

**OPTN Operations & Safety Committee  
Match Run Rules Workgroup  
Meeting Summary  
April 21, 2022  
Conference Call**

**Alden Doyle, MD, MPH, Chair**

## **Introduction**

The Match Run Rules Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 04/21/2022 to discuss the following agenda items:

1. Project Overview and Goals
2. Review and Discussion: Provisional Yes Data Request Results
3. Next Steps

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

### **1. Project Overview and Goals**

The Workgroup reviewed progress to date on the project to improve the efficiency of the organ offer, review, and acceptance system.

#### Data summary:

The key goals for the Workgroup project are:

- Redefine provisional yes and associated member responsibilities
- Review and consider number of organ offers sent
- Modify organ offer time limits with system enforcement
- Modify organ offer notifications

#### Summary of discussion:

There was no discussion surrounding this agenda item.

#### Next steps:

The Workgroup will keep these goals in mind while developing the new allocation framework.

### **2. Review and Discussion: Provisional Yes Data Request Results**

The Workgroup requested a review of provisional yes to no conversion rates. This data was presented by research staff.

#### Data summary:

The data request was primarily drafted to look at the difference in provisional yes to no conversion rates based on if the initial responder is part of the transplant program or contracted from a screening service.

- PY to N conversion rate ranges between 68% – 78% across organ types, with the exception of Lung, which is likely due to small sample size

- Conversion rate remains consistent across organ types regardless of the responder's affiliation
- There is a slight increase in conversion rate from day to night
- For Kidney, on average 8.8 programs after the final acceptor were notified
- Not a significant difference in excess programs notified from day to night
- Provisional yes to no conversion rates were higher after the removal of Direct Service Area (DSA)

Summary of discussion:

The Chair wondered what the Workgroup thought of the findings. A member considered that this data was not altogether surprising considering what transplant program staff have been saying. They added that something they have heard is programs will receive offers significantly past the acceptance sequence due to Organ Procurement Organizations (OPOs) repeatedly backing up their acceptance. The Chair noted this was supported by the data request, which stated that programs are receiving approximately double the number of offers that OPOs need to achieve an acceptance. A second member said that this also leads to obfuscation of legitimate offers, as programs do not know which offers have a reasonable chance of reaching them.

The member proceeded to say that, in their conversations with colleagues about the tiered framework, the reception has been positive, as it provides accountability for OPOs to feel confident in their acceptances.

Another member suggested that part of the problem with provisional yes in the current system is the timeframe for offer evaluation; programs feel they don't have enough time to consider the offer before responding to it. The OPTN Transplant Coordinators Committee (TCC) received a presentation on the proposed allocation structure, and provided the following feedback:

- Any changes to the allocation system should be implemented slowly
- Late turndowns should be addressed in the system
- There should be consequences for programs that do not abide by the outlined responsibilities
- The Workgroup needs to have policy definitions for terms like backup

The Chair asked if there were any analysis done on programs that received an offer, but the organ was accepted earlier than their sequence. Staff responded that this conversion rate was noticeably lower than before the accepting sequence, likely due to being able to leave a provisional acceptance on the match run with no consequence.

A member noted that intestine offers demonstrated the highest provisional yes to no conversion rate. They speculated that there could be policy guidelines defining what a suitable intestine offer is.

It was also noted that some programs have a practice of putting provisional acceptances on match runs that they have only been verbally notified of in order to put a placeholder on it. This likely contributes to a high provisional yes to no conversion rate as the provisional acceptance is only being used as a locator by a coordinator for the match run. A member considered that this could be the new function of the Tier III evaluation; they are used as a placeholder for offers that do not meet immediate program refusal criteria.

The member also added that the conversion rate data could be useful in convincing programs to use offer filters, as the goal of the usage of offer filters is to reduce the number of unacceptable offers. They also reiterated that successful usage of offer filters does not always mean a program accepts more organs; it is an increase in the overall utilization rate of organs.

The Chair noted that, between two OPOs located in close geographic proximity, though they shared a similar number of programs needed per kidney match, one notified significantly more programs. A

member added that this could be due to local practices, such as how tissue typing material is distributed. They added that this could potentially be a function of Tier II offers in the new system.

Next steps:

The Workgroup will consider the data presented in their development of their concept paper.

**3. Next Steps**

The Workgroup was updated on the goal of providing a request for feedback for the August 2022 public comment cycle.

Summary of discussion:

There was no discussions surrounding this item.

Next steps:

The Workgroup will keep this timeline in mind in their development of the project.

**Upcoming Meetings**

- May 19, 2022
- June 16, 2022

## Attendance

- **Workgroup Members**
  - Alden Doyle
  - Katherine Audette
  - Jill Campbell
  - Christopher Curran
  - Audrey Kleet
  - Jennifer Muriett
  - John Stallbaum
  - Chris Yanakos
- **HRSA Representatives**
  - Vanessa Arriola
  - Jim Bowman
  - Marilyn Levi
  - Arjun Naik
  - Raelene Skerda
- **UNOS Staff**
  - Isaac Hager
  - Melissa Lane
  - Carlos Martinez
  - Kerrie Masten
  - Kaitlin Swanner
  - Joann White