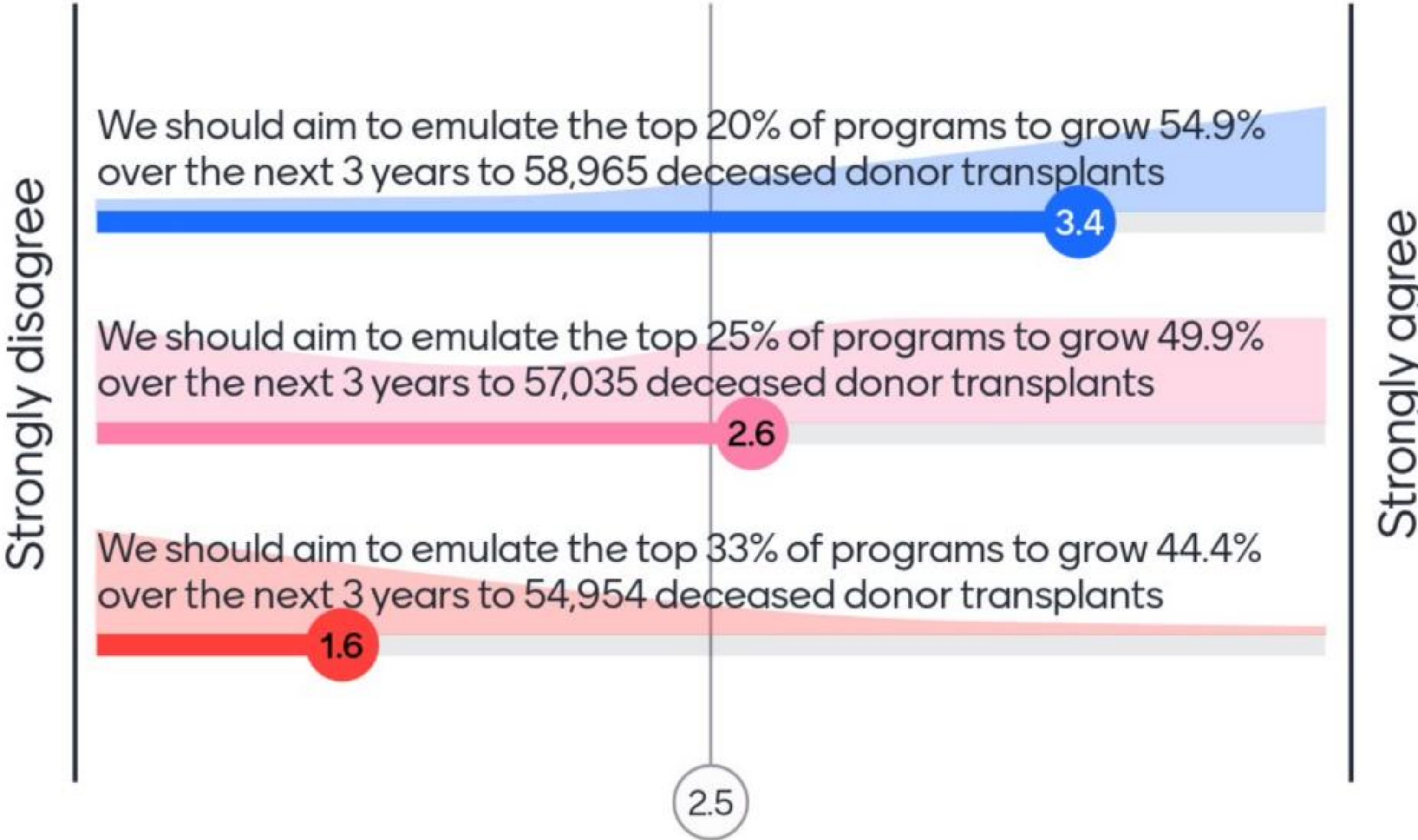
Through an activity called "Vote With Your Feet", task force members indicated how bold they believed the Growth Aim should be by standing around the room along a spectrum of increasing boldness. After having an open discussion, all participants submitted their level of agreement with each option via a Menti online poll.

We should aim to emulate the top **33%** of programs to grow **44.4%** over the next 3 years to **54,954** deceased donor transplants by 2026.

We should aim to emulate the top **25%** of programs to grow **49.9%** over the next 3 years to **57,035** deceased donor transplants by 2026.

We should aim to emulate the top **20%** of programs to grow **54.9%** over the next 3 years to **58,965** deceased donor transplants by 2026.

Growth Aim: Likert Scale Poll



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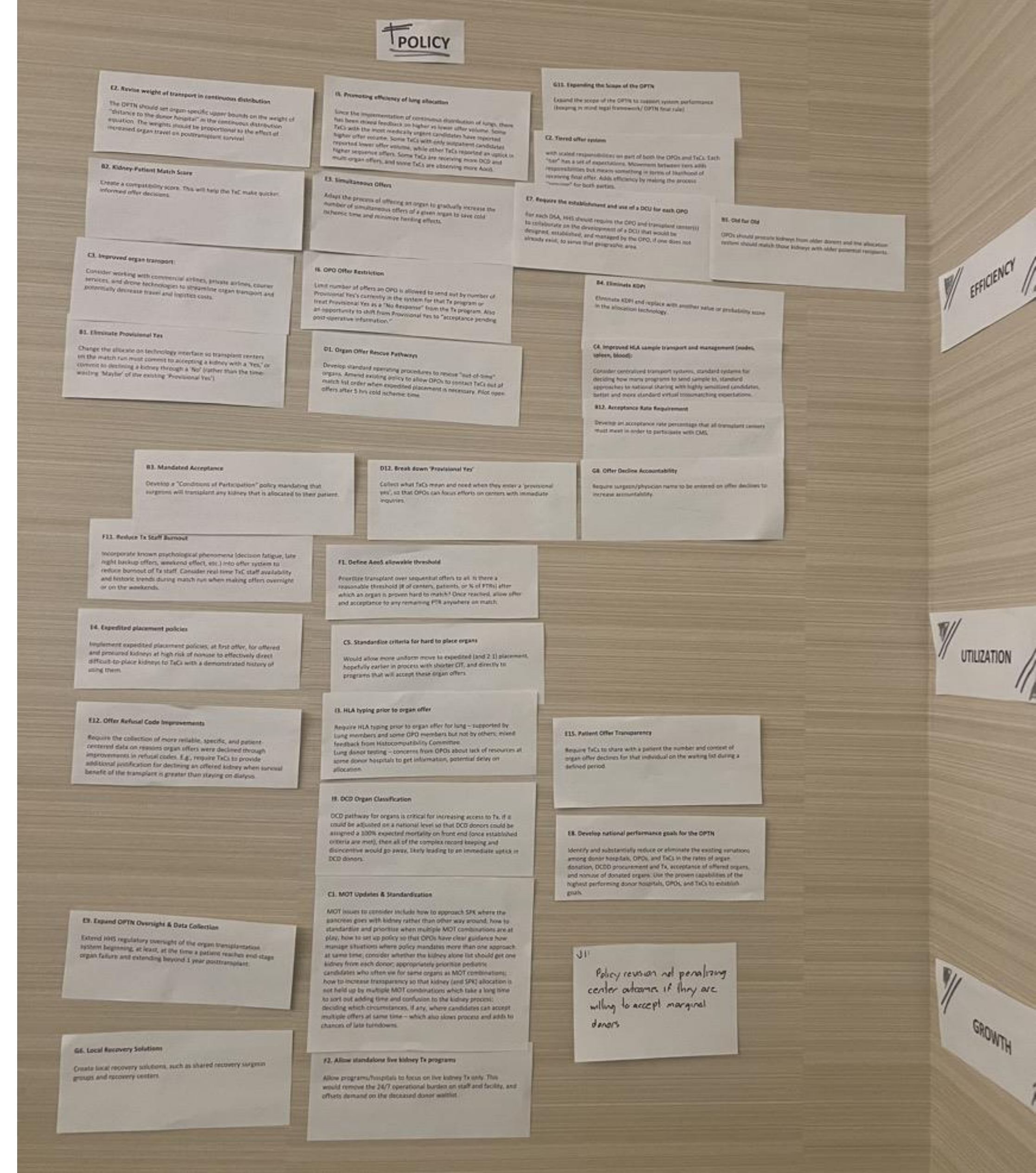
ACTIVITY STATION

Ideas Marketplace

Over 100 ideas for improving transplantation, collected from various committees, prior research projects, and individual task force members, were on display in the "Ideas Marketplace" along the walls of the workshop space. The ideas were organized by the three Bold Aims categories (Growth, Efficiency, Utilization) and the idea's mechanism for change (Data, Policy, Quality Improvement, System Improvement). After reviewing the ideas, task force members voted on those they felt were most important.

Total Ideas

- **120** previously collected ideas were hung up on the wall and divided into Bold Aim groups:
  - **Growth**: 30 ideas
  - **Efficiency**: 49 ideas
  - **Utilization**: 41 ideas
- **3** new ideas were added



Top 4 Ideas

- **Patient Offer Transparency**
  Require transplant programs to share with a patient the number and context of organ offer declines for that individual on the waiting list during a defined period.

- **Launch a nationwide learning process improvement collaborative**
  to address deceased organ donors, waiting list management, the acceptance of offered organs, transplant rate, and automated organ referrals.

- **Revise transplant program outcomes penalties for extended criteria donors**
  Transplantation with extended criteria donors should not be subjected to the same outcomes penalties as lower-risk donors. This could increase offer acceptance, increase number of transplants, and decrease time on the waiting list.

- **Expedited placement policies**
  Implement expedited placement policies, at first offer, for offered and procured kidneys at high risk of nonuse to effectively direct difficult-to-place kidneys to transplant programs with a demonstrated history of using them.

ACTIVITY & DISCUSSION

Ideas Cafe

Task force members brainstormed quality improvement and systems improvement ideas to address each of the three Bold Aims.

See the appendix for more detail on the output of the Ideas Cafe.

DISCUSSION

Characteristics of a Good Solution

The Expeditious Task Force engaged in an open discussion around the characteristics that make up a strong solution for addressing the Bold Aims.

Musts & Shoulds

A good solution MUST...

- Attribute the impact to the solution
- Be customizable yet generalizable
- Be equitable
- Be explainable, translatable, and understandable to all populations
- Be measurable and scalable
- Be replicable and consider regional variances
- Define the problem and identify the lever
- Have a societal perspective, including when it comes to cost
- Have known control handles
- Have the patients' and donor families' best interests in mind
- Maintain focus on relationships via empathy and collaboration

A good solution SHOULD...

- Be designed in collaboration with the people it will impact
- Be explicit about potential trade-offs (i.e., opportunity vs. cost analysis)
- Be supported by HHS and coordinated with CMS
- Capitalize on relationships through effective design and collaboration
- Consider how technology can be an enabler
- Consider pediatrics in addition to adults
- Consider the whole continuum of care
- Focus on areas of improvement outside of programming
- Leverage data and/or include collecting better data
- Not negatively impact efficiencies
- Reduce variability
- Support the advancement of the OPTN as a whole

ACTIVITY

Round Robin

The task force broke out into three groups, one per Bold Aim, to continue the ideation process. Each task force member picked one idea that they wanted to develop further for achieving the Bold Aim. In round robin fashion, each individual's idea was then passed in a circle for three rounds of feedback from others.

Round Robin

1.
2.
3.
4.

Idea Description

Benefits, advantages, commendations

Drawbacks, pitfalls, obstacles

Improved Idea

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ACTIVITY & DISCUSSION

Concept Posters

After doing a read-out of all the improved-upon ideas, the breakout group developed similar ideas into concepts to focus on. Each breakout group then divided into sub-groups to expand upon one of the concepts by thinking through the following: the problem being addressed, impacted populations, quick wins, measures of success, pitfalls to avoid, elements to prototype or test, and project duration.

See the appendix for transcribed versions of each concept poster.

Concept Poster

CONCEPT NAME		BOLD AIM
		IT'S A... ☐ *System Improvement* ☐ *Quality Improvement Initiative*
WHAT'S THE BIG IDEA?	WHAT PROBLEM DOES IT SOLVE?	WHO'S IT FOR? WHO'S INVOLVED?
THE QUICK WIN		
SKETCH HOW IT WORKS		HOW WILL THE TASK FORCE SUPPORT AND/OR DRIVE THIS WORK?
		WHAT'S THE BENEFIT FOR PATIENTS? HOW DO WE ENGAGE PATIENTS?
MEASURES OF SUCCESS	PITFALLS TO AVOID	ELEMENTS TO PROTOTYPE OR TEST
HOW LONG WILL THIS TAKE?	☐ *Less than 6 months* ☐ *6 to12 months*	☐ *More than 12 months*

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Concept Posters for Growth Aim

- **Alignment Around Common Goals:** Align goals and behaviors across the system to grow the number of transplants.
- **Amnesty from Performance Metrics:** Grant amnesty from performance metrics to OPOs and transplant programs to allow for innovation and reduce variation in offer acceptance practices.
- **C-Suite Growth Commitments:** Support transplant programs in securing commitments for growth from their C-Suites.
- **DCD Organ Technology:** Increase DCD organ utilization through pump and NRP recovery practices.
- **Patient-Friendly Data:** Make data that is relevant to the patient journey and decision-making public, accessible, and easy to understand.

Concept Posters for Efficiency Aim

- **Smart Recommendation of Organ Acceptance:** Develop model for predicting organ acceptance to increase and standardize offer acceptance.
- **Dynamic Match Process:** Develop a dynamic match process that evolves as new data becomes available to eliminate extraneous offers.
- **The Right Data:** Make data presentation more customizable and readable for transplant programs to make decisions more efficiently.
- **Transparency, Education, Communication:** Improve decision making by providing offer reports on the individual level to patients, and on the program level to transplant programs.

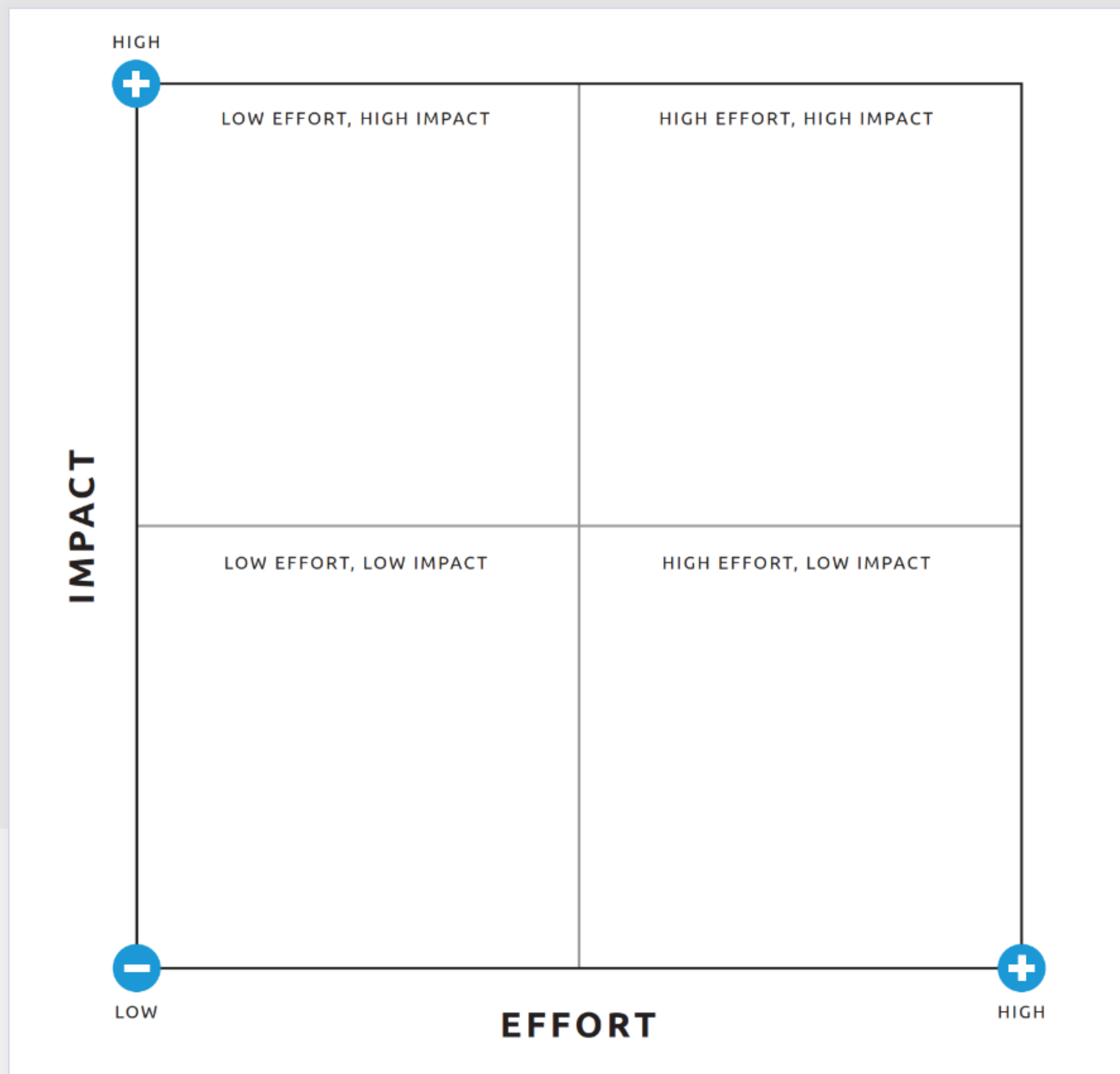
Concept Posters for Utilization Aim

- **"Better Than Dialysis" (BTD) Kidney Allocation Project:** Increase utilization of marginal kidneys by creating a separate local offer list for patients who meet BTD criteria.
- **"Lungs for Life" Pilot Study:** Increase utilization of lungs through education and use of advanced preservation techniques.
- **Centralized Virtual Crossmatching:** Create a centralized virtual crossmatching service to increase the transplant rate for sensitized patients.
- **DCD Organ Recovery and Utilization:** Enhance DCD organ recovery and utilization through advancement of technology, policy, data, and education.
- **Expedited Allocation of Hard-to-Place Organs:** Standardize the expedited allocation process for hard-to-place organs.
- **General Offer Acceptance Reboot:** Revamp general offer system to use AI to match kidneys with the right patients and decrease overnight offers.
- **Transplant Program Metrics Revamp:** Change transplant program performance metrics to incentivize growth.

ACTIVITY

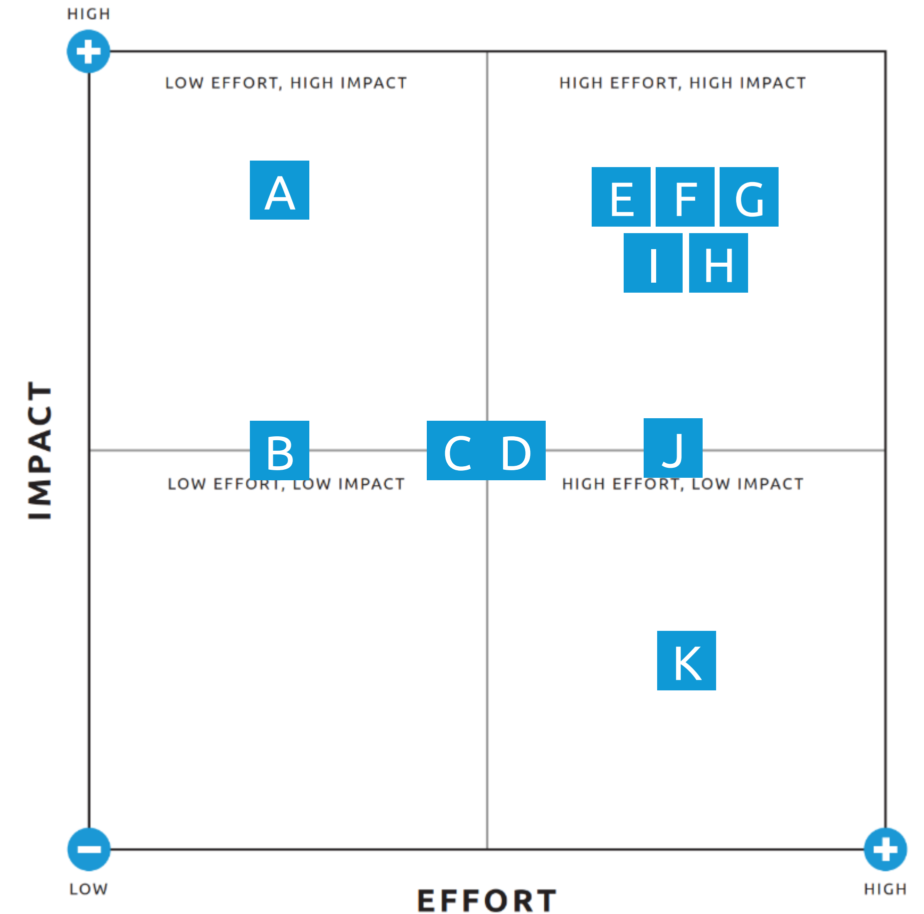
Impact vs. Effort Analysis

The Concept Posters were grouped by theme and hung up around the workshop space for task force members to review in-depth. Members then weighed the impacts of a successful initiative against the effort it would take to execute the project by casting their vote on an Impact vs. Effort matrix.


HIGH
LOW EFFORT, HIGH IMPACT
HIGH EFFORT, HIGH IMPACT
LOW EFFORT, LOW IMPACT
HIGH EFFORT, LOW IMPACT
IMPACT
LOW
EFFORT
HIGH

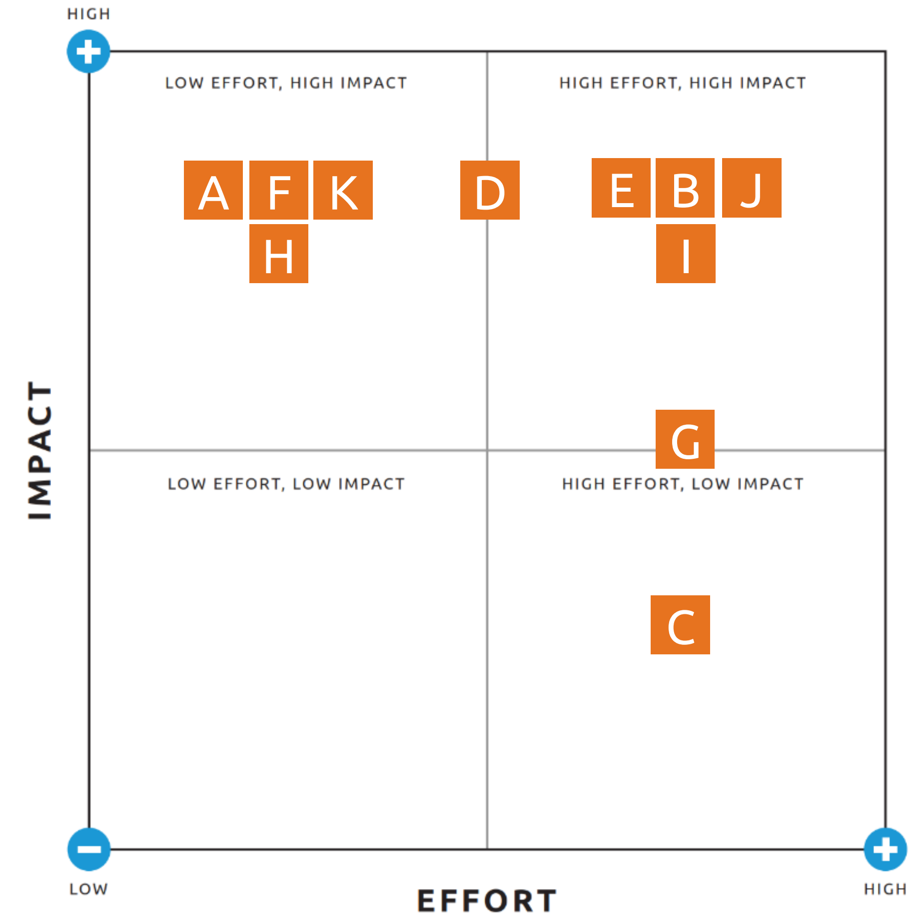
Impact vs. Effort Matrix Results

Concept Group	Concept Posters	Impact vs. Effort Analysis
A	"Better Than Dialysis" Kidney Allocation Project Expedited Allocation of Hard-to-Place Organs	Low Effort, High Impact
B	C-Suite Growth Commitments	Low Effort, Medium Impact
C	Centralized Virtual Crossmatching	Medium Effort, Medium Impact
D	Transparency, Education, Communication	Medium Effort, Medium Impact
E	DCD Organ Recovery and Utilization DCD Organ Technology "Lungs for Life" Pilot Study	High Effort, High Impact
F	Alignment Around Common Goals Amnesty from Performance Metrics Transplant Program Metrics Revamp	High Effort, High Impact
G	Dynamic Match Process	High Effort, High Impact
H	General Offer Acceptance Reboot	High Effort, High Impact
I	The Right Data	High Effort, High Impact
J	Smart Recommendation of Organ Acceptance	High Effort, Medium Impact
K	Patient-Friendly Data	High Effort, Low Impact



OPTN Board: Impact vs. Effort Matrix Results

Concept Group	Concept Posters	Impact vs. Effort Analysis
A	"Better Than Dialysis" Kidney Allocation Project Expedited Allocation of Hard-to-Place Organs	Low Effort, High Impact
B	C-Suite Growth Commitments	High Effort, High Impact
C	Centralized Virtual Crossmatching	High Effort, Low Impact
D	Transparency, Education, Communication	Medium Effort, High Impact
E	DCD Organ Recovery and Utilization DCD Organ Technology "Lungs for Life" Pilot Study	High Effort, High Impact
F	Alignment Around Common Goals Amnesty from Performance Metrics Transplant Program Metrics Revamp	Low Effort, High Impact
G	Dynamic Match Process	High Effort, Medium Impact
H	General Offer Acceptance Reboot	Low Effort, High Impact
I	The Right Data	High Effort, High Impact
J	Smart Recommendation of Organ Acceptance	High Effort, High Impact
K	Patient-Friendly Data	Low Effort, High Impact



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ACTIVITY & DISCUSSION

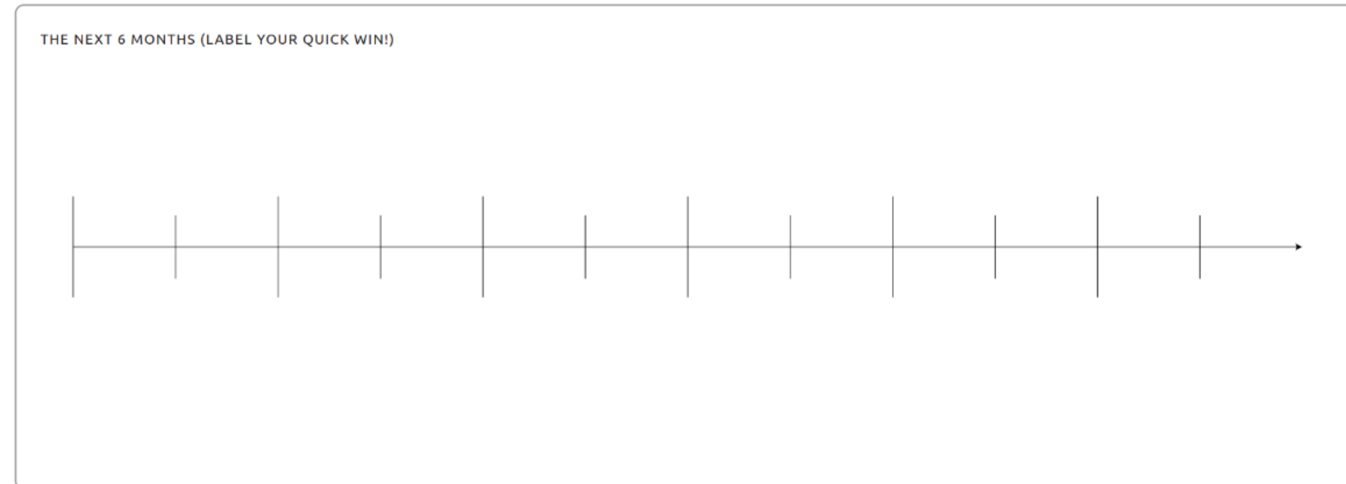
Launch Planning

Task force members created launch plans to identify next steps to begin their concept over the next six months. Each breakout group discussed what the launch involves, including commitments and help they required and who they need to test the concept with.

See the appendix for transcribed versions of each launch plan.

Launch Plan

CONCEPT NAME	BOLD AIM


THE NEXT 6 MONTHS (LABEL YOUR QUICK WIN!)

WHAT ARE WE LAUNCHING?	WHOSE HELP/COMMITMENTS DO WE NEED?	WHO ARE WE TESTING THIS WITH?

List of Launch Plans from Workshop

- "Better Than Dialysis": A kidney project to increase marginal kidney utilization
- "Eyes on Lungs": A pilot study to increase utilization of unallocated lungs
- "Pump, Tech, Policy": Enhancing DCD organ recovery and utilization
- Creating a more patient-friendly data portal
- Developing digital organ offer reports for patients
- Developing messages to launch and cultivate commitment for our Growth Aims
- Establishing policies for expedited placement of hard-to-place organs
- HLA standardization collaborative
- Smart data extraction, collection, and presentation and smart chat
- Sweet Dreams, Better Decisions: Reducing organ allocation at night
- The Smart Approach: Using predictive analytics to drive organ acceptance
- Transplant program continuous offer acceptance feedback report
- Using announcement of Bold Aims to launch C-Suite commitments and next steps

LOOKING AHEAD

Next Steps

The next steps of the Expeditious Task Force include:

- Solidifying the metric of the Efficiency and Utilization Bold Aims
- Breaking up the task force into tactical solution working groups
- Collecting commitments from the transplant community to the Growth Aim
- A virtual meeting on January 16th
- A third in-person workshop on January 28-29th

Appendix

Growth

Growth (Quality Improvements)

- * Temporarily remove performance metrics to transplant center to use less than optimal organs.
- Amendment keep metrics but hold programs harmless during the pilot / PDSA.
- start with the donor hospitals!
- "put your money where your metrics are"... but smartly, effectively (patient-centered outcomes) (but make sure it can't be manipulated)
- * Patient centered education around potential outcomes by organ quality (build upon SRTR Tx ctr performance measures)
- patient transparency into options, outcome-focused
- You can't be patient-centered if the patient isn't involved.
- High volume ≠ "aggressive"
- * How to incentivize Tx c's to grow their program to increase transplants
- Collect new donor potential + prewaitlist data as directed by HRSA (*CMS)
- Provide guidance / expectations of # of ancillary staff to support the growth of the programs
- Task Force members become outspoken advocates for data & truth to break myths: "like growth is risky." It's not
- Reducing non-used organs by increasing transplant center capacity & "incentives" to accept. ↳ not financial / but metrics
- Align ALL incentives (march to the same drums)
- "Quality Life" is just as important as outcome measurements. how might we measure?
- "Eat the elephant one bite at a time"

- leverage learning collaboratives
  - ... but a better model
  - ... that connects groups in a meaningful way
  - ... takes into account comparing apples to oranges
  - ... creates cohorts to connect the top % with the others
  - ... and creates shared accountability and support
- pediatric + adult have differences
  - ... but also similarities, & could learn from each other
  - ... and, patients have to navigate that transition
- balance similarities & differences across OPOs – where should we seek to create more similarities? vs where must we maintain flexibility for necessary differences?

Growth (System Improvements)

Rapid tech links b/n donor hospitals and OPO's

Have an Opt-Out policy regarding organ donation

Quantify the cost of organ non-utilization (Societal Cost)

Decrease penalties for innovation / Payers COE Need to be @ table.

Remove race from KDRI

** Systematically engage hospital C-suites to grow Tx Programs.

How do we incentivize centers to grow?

Sell the benefits: a. lives saved b. revenue ← c. more

- Centralized transplant + donor hospitals
- Standardize how organs get re-conditioned (@ transplant center vs OPO vs industry)
- Redesign the way we evaluate KDRI with regular evaluation of model (risk adjustment)
- Align donor characteristics & patient ranking on PTR
- inclusion / integration of perfusion technology into the growth ... performance
- Education / liaison w/ national disease ... foundations / professional ...
- Utilize recommendations of NASEM report on weekend / holiday effect.
- * Prioritize O.R. times for donor recovery / utilize Donor Care Units
- Transparent "likelihood to tx on weekend" Rates
- Aggressively support / catalyze management of hospital flow to increase tx capacity
- Equal access to transportation, logistics

Efficiency

Efficiency (Quality)

(safety, equity, Balancing measures must remain)
Define successful to Domains of Quality in communication

Measure cold ischemia time and review cases > 12 or 24 hrs

Mutual TXC coverage

Filters → organ standard acceptance

"School" – variability in practice

Cost report (small v. large programs)
- any runs
- NRP/perfusion

Decision maker stamps name on turn down
↳ data report on acceptance practice

Hide/No sequence #

EP/Standard Donor Mtg
- EP/Standard Communication points/times
- presentation of information
↳ education for Donor Coordinator

Staffing
- TXC coverage
- variability in care at different times

Standard definitions (pre-txp biopsies, etc)

OPO – TXP commonality
- testing
- management
- communication/info documentation
- acceptance practice
- allocation practices
- expected standard
- core data set

"best practices" vs. "policy"

Collab/Education individual candidate acceptance criteria

individual-level offer filters

Efficiency (System)

Work with commercial air lines to remove cargo hold.

- Expedited OMB approval pathway for data collection that will improve efficiency [ex: via offer filters]

Ex-vivo perfusion regardless center size

Individual-level offer filters (recipient) / presumes → customizable offer filters [combine filters for particular patients]

- Simultaneous "batch" offers of hard-to-place (e.g. locally declined) kidneys
  - Mankowski, et al. – AJT Nov 2019
  - Δ "batch offers" for all organs – smaller batches for easy-to-place organs

- PATIENTS TO BE ABLE TO TRANSPARENTLY SEE WHICH CENTERS ARE MOST LIKELY TO TRANSPLANT THEM (BASED ON THEIR MEDICAL CONDITIONS)

- Add (optional) image of the patient to UNet, visible when evaluating an organ offer. Keep Patient in the front of mind.

- Inclusion of perfusion companies in the conversation for placement.

- Inclusion of placement of MOT/sequence

MOT clarification on placement of MOT/sequence

- Collaborative organ recovery for an area to eliminate TPs traveling

- Automated Virtual X-Match Technology (Speed + $)

- Learn from Europe where Donor Kidneys are not biopsied.

- PDSA with Consistent Biopsy Read to Reduce Risk of Bad Read. Also for Non-Renal Reads. Echo, CT etc.

- Regularly update offer filters that are available.

Utilization

Utilization (Quality)

- Share UNOS Organ Center's effective practices on multiorgan allocation sequencing – review, revise, bless & publish / share w/ community.
- Debriefs on real time on organs that aren't used (weekly or bi-weekly)
- * UNet tool that notifies TXC when an organ they declined is used for kids + adults
- Launch DCD collaborative – increase utilization rate (+ 35 – 40%) (30 – 35)
- Share donor mgmt practices of donors @ donor hospitals –
- Standardize NRP recovery policies – multi-organ allocation vs machine perfusion
- Educate procurement surgeons (3rd party)
- Patient offers dashboard
- AI to guide allocation ("assign" a kidney to the right patient)
- Effective / common practice considerations for OPO's & transplant centers. for children or adults
- HLA clear standards for avoids + reporting and allocation for kids + adults (CAB)
- Debrief on organs (kidneys) exported.
- Organ offer Acceptance
- create a leader board for Tx Growth
- Standardize / Best practice about out of sequence / expedited offers
- Organ resuscitation post-harvest ("back to base")
- Limit offers between 11pm and 5am since team changes next morning. Also this might reduce staff burnout.
- Create policy approved expedited offers + measure the occurrence of this for each OPO + transplant center

Utilization (System)

routinely share info with patients about organs declined on their behalf

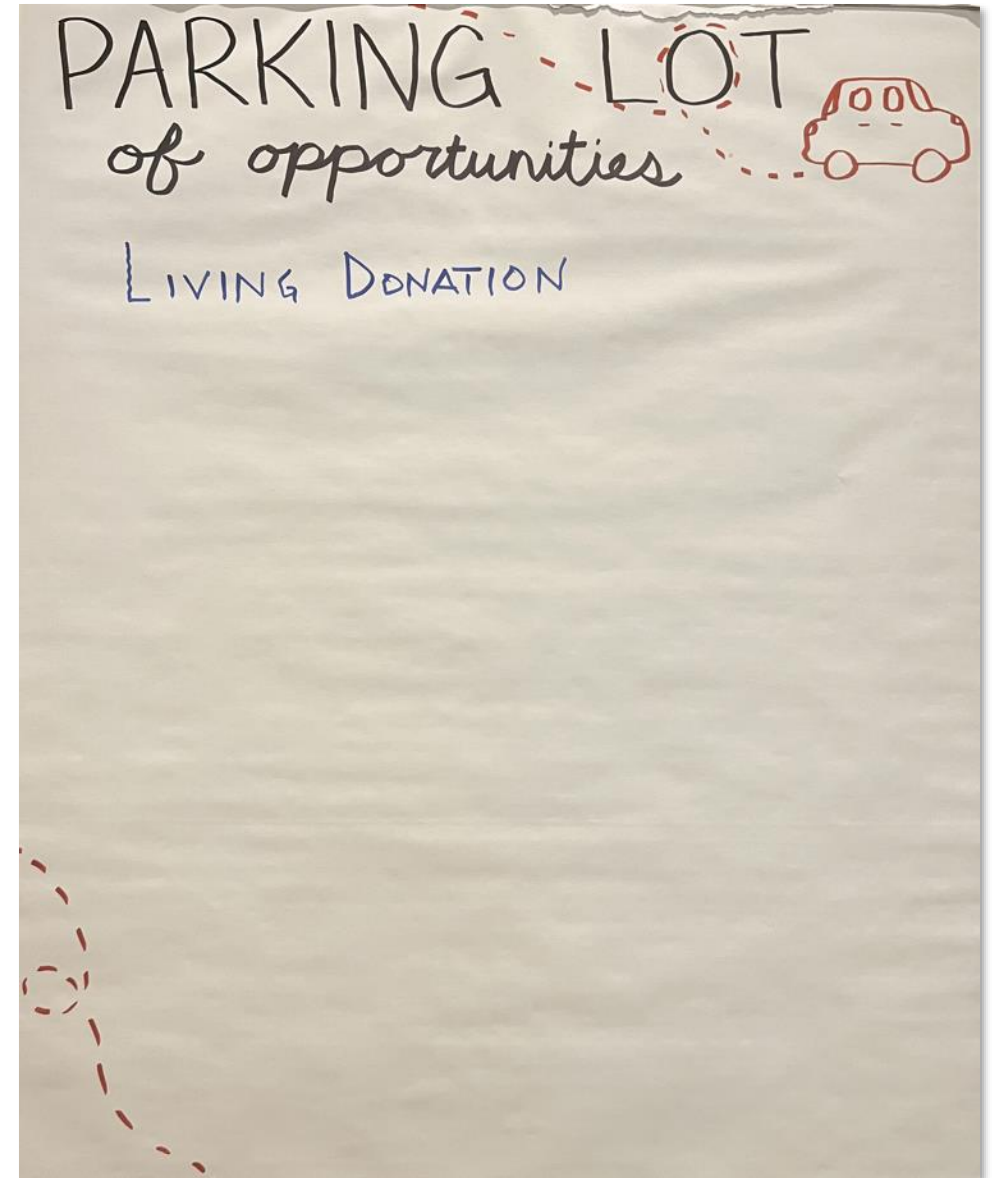
Consider frailty in Donor-Candidate Matching in Allocation

Marginal donors for higher-risk recipients

PRIORITIZE PLACEMENT OF HARD TO PLACE ORGANS WITH CENTERS WHO HAVE BEEN IDENTIFIED AHEAD OF TIME TO TAKE THEM

Opportunity Parking Lot

Not all great ideas are within the scope of the Expeditious Task Force. The Opportunity Parking Lot was set up to make sure those ideas that go beyond the scope of Expeditious are captured and passed along to the proper committees and channels to consider.



Concept Poster

CONCEPT NAME

Aligning goals and behaviors across the system

BOLD AIM

60K by 2026 (Growth)

IT'S A...

- [ ] System Improvement
- [ ] Quality Improvement Initiative

WHAT'S THE BIG IDEA?

Everyone benefits from increasing organs!

Growing the # of transplants

WHAT PROBLEM DOES IT SOLVE?

Breaks down existing silos

WHO'S IT FOR? WHO'S INVOLVED?

- Patients and donor families
- All system stakeholders
- Communities
- American taxpayers
- The healthcare system

THE QUICK WIN

It's the right thing to do. Nobody is giving anything up.

SKETCH HOW IT WORKS

HRSA

CMS

OPTN

Payers

STOP, START, KEEP to generate action

Donor Family

100,000 by 2030

Patients

STOP, START, KEEP to generate results

OPOs

Tx Programs

Donor Hospitals

HOW WILL THE TASK FORCE SUPPORT AND/OR DRIVE THIS WORK?

- Generates momentum to convene
- Secures commitments
- Keeps patient perspective and donor family perspective at the forefront

WHAT'S THE BENEFIT FOR PATIENTS? HOW DO WE ENGAGE PATIENTS?

- Saving more lives
- Honoring more gifts
- Cutting wait times
- Leverage patient groups
- Go into communities
- Engage communities of color

MEASURES OF SUCCESS

- Seeing geographically disseminated growth
- Improving ease of placement
- Expansion of covered entities
- Increase in pay or acceptance for pt coverage

PITFALLS TO AVOID

- Great is the enemy of good
- Don't let elements of system get too out of synch

ELEMENTS TO PROTOTYPE OR TEST

- Amnesty from outcome measures for treatment programs
- Tx'ing historically non-utilized kidneys

HOW LONG WILL THIS TAKE?

- [ ] Less than 6 months
- [ ] 6 to12 months
- [ ] More than 12 months

Concept Poster

CONCEPT NAME

Amazon Recommendation of Organ Acceptance

BOLD AIM

Efficiency

IT'S A...

- [ ] System Improvement
- [ ] Quality Improvement Initiative

WHAT'S THE BIG IDEA?

Utilize data and pattern behaviors for organ acceptance

WHAT PROBLEM DOES IT SOLVE?

Inconsistency in current decision making reduces variation

WHO'S IT FOR? WHO'S INVOLVED?

Decision maker on an offer

Organ donor

THE QUICK WIN

Develop the model

SKETCH HOW IT WORKS

HOW WILL THE TASK FORCE SUPPORT AND/OR DRIVE THIS WORK?

Developing a proof of concept utilizing data bricks

Piloting this model

WHAT'S THE BENEFIT FOR PATIENTS? HOW DO WE ENGAGE PATIENTS?

Reduction in variability increases transplant

Higher confidence in TxP facility

MEASURES OF SUCCESS

Reduce variation and increase utilization

PITFALLS TO AVOID

Good data by decision maker (currently at center level)

ELEMENTS TO PROTOTYPE OR TEST

Model current match presentation to the person

HOW LONG WILL THIS TAKE?

- [ ] Less than 6 months
- [ ] 6 to12 months
- [ ] More than 12 months

Concept Poster

CONCEPT NAME (OPO + TxP)

Amnesty from performance metrics to allow for innovation and learning collaborative (Offer acceptance rate cohort 2)

BOLD AIM

Growth

IT'S A...

- [ ] System Improvement
- [ ] Quality Improvement Initiative

WHAT'S THE BIG IDEA?

- Decrease variation of organ offer acceptance between TxP centers

WHAT PROBLEM DOES IT SOLVE?

- Decrease organ non-use
- Increase equity

WHO'S IT FOR? WHO'S INVOLVED?

- HRSA, OPTN/MPSC, CMS, TxP centers, OPOs, patients

THE QUICK WIN

Fast adoption of PDSAs or pilots

SKETCH HOW IT WORKS

- OPTN/HRSA/CMS (stakeholder) approve

↓

Taskforce develop PDSA from learnings from HI performer practices of organ acceptance practices

↓

Implement pilots

→

Implement collaboratives

↑

- Policy adoption
  - Patient education/ transparency
  - Informed consent

***Establish what the safety net should be

HOW WILL THE TASK FORCE SUPPORT AND/OR DRIVE THIS WORK?

- Provide longer term data to TxP centers that declined marginal organs (1yr / 3yr)
- By collaborating the taskforce can identify or define the balancing metrics

WHAT'S THE BENEFIT FOR PATIENTS? HOW DO WE ENGAGE PATIENTS?

- Equity
- Increase in TxPs for all
- Shorter wait times

MEASURES OF SUCCESS

- Increase of utilization of "marginal" organs
- Growth in centers that have been lower
- Decrease in variation between TxP centers
- Increase in donor family satisfaction

PITFALLS TO AVOID

- Negative trends in outcomes

ELEMENTS TO PROTOTYPE OR TEST

- Process improvements
- Program level interventions that have shown success
- Specific non-utilized organs

HOW LONG WILL THIS TAKE?

- [ ] Less than 6 months
- [ ] 6 to12 months
- [ ] More than 12 months

Concept Poster

CONCEPT NAME

Better than Dialysis Kidney Allocation Project

BOLD AIM

Utilization/Efficiency

IT'S A...

- [ ] System Improvement
- [ ] Quality Improvement Initiative

WHAT'S THE BIG IDEA?

Target "local" use of kidney likely to be discarded (BTD)

WHAT PROBLEM DOES IT SOLVE?

Improve utilization

WHO'S IT FOR? WHO'S INVOLVED?

- TxP centers
- OPOs
- Patients

THE QUICK WIN

SKETCH HOW IT WORKS

- OPO identifies donor who meets BTD criteria
- Notify "local" set of transplant programs
- Notified programs have "ready to transplant" candidates for BTD kidney
- Programs choose 2 patients to submit to OPO
- OPO completes case, some level of In Sequence Allocation (High CPRA?)
- OPO makes offers to patients on the submitted list
- Program accepts: Local Transplant < 12 hrs CIT
- No program accepts: Try Expedited Allocation

HOW WILL THE TASK FORCE SUPPORT AND/OR DRIVE THIS WORK?

- Recruit OPO/OPO's transplant programs in 2-3 acres
- Collect data on impact of utilization participation etc.

WHAT'S THE BENEFIT FOR PATIENTS? HOW DO WE ENGAGE PATIENTS?

- More transplants less dialysis
- Patients educated and specifically consented for participation

MEASURES OF SUCCESS

Growth at transplant programs

PITFALLS TO AVOID

- Disincentives for TxCs to accept hard to place organs
- Lack of accountability for TxCs to accept these organs

ELEMENTS TO PROTOTYPE OR TEST

- Pilot PDSAs
- Test SRTR definitions of hard to place organs

HOW LONG WILL THIS TAKE?

- [ ] Less than 6 months
- [ ] 6 to12 months
- [ ] More than 12 months

Concept Poster

CONCEPT NAME

Centralize virtual crossmatching service

BOLD AIM

IT'S A...

- [ ] System Improvement
- [ ] Quality Improvement Initiative

WHAT'S THE BIG IDEA?

- Bring virtual crossmatch out of member based systems
- Educate community (labs, hospitals, OPOs) about how to "commonalize" how to interpret HLA evaluation, listing avoids, and HLA thresholds

WHAT PROBLEM DOES IT SOLVE?

- Shorter offer-acceptance process because this takes time now
- Increase utilization because if transplant hospitals have more common/better understanding of which organs can be accepted, then they will accept more organs

THE QUICK WIN

Education and collaboration on commonalities can start right away. Building a central virtual crossmatch platform will be later

WHO'S IT FOR? WHO'S INVOLVED?

- HLA labs
- Transplant Centers
- OPOs

SKETCH HOW IT WORKS

Step 1:
HLA collaborative:
1) Nomenclature
2) Process
3) HLA thresholds for entering unacceptable and what to accept

↓

Education to transplant hospitals and OPOs

Step 2:

Transplant hospital (candidate HLA) → Virtual crossmatch system ← OPO (donor HLA)

↓

virtual crossmatch report

↓

transplant hospital + lab for every organ offer

HOW WILL THE TASK FORCE SUPPORT AND/OR DRIVE THIS WORK?

- Facilitate and sponsor collaborative
- Voice support for IT funding for central virtual crossmatch system
- Facilitate conversation about benefit of a central virtual crossmatch system. Some members will see this as a risk

WHAT'S THE BENEFIT FOR PATIENTS? HOW DO WE ENGAGE PATIENTS?

- Better understanding of sensitization
- Possible increase in donor acceptance and utilization

MEASURES OF SUCCESS

- Time for crossmatch
- Lower waiting time for sensitized candidates
- Higher transplant rates for sensitized candidates
- Lower waitlist mortality for sensitized candidates

PITFALLS TO AVOID

- Getting agreement between HLA labs where inconsistency currently exists
- Some labs will see a centralized system as a risk to role and knowledge. Assure them that their clinical knowledge will still be important in risk assessment and interpretation

ELEMENTS TO PROTOTYPE OR TEST

- HLA collaborative on any of the three topics

HOW LONG WILL THIS TAKE?

- [ ] Less than 6 months — can start collaborative
- [ ] 6 to 12 months — education
- [ ] More than 12 months — to finish collab and build system

Concept Poster

CONCEPT NAME

Change Transplant Program Metrics

BOLD AIM

Utilization

IT'S A...

- [ ] System Improvement
- [ ] Quality Improvement Initiative

WHAT'S THE BIG IDEA?

- Metrics are perceived as disincentivizing growth currently
- Reduce negative impact of unintended consequences

WHAT PROBLEM DOES IT SOLVE?

- Tx Centers are reluctant to accept risk.
- Tx Centers are reluctant to accept high-risk patients

THE QUICK WIN

Can be done quickly! Mortality after listing already available in SRTR reports to centers

WHO'S IT FOR? WHO'S INVOLVED?

- Transplant center
- Ultimately patients and donor families
- Also live continuum of transplant

SKETCH HOW IT WORKS

- Akin to mortality after listing
- For kidney could do mortality after first offer
- This metric not always under control of center

HOW WILL THE TASK FORCE SUPPORT AND/OR DRIVE THIS WORK?

- Will need to educate payers to bring payers online
- Will need to create better cohesion between centers and OPOs to improve this metric

WHAT'S THE BENEFIT FOR PATIENTS? HOW DO WE ENGAGE PATIENTS?

- This is a patient centered metric
- Right now, centers often say "we cannot transplant this patient now, since our 1 yr graft survival is not good now"

MEASURES OF SUCCESS

- Aligning regulatory bodies such as CMS to use this new metric

PITFALLS TO AVOID

- Need to include payers to adapt this metric.
- Cannot lead to decreases or delays in waitlist placement

ELEMENTS TO PROTOTYPE OR TEST

- Test to see if MPSC can also use this
- Maybe replace what MPSC uses also

HOW LONG WILL THIS TAKE?

- [ ] Less than 6 months
- [ ] 6 to 12 months
- [ ] More than 12 months

Concept Poster

CONCEPT NAME

Expedited Placement of hard-to-place organs

BOLD AIM

All (Mostly Utilization)

IT'S A...

- [X] *System Improvement*
- [ ] *Quality Improvement Initiative*

WHAT'S THE BIG IDEA?

Expedited placement of hard-to-place organs (particularly kidney, as they the most unused). Explore the different barriers and lift penalties for TxP that accept these organs, to ultimately collect data on outcomes of using these organs.

WHAT PROBLEM DOES IT SOLVE?

Gets at the non-use of kidneys; how do we get these organs not being used into the bodies of patients who will benefit?

Stop OPOs from going "outside the rules", which changes the perception of the public. Changes the "thrown away" perception.

THE QUICK WIN

Identify common barriers and prioritize based on data to define hard-to-place

WHO'S IT FOR? WHO'S INVOLVED?

OPOs - How they place
TxP - How they accept
Patients - They get transplanted
Donor Patients - Honoring the gifts (public perception) and USE the organs we procure

SKETCH HOW IT WORKS

Define hard-to place organs in system

HARD TO PLACE

OPOs go through exp. placement policy for hard to place organs

Data informs which organs should and should not be procured.

Measured outcomes, but not penalized for trying!

Transplant Program

You said you wanted to get off dialysis quickly. Would you take this organ?

Yes!

HOW WILL THE TASK FORCE SUPPORT AND/OR DRIVE THIS WORK?

Get CMS at the table
Is ths requiring a policy change > go through OPTN

Identify common barriers and prioritize based on data

WHAT'S THE BENEFIT FOR PATIENTS? HOW DO WE ENGAGE PATIENTS?

More patients are going to be transplanted, sooner.

Pre-transplant education can be directed to patients to help them consider these organs

We have heard that there are some patients who may be interested in accepting an organ with shorter projected graft survival if it means they are off of dialysis sooner - I think there should be a way to incorporate shared decision making into this are you okay with waiting longer for a graft that may have longer projected/estimated graft survival, or is your goal to get off of dialysis more quickly, and where is the balance?

MEASURES OF SUCCESS

↑ Increase of Utilization

PITFALLS TO AVOID

Lack of CMS involvement - structure of CMS's regulations of what organs are procured vs those that are transplanted

Cost of perfusion/pumping technology - is there a way to pay for those nationally?

ELEMENTS TO PROTOTYPE OR TEST

Would hope that we could test or pilot expediated placement first before going through entire policy project/cycle.

HOW LONG WILL THIS TAKE?

- [ ] *Less than 6 months*
- [ ] *6 to12 months*
- [ ] *More than 12 months*

Concept Poster

CONCEPT NAME

Support Tx Centers to Secure Commitments for Growth from Their C-Suites

BOLD AIM

Stagnant, shrinking programs start growing (Quantitative targets)

IT'S A...

- [ ] *System Improvement*
- [ ] *Quality Improvement Initiative*

WHAT'S THE BIG IDEA?

Help transplant centers grow

WHAT PROBLEM DOES IT SOLVE?

- Help TCs who want to grow w/ their own C-Suites
- Movilize C-Suites who are not being pushed by their own TCs

THE QUICK WIN

Get a system on board right away

- VHA?
- SSM?
- HCA?
- others?

WHO'S IT FOR? WHO'S INVOLVED?

Team with opinion leaders and influential people who have street cred with the C-Suites: Ken Kizer, IHI, OPO Board Leaders

SKETCH HOW IT WORKS

Playbook of how to mobilize based on best/successful practices
- Nevada Kidney Program
- Northwestern Lung Program
- Others

- Grow More Growth Leaders
- Showcase the BENEFITS: More lives saved, more revenue, opportunity to excel in the field, recognition and status, more

HOW WILL THE TASK FORCE SUPPORT AND/OR DRIVE THIS WORK?

Bring together hospital C-Suites on both sides

WHAT'S THE BENEFIT FOR PATIENTS? HOW DO WE ENGAGE PATIENTS?

What:
- Lives saved
- Honors the gift
- Needed growth of local TCs

How:
- Patient advocacy groups
- Patient voices

MEASURES OF SUCCESS

- Commitments to grow
- Actions to grow
- Volume increases, without compromising outcomes and equity
- Growth in high-need areas

PITFALLS TO AVOID

- Growth without necessary infrastructure
- Promises without followthrough

ELEMENTS TO PROTOTYPE OR TEST

1) Start trial runs and convos in January **DON'T WAIT**
2) Create the playbook

HOW LONG WILL THIS TAKE?

- [ ] *Less than 6 months*
- [ ] *6 to12 months*
- [ ] *More than 12 months*

Concept Poster

CONCEPT NAME
Dynamic evolving match process

BOLD AIM
Elimination of needless offers

IT'S A...
- [ ] System Improvement
- [ ] Quality Improvement Initiative

WHAT'S THE BIG IDEA?
Develop a match process that is constantly evolving based on donor info, candidate info/status, and candidate level acceptance criteria

WHAT PROBLEM DOES IT SOLVE?
Decrease unnecessary offers

THE QUICK WIN
Hope for an efficient future

WHO'S IT FOR? WHO'S INVOLVED?
- TxP centers
- OPOs
- transplant candidates

SKETCH HOW IT WORKS

OPOs indicate the organs available from a donor. Donor info updates

Candidates are listed w/ patient specific acceptance criteria + status (non-binary)

match that evolves based on new info

multifactoral

More factors considered in matching:
- CIT
Travel

Continuously accurate potential candidate matches

HOW WILL THE TASK FORCE SUPPORT AND/OR DRIVE THIS WORK?
Unequivocally

WHAT'S THE BENEFIT FOR PATIENTS? HOW DO WE ENGAGE PATIENTS?
Efficiency in placement gets the organs to patients without the waste of unnecessary offers

MEASURES OF SUCCESS
- More efficient placement to reduce non-use by getting to the candidate quicker

PITFALLS TO AVOID
Incomplete data

ELEMENTS TO PROTOTYPE OR TEST
- Partner OPOs that are currently not performing NRP/DCD with those that are to share experience

HOW LONG WILL THIS TAKE?
- [ ] Less than 6 months
- [ ] 6 to12 months
- [ ] More than 12 months

Concept Poster

CONCEPT NAME
Enhancement of DCD organ recovery and utilization through advancement of technology + policy + data

BOLD AIM
All DCD donors recovered via NRP

IT'S A...
- [ ] System Improvement
- [ ] Quality Improvement Initiative

WHAT'S THE BIG IDEA?
Increase transplants partnered with DCD donors

WHAT PROBLEM DOES IT SOLVE?
Decrease non-utilization rate

THE QUICK WIN
A rule change to eliminate mortality disincentive for donor hospitals transferring DCD donors to ORCs

WHO'S IT FOR? WHO'S INVOLVED?
- TxP centers
- OPOs
- donor hospitals

SKETCH HOW IT WORKS
- Changing culture to perform abdominal NRP on all DCD recoveries
- Education for TxP programs on benefit of DCD organs (especially those R/T NRP)
- Enhanse data to reflect current practices (i.e. DCD, DCDNRP) current system built for BDD
- Support trial of uDCD donors at select OPOs

HOW WILL THE TASK FORCE SUPPORT AND/OR DRIVE THIS WORK?
Partner with willing OPOs to pilot programs

WHAT'S THE BENEFIT FOR PATIENTS? HOW DO WE ENGAGE PATIENTS?
- More organs available for transplant
- Use of donor organs that may otherwise not be recovered or used

MEASURES OF SUCCESS
- Increase rate of DCD recovery

PITFALLS TO AVOID
- Court of public opinion
- Messaging very important
- Not having metrics to demonstrate impact

ELEMENTS TO PROTOTYPE OR TEST
- Partner OPOs that are currently not performing NRP/DCD with those that are to share experience

HOW LONG WILL THIS TAKE?
- [ ] Less than 6 months
- [ ] 6 to12 months
- [ ] More than 12 months

Concept Poster

CONCEPT NAME

Expedited allocation of hard to place organs

BOLD AIM

Utilization

IT'S A...

- [ ] System Improvement
- [ ] Quality Improvement Initiative

WHAT'S THE BIG IDEA?

- Identify successful expedited allocation processes then standardize the process
- Pilot different approaches
- Test on a larger scale

WHAT PROBLEM DOES IT SOLVE?

Reduce AooS

WHO'S IT FOR? WHO'S INVOLVED?

- TxP centers
- OPOs
- Patients on the waitlist

THE QUICK WIN

Develop standardized approach based on best practices

SKETCH HOW IT WORKS

- Define what makes each organ "hard to place"
- SRTR to help define "hard to place" organs
- Seek impact from TXCs on accepting these organs
- Develop placement pathway for hard to place organs
- Collect data + evaluate what worked and why
- Understand why organs were not utilized even if they went through expedited process

HOW WILL THE TASK FORCE SUPPORT AND/OR DRIVE THIS WORK?

Review and approve the PDSAs

WHAT'S THE BENEFIT FOR PATIENTS? HOW DO WE ENGAGE PATIENTS?

- Shorter time to tansplant
- Improved quality of organs
- Develop meaningful education for patients
- Engage patients in what they need to accept hard to place organs

MEASURES OF SUCCESS

- Define an acceptable non-utilization rate
- Improved utilization rates
- Less AooS
- Increased # of transplants
- Decreased CIT

PITFALLS TO AVOID

- Disincentives for TxCs to accept hard to place organs
- Lack of accountability for TxCs to accept these organs

ELEMENTS TO PROTOTYPE OR TEST

- Pilot PDSAs
- Test SRTR definitions of hard to place organs

HOW LONG WILL THIS TAKE?

- [ ] Less than 6 months
- [ ] 6 to12 months
- [ ] More than 12 months

Concept Poster

CONCEPT NAME

General Offer Acceptance

BOLD AIM

Utilization

IT'S A...

- [ ] System Improvement AI #2
- [ ] Quality Improvement Initiative #1#3

WHAT'S THE BIG IDEA?

1) Decrease offers at night
2) AI to match best kidney to recipient
3) Change provisional yes

WHAT PROBLEM DOES IT SOLVE?

1) Increase utilization
2) Increase efficiency, decrease OPO/TxC resource utilization
3) Place organs more efficiently

WHO'S IT FOR? WHO'S INVOLVED?

- TxP centers
- OPOs

THE QUICK WIN

#1

SKETCH HOW IT WORKS

Pilot Projects/PDSA
1) Select DSA/region/250 mile any Tx Centers
- define donor group
- define organ
- define time
- define Tx center - get Tx centers on board
2) Define OPO
- KDPI
- Distance
- All Tx Centers affected
- Do we have AI implemented at UNOS
3) What is a better way to place organs SBAR py

HOW WILL THE TASK FORCE SUPPORT AND/OR DRIVE THIS WORK?

- Pilot Studies PDSA in defined areas
- Champion AI model

WHAT'S THE BENEFIT FOR PATIENTS? HOW DO WE ENGAGE PATIENTS?

1) Increase organ acceptance
2) Correct recipient from right donor
- Change Tx Center behavior
3) Identify more effective placement models

MEASURES OF SUCCESS

- Decrease time from offer made to acceptance (i.e. py 2:00, accept 11:00
- Increase Tx, decrease waitlist mortality, decrease time to acceptance, decrease non use
- Organs placed faster

PITFALLS TO AVOID

1) Decrease Tx performed, Increase OPO complexities in coordinating or timing
2) It currently does not exist. Surgeon pushback
2) Decrease efficiency and non use

ELEMENTS TO PROTOTYPE OR TEST

- Pilot test offer timing
- Explore/develop AI

HOW LONG WILL THIS TAKE?

- [ ] Less than 6 months
- [ ] 6 to12 months
- [ ] More than 12 months

Concept Poster

CONCEPT NAME

Increase DCD organ pool and utilization through pump and NRP opportunities

BOLD AIM

Growth

IT'S A...

- [ ] System Improvement
- [ ] Quality Improvement Initiative

WHAT'S THE BIG IDEA?

- Increase organ pool
- Increase transplants

WHAT PROBLEM DOES IT SOLVE?

Organ shortage

WHO'S IT FOR? WHO'S INVOLVED?

- TxP centers
- OPOs
- Transportation

THE QUICK WIN

SKETCH HOW IT WORKS

- Increase frequency of DCD acceptance
- Pump/NRP improves outcomes of transplanted DCD organs
- Net yield = more successful transplants
- Standardize NRP recovery practices
- Improve data collection around NIT, log-flowsheet is an attachment without discreet data fields

HOW WILL THE TASK FORCE SUPPORT AND/OR DRIVE THIS WORK?

- Commitment/engagement with payers and hospital system executives
- Demonstrate cost/benefit with data

WHAT'S THE BENEFIT FOR PATIENTS? HOW DO WE ENGAGE PATIENTS?

- Shorter wait times
- Better outcomes

MEASURES OF SUCCESS

- DCD utilization rate
- Decrease in complications (ischemic cholangiopathy)

PITFALLS TO AVOID

- Increased costs associated with the pump
- Ethical concerns are still being mitigated related to ongoing NRP implementation

ELEMENTS TO PROTOTYPE OR TEST

HOW LONG WILL THIS TAKE?

- [ ] Less than 6 months
- [ ] 6 to12 months
- [ ] More than 12 months

Concept Poster

CONCEPT NAME

Lungs for Life: Pilot Study

BOLD AIM

Utilization

IT'S A...

- [ ] System Improvement
- [ ] Quality Improvement Initiative

WHAT'S THE BIG IDEA?

- Lung utilization (BDB) via pilot study focused on direct excess donor lungs
- Centralized donor center
- Optimize use of perfusion

WHAT PROBLEM DOES IT SOLVE?

- Local procurement

WHO'S IT FOR? WHO'S INVOLVED?

- OPOs
- Transplant programs
- Donor families
- EVLP/perfusion providers

THE QUICK WIN

High performance OPO to guide win to start the pilot study

SKETCH HOW IT WORKS

- Identify OPO that has donor management center/ with a procurement surgeon with lung expertise and their own EVLP (or contract out)
- Routine allocation -> if lungs allocated, surgeon evaluates:
  - YES: Transplant AooS
  - MAYBE: EVLP
  - NO: Research

HOW WILL THE TASK FORCE SUPPORT AND/OR DRIVE THIS WORK?

- Identify/select OPOs that will participate
- TxPs will be identified who would like to participate
- EVLP providers

WHAT'S THE BENEFIT FOR PATIENTS? HOW DO WE ENGAGE PATIENTS?

- Increase lung transplants
- Get support from patient advocacy groups/find societies

MEASURES OF SUCCESS

- Increase utilization of lungs for OPO in general
- Increase utilization of allocated lungs

PITFALLS TO AVOID

Avoid futile organ placement on EVLP (to avoid this, tight EVLP criteria lungs)

ELEMENTS TO PROTOTYPE OR TEST

Identify optimal OPO environment/resources/needs
- Level of expertise ___
- Competency with EVLP

HOW LONG WILL THIS TAKE?

- [ ] Less than 6 months
- [ ] 6 to12 months
- [ ] More than 12 months

Concept Poster

CONCEPT NAME

Make data more visible, usable, customizable, and consistently available

BOLD AIM

Efficiency - system

IT'S A...

- [ ] System Improvement
- [ ] Quality Improvement Initiative

WHAT'S THE BIG IDEA?

- Use AI to surface decision data you need, customized by your preferences
- Use chat to efficiently communicate critical data

WHAT PROBLEM DOES IT SOLVE?

- Scavenger hunt of information
- Customize data for what you need
- Reduce phone calls and VMX's

WHO'S IT FOR? WHO'S INVOLVED?

- TxP centers
- OPOs

THE QUICK WIN

Efficiency in decision making

- Preserve quality of organ
- Less phone calls
- Less frustration

SKETCH HOW IT WORKS

- Faster decisions w/ less effort
- Shorter CIT times

Choose whatever data you want

Donor Data

AI

PDF PDF PDF

DonorNet

Lloyd's view Pancreas

age hemo glob BMI

kidney

consensus conferences

HOW WILL THE TASK FORCE SUPPORT AND/OR DRIVE THIS WORK?

Est'b consensus conferences

WHAT'S THE BENEFIT FOR PATIENTS? HOW DO WE ENGAGE PATIENTS?

Faster allocation

MEASURES OF SUCCESS

- Decrease CIT
- Decrease case time for OPO from procurement to recovery
- More efficient decision making leads to decrease in response time

PITFALLS TO AVOID

- Data overload!
- Missing key info

ELEMENTS TO PROTOTYPE OR TEST

HOW LONG WILL THIS TAKE?

- [ ] Less than 6 months
- [ ] 6 to12 months
- [ ] More than 12 months

Concept Poster

CONCEPT NAME

Public Metrics

BOLD AIM

Growth

IT'S A...

- [ ] System Improvement
- [ ] Quality Improvement Initiative

WHAT'S THE BIG IDEA?

Data patients have identified as important is needed to make decisions. Make this public, understandable, accessible.

Public posting in same tool about payer coverage?; can this be used to influence payers?
- create a comparison profile for patients that "look like me"

WHAT PROBLEM DOES IT SOLVE?

- Transparency
- Data overload or data void
- Trust/mythbusting
- Save patient legwork and "dead ends" in coverage

WHO'S IT FOR? WHO'S INVOLVED?

- TxP centers - responsible for delivering to patients
- Patients
- Payers
- CMS
- SRTR
- OPTN
- Referring physician

THE QUICK WIN

Make already available data more patient friendly and supplement with education (chat bot?)

SKETCH HOW IT WORKS

Use learnings from SRTR consensus conference and convene focus groups to review:
- What data
- Format
- Language
- Accessibility/usability

Refine/develop dashboard - centralized dashboard but available on multiple sites including payer + hospital, HRSA/OPTN, CMS, SRTR
- 1st data point: will my payer cover? No -> move on. Yes -> more data.

End product: personalized "card" with sibe by side comparisons of selected transplant hospitals

HOW WILL THE TASK FORCE SUPPORT AND/OR DRIVE THIS WORK?

Patient focus groups develop cross-regulatory group for maintenance, support, etc.

"ownership"

WHAT'S THE BENEFIT FOR PATIENTS? HOW DO WE ENGAGE PATIENTS?

All of it

MEASURES OF SUCCESS

- Completion
- Decrease multiple evaluations to get listed
- Improved offer acceptance rates and other metrics
- Dashboard usage

PITFALLS TO AVOID

- Negative impact to smaller and rural programs/patients
- Unintended consequences to pediatric/minority populations
- Impact to equity in access to transplant
- Not having payer input/support
- Patient burden

ELEMENTS TO PROTOTYPE OR TEST

- Accessible, usable, data dashboard
- Education

HOW LONG WILL THIS TAKE?

- [ ] Less than 6 months
- [ ] 6 to12 months
- [ ] More than 12 months

Concept Poster

CONCEPT NAME

Transparency, Education, Communication

BOLD AIM

Efficiency, Ethics, Quality

IT'S A...

- [ ] System Improvement
- [ ] Quality Improvement Initiative

WHAT'S THE BIG IDEA?

- Involve patients in choice
- Keep TxP centers informed semi-real time of their decision making opportunity costs
- Allow opportunity for peer commitments and education

WHAT PROBLEM DOES IT SOLVE?

- Patient unawareness and ownership of self
- Lost opportunities
  - Improved decision making and professional management

WHO'S IT FOR? WHO'S INVOLVED?

- Patients + offer acceptors

THE QUICK WIN

SKETCH HOW IT WORKS

Offers → Center OPO report → Review/discussion → change in practice → Offers → Re concent → Education → Pt report → Offers

HOW WILL THE TASK FORCE SUPPORT AND/OR DRIVE THIS WORK?

- Iterative testing to self selected TxP centers
- IT: create "blog" software system and patient center interface

WHAT'S THE BENEFIT FOR PATIENTS? HOW DO WE ENGAGE PATIENTS?

- Transparency
- Agency
- Education

MEASURES OF SUCCESS

- Patient satisfaction scores
- Increase organ utilization (esp. std. donors etc.)
- Uniformity of acceptance behavior

PITFALLS TO AVOID

- "Big Brothering" surgeons (ask, don't beat?)
- Analysis paralysis

ELEMENTS TO PROTOTYPE OR TEST

Anonymous posting

Need TxP center call schedules

HOW LONG WILL THIS TAKE?

- [ ] Less than 6 months
- [ ] 6 to12 months
- [ ] More than 12 months

Launch Plan

CONCEPT NAME	BOLD AIM
Amazon Recommendation of Organ Acceptance	Growth, Utilization

THE NEXT 6 MONTHS (LABEL YOUR QUICK WIN!)

TxP

National + program likelihood of acceptance

1 organ kidney survival prediction

Recruit

Feedback

OPO

1 mo 2 3 4 5 6

WHAT ARE WE LAUNCHING?	WHOSE HELP/COMMITMENTS DO WE NEED?	WHO ARE WE TESTING THIS WITH?
Month 1: Data model for kidney likelihood of acceptance Month 3: Survival prediction Next Gen: ID of accepting doc	SRTR: Data modeling TxP: Pilot for feedback OPO: Pilot for feedback Kidney Committee Outcomes Exemptions	TxPs to test the proof of concept view and provide feedback (did it change decision making?)

Launch Plan

CONCEPT NAME

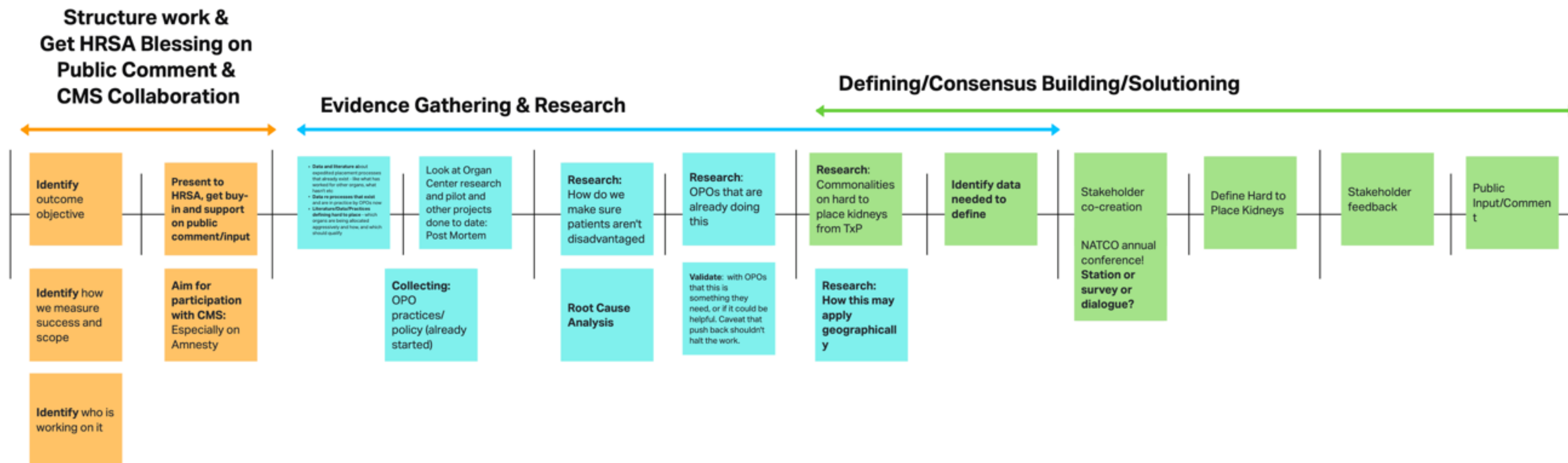
Expedited Placement of hard-to-place organs

This is partially attempting to solve for a smarter allocation

BOLD AIM

All (Mostly Utilization)

THE NEXT 6 MONTHS (LABEL YOUR QUICK WIN!)



WHAT ARE WE LAUNCHING?

Launch PDSA on Expedited Placement policy of Hard-To-Place Organs (starting with kidneys): Creating a definition of hard to place organs (kidneys). Regionally relevant and flexible expedited policy

WHOSE HELP/COMMITMENTS DO WE NEED?

CMS, HRSA, OPOs, TxP, patient input or organizations, OPTN committees, AST, **ASTS**. AOPO, other interested organizations, NATCO could help with policy in defining/consensus building

WHO ARE WE TESTING THIS WITH?

OPOs, TxP, ASTS transplant surgical group, Organ Center, regions all over the country

Launch Plan

CONCEPT NAME

Use announcement of Bold Aims to launch C-Suite commitments to the Aim & a series of next steps

BOLD AIM

Growth

THE NEXT 6 MONTHS (LABEL YOUR QUICK WIN!)

Launch Event
w/ wet signatures

Use conferences & events of national assn. partners for C-Suite outreach and enrollment (AHA, ACHE, etc.)

Dec | Jan | Feb | Mar | Apr | May

ETF

AST

CEOT

NATCO

TMF

Board approval

Task force panel at high-growth programs with reactor panel of national assn. leaders

WHAT ARE WE LAUNCHING?

National, expeditious full-court press to achieve 60,000 by 2026 and 100,000 by 2030

WHOSE HELP/COMMITMENTS DO WE NEED?

- Secretary Becerra
- HRSA Admin. Carole Johnson
- CMS Admin. Chiquita Brooks-LaSure
- Influential national leaders from: AHA, ACHE, AST, ASTS, NKF, Patient Advocacy Groups, Payers
- OPTN leadership

WHO ARE WE TESTING THIS WITH?

Use national platforms of partners in the announcement to secure C-Suite commitments

Launch Plan

CONCEPT NAME

Better Than Dialysis Kidney Project

BOLD AIM

Utilization

THE NEXT 6 MONTHS (LABEL YOUR QUICK WIN!)

Identify 3-4 potential PDSA sites

Recruit OPOs and TxPs to participate

Design data collection & communication tool

Start projects at 2-3 sites

Run program for 12 months

Collect data monthly

WHAT ARE WE LAUNCHING?

Alternate target allocation plan as a PDSA

WHOSE HELP/COMMITMENTS DO WE NEED?

Small # of OPOs and TxPs with ability/desire to use BTD kidneys

WHO ARE WE TESTING THIS WITH?

2-3 geographic areas with OPO(s) and TxPs in the area

Launch Plan

CONCEPT NAME

Developing Messages to Launch & Cultivate Commitment for Our Growth Aims

BOLD AIM

Growth

THE NEXT 6 MONTHS (LABEL YOUR QUICK WIN!)

Jan 1 – June 30

0 mo
- Share goals & best practices stories with OTAG congressional staffers & hospital C-Suite
- ExCom & OPTN Board adopt goals

1
- Organ donation leadership messages
- Messaging to OPTN members -> aligning incentives across the system

2
- Individual growth goals provided to TxPs
- Regional town halls for feedback on what's needed to grow

Align societies to the goal

3
- MPSC pivot to amnesty for pt/graft survival outcomes
- More prominent growth metrics on SRTR site

4
- Discuss the ongoing evaluation of metrics/measure ment

5

6
- -Report back to OTAG
- -Engage payers on changes
- -Final plan for new framework, incl. organ donation metrics

WHAT ARE WE LAUNCHING?

WHOSE HELP/COMMITMENTS DO WE NEED?

MPSC, SRTR, ASTS, AST, Patient advocacy groups, Congressional staffers, Senate help, Senate Finance Committee, Hospital C-Suites

WHO ARE WE TESTING THIS WITH?

Launch Plan

CONCEPT NAME

Pump, Tech, Policy: Enhancement of DCD organ recovery & utilization

BOLD AIM **Utilization**

- 50% abdominal DCD recovered via ANRP
- 50% DCD livers on ex vivo

THE NEXT 6 MONTHS (LABEL YOUR QUICK WIN!)

Month	Milestone
1 mo	
2	
3	Study cost reduction impact on DCD NRP & ex vivo perfusion
4	
5	
6	NRP-experienced OPO to train NRP-willing OPO, then pilot implementation; Quality standards for 3rd party vendor procurement services (partner w/ ASTS, AOPO, OPTN); Standardized guidelines for DCD recovery
7	
8	Review of current policy on point of origin donor
9	
10	Elimination of donor inclusion in hospital mortality rate
11	
12	Review/research NRP impact on lung DCD TxP; Standard data for DCD and NRP data collection during recovery process

WHAT ARE WE LAUNCHING?

- Pilot for de novo NRP OPO program
- An effort to change policy to support DCD
- Quality data & guidelines to standardize DCD, ANRP

WHOSE HELP/COMMITMENTS DO WE NEED?

- Experienced OPO (ANRP)
- ASTS
- AOPO
- OPTN

WHO ARE WE TESTING THIS WITH?

OPO willing/wanting to start DCD ANRP recovery

Launch Plan

CONCEPT NAME

"DaRPHO": Definition and Rapid Placement of Hard-to-place Organs

BOLD AIM

Utilization

THE NEXT 6 MONTHS (LABEL YOUR QUICK WIN!)

A) Define "hard-to-place" for each organ. Start w/ SRTR definitions and gather definitions from OPOs
B) Gather OPO expedited allocation policies

X Launch!

1 mo 2 3 4 5

C) Design PDSA (KI first?): Who? What? How long? Ensure patient education is part of design

WHAT ARE WE LAUNCHING?

Pilot/variance for placing hard-to-place organs

Nice to have: Metrics adjustment

WHOSE HELP/COMMITMENTS DO WE NEED?

- OPOs
- Tx Programs

WHO ARE WE TESTING THIS WITH?

Pilot project with limited # of OPOs and TxPs

Launch Plan

CONCEPT NAME	BOLD AIM
Eye on Lungs: Pilot Study to Increase Lung Utilization	Utilization

THE NEXT 6 MONTHS (LABEL YOUR QUICK WIN!)

Timeline (months): 0 mo, 3, 6, 9, 12, 15

- 0 mo:
  - Study protocol development
  - Short list OPOs
  - Short list TxPs
  - Discussion with perfusion providers
- 3: Finalize 2 OPOs, 10 TxPs
- 6: **X** Launch!
- 12: **X** Study ends
- 12–15: Data analysis

WHAT ARE WE LAUNCHING?	WHOSE HELP/COMMITMENTS DO WE NEED?	WHO ARE WE TESTING THIS WITH?
Pilot study (feasibility, safety) Visualization on lung Tx decision: **No** (Research) / **Maybe** (EVLP) / **Yes** (Tx)	- OPOs - TxPs - Donor Families	Donor lungs that are not allocated

Launch Plan

CONCEPT NAME	BOLD AIM
HLA Collaboration	Utilization

THE NEXT 6 MONTHS (LABEL YOUR QUICK WIN!)

Reaching out to ASHI/HLA Committee to create consensus on standardization of UA antigen, thresholds for acceptance

1 mo
2
3
4
5
Collaborative consensus

WHAT ARE WE LAUNCHING?	WHOSE HELP/COMMITMENTS DO WE NEED?	WHO ARE WE TESTING THIS WITH?
HLA collaborative on standardization. How do we get on the same page?	- ASHI - HLA Committee - Clinicians	- HLA labs - Clinicians/TxP - OPOs

Launch Plan

CONCEPT NAME

Sweet Dreams, Better Decisions: Reducing Kidney & Liver Organ Allocation at Night

BOLD AIM

Utilization

THE NEXT 6 MONTHS (LABEL YOUR QUICK WIN!)

Finalize 2 OPOs, 10 TxPs

X Launch!

X Study ends

0 mo 3 6 9 12 15

- Study protocol development
- Short list OPOs
- Short list TxPs
- Discussion with perfusion providers

Data analysis

WHAT ARE WE LAUNCHING?

Pilot Program:
- Reduce organ offers at night when donor O.R. anticipated 724°
- Tx surgeon/nephrologist agree to review offers in real time during day

WHOSE HELP/COMMITMENTS DO WE NEED?

- OPOs
- All organ committees: kidney, liver
- Tx Coordination Committee

WHO ARE WE TESTING THIS WITH?

- Driven by OPO
- Define donor type that allows for this project

Launch Plan

CONCEPT NAME	BOLD AIM
Public Data for Patients	Efficiency

THE NEXT 6 MONTHS (LABEL YOUR QUICK WIN!)

- Accelerate SRTR patient-friendly portal release with additional testing (& funding)
- Develop education & communication plan
- Expand: Initiate pediatric component & multilingual
- Start communication plan & promotion
- Release & promote
- Evaluate usage & satisfaction
- Develop tool for listed patients to access their data
- Enhance
- Update

WHAT ARE WE LAUNCHING?

Patient-friendly data portal

WHOSE HELP/COMMITMENTS DO WE NEED?

- HRSA
- SRTR: patient friendly portal
- Patient advocates: feedback & dissemination
- OPTN: tools & education, data

WHO ARE WE TESTING THIS WITH?

Patient focus groups

Launch Plan

CONCEPT NAME

Smart Data & Chat

BOLD AIM

Efficiency

THE NEXT 6 MONTHS (LABEL YOUR QUICK WIN!)

Data Points

- Develop survey for organ-specific data points most needed
- Virtual workshop(s) to review & confirm top data points
- Highlight data that's changed in donor case as case progresses
- Run test of AI on attachments. How might we use AI to pull most relevant data out of attachments & surface for users?

Evaluate

Chat

- Develop DUAs & legal
- Collect baseline data: duration of calls, duration of allocation, percept.

Existing prototype study/prepare small pilot of chat

- Study what was done before
- Understand info security wants
- Programming

- Recruit participants
- Communicate
- Develop quick exit survey

Run Pilot

WHAT ARE WE LAUNCHING?

Pilot of broadcast 1:many tool

Survey to understand top data points by organ type

WHOSE HELP/COMMITMENTS DO WE NEED?

UNOS IT resources and reprioritize work

WHO ARE WE TESTING THIS WITH?

Chat: Coalition of pilot OPO & TxP with MS Teams

Smart Data: Survey of full network, workshop by organ group, pilot docs to highlight PDFs

Launch Plan

CONCEPT NAME

Patient Organ Offer Report

BOLD AIM

Efficiency

THE NEXT 6 MONTHS (LABEL YOUR QUICK WIN!)

Recruit hospitals to participate

Develop draft patient report → Feedback from patients & hospitals → Refine report

Pilot test report with select patients & hospitals

Discuss results

Refine report & process

Develop process flow for patient discussions → Feedback from patients & hospitals → Refine process

(initial education at registration & education regarding organ offer discussions)

WHAT ARE WE LAUNCHING?

Patient-friendly data portal

WHOSE HELP/COMMITMENTS DO WE NEED?

- PAC
- TCC

WHO ARE WE TESTING THIS WITH?

~10 volunteer hospitals

Launch Plan

CONCEPT NAME

Patient Organ Offer Report *Continued*

BOLD AIM

Efficiency

Process Flow

Initial Registration & Education

Organ Offer

Feedback Loop

* Report & Discuss

*Send Accenture/CMS project to group:
- Different patient types
- Patient experience

Patient Report

List

Education

?

2nd Meeting/ 2nd Consent

Increase "Risk Acceptance"

Patient Email

- Donor age
- Physical attributes of donor & how/why organ is a good match
- Organ key risk factors
- Likelihood of success in terms of longevity of life
- Donor lifestyle & why there is "good" impact on the organ
- Why the system can ___ and address and "negatives" of the organ
- Did another hospital accept the

Planning

- Design (UNOS)
- Define metrics
- ID TxP
- Develop pilot & protocol
- Measure/monitor (against baseline)
- Report out

Launch Plan

CONCEPT NAME	BOLD AIM
TxP Continuous + Ongoing Offer Acceptance Feedback	Efficiency

Process Flow

Report of Organ Offers (ROO) — 10 TxPs

↓

*Email

↓

QAPI Meeting (monthly) | Partner Meeting — Report out

↓ Δ's

Email

*TxP Email

Trends
- You vs. You
- You vs. Region
- You vs. USA

Turndowns
- Who accepted offer?
- Of offers accepted by someone else:
  - Sequence #
  - Date transplanted
  - Date functioned
  - Attributes of patient tx'd

Planning

- Discovery
- ID TxPs to participate
- Develop draft report
- Develop standard process
- Distribute reports
- Evaluate

Other Ideas

WL #
- Email not in system?
- When Patient Portal ready?
- University of Chicago tool/paper

Questions
- What is most important to you?

QR Codes