

OPTN Membership and Professional Standards Committee (MPSC)

Meeting Summary

August 24, 2021

Conference Call with GoToTraining

Ian Jamieson, Chair

Zoe Stewart Lewis, M.D., Vice Chair

Introduction

The Membership and Professional Standards Committee (MPSC) met by conference call in open and closed session via Citrix GoToTraining on August 24, 2021, and discussed the following agenda items during open session:

1. Proposal: Establish Membership Requirements for Uterus Transplant Programs
2. Performance Monitoring Enhancement Project Update
3. Future MPSC Projects

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

1. Proposal: Establish Membership Requirements for Uterus Transplant Programs

Staff provided an introduction on the role of the MPSC in the development of this proposal, including MPSC representation on the Vascular Composite Allograft Transplantation Committee's work group and pre-public comment feedback provided in May 2021. The Vascular Composite Allograft Transplantation Committee Chair provided a presentation on its proposal "Establish Membership Requirements for Uterus Transplant Programs." Following the presentation, the MPSC offered questions and comments.

- An MPSC member recommended changing "radical hysterectomies" to "donor hysterectomies" as this falls more in line with terminology currently used for other donor procedures. He also recommended having terminology for preserving back table procedures for uterus similar to the preparation of the kidney, liver, or pancreas.

Response: Radical hysterectomy is fairly destructive procedure and much different from a standard hysterectomy. The VCA Committee felt that this terminology reflected the closest elements to the procedure used for a donor uterus. If donor hysterectomy was used that would also imply that the surgeon has uterus transplant experience, and given how few of these transplants actually take place, it would cause a huge bottleneck for training. Once these transplants become more common, then the requirements can be reconsidered.

- Another MPSC member commented that when requirements were set for a Primary Transplant Nephrologist there were regulations for the number of kidneys transplants to be involved with and how many organ retrievals had to be observed. With this being such a new field, the requirements are vague. He questioned how the MPSC will gauge if a person has enough experience to serve as a primary physician when reviewing program applications.

Response: The Primary Physician requirements mirror what is currently in the Bylaws for all other VCA Primary Physicians. This was done intentionally to allow for flexibility since most of the programs are multi-disciplinary. There are no observation requirements for the physician, only the

surgeon. The requirements in the transplantation field still apply for the primary physician and this has not been a problem thus far for VCA.

- An MPSC member asked about the medical expert support requirements and what qualifies them for those roles. He suggested that it would be beneficial to define requirements from an MPSC perspective (board certification, etc.). He also had concerns about how the MPSC will confirm that they have demonstrated collaboration if there are no documentation requirements. The MPSC needs proof that the requirements are met.

Response: It was intended that a letter be submitted that confirms collaborative support during this endeavor. The VCA Committee will go back and discuss further proof of requirements.

- Another MPSC member mentioned that in living donations, you have a live donor surgeon and a deceased donor surgeon, both with their own set of requirements. She questioned if uterus will have the same and also if insurance covers this procedure.

Response: In VCA, the same surgeon who does the recovery does the transplantation. There isn't a hand off right now so it is the same person due to the complexity and needed expertise. The Committee will define two separate roles between living and deceased at a later time. Insurance does not currently cover uterus transplants. It is offered on a commercial basis for patients who can afford to pay for it.

2. Performance Monitoring Enhancement Project Update

Staff provided an update to committee members on the Performance Monitoring Enhancement project proposal that is currently out for public comment. Staff reminded the Committee that public comment is open until September 30, and asked committee members to encourage colleagues to provide feedback on the proposal. The staff member also noted that, at this time, there had been very few comments received about the proposal on the OPTN public comment website. She reviewed the proposal sentiment votes and feedback received from OPTN members during the regional meetings. She reported that the sentiment votes appear to support the proposal. The staff member also reviewed common themes of feedback received, which included:

- Impact on pediatric programs
- Waiting list mortality and offer acceptance metrics and risk adjustment
- Suggestions for efforts to mitigate against risk aversion through education
- Confusion over the SRTR 5-Tier Assessment and the MPSC proposal

Committee members reviewed the comments on the public comment website and discussed feedback received at regional meetings. Committee members who had attended regional meetings noted that the summary captured the questions posed and that the audience seemed mostly supportive of the proposal. The Performance Monitoring Enhancement Subcommittee Chair stated that the committee has done a great job in explaining the concept of risk-adjustment.

Committee members provided suggestions in response to the regional meeting feedback:

- Continue to further educate programs on the changes to the metrics.
- Give programs an analysis of their own data to help mitigate against unintended consequences. The SRTR Director explained that there are tools on the SRTR website that are available for programs to use to run an analysis of their program's performance.
- Provide programs with example program data to show how certain behavior could improve or worsen program performance.

- Make the FAQ document publicly available.

The staff member concluded the discussion and stated that additional updates would be provided during the October MPSC meeting.

3. Future MPSC Projects

Staff provided an overview of the MPSC's projects and potential future projects based on the OPTN strategic plan. She summarized the two current projects and provided an update on expected future committee work on each.

- Transplant Program Performance Monitoring

Staff reviewed the timeline of the project. Staff noted that although the Committee is hopeful that the proposal will be approved by the Board of Directors in December, there is still significant Committee work post approval to prepare for implementation and evaluation. Staff reviewed the work that would be required to prepare for implementation post approval.

- Membership Bylaws

Staff reviewed the work that has been completed on the membership bylaws project and explained that the project was currently on hold by HRSA. She stated that following the receipt of feedback from HRSA, the Committee would continue discussions to finalize the transplant program key personnel framework, collaborate with stakeholder committees to apply the framework to the organ specific bylaw requirements, and incorporate new processes to evaluate programs for ongoing currency with requirements.

The staff member reviewed the OPTN Strategic Plan and potential future MPSC projects based on the goals and initiatives in the plan. The staff member informed committee members where the 2021-2024 strategic plan could be found on the committee's SharePoint site. Committee members were asked to review the strategic plan in preparation for a discussion of potential MPSC projects at a future meeting.

Committee members did not have any questions or comments.

Upcoming Meetings

- October 1, 2021, MPSC Meeting, 2-4pm, ET, Conference Call
- October 26-28, 2021, MPSC Meeting, Chicago (pending virtual)
- December 9, 2021, MPSC Meeting, 1-3pm, ET, Conference Call

Attendance

- **Committee Members**
 - Mark Barr
 - Nicole Berry
 - Christina D. Bishop
 - Emily Blumberg
 - Timothy Bunchman
 - Theresa Daly
 - Todd Dardas
 - Richard N. Formica Jr
 - Reginald Gohh
 - Barbara Gordon
 - Alice Gray
 - John Gutowski
 - Nicole Hayde
 - Ian R. Jamieson
 - Christopher Jones
 - Christy Keahey
 - Mary Killackey
 - Anne M. Krueger
 - Jules Lin
 - Gabriel Maine
 - Amit Mathur
 - Virginia(Ginny) T. McBride
 - Jerry McCauley
 - Kenneth McCurry
 - Bhargav Mistry
 - Willscott Naugler
 - Michael Pham
 - Elizabeth Rand
 - Sara Rasmussen
 - Pooja Singh
 - Jason Smith
 - Zoe Stewart Lewis
 - Laura Stillion
 - Sean Van Slyck
 - Gebhard Wagener
- **HRSA Representatives**
 - Marilyn Levi
 - Arjun Naik
 - Raelene Skerda
- **SRTR Staff**
 - Ryo Hirose
 - Nicholas Salkowski
 - Jon Snyder
 - Bryn Thompson
 - Andrew Wey

- **UNOS Staff**
 - Sally Aungier
 - Matt Belton
 - Nicole Benjamin
 - Tameka Bland
 - Tory Boffo
 - Shawn Brown
 - Nadine Drumn
 - Demi Emmanouil
 - Katie Favaro
 - Asia Harris
 - Kay Lagana
 - Krissy Laurie
 - Ann-Marie Leary
 - Ellen Litkenhaus
 - Sandy Miller
 - Amy Minkler
 - Steven Moore
 - Sara Moriarty
 - Alan Nicholas
 - Jacqui O'Keefe
 - Rob Patterson
 - Dina Phelps
 - Michelle Rabold
 - Liz Robbins Callahan
 - Louise Shaia
 - Sharon Shepherd
 - Leah Slife
 - Kaitlin Swanner
 - Olivia Taylor
 - Stephon Thelwell
 - Roger Vacovsky
 - Marta Waris
 - Betsy Warnick
 - Emily Womble
 - Karen Wooten
- **Other Attendees**
 - Bohdan Pomahac