Meeting Summary

OPTN Expeditious Task Force Meeting Summary October 25 and 26, 2023 Chicago, IL

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Introduction

The Expeditious Task Force met in-person in Chicago, IL, and via Webex on October 25-26, 2023, to participate in a collaborative workshop. The task force engaged in design-thinking activities, presentations, and discussions around the following topics:

- 1. Objectives and Metrics of Focus
- 2. Related Work Review
- 3. Expeditious Visual Identity
- 4. The Characteristics of a Successful Initiative
- 5. Leadership Practices: Securing Commitments, Setting Bold Aims, and Leading Change
- 6. The Characteristics of a Good Aim
- 7. The Use of Bold Aims as a Task Force
- 8. How Partners Can Contribute
- 9. Commitments to Advance the Task Force's Work

In addition to the appointed task force members, task force advisors and guests, representatives from the Health Resources and Services Administration (HRSA), the Scientific Registry of Transplant Recipients (SRTR) contractor, and the Organ Procurement and Transplantation Network (OPTN) contractor that were present were invited to participate in the activities and discussions. The following is a summary of those discussions.

1. Objectives and Metrics of Focus

Participants reviewed 16 "objective" prompts and voted on objectives they believed were most important for the task force to address. The three objectives that received the most votes were:

- 1. How might we reduce the non-use rate? (31 votes)
- 2. How might we increase the organ acceptance rates? (28 votes)
- 3. How might we rapidly grow the number of transplants? (19 votes)

Participants also submitted potential solutions to address each objective, generating 46 ideas from 16 "objective" prompts. Individual responses were collected and synthesized. From this, three common themes were identified:

- Improving organ offers
- Providing more data-driven insights within the OPTN
- Revising the incentive and penalty framework for transplant outcomes

Next steps:

The top voted objectives will help inform the task force's Bold Aims Workgroup as it produces measurable and impactful Bold Aims to bring to the full task force and OPTN Board of Directors in December. Individual member ideas will be collected and considered along with ideas from OPTN committees and initiatives. In the December meeting, task force members will prioritize and ideate around those concepts further to determine the pilots and effective practices the task force will propose.

2. Related Work Review

Between group sessions and activities, members of the task force were encouraged to visit three stations set up around the workshop space to learn about prior work performed by the OPTN contractor and Accenture.

OPTN Quality Improvement

This station featured a series of posters summarizing previous OPTN Collaborative Improvement projects. Here, task force members could learn about the Collaborative Improvement model and read about key driver analyses for increasing donation after circulatory death (DCD) procurement and use of high Kidney Donor Profile Index (KDPI) kidneys.

OPTN Computer System Redesign

This station consisted of two parts: a live walkthrough of the prototype for the reimagined OPTN Computer System matching functionality, and a wall of concepts that were generated by user research on improving match efficiency. As task force members visited this station, their feedback and new ideas were added to the wall of concepts.

Kidney Non-use

This station consisted of journey maps and concepts from Accenture's previous work on avenues for reducing the kidney non-use rate. Task force members could "walk the journey" of kidney transplant, as the posters spanned two walls in the workshop space. Avenues for reducing non-use consisted of 27 patient-centered concepts, 27 clinician-centered concepts, and 76 clinical best practices, all uncovered through human-centered research methods and design co-creation.

3. Expeditious Visual Identity

Between group sessions and activities, members of the task force were also encouraged to visit a station with multiple options for Expeditious logos and slogans that could potentially be used in additional Expeditious communications. OPTN contractor staff will take the top-voted concepts and further refine them for alignment with OPTN branding requirements.

4. Characteristics of a Successful Initiative

As an icebreaker, each task force member shared a transformational initiative they participated in and two characteristics that made it successful. A facilitator grouped the characteristics into like categories as they were shared to uncover the categories that the task force valued most. Members recognized that the following attributes led to successful initiatives: persistence, incremental build up, education, listening to others, collaboration, grace, an understanding that good is better than perfect, courage, unity around the mission, organization and strategy, trust, celebration, passionate people, transparency, specificity, flexibility, innovation, and boldness.

Next steps:

The task force will reference this list of characteristics in their work to evaluate how to improve or refine the task force's actions. For example, the task force will seek to be transparent in its workings, as this is one of the characteristics of a successful initiative.

5. Leadership Practices: Securing Commitments, Setting Bold Aims, and Leading Change

Mr. Dennis Wagner gave a presentation on setting Bold Aims, including the benefits of doing so and how high-growth transplant programs (TxCs) are already setting the stage and improving outcomes, via increased transplantation rates across different organ categories. Mr. Wagner also spoke on how to lead change, including methods to ask effective questions to spark movement and conversation. Members responded with what resonated with them in the presentation, as well as concerns:

- Members appreciated the use of effective questions to foster change, particularly that change may be most effective when it comes from within the OPTN.
- Members had concerns around the high-growth centers highlighted as successful, namely that the effective practices of those examples may not be applicable to centers in other geographic regions.

6. The Characteristics of a Good Aim

Members considered and discussed the characteristics of a good aim for the task force, while a facilitator captured their discussion live. Members described as good Bold Aim as:

- Measurable and based in evidence
- Time limited
- Demonstrably achievable
- One that reduces variability
- Geographically scalable
- One that anticipates consequences
- Aspirational and bold
- Focused on big opportunity
- Appropriately uncomfortable
- Nimble and pivotable depending on outcome
- Relatable to all stakeholders patients, TxCs, organ procurement organizations (OPOs), the Centers for Medicare and Medicaid Services (CMS), etc.
- Dividable into smaller aims
- One people can commit to
- Alignment across population
- Focused
- Living and adaptable
- One that has process measure behind it
- Applicable to center and national level leadership
- Different than Bold Aims that do not work
- One that identifies relevant effects on all (especially patients)
- One that addresses the right problem

Next steps:

The task force will have a subgroup of member volunteers draft Bold Aims for the task force. This Bold Aims Workgroup will reference this list of characteristics in their work to evaluate if the drafted Bold Aim will be effective.

7. The Use of Bold Aims as a Task Force

The facilitators engaged the task force in an exercise to assess comfort with and support for the Bold Aims approach. No one was opposed; most strongly supported and the rest fell between strong support and support with some concerns. Members that expressed the most support explained that Bold Aims were critical to getting the whole community engaged. Members expressing some concerns noted that it was important to not lose the patient perspective and advocacy in whichever Bold Aim the task force will pursue.

Next steps:

After the exercise, interested task force members signed up to join the Bold Aims Workgroup. The workgroup will meet several times in November to draft Bold Aims for the task force. The draft Bold Aims will be brought to the full task force at the next in-person meeting, on December 2-3. The Bold Aims defined by the task force will be brought to the OPTN Board of Directors on December 4.

8. How Partners Can Contribute

In the next activity, facilitators led the group in ideating on which entities could be partnered with to achieve Bold Aims, reflecting specifically on the "how" and "who." Following ideation, participants voted on which three entities they thought would have the most impact on the work of the task force. The group discussed what the task force could achieve with and without each entity's support.

The output of the "how" component of the exercise was as follows:

- CMS (21 votes)
 - Remove disincentives for TxCs and OPOs to give them "freedom to fail" and to innovate
 - Align on metrics, policies, and roles among OPOs, TxCs, and donor hospitals
 - o Increase accountability of donor hospitals
 - Coordinate and share data, efforts, and lessons earned among key players as well as the broader community
 - Align HRSA/OPTN/CMS
- TxCs (15 votes)
 - Foster a growth mindset among leadership and personnel to emulate top 10 centers for growth
 - o Commitment at the leadership level to encourage buy-in at the staff level
 - Educate faculty and staff about the task force activities and opportunities for improvement
 - Support and cultivate "local surgeon" in procurement
- OPTN Board (14 votes)
 - Prioritize efforts, initiatives, and leadership to align with and drive the task force's Bold Aims
 - Provide consistent, easy-to-access educational resources for patients
 - Improve equity, including the ability for all patients to be listed
 - Remove disincentives for organ acceptance
- OPOs (12 votes)

- Standardize donor OR times, donor management, and practice sharing and implementation, such as allocation practice sharing
- Adopt donor management goals
- Ownership of transportation and organ recovery system (ORS) use offset by reimbursement of CMS
- Patients (11 votes)
 - Partner with patient advocacy organizations, such as Transplant Families, Transplant Recipients International Organization (TRIO), Association for Multicultural Affairs in Transplantation (AMAT), etc.
 - Collaborate with patients to receive their input and voice on initiatives, such as better understanding what patients want to know when responding to "marginal" organ offers to improve patient education
 - Organize patient town halls and focus groups
- Industry and Vendors (11 votes)
 - Facilitate technology advancements, such as electronic medical record (EMR) data merges and leveraging artificial intelligence (AI) to inform decisions
 - Drug development
 - Obtain and share data to communicate donor potential as well as the benefits of transplant
- OPTN Committees (6 votes)
 - Prioritize projects that will drive our Bold Aims
 - Drive the development of improved donor and recipient matching tools for allocation efficiency (example: KDPI Version 2)
 - Living Donor Committee: key performance indicators (KPIs) for percentage of living kidney donor transplants (LKDT) performed for centers; approval of stand-alone LKDT programs to remove 24/7 operational burden, increase access, decrease deceased donor (DD) demand
- Payers (5 votes)
 - o Incentivize living donation and use of hard-to-place organs while removing disincentives
 - Support new technologies
 - Unlink contracts from short-term performance metrics
 - Separate Center of Excellence (COE) criteria for higher risk transplantation and increase transparency into that determination
- Human Leukocyte Antigen (HLA) Labs (2 votes)
 - Standardize practices between labs and centers to increase efficiency
 - Encourage use of virtual crossmatch to increase efficiency
- UNOS (2 votes)
 - Utilize the group's patient education materials
- Media
 - Create and share community-specific media to increase donation among minority groups
- Associated Groups
 - Collaboration between the Organization for Donation and Transplant Professionals (NATCO), the Association for Organ Procurement Organizations (AOPO), the American

College of Clinical Pharmacy (ACCP), and the American Society of Transplantation (AST) to educate and train OPO staff on procedures and Intensive Care Unit (ICU) donor management to increase standardization and improve training

Members discussed the important role CMS plays in the donation and transplantation community and noted how imperative CMS participation is to ensure the greatest success of task force initiatives. Members asked HRSA to help secure CMS participation in future task force meetings. The group also recognized that the task force could succeed in its Bold Aims with the entities represented.

9. Commitments to Advance the Task Force's Work

Members took part in two activities led by facilitators to make individual commitments to the task force.

In the first activity, participants were encouraged to finish the statement "To support the task force in leading with Bold Aims, by next Thursday (November 2) I commit to..." and share their commitment to the group. 47 commitments were made and thematically grouped after the workshop.

The following themes exemplify the individual commitments of the task force:

- Coordinate efforts and conversations within my team, leadership, and other groups to inform, develop and support the task force's aims.
- Engage with the patient community to better understand, acknowledge, and empower their voice.
- Leverage individual expertise and experience to help guide and support the task force.
- Apply lessons learned on leadership and asking effective questions.

In the second activity, members were asked about the biggest insight they took away from the day, three action items they would take before the next task force meeting in December, and any areas of leadership they would like to offer their expertise in. 38 responses were collected and thematically grouped after the workshop.

The following themes exemplify the individual insights of the task force:

- We have the right people.
- Bold Aims will lead the way.
- We need to pull together the efforts of the whole community.
- We need to center donor families and patient perspectives in our work.

The following themes exemplify the individual action items of the task force:

- I will coordinate efforts and conversations within my team, leadership, and other groups to inform, develop and support the task force's aims.
- I will educate myself further on the challenges within the transplant system.
- I will collect big ideas.
- I will craft Bold Aims.

Next steps:

In the coming weeks, facilitators will follow up on commitments made on the individual level. Task force facilitators will also develop detailed project plans and timelines to organize the work and commitments ahead. Task force members that volunteered for the Bold Aims Workgroup will meet to develop recommendations.

Upcoming Meeting

- November 17, 2023 Virtual
- December 2-3, 2023 St Louis, Missouri

Attendance

• Task Force Members

- Woodlhey Ambroise
- Laura Butler
- o J. Kevin Cmunt
- Christopher Curran
- o Donna Dickt
- Matthew Hartwig
- Kyle Herber
- Catherine Kling
- Michael Kwan
- o Kenny Laferriere
- o Jennifer Lau
- Kevin Lee
- o Deborah Levine
- o Matthew Levine
- o David Marshman
- o Barry Massa
- Ginny McBride
- o Colleen McCarthy
- o Jennifer Milton
- o Silas Norman
- James Pittman
- Christine Radolovic
- Lloyd Ratner
- Jason Rolls
- Jesse Schold
- Marty Sellers
- o Lisa Stocks
- George Surratt
- o Nicole Turgeon
- o Sena Wilson-Sheehan

• Task Force Advisors

- Richard Formica
- Dianne LaPointe-Rudow
- o Valinda Jones
- Invited Guests and Speakers
 - o Dennis Wagner

• HRSA Representatives

- Adrienne Goodrich-Doctor
- o Frank Holloman
- o Adriana Martinez
- Chris McLaughlin
- Manjot Singh
- o Daniel Thompson

• SRTR Contractor Staff

o Ryo Hirose

- o Jon Snyder
- o Nick Wood

• OPTN Contractor Staff

- o James Alcorn
- o Kate Breitbeil
- Jadia Bruckner
- o Bonnie Felice
- o Bridgette Huff
- o Ann-Marie Leary
- Carlos Martinez
- o Tatenda Mupfudze
- Jacqui O'Keefe
- Beth Overacre
- Michelle Rabold
- Tina Rhoades
- Tamara Rowe
- Dale Smith
- Susie Sprinson
- o Kayla Temple
- o Alison Wilhelm
- Carson Yost

• Facilitators

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