

OPTN/UNOS Thoracic Organ Transplantation Committee
Meeting Minutes
February 23, 2018
Conference Call

Kevin Chan, MD, Chair
Ryan Davies, MD, Vice Chair

Introduction

The Thoracic Committee met via Citrix GoToTraining teleconference on 02/23/2018 to discuss the following agenda items:

1. Spring 2018 Public Comment Proposals

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

1. Spring 2018 Public Comment Proposals

The Committee reviewed two proposals out for public comment.

2018-2021 OPTN/UNOS Strategic Plan

The OPTN/UNOS Thoracic Committee (Committee) commends the Executive Committee's efforts in drafting the next OPTN strategic plan. They supported the plan as written and felt it included appropriate measures to assess progress on the strategic goals. The Committee prioritized the following five goals:

- Evaluate metrics and monitoring approaches for increased collaboration and performance improvement activities when assessing transplant program and OPO performance.
- Reduce geographic disparity in access to transplant.
- Improve efficiency in the policy development and implementation process.
- Improve equity in transplant opportunities for multi-organ and single organ candidates.
- (TIE):
 - Promote knowledge of and increase implementation of effective donation and procurement practices.
 - Improve longevity of organ transplants.

There was no additional feedback offered.

Concept paper on improving the OPTN UNOS committee structure

The Committee commends the Executive Committee's efforts to increase engagement with the OPTN from diverse constituencies. A majority felt neutral towards the concept proposed and agreed the proposed changes in OPTN committee structure allows for greater opportunity for participation by the transplant community. Committee members unanimously were neutral regarding the proposed change in OPTN committee structure strengthening their voice in the policy making process. Finally, a majority did not feel the proposed expert councils and subject committees captured all perspectives needed in the policy making process, but did not articulate what perspectives were missing. One member felt the term "expert council" was not quite an accurate description of those groups, as she thought of an "expert" being an expert in a subject, rather than as a descriptor for a group that represents a perspective.

The Committee agreed that increasing opportunities for participation and diversity in perspectives on committees had merit, and supported strengthening communication and

relationships between the Board and Committees and between committees. Several members felt that constituent groups (pediatrics, patients) may not need regional reps, but would still be underrepresented on subject committees. While the concept of having an “expert council” for areas where involvement on more than three subject committees is valid, the lack of ability to sponsor a policy proposal appears to reduce the importance of the council. The Vice Chair commented that taking away the constituent committees’ ability to sponsor policy proposals (or any type of project), reduces their role to advisory-only which will decrease volunteer satisfaction and engagement. Currently, there is a process, albeit not a formal one, and perhaps not well advertised, by which individuals with specific perspectives or expertise not currently serving on a committee can get involved with OPTN committees: project workgroups. Another member felt that there needed to be a way to vet council members, because it would be unwieldy to try and facilitate discussion and gain consensus with hundreds of people on a conference call. A majority of Committee members supported keeping the lung and heart specialists together. Members felt that it was valuable to have peers on the committee who are familiar with the field generally, but are dispassionate and able to offer objective feedback on a project. There was support for increasing the size of the Committee to ensure there is an equal balance between specialties and roles, however members acknowledged this could make the Committee too big. A minority supported separating the group, as they felt the issues facing the groups are different enough to warrant each to have dedicated committee representation, and it would mean an additional thoracic regional rep to represent the specialty within the regions. One member suggested strengthening or formalizing how Committees can collaborate and communicate as an alternative for changing the committee structure.

Upcoming Meetings

- March, 2018