

**OPTN Policy Oversight Committee
Benefit Scoring Subcommittee
Meeting Summary
September 13, 2022
Conference Call**

Lisa Stocks, RN, MSN, FNP, Chair

Introduction

The Benefit Scoring Subcommittee (the Subcommittee) met via Citrix GoToMeeting teleconference on 09/13/2022 to discuss the following agenda items:

1. Background on Benefit Scoring and Discussion

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

1. Background on Benefit Scoring and Discussion

The Subcommittee reviewed the progress and decisions that were made during the development of benefit scoring. This was led by the Chair of the Subcommittee.

Data summary:

Goal of benefit project:

- More objective measure to reliably assist POC in assessing project's impact
- Two elements
 - What constitutes "benefit"?
 - Relative weight of factors

To evaluate which factors should be considered, the Policy Oversight Committee (POC) used an analytic hierarchy process method. In the spring of 2022, the POC decided that:

- Safety was already outlined in strategic priorities
- Measurability should be a binary decision
- Whether a project was "impactful" was too subjective
- Added living donor to vulnerable populations
- Tested the weight of factors against implemented projects to determine accuracy
- Reducing waitlist mortality removed – easily manipulated, could be detrimental if gamed

Summary of discussion:

A member noted that waitlist mortality could be seen as an "outcome" rather than an attribute of the project to score. They also wondered if each project should be scored against each OPTN strategic priority rather than a binary of whether it meets any of them. It was also suggested that feasibility of measurement should be considered as an additional metric. Another member added that feasibility could also be considered within the context of a Committee's overall project portfolio.

Another member wondered if there could be more granular detail surrounding what the population impacted would be referring to when applied to different policies (should this be all candidates of a specific organ type, should this be all candidates with a specific disease in an organ type, etc.). The Chair

stated that there could be more specificity in all of the scoring questions, especially given the high rate of conflicting answers.

It was proposed that the Subcommittee could validate the scoring process by retrospectively scoring projects that were seen to have a high impact or a lower-than-expected impact; the scoring system would be seen as a success if there were both consensus among the responses as well as an accurate reflection of the results. The Chair suggested these responses could be demonstrated as a pie chart with the weights applied.

A representative from the Health Resources and Services Administration (HRSA) noted that greater definition could be extrapolated from project forms. For example, the population of projects that intend to impact waitlist mortality should be those candidates for whom organ support systems are less available or applicable.

While reviewing the graphic representations of benefit scoring, a member pointed out that strategic plan benefit is the same value for all projects, and therefore does not offer any usable information. It was suggested this may be duplicative and could be struck. They wondered if there was a way to display the benefit score of the project in comparison with the actual impact of the project.

A member suggested that staff should offer a score of the project in addition to the members of the committee, as the member considered this may help normalize any bias from committee vice-chairs sponsoring projects. In addition, new projects should be scored against one another to provide a picture of what the benefit of approving one new project versus another is.

The Chair inquired what the percentage of projects that are not POC approved are. Staff replied that it was under 5%. The Chair emphasized that the intent of benefit scoring and the POC as a committee is that it “weeds out projects that shouldn’t go forward”. A member added that the POC should feel empowered to not approve projects on the basis of resource allocation as well; staff noted that the next steps for benefit scoring are to incorporate the elements of cost and risk.

The Chair also wondered why the weights of multiple elements were the same when each of the elements scored differently on the AHP exercise. The Chair posed the question of whether the Subcommittee felt the benefit score weights were appropriate. A member responded they would reserve their judgement on it until they saw how the implemented projects scored.

Next steps:

Staff will include a review of the strategic plan and POC stated priorities for the Subcommittee. Staff will also include a benefit scoring of implemented projects for the Subcommittee to retrospectively review.

Upcoming Meeting

- September 30, 2022 (in-person POC meeting)

Attendance

- **Subcommittee Members**
 - Jesse Schold
 - Matthew Hartwig
 - Kimberly Koontz
 - Scott Lindberg
 - Oyedolamu Olaitan
 - JD Menteer
 - Lisa Stocks
- **HRSA Representatives**
 - Jim Bowman
 - Amond Uwadineke
- **UNOS Staff**
 - James Alcorn
 - Roger Brown
 - Cole Fox
 - Isaac Hager
 - Janis Rosenberg