

## OPTN Operations and Safety Committee

### Meeting Summary

April 11, 2023

Conference Call

Alden Doyle, MD, MPH, Chair

Kim Koontz, MPH, Vice Chair

### Introduction

The OPTN Operations and Safety Committee (the Committee) met via Citrix GoToMeeting teleconference on 04/11/2023 to discuss the following agenda items:

1. Review and Discussion: Policy Language for *Optimizing Usage of Offer Filters* proposal
2. Review and Discussion: Key Metrics for *Optimizing Usage of Offer Filters* proposal

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

### 1. Review and Discussion: Policy Language for *Optimizing Usage of Offer Filters* proposal

The Committee reviewed and voted on the final language for the Committee's *Optimizing Usage of Offer Filters* proposal.

Based on public comment and previous Committee discussions, the following modifications were made:

**Re-evaluation Period** – based in public comment feedback, the proposed three-month re-evaluation period has been modified to six months.

- New modification: To clarify that model-identified filters are what will be reviewed and enabled during the re-evaluation period (vs. program identified filters), included specification of this by adding "and enabled"

Modified Proposed Language:

New model-identified filters will be generated and enabled for each transplant program every three-six months.

**Automatic Exclusion Criteria** – to avoid redundancy, the mention of pediatric alone programs was removed from the last bullet of the exclusion criteria listed (pediatric alone programs are mentioned in paragraph after).

Modified Proposed Language:

All model-identified offer filters will automatically not apply to candidates with any of the following criteria at the time of the match run:

- Greater than 90% CPRA,
- 0-ABDR mismatch,
- in medically urgent status, or
- less than 18 years old, unless the filter is for a pediatric alone program

Model-identified offer filters will be applied to all adult kidney transplant programs. Pediatric alone programs may manually apply model-identified filters.

**Offer Filter Functionalities** – Clarifying functionalities of filters (model-identified vs. program identified filters) (based on demo and discussion during 3/23 in person meeting).

Modified Proposed Language:

All programs may modify or remove their model-identified filters or modify automatic candidate exclusion criteria of their model-identified filters. Any program may create their own program-identified filters.

**New Data Field** – reworded based on feedback from OPTN Data Advisory Committee (DAC).

Proposed Data Element	Location	Format	Definition
<u>Candidate offer filter exclusion</u>	OPTN Waiting List	<u>Choose an option for this candidate:</u> <ul style="list-style-type: none"> <li><u>Apply kidney offer filters</u></li> <li><u>Do not apply kidney offer filters</u></li> </ul>	<p>This field determines whether a candidate is manually excluded from having offers filters applied for them. <u>This is set to “Apply kidney offer filters” by default. This field will not be reset in the re-evaluation period of the offer filters.</u></p> <p><u>Apply kidney offer filters - this patient will only receive offers defined by the program’s offer filters settings</u></p> <p><u>Do not apply kidney offer filters - this patient will receive all offers regardless of program’s offer filter settings</u></p>

Summary of discussion:

There were no questions or comments. The Committee was called to a vote on the policy language and revisions that would be included in the final proposal that would be reviewed by the OPTN Board of Directors (BoD).

*Vote:* Support – 13

Oppose - 0

Next steps:

The final language will be included in the Optimizing Usage of Offer Filters proposal that will be submitted to the BoD for further review during the June 2023 BoD meeting.

**2. Review and Discussion: Key Metrics for *Optimizing Usage of Offer Filters* proposal**

The Committee reviewed and discussed the key metrics that would be included in the monitoring plan for the *Optimizing Usage of Offer Filters* proposal.

The proposed cadence of monitoring the offer filters model was for every three months.

*Key Metric: Usage of Filters*

This metric would monitor the percent of adult (including mixed adult and pediatric) kidney programs with at least one filter continuously enabled for the past three months. The term “continuously enabled” refers to a program enabling a filter consistently and not just that the program had a filter enabled for a week and then turns it off. The proposed threshold is to meet 85 percent. When looking at the current usage of filters, 196 (57 percent) programs utilizing the offer filters tool.

Summary of discussion:

*Key Metric: Usage of Filters*

This metric would monitor the percent of adult (including mixed adult and pediatric) kidney programs with at least one filter continuously enabled for the past three months. The term “continuously enabled” refers to a program enabling a filter consistently and not just that the program had a filter enabled for a week and then turns it off. The proposed threshold is to meet 85 percent. When looking at the current usage of filters, 196 (57 percent) programs utilizing the offer filters tool.

The Chair agreed with the proposed threshold of 85 percent and asked how continuous would be defined. Staff responded that the thought would be in enabling a filter less than a day. The Chair explained that sometimes the intention is to modify the filter, but can take a program a while to get this done.

A member asked for clarification if this would be one filter for each patient. The Chair clarified that these would be program filters. What was observed before was that there was a modest usage of offer filters and the hope is that this policy would require programs to actively review the tool. The hope is that the usage of the tool will increase over time. The member asked if this metric would be a ratio of the number of days in the evaluation period versus 7 days within the week. The Chair and Vice Chair agreed with this.

Staff asked if it seemed reasonable to define consistent usage of offer filters of utilizing the filters 80 or 90 days of the evaluation period. The Chair agreed with this and added that there should be a period of time within the evaluation period to allow a program to review and adjust the filters they want to utilize.

Staff summarized that 80 out of 90 days of the evaluation period would be the target for counting a program in using filters and then target the 85 percent thresholds as of right now. The Chair asked the Committee if the proposed 85 percent threshold seemed like a reasonable goal. A member stated that with the current usage of offer filters being 57 percent, the 85 percent threshold seems reasonable. Staff agreed that this may be a big jump in usage and added that from qualitative feedback received from transplant programs, those program that are using the offer filters are satisfied with the tool, therefore it is expected that the retention rate of utilizing the offer filters tool would be high.

The Chair commented that the monitoring of usage would include the usage of any filters, providing the flexibility of a program using any filters to be included in this metric.

A member stated asked what happens if the threshold is not met. The Vice Chair stated that from previous OPTN Policy Oversight Committee (POC) discussions, this was not brought up as this discussion was in the beginning stages, but the thought is that not meeting the threshold may warrant further evaluation. The Vice Chair added that further follow up would be made to clarify further. Staff commented that the thoughts that if the threshold was not met, there may be more impetus of moving forward with a mandatory offer filter model.

Another member asked that if being successful in meeting the 85 percent threshold drive towards the mandatory model or would being unsuccessful in meeting the 85 percent threshold drive toward the mandatory model. Staff responded by stating that the thought is that the question is more about how is

mandatory being approached. If there are a number of programs opting out of offer filters, it may help to identify why this is and how much extra work and caution may need to be put into mandatory model.

The member clarified by asking if the 85 percent threshold is not made, would the Committee see this more as a need to drive towards the mandatory filters or would it be observing the threshold being made, that would drive towards mandatory filters. The Chair responded hypothesized that it probably depends on what the barriers are; if there is good uptake of the offer filters tool, there may not be a need to go further and instead make the filters more sophisticated. The member agreed with this and stated that not making the 85 percent threshold would tend to drive to a mandatory model more than being above the threshold.

The Vice Chair added that to staff's point, if the threshold is not being made, it may indicate the need to move towards mandatory offer filter faster than anticipating right now. If there is 95 percent usage, the Committee may decide to focus on the last 5 percent. The Chair stated that this could also be nuanced by how successful the secondary aims are, such as the impact to cold time or time in finding a donor, which could also increase or decrease the enthusiasm for more usage.

The Chair continued by asking, from a POC and Committee standpoint, if it would be a failure of the policies; would this look unfavorable on the Committee's work or would this tell the Committee to go back and make adjustments. The Vice Chair commented that the metrics would be an indication that if the metrics are not met, the Committee would need to go back and make adjustments; was there an aspect of this that could be the reason why the threshold was not met? Was there a need for more education?

Staff agreed with this and stated that this was a lofty but reasonable goal, given the positive feedback and current usage of filters. Staff commented that in moving forward, the key metric for usage of filters being adjusted to look at continuously enabled filters for 80 days out of the 90 day evaluation period. There were no other comments to this.

#### *Other Metrics: Hard-to-place Donors*

It is expected that offer filters would have the most impact on hard-to-place donors. The metrics calculated would include all donors and specifically for hard-to-place donors. It is being proposed that the Scientific Registry of Transplant Recipients (SRTR) definition of hard-to-place kidneys be used: >100 offers before final acceptance.

The Committee reviewed the proposed metrics as follows (the newest addition being number 11):

1. Number and percent of offers that were filtered (all donors and "hard-to-place donor")
2. Number and percent of donors that were filtered (all donors and "hard-to-place donor")
3. Number of model-identified filters that were disabled
4. Number and percent of offers filtered for offer filters (all donors and "hard-to-place donor")
5. Transplant volumes pre/post
6. Percent change in transplant volume pre/post
7. Average cold time pre/post (all donors and "hard-to-place donor")
8. Time from allocation initiation to acceptance pre/post (all donors and "hard-to-place donor")
9. Program offer acceptance ratios (observed to expected ratios) reported in PSRs produced by the SRTR (evaluated upon PSR release).
10. Percent of Offers Actually Filtered vs Percent of Offers Predicted to Filter During Modeling
11. Percent of waitlist registrations that are opted out of all offer filters. This will be monitored per program and across all programs.

A member asked if non-utilization rates were used or overall non-utilization percentage in a previous proposal to assess the success of offer filters and inquired if this may be valuable to include in the list of metrics here. Staff confirmed that this was looked into, although not in this metric list. The Chair stated that this information was interesting but that there are a lot of factors that could attribute to the non-utilization rate and may not be the best metric. Although it may have an impact, the decision times and cold time would be a better assessment. The Chair continued by stating that the presumption is that for kidneys that are easier to place won't go to far on the list, and wouldn't have a lot of cold time unless held for multi-visceral offers. It is the harder-to-place kidneys where the filters are going to have the greatest impact where the cold time is going to already be mounting.

A member asked if cold time wouldn't be seen as actually increasing. Staff stated that data shared with the Committee previously seemed to show that the cold ischemic time (CIT) at the time of final acceptance is going down but then the overall CIT that includes transportation and transplant, operation of the hospital, is not going down. Staff added that there are caveats to all of the metrics and that there should not be an issue including this to monitor.

The Vice Chair stated that if there is no downside in including this with the list of metrics, it would be worth looking to see if the filters do make a difference. Staff agreed with this and added that it is important to frame it that for these other metrics, it is not asserting that there will be a change, but rather something to monitor to see if there is a change.

Another member suggested the number of times the list is exhausted. Staff agreed with including this and stated that if this is not a metric to include to the list presented, it could be something that could be monitored. The member stated that this was more of an interesting fact to look at rather than monitor.

Staff summarized that non-utilization rate would be added to the list of metrics. The percentage of the time the list is exhausted would be included in the report, but not the metrics that would be included in the monitoring report included to the proposal.

There were no additional comments or questions. The meeting was adjourned.

#### Next steps:

The final language will be included in the Optimizing Usage of Offer Filters proposal that will be submitted to the OPTN Board of Directors (BoD) for further review during the June 2023 BoD meeting.

#### **Upcoming Meeting**

- April 27, 2023 (Teleconference)

## Attendance

- **Committee Members**
  - Alden Doyle
  - Kim Koontz
  - Andy Bonham
  - Dominic Adorno
  - Jami Gleason
  - Jennifer Smith
  - Jill Campbell
  - Julie Bergin
  - Renee Morgan
  - Norihisa Shigemura
  - Paige Oberle
  - Melissa Parente
  - Sarah Koohmaraie
  - Snehal Patel
  - Stephanie Little
  - Susan Stockemer
  - Laura Huckstein
- **SRTR Staff**
  - Katherine Audette
- **UNOS Staff**
  - Betsy Gans
  - Kim Woodard
  - Carlos Martinez
  - Joann White
  - Kerrie Masten
  - Laura Schmitt