

OPTN Membership and Professional Standards Committee (MPSC)

Meeting Summary

July 20-21, 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 July 20-21, 2021, and discussed the following agenda items:

1. Update on Living Donor Event Project
2. Performance Monitoring Enhancement Project Update

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

1. Update on Living Donor Event Project

At previous meetings, the Committee discussed increasing MPSC transparency by publishing information about some of the issues it has reviewed, and decided one topic will be reviewing living donor events. Since living donor events are required reporting and the Committee reviews them all, the MPSC has reviewed enough different types of living donor events that some kind of data aggregation should be possible. At this time, living donor deaths within two years of donation and aborted procedures have the highest volume of information. A group of Committee members has been working to determine the topic that might provide the most useful information to the community. The group determined to move forward with paper on living donor deaths within two years of donation. From a spreadsheet of living donor deaths reported 2007-2019, including 76 deaths with a varied amount of information, the group reviewed documentation for data points such as: specific cause of death, requests for additional information, and MPSC actions. Currently looking for themes in cases, taking a closer look at certain cases to look for pitfalls or ways members have addressed potential recurrence. The paper will likely include potential themes such as these events exist and could happen to you, it is important to continuously evaluate donor for evolving risk factors, and to try to glean some suggestions for process improvement. Staff asked for volunteers who were interested in joining the existing work group.

2. Performance Monitoring Enhancement Project Update

A staff member described the plan for the session and showed the Committee where to find the regional meeting slide deck and other resources related to the proposal on the SharePoint site.

The Performance Monitoring Enhancement Project Subcommittee Chair reviewed the regional meeting slides with the Committee. He noted the slides provide a high-level summary of the purpose, framework, rationale, and implementation plan for the proposal. Additional supplemental data slides are provided to assist in answering questions. He also shared questions that the regional representatives could be asked during the regional meetings. Following review of the regional meeting presentation, the Committee was provided an opportunity to ask questions.

The SRTR Director then delivered a presentation on risk adjustment and the proposed metrics. He reviewed the difference between system metrics and program metrics, noting program metrics are

better suited for performance evaluation. He explained that the Committee chose to focus on performance metrics that are more directly under the control of the program and reviewed the four metrics proposed by the Committee to assess transplant program performance holistically. He noted that all four of the proposed metrics are risk-adjusted and used an example comparing two programs to explain how risk-adjustment works, as well as the benefits of using risk-adjustment versus raw outcomes. Risk adjustment attempts to answer the following question: “How do program outcomes (graft failure, waitlist mortality, offer acceptance etc.) differ from national expectation?” He noted that risk adjustment removes the effect of differences in patient or offer characteristics in order to focus on program performance. A potential risk adjuster must meet three criteria:

- The factor must be different at different programs
- The factor must predict the outcome
- The factor cannot be a treatment by the program.

The Director also explained how well the models account for measured risk. He presented graphs from a study published in the *AM J Transplant, Effects of High-Risk Kidneys on Scientific Registry of Transplant Recipients Program Quality Reports* (Snyder et al., 2016). The graphs showed a comparison of unadjusted and adjusted hazard ratios for use of high-risk kidneys (KDPI) on program evaluations.

Finally, the Director showed the Committee the risk adjustment tool on the SRTR website. He noted that not all models are risk adjusted if the SRTR was not able to identify predictors or there are too few events. He also mentioned that the risk adjustment models often include more than one predictor, which can make interpretation complicated. As an example, he described the effect of inclusion of both donor age and KDRI in the kidney graft survival model. He explained that the donor age may appear to have a minimal effect on kidney outcomes because donor age is the main component of KDRI, which has a strong association with outcomes.

The Director reviewed some commonly asked questions:

- Don't programs with high transplant rates have low waitlist mortality rates? The Director explained that the waitlist mortality rate does not measure the probability of dying on the waiting list, but instead measures the probability of death on a single day given a candidate was alive at the beginning of the day. There is no mathematical reason for a program with a high transplant rate to have a low waitlist mortality rate. He provided example data that showed that there was no correlation between the waitlist mortality rate ratio and transplant rate ratio.
- Can I improve my Offer Acceptance Ratio by filtering offers? The Director explained that filtering offers is beneficial to patients because it has the potential to speed up the allocation process. He also noted that using the filters to only receive offers that most programs are likely to accept will only result in a program falling around the average rate, but not better than average.
- Do larger programs have an advantage for the offer acceptance evaluations? The Director explained that the opposite is generally true. He showed a data table explaining the correlation between Kidney Offer Acceptance Ratios vs. Volume of Offers. He explained that the data table shows that there is not a significant difference between larger and smaller programs. In fact, the largest programs generally have lower offer acceptance ratios.

A committee member asked about the exclusion of diabetes in the risk adjustment model for graft survival. The Director explained that when building the models all factors are considered. The SRTR uses a computer algorithm to predict which factors are most predictive and should be included.

Upcoming Meetings

- July 20-21, 2021, MPSC Meeting, Conference call
- August 24, 2021, MPSC Meeting, 3-5pm, ET, Conference Call
- October 1, 2021, MPSC Meeting, 2-4pm, ET, Conference Call
- October 26-28, 2021, MPSC Meeting, Chicago
- 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
 - Catherine Frenette
 - 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
 - Dan Meyer
 - Bhargav Mistry
 - Willscott Naugler
 - Michael Pham
 - Steve Potter
 - Elizabeth Rand
 - Sara Rasmussen
 - Pooja Singh
 - Jason Smith
 - Zoe Stewart Lewis
 - Laura Stillion
 - Parsia A. Vagefi
 - 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
 - Nicole Benjamin
 - Tameka Bland
 - Tory Boffo
 - Shawn Brown
 - Robyn DiSalvo
 - Nadine Drumn
 - Demi Emmanouil
 - Katie Favaro
 - Amanda Gurin
 - Asia Harris
 - Kay Lagana
 - Trung Le
 - Ann-Marie Leary
 - Jason Livingston
 - Sandy Miller
 - Amy Minkler
 - Steven Moore
 - Alan Nicholas
 - Jacqui O'Keefe
 - Rob Patterson
 - Dina Phelps
 - Michelle Rabold
 - Liz Robbins Callahan
 - Louise Shaia
 - Sharon Shepherd
 - Leah Slife
 - Tynisha Smith
 - Olivia Taylor
 - Devina Thapa
 - Stephon Thelwell
 - Roger Vacovsky
 - Gabe Vece
 - Marta Waris
 - Betsy Warnick
 - Emily Womble
 - Karen Wooten
- **Other Attendees**
 - Adam Frank
 - Jonathan Fridell
 - PJ Geraghty

- Emily Goldbloom
- Kyle Herber
- Melinda Locklear
- Cliff Miles