OPTN Policy Oversight Committee
Meeting Summary
March 24, 2023
Chicago, IL, O'Hare Hilton

Nicole Turgeon, MD, FACS, Chair

Jennifer Prinz, RN, BSN, MPH, CPTC, Vice-Chair

Introduction

The Policy Oversight Committee ("Committee") met in Chicago, Illinois on 03/24/2023 to discuss the following agenda items:

1. Current Policy Priorities
2. New Project Review
3. Debrief from Benefit Scoring Subcommittee
4. NASEM Discussion
5. Post-Implementation Monitoring Subcommittee Update
6. MPSC Referral Update
7. Potential New Policy Priorities

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

1. Current Policy Priorities

Committee discussed current policy priorities, where they came from and how they're being used today, as well as potential directions for the future.

Summary of discussion:

Overview

A member noted the importance of allocation of resources as it relates to policy priorities, and another member noted the importance of having committees identify their own projects that are important to them.

Continuous Distribution

The Committee got a brief update on the continuous distribution effort with kidneys and pancreata: a second modeling request has just been sent out. Liver is working on their rating scales, while heart has just started discussion of their attributes. A member asked if the process with continuous distribution would possibly speed up as lessons are learned. A staff member responded that there are still individualized conversations for appropriate analysis and parameters of specific organs, but there are also efforts to improve optimization integration and so some efficiencies are being gained, but some of the optimizations take more time to develop initially. The more new attributes are included, the longer it will take. As an example, liver wasn't originally going to include post transplant survival but now it is. There are also other priorities that the community wants to focus on in addition to continuous distribution, and there is a balance in moving continuous distribution forward while still making

improvements on other issues the community cares about. This highlights the important role the POC plays in prioritizing projects.

A member brought up the potential impact on underserved and rural communities. The benefit of the composite allocation score is that it can be adjusted much more easily to ensure that the potential impact on different groups is balanced and fair. It was also noted that there are an entire list of metrics in the briefing paper and a plan to be able to interact with dashboards to dive deeper into the information that impacts allocation; these will be updated on a regular basis. This will change how post-implementation monitoring is conducted, to align with the effort to adjust as appropriate and provide more interactive information for the public. The Chair clarified that looking at 3 month post implementation data for lung won't be very useful or appropriate for the POC to consider, in terms of whether the policy actually accomplished its goals, and whether there were unintended consequences.

The Committee discussed that there are limits to what continuous distribution will be able to be address in terms of challenging socioeconomic disparities that persist in the health system at large. A member noted it should be clear what is within the purview of the system to be improved and what is beyond scope. Specifically, the allocation system can only help those patients who make it to the list. Access to the list is a valid concern but is beyond what an allocation policy can achieve. The system could also be modified to account differently based on population density. A member identified the benefit of getting rid of hard cliffs in the allocation system in favor of a gradient approach.

Recent Media and Potential OPTN Contract Changes

In the continuous distribution conversation, discussion of recent stories in the press were alluded to and the Chair took a moment to give members an opportunity to comment on these issues. A member noted his appreciation for the current staff supporting OPTN committees and expressed support for the current contractor, directing his comments to the representative from HRSA. The POC member asked how members should interpret the final bullet point of the HRSA press release that indicated a splintering of the OPTN contract but did not specify further what this would entail. Members asked about HRSA's position and what these potential changes mean for the OPTN. Members also expressed concerns that HRSA was moving reactively in response to political concerns and not in a way that would be good for the transplant community. The recent moves by HRSA had the potential to be "incredibly counter-productive" and undermine the system that members had helped to build over thirty years to help patients with end stage organ disease have access to transplant.

The Committee discussed challenges associated with political rather than scientific concerns driving policy. A member indicated they have tried to publish opinion pieces in the Washington Post and New York Times of a more accurate picture of the challenges associated with the field and seeking to address misinformation, but were rejected. The member speculated that such publications were uninterested in understanding the complexities inherent in the transplant system or in publishing articles that demonstrated successes within the system. Members discussed a failure within the Senate Finance hearings to recognize basic differences in purview between HRSA / OPTN and that of CMS, as it related to OPO performance. Members discussed false equivalences between the U.S. and Europe being cited in some media coverages, despite significant differences in variation in disease rates, donor deaths, geography and population size. A member noted that there are improvements to the system and funding could help support make these improvements happen – expressing regret that better lobbying efforts weren't put forward earlier to help improve the IT system of the OPTN contractor and tracking of

organs. It was clarified that the extra funds alluded to in the HRSA press release were proposed and not actually allocated, contingent on Congressional approval.

As an individual and not as a HRSA representative, the member from HRSA expressed sympathy for the members' questions, and agreement that the issues and criticisms of the transplant system were being misrepresented in the media. She used as an example an article that used 2020 as a representative data sample, when the pandemic severely impacted all of health care systems, including organ transplant, and there was an SRTR carve out time related to data reportage as well, making the data of no relevance when looking at the overall challenges and successes of the field. The HRSA representative is a clinician so is not directly involved in the discussions about changing the OPTN contract, but expressed appreciation for the feedback and will pass along the concerns raised by the POC members.

Members expressed appreciation for the HRSA representative listening to member concerns about potential changes in the OPTN structure.

Efficient Matching

The Operations and Safety Committee Vice-chair shared an update on the offer filters project, which is being sent to the Board in June. Community feedback indicated mandatory offer filters is not appropriate at this time, and consensus has been gained on default filter choices. The proposal reflects strong support in the community, a factor the vice-chair ascribed to doing a concept paper first prior to submitting a public comment proposal.

The Committee also reviewed ways in which the allocation process could be improved in workflows or system performance, outside of policy. These efforts are still important and being considered as an option for the budget moving forward.

The Chair expressed an interest in making this policy priority more cohesive and reconsidering it in terms of defining what efficient matching means, soliciting feedback from committees in what they think would help most, and charting a path towards achieving further improvements. A member agreed that the priority was currently too broad, noting that in benefit scoring it's easy to have projects match with this priority even if they are not part of the project plan. A definition was suggested of "every potentially transplantable organ is made available to the center that's most likely to transplant it in a timeframe that ensures it's transplanted." Another member noted that efficiency can apply to different things, and there can be efficiency of time, effort, cost, etc. A member suggested a quality improvement approach in which the process is broken down step by step to identify the priorities. The Chair identified this as compatible with the current approach in which committees would be solicited for pain points and priorities developed from this review of the different committee perspectives. This is a similar process to what was pursued in soliciting ideas from committees on addressing recommendations in the NASEM report.

The Ops & Safety Vice-chair was comfortable with this approach, saying that the work their committee was currently working on would still fit in with a revamped efficient matching priority, and it may be helpful to get further guidance on how to prioritize efforts. The Ops & Safety Committee just met in Chicago and discussed the different buckets of work that impact efficient matching. A member suggested one effort could be limiting organ offers for kidney allocation to only certain centers after 100 on the list. Like with the NASEM effort, POC could review the different buckets of ideas from committees and help prioritize. Members agreed that the efficient matching effort transcends policy and there are also system streamlining efficiencies that would help further the goal.

Multi-Organ Transplant

The Committee reviewed recent efforts with the effort to improve equity within multi-organ allocation and between multi-organ and single-organ transplant. The Chair commented that she thinks this portfolio is progressing well and succeeding in its original aims, identified when it became a policy priority. The Multi-Organ Transplantation Committee Chair noted that the chair of an AST community of practice (COP) on policy reached out to her about potential decrease in pancreas transplant and she wanted to make the POC aware as well of this outreach.

Future State

In thinking through where they wanted POC policy review to be in the future, a member suggested finalizing a scoring tool so not everything is greenlit and empowering the POC to say no or "not right now". The Chair agreed a transparent process with a rubric would be helpful in understanding the benefit and resources available and how the prioritization process takes place for committees.

Next steps:

Next steps include discussing in detail the efficient matching goal, what it strategically looks like to chart out the future course of this effort, and soliciting feedback from relevant committees on elements that would be most beneficial to address.

2. New Project Review

The Committee reviewed six new projects pursuing approval.

Data summary:

Evaluate Donor and Recipient Histocompatibility Forms (Histocompatibility Committee)

- This project will add data collection to the recipient histocompatibility forms (RHF) on virtual crossmatching.
- It will also revise the donor histocompatibility form (DHF) to be in alignment with current histocompatibility practices.

Remove CPRA 98% Form for Highly Sensitized Kidney Candidates (Histocompatibility Committee)

- This project will remove the 98% CPRA form required to get prioritization for these highly sensitized candidates. This will allow those candidates to immediately receive allocation priority for their CPRA.

Collect Donor CRRT, Dialysis, and ECMO Data (Operations and Safety Committee)

- This project will add data collection to the OPTN Donor Data and Matching System to improve the efficiency of allocation by facilitating donor review of donors who have had support therapies initiated.

Living Donor Granular Data Collection (Living Donor Committee)

- This project will update the living donor feedback, living donor follow-up, and living donor registration forms for more complete data collection. This will help inform future proposals based on living donor donation decisions.
- These forms have not been updated in approximately 20 years.

Collect Living Donor Candidate and Donation Decision Data (Living Donor Committee)

- This project will improve data collection on long-term outcomes of living donors through a collaboration between the Scientific Registry of Transplant Recipients (SRTR) Living Donor Collective and the OPTN.
- Upstream collection of living donor data will create a more holistic picture of how living donation is occurring.

Required Reporting of Patient Safety Events (Membership and Professional Standards Committee)

- The OPTN Contract requires that MPSC leadership and the Health Resources and Services Administration (HRSA) be notified within 24 hours of certain patient safety events. OPTN Policy does not require reporting these events, including near misses.

Summary of discussion:

Evaluate Donor and Recipient Histocompatibility Forms (Histocompatibility Committee)

A member endorsed this project, noting that it would improve the efficiency of almost every donor and recipient listing. Furthermore, they felt that virtual crossmatching has long been a part of routine histocompatibility practice and should be tracked on OPTN forms. They also asked how virtual crossmatching data will be captured. The presenter replied that the form would ask if a virtual crossmatch was performed, what the result was, and whether it was used to proceed with the transplant.

A member inquired how the data captured would be used. Specifically, they asked if the Histocompatibility Committee would be examining how many transplants were performed in the presence of donor-specific antibodies (DSAs). The presenter replied that it was under consideration by the workgroup reviewing the form. There were also additional data elements being considered, such as mean florescent intensity (MFI). The Committee approved sending the project to the OPTN Executive Committee (19 yes, 0 no, 0 abstain).

Remove CPRA 98% Form for Highly Sensitized Kidney Candidates (Histocompatibility Committee)

A member asked if there were other forms that could be removed to increase the efficiency of allocation. The Chair replied that it would be a good basis for an efficiency project to investigate that. The Committee approved sending the project to the OPTN Executive Committee (19 yes, 0 no, 0 abstain).

Collect Donor CRRT, Dialysis, and ECMO Data (Operations and Safety Committee)

A member asked how this project could share a similar IT estimation to the project to remove the 98% CPRA form. The Chair of the Histocompatibility Committee clarified that removing the form also required system changes beyond not requiring the form to be completed. The Committee approved sending the project to the OPTN Executive Committee (19 yes, 0 no, 0 abstain).

Living Donor Granular Data Collection (Living Donor Committee)

A member requested that the ad hoc International Relations Committee be included on the list of collaborating committees. The Committee approved sending the project to the OPTN Executive Committee (18 yes, 1 no, 0 abstain).

Collect Living Donor Candidate and Donation Decision Data (Living Donor Committee)

A member proposed that the policy priority alignment should be updated to include utility in some way, as increased living donation means more organs available for transplant. The largest barrier that most potential living donors report is lack of knowledge about long term outcomes.

Another member asked the SRTR representative what data is used to inform the Living Donor Collective analyses. The STRT representative provided a brief history of the Living Donor Collective from its establishment in 2015 and noted that the data is self-reported through a portal. Data is collected on both potential donors that do not choose to donate and donors who proceed with donation. The presenter added that a key point of the proposal was to avoid redundant effort already performed by the SRTR.

The Chair asked what information should be required for a living donor evaluation, given that there is no standard of practice required by OPTN policy. The Living Donor Chair replied that the committee discussed this but wanted larger community feedback to their concept paper to inform the data collection requirements. The Chair reiterated that a top priority for the leaders of the OPTN should be methods to facilitate data collection and entry into the OPTN system; they noted the lack of API support for medical record imports into OPTN forms.

A member pointed out that, if there is an effort to collect data on potential living donors from the time they enter a transplant program, transplant candidates should also receive the same level of effort. They acknowledged that this was a larger level of effort but reiterated its need. They also asked if there was a method for living donors to opt out of further communication from transplant programs or the Living Donor Collective. The SRTR representative responded that there was an opt-out option.

The Chair suggested that Kidney Paired Donation should also have similar data collection. The Committee approved sending the project to the OPTN Executive Committee (19 yes, 0 no, 0 abstain).

Required Reporting of Patient Safety Events (Membership and Professional Standards Committee)

There was no discussion surrounding this item. The Committee approved sending the project to the OPTN Executive Committee (19 yes, 0 no, 0 abstain).

Next steps:

3. Debrief from Benefit Scoring Subcommittee

Staff gave an overview of the benefit scores from the new projects and shared feedback from the benefit scoring subcommittee.

Data summary:

Staff clarified that only the six projects reviewed were presented because an impact modifier was added in the most recent round of benefit scoring.

Summary of discussion:

A member noted that, though the project to remove the 98% CPRA form scored the lowest, they felt it was important. The Chair clarified that the scoring did not reflect the importance of the project but was a method for the Committee to consider prioritization of effort. Furthermore, deprioritizing a project usually means that it is moved to a later cycle rather than halting work altogether.

Staff noted that the benefit scoring subcommittee felt that some scores did not align with where they would have prioritized instinctively. Members felt that part of this was the lack of transparency of IT implementation effort weighed against the benefit score. The Chair of the subcommittee noted that the subcommittee strongly supported bundling new projects in part because it provides more context for which projects should be prioritized.

A member suggested that part of the issue with benefit scoring could be that it reflects the Committee's enthusiasm for a project, rather than the actual benefit of it. For example, removing a form may improve efficiency but may not score highly on benefit scoring because it is an unknown area for some members. The Chair replied that the goal of the tool was to provide an objective measurement, given that it uses objective factors to inform the score. Furthermore, it was important to understand the limitations of the tool; it is not meant as a substitute for discussion.

It was proposed that there be a method by which responses can be updated after hearing the discussion in the meeting. This would allow for a more informed judgement of each of the responses. The Chair of the Histocompatibility Committee resisted this, however, considering that that seems to speak to a deficiency in the project form information. Committees should tailor the information provided in the project form for non-subject matter expert members of the Committee to review and provide responses. The Chair supported this perspective.

Staff added that a possible solution presented by the benefit scoring subcommittee was to transition the subcommittee meeting's intent to be a preview of all the proposals being presented to the POC. This would let members hear and discuss the proposals before providing feedback on the survey about them. A member inquired if the project form was being revised to include updated instructions about how the Committee is reviewing each project. Staff clarified that there were updates occurring with the project form and welcomed suggestions from Committee members, who frequently used them, on how they can be improved further.

After being asked by Staff whether they supported the changes proposed by the benefit scoring subcommittee, multiple members endorsed the progress.

Next steps:

Staff will proceed with staggering new project review every two months.

4. NASEM Discussion

The Committee reviewed the National Academy of Science, Engineering, and Medicine's (NASEM) report on "Realizing the Promise of Equity in the Organ Transplantation System". This report provided a series of recommendations for the transplant network. The Committee reviewed project ideas submitted by OPTN Committees that aligned with the recommendations from the NASEM report.

Data summary:

The Committee reviewed project ideas by splitting into three groups, each of which addressed a specific NASEM recommendation.

These recommendations are:

- Use more donated organs
- Improve equity
- System improvements

The Chair suggested highlighting projects that were able to be done easily.

Summary of discussion:

The following is a summary of each of the groups' reports to the committee.

Use more donated organs

Members of this group first began by considering which projects were feasible. After removing infeasible projects, they sorted the projects broadly into buckets. The first bucket, education and best practices, contained projects that considered risk adjustment and donor management. The second bucket contained projects that considered why kidneys were discarded. Within these two categories, each project was ranked as either high or low. Outside of these two categories, members of the group also found isolated projects that deserved their own attention, such as late turndowns and developing expedited placement solutions.

Some projects reviewed by the group were considered too large and were divided into smaller projects; one example of this is a project to develop solutions to reduce non-utilization. Additionally, some projects were similar to efforts already underway by OPTN committees. Conversely, other projects were tailored specifically for certain organ groups, but could be applied more broadly across all organ groups (donor recovery centers, expedited placement, etc.).

The group chose not to focus on a project reviewing imminent death donation due to the complexity of the project.

The Chair asked what the highest priorities identified by the group were. A member replied that the high priority projects were those that focused on identifying medically complex kidneys and reducing the organ non-utilization rate. Similarly high priority projects were those that dealt with developing expedited placement solutions and reducing non-utilization due to late turndowns.

Improve equity

A member supported a project that investigated barriers in accessing the waitlist. Additionally, the group endorsed projects that considered the social determinants of health and how those impacted transplant access. These could also be gathered and considered when reviewing policies post-implementation as an additional consideration.

The group considered many projects involving patients' involvement in organ offers; these centered primarily around patients' education on how the system operates and their agency in decision-making.

Finally, the group noted that several projects centered on increasing living donation. Not all the projects proposed policy changes, but many proposed increased visibility, education, and advocacy around living donation.

Two projects that the group highlighted as important were on improving long-term outcomes data on recipients and standardizing the definition of glomerular filtration rate (GFR) for kidney candidates. The first project would encourage programs to consider organs that they may not consider without increased outcomes knowledge, and the second would improve the data quality and consistency across programs. This is especially impactful because candidates can only begin accruing waiting time once their GFR drops below 20.

System improvements

Members of this group addressed system improvements from two different perspectives. First: which projects will make the system more efficient; and Second: what improvements will promote a more equitable and transparent system. Transparency was considered as transparency across the system, from program to program, but also transparency from a patient's perspective when considering their own program. Group members supported two projects on creating a patient dashboard to show how programs compared across programs and creating a dashboard specific to each patient to show the offers they have received.

Members also endorsed a further investigation into GPS tracking for organs.

Members supported a project that standardized the referral process to the OPTN waitlist, ensuring that there is not disparity in center-to-center practice. Additionally, a member supported a project investigating barriers for patients in accessing the waitlist.

The group chose not to consider donor care centers as a recommendation because of the unique considerations needed for each donor care center. Additionally, a member was unsure that this was the best investment of resources when compared to other investments that directly impacted patients.

The Chair asked if the Committee felt like there was alignment between the policy priorities and the projects identified by the groups. A member felt that while most projects were in alignment with the POC's policy priorities, there were some, such as projects centered around education and transparency, that did not align. Another member noted that projects which addressed late turndowns and organ non-utilization seemed partly to align with efficient matching, but also may need their own policy priority. Staff added that late turndowns had been considered by the OPTN Data Advisory Committee and were currently under review by the OPTN Liver and Intestines Committee. The Chair wondered if the problem could be considered from the OPO sides; is there a way to generate transparency between the organs OPOs are recovering that transplant programs will not accept. The Chair supported promoting reducing non-utilization as a policy priority.

A member suggested that a definition of efficiency matching could include the efficient sharing of information from an OPO to a transplant program. The Chair suggested that late turndowns could be included in the update to the efficient matching priority's definition.

The Vice-Chair of the OPTN Membership and Professional Standards Committee (MPSC) noted that much of the difficulty in addressing late turndowns holistically was the difference in definition between organ groups. They endorsed having a separate policy priority to address late turndowns across each organ group, rather than holistically.

Next steps:

Members will consider the projects highlighted by the Committee as potential projects for their own committees.

5. Post-Implementation Monitoring Subcommittee Update

The Committee discussed the Post-Implementation Monitoring Subcommittees progress and updates on existing projects.

Data summary:

The Committee reviewed options for process improvement and what to do when a project is deemed unsuccessful. The following were identified as options when a project does prove unsuccessful:

- Initially, identify if unintended consequences or urgency otherwise indicates immediate action.
- If not emergent
    - Lessons learned.
- Discussion of whether it is appropriate to try and fix the problem in the future.
- Discussion of whether more time is needed to adequately evaluate the success of an individual project.

Summary of discussion:

Members approved of the options provided and suggested that it might be more beneficial to have reports before the 2-year mark, perhaps around the 1-year mark, on whether a Committee has determined their project to be successful. A member pondered on a Committees' likelihood to admit

when a project is not going to plan, and whether POC has the purview to get that information from Committees. The Chair concurred that the role of POC should rather be to look at the impact of a policy, instead of the granular details of policy function. They indicated that this would also require a change of the post-implementation monitoring process in general, which would need to be discussed at future meetings.
A member noted that timing of these monitoring reports is incredibly important, specifically as organs move towards continuous distribution, as getting feedback from the Lung Transplantation Committee about struggles or success of the policy early on would more beneficial than waiting for the standard review. Another member brought up the suggestion of dashboards with 3 to 4 categories that projects would fall under, thereby designating which ones were struggling and then the POC would review those in particular.

Next steps:

The Post-Implementation Monitoring Subcommittee will continue reviewing reports and feedback from Committees regarding their projects and work on potential improvements. Research staff at UNOS would look into the possibility of developing dashboards to assist in project review.

6. MPSC Referral Update

The Vice-Chair of the Membership and Professional Standards Committee (MPSC) presented updates on the development of a project referral process. The MPSC hopes to encourage a more open exchange of ideas between themselves and the Committees, ensuring that potential project ideas are appropriately considered.

Summary of discussion:

The Vice-Chair of the MPSC affirmed that with POC and their Committee joining forces it has ensured ideas get to the right OPTN Committee for review in an appropriate amount of time. Members agreed that it has been helpful to have an additional referring group, as it encourages a greater urgency and the MPSC is uniquely situated to send referrals.

7. Potential New Policy Priorities

The Committee discussed potential new policy priorities and recapped ideas that made impressions from the earlier NASEM discussion. Ideally the POC would prioritize 1 to 3 ideas to move forward as future policy priorities or to incorporate into existing policy priorities.

Summary of discussion:

One member mentioned organ utilization as an important effort to address – specifically the issue of organs that do not get used for transplantation. This addresses both equity and utility issues and should be a clear priority to address. Another idea mentioned was revisiting expedited placement – an issue that could be incorporated in the current efficient matching priority.

The Committee also discussed the importance of getting data on evaluated patients who are declined for waitlisting. There are challenges associated with this project in that OPTN authority extends from time added to the waiting list, and while HRSA has expressed support for addressing this issue there hasn't been clear understanding of the legal authority to pursue the project at this time. Despite the challenges, the Committee identified this as something members were very interested in pursuing and prioritizing. Members also expressed interest in how to address issues important for the community that may be beyond scope of the POC, such as efforts to improve education. Could the POC or another OPTN body write a letter or otherwise communicate with the appropriate body about these issues? Members

also mentioned quality improvements and shared quality initiatives in this context. Another member noted that education efforts may not require policy changes but may impact resource allocation.

The Committee discussed the importance of transparency with patients and challenges to further improve shared decision-making with patients. This effort has been a priority for the Patient Affairs Committee (PAC) and was a topic of extended discussion and support at the SRTR consensus conference. Support for addressing the issue was also expressed by the Ethics, Transplant Coordinators, and Operations and Safety Committee vice-chairs. A member suggested a start to addressing this issue could be creating a patient portal access to see if they are active, and codes to explain the reason if they were listed as inactive. Members noted it may be difficult for sharing offer decline information if patients do not have the knowledge to understand why they got an offer and why it was turned down. The Ethics Committee vice-chair noted this reflected Kant's descriptor of an imperfect duty, in which there is a moral imperative but many ways to address the issue. He stressed that there are categories of things that patients have a right to know about transplant program practices. The Patient Affairs Committee vice-chair noted that patient transparency has been an issue of interest for some time for her committee. While the PAC recognizes it's not a small ask and may include policy and culture shifts, she advocated an incremental approach towards improvements and making progress.

Next steps:

The POC will continue to discuss these ideas at a future teleconference call, and will follow up with the Executive Committee, the Board and other committees as appropriate to keep them informed and solicit feedback.

Upcoming Meetings

- April 10, 2023
- May 8, 2023
- June 12, 2023

Attendance

- **Committee Members**
  - Nicole Turgeon
  - Jennifer Prinz
  - JD Menteer
  - Jim Kim
  - Lisa Stocks
  - Molly McCarthy
  - Natalie Blackwell
  - PJ Geraghty
  - Scott Biggins
  - Rachel Engen
  - Andrew Flescher
  - Stevan Gonzalez
  - Vijay Gortantla
  - Matthew Hartwig
  - Kimberly Koontz
  - Scott Lindberg
  - Dolamu Olaitan
  - Stephanie Pouch
  - Peter Stock
- **HRSA Representatives**
  - Marilyn Levi
  - Shannon Dunne
- **SRTR Staff**
  - Jon Snyder
- **UNOS Staff**
  - Cole Fox
  - Isaac Hager
  - Stryker-Ann Vosteen
  - Roger Brown
  - Amber Fritz
  - Anna Messmer
  - Carson Yost
  - Courtney Jett
  - James Alcorn
  - Joann White
  - Kaitlin Swanner
  - Kieran McMahon
  - Kim Uccellini
  - Krissy Laurie
  - Kristina Hogan
  - Laura Schmitt
  - Lauren Mauk
  - Matt Belton
  - Meghan McDermott
  - Morgan Jupe

    - Rebecca Brookman
    - Rebecca Murdock
    - Robert Hunter
    - Sharon Shepherd
    - Susan Tlusty
    - Susie Sprinson
    - Tamika Watkins
    - Taylor Livelli
- **Other Attendees**
    - John Lunz