

**OPTN/UNOS Membership and Professional Standards Committee (MPSC)**  
**Meeting Summary**  
**May 24, 2016**  
**Conference Call**

**Jonathan M. Chen, M.D., Chair**  
**Jeffrey Orlowski, Vice Chair**

*Discussions of the full committee on May 24, 2016, are summarized below. All committee meeting summaries are available at <https://optn.transplant.hrsa.gov>.*

### **Committee Projects**

#### **1. Task Force to Reduce Disincentives to Transplantation**

The Task Force to Reduce Disincentives to Transplantation (the Task Force) provided the following framework to the MPSC Task Force Work Group to work through additional details and operational considerations:

- Quality Control Tier = >60% probability that hazard ratio > 1.75
  - 100% probability of MPSC engagement
- Quality Improvement Tier 2 = >60% probability that  $1.75 \geq$  hazard ratio > 1.25
  - 50% probability of MPSC engagement
- Quality Improvement Tier 1 = hazard ratio > 1.0
  - 10% probability of MPSC engagement
- Performing As Expected or Better Tier = hazard ratio  $\leq$  1.0
  - 0% probability of MPSC engagement

The MPSC Vice Chair updated the committee on recent discussions, and the final recommendations, determined by the MPSC's Task Force Work Group. To summarize:

- The Work Group agreed with the four-tier system developed by the Task Force
- The Work Group agreed with the Task Force's placement of the hazard ratio lines to define the boundaries of each tier
- A program's tier placement should be determined by its graft *or* patient survival (as compared to its graft *and* patient survival)
- No separate, additional considerations for evaluating small volume programs
- Label quality control tier as "Expanded Program Performance Review"
  - Programs in this tier will be expected to complete an expanded survey, the results of which will determine any further MPSC action
- Label the quality improvement tiers as "Routine Program Review"
  - Programs randomly selected in these tiers will be expected to complete an initial survey, the results of which will determine any further MPSC action
  - A greater focus on program's quality improvement systems & efforts will drive the MPSC's decisions to release from review

The MPSC Vice Chair informed the committee that these recommendations had recently been reviewed with the Task Force, who (along with OPTN leadership participating on this call) indicated unanimous support for moving forward with these recommendations.

Prior to presenting these recommendations to the OPTN/UNOS Board of Directors (BOD) at its upcoming June 2016 meeting, additional feedback from the MPSC was requested so that it may also be presented for the BOD's consideration.

The MPSC raised questions about how sampling would be performed, with particular concerns about those programs at the higher end of the hazard ratio spectrum in Routine Program Review Tier 2. The concerns stemmed from the fact that these programs could theoretically continue at this level of performance indefinitely without being randomly selected for MPSC review. The MPSC Vice Chair responded that this is something the work group discussed. It is understood that, theoretically, a program in the routine program review tiers may never be randomly selected, but the committee was encouraged to ignore the theoretical arguments and focus on what is more probable to happen. To assure its concern is not realized, the Committee asked if it would be worthwhile to include an additional consideration that a program will be engaged by the MPSC if it remains in a routine program review tier, and is not randomly selected after a set number of cohorts. The Vice Chair responded that this consideration had also been discussed, and the work group decided against this. One of the primary purposes of this effort is to change the community's perception that MPSC reviews are a punitive process while supporting a greater understanding that MPSC reviews are focused on quality improvement. The work group's decision stemmed from concerns that additional considerations to address programs that may be repetitively missed by random selection could undermine the quality improvement message and intent of the random selection component of the routine program review tiers.

Ultimately, the MPSC indicated its support for the work group's recommendations. To conclude this discussion, UNOS staff informed the Committee that an update on the BOD's discussion of this topic, including guidance on the next steps for this effort, would be provided during the MPSC's next teleconference, scheduled for the end of June 2016.

## **2. Transplant Program Performance Measures Review (Outcome Measures)**

During the spring public comment period, the Committee had requested feedback from the community and public on a concept to revise the process for identification of kidney programs for review of lower than expected patient and graft survival. The concept provides that the Committee would only make an inquiry to a kidney transplant program if the program's one-year kidney graft or patient survival meets the established criteria for both:

- All kidney transplants
- Kidney transplants excluding transplants involving a recipient with an estimated post-transplant survival (EPTS) score greater than 80 using a kidney from a donor with a Kidney Donor Profile Index (KDPI) of 85 or greater

The Committee received an update on the feedback received during the spring public comment period and the work group's responses to the feedback. The Committee supported the work group's recommendation to send the proposal out for public comment in fall 2016.

### **3. Transplant Hospital Definition**

UNOS staff updated the MPSC on the consensus building discussions had throughout the spring with a number of different stakeholders. Positive feedback was provided in all these discussions, and participants did not raise any major concerns or new considerations. The MPSC's Transplant Hospital Work Group met in April to review the feedback provided, and unanimously agreed to proceed with the concepts presented this spring, and previously endorsed by the MPSC.

UNOS staff reminded the MPSC that a similar presentation on the proposed transplant hospital definition will be presented at the June 2016 OPTN/UNOS Board of Directors meeting. Any feedback obtained during this meeting will be incorporated into the draft Bylaws that will be presented to the MPSC during its June 2016 teleconference for a final vote on what will be distributed for public comment.

#### **Committee Projects Pending Implementation**

None

#### **Implemented Committee Projects**

None

#### **Review of Public Comment Proposals**

None

#### **Other Significant Items**

##### **4. Member Related Actions**

The Committee discussed several member related cases including a change in key personnel application for a heart transplant program; a change in key personnel application for a histocompatibility laboratory; and a work group report from a hospital that had been issued a letter of reprimand.

#### **Upcoming Meeting(s)**

- June 28, 2016, Conference Call
- July 12-14, 2016, Chicago
- October 25-27, 2016, Chicago
- February 28 - March 2, 2017, Chicago
- July 11-13, 2017, Chicago
- October 17-19, 2017, Chicago