

**OPTN Operations & Safety Committee
Meeting Summary
September 29, 2022
Conference Call**

**Alden Doyle, MD, MPH, Chair
Kimberly Koontz, MPH, CTBS, Vice Chair**

Introduction

The Operations & Safety Committee (the Committee) met via Citrix GoToMeeting teleconference on 09/29/2022 to discuss the following agenda items:

1. Review/Discussion: Post-Public Comment
2. Closing Remarks

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

1. Review/Discussion: Post-Public Comment

The Committee reviewed feedback on the two concept papers sponsored by the committee that were available for public comment. Potential next steps for each concept paper was considered.

Data summary:

The Committee sponsored two concept papers:

- *Redefining Provisional Yes and the Approach to Organ Offers*
 - Provide an update on the progress to date by the Workgroup
 - Outline a three-tiered framework that would prescribe requirements for transplant programs at each tier
 - Improve transparency across OPOs and transplant programs
 - Leadership has suggested reviewing previous Workgroup discussions related to potential system enhancements as next steps rather than a policy proposal
- *Optimizing Usage of Kidney Offer Filters*
 - Provide an update on the progress to date by the Workgroup
 - Gather community feedback on two potential options for automatically applied filter options
 - "Opt out" filters, in which a program retains the right to remove automatically applied filters
 - Mandatory filters, in which a program cannot change the model identified filters for their program
 - Community was supportive of the proposal, more supportive of "opt out" option, will be developed into a policy proposal

Possible considerations for system enhancements related to match run efficiency are:

- Visibility into where transplant programs fall on a match run
- Program level alerts

- System-applied refusals when exceeding evaluation time
- Allow transplant programs to indicate in the OPTN Donor Data and Matching System when they need more information
- Organ offer notification limit efficiencies
- Dashboard for multi-organ availability
- Primary and back up notifications

Summary of discussion:

A member suggested that the Committee could also examine how programs are alerted of organ offers. They felt that the current phone notification system was very inefficient, and could be improved with a text-based system.

A second member supported the list of enhancements presented by Staff, adding that it mirrored what they heard from regional meeting presentations. They had also heard during their regional meeting presentation that, if both proposals were introduced at the same time, it would be difficult to ascribe causality to which was improving efficiency.

The Chair proposed that the enhancements could be rolled out in separate phases, as a continued package deal to improve efficiency before examining the overall structure of allocation.

A member considered that, in his regional meeting presentation, he had heard an area in need of standardization was OPO practice. He supported tools that would homogenize OPO processes during allocation, especially when combined with policy about pre-operating room allocation timelines. He added that a feature he had heard requested was “auction style” allocation for medically complex kidneys. Elaborating, he explained that kidney offers would be sent out in batches, and the first program to respond would be eligible to take the organ, rather than having to wait for all programs ahead to refuse the offer.

It was noted by a couple members that the sentiment in their regional meeting was this proposal would not necessarily address the underlying issues with allocation and provisional yes. Anecdotally, they also mentioned that towards the end of their discussion, the “auction style” allocation was brought up. A member hesitated in endorsing this, stating that they felt like this would be a large increase in staff burden for high-volume programs. A second member rebutted that those high volume centers could minimize the number of unusable offers through offer filters; the initial member agreed, but said that offer filter efficacy relies on having every surgeon agree on usable criteria. If one or two of them want to be significantly more aggressive and view more complex offers, the filters will not work as well for every other surgeon.

One member felt that it would be difficult to assign policy requirements to OPO timelines for donor procurement because of how dynamic that process is. Often times, there are many factors, between donor family constraints, operating room availability, donor stability, and others that dictate how quickly or slowly a recovery takes place. It was suggested, then, that the Committee could develop a guidance document for best practices in OPO recovery alongside the efficiency tools.

Next steps:

The Chair requested members come to the next meeting with specific ideas about how the default offer filters model should be implemented.

2. Closing Remarks

Staff reminded the Committee of upcoming Workgroup and full committee meetings.

Upcoming Meetings

- October 20, 2022 (Match Run Rules WG)
- October 24, 2022 (Offer Filters WG)
- October 27, 2022 (in-person, Richmond)
- November 14, 2022 (Offer Filters WG)

Attendance

- **Committee Members**
 - Alden Doyle
 - Kimberly Koontz
 - Greg Abrahamian
 - Julie Bergin
 - Andrew Bonham
 - Jill Campbell
 - Chris Curran
 - Mony Fraer
 - Jami Gleason
 - Audrey Kleet
 - Sarah Koohmaraie
 - Stephanie Little
 - Renee Morgan
 - Norihisa Shigemura
 - Susan Stockemer
- **HRSA Representatives**
 - Marilyn Levi
- **SRTR Staff**
 - Katherine Audette
- **UNOS Staff**
 - Isaac Hager
 - Carlos Martinez
 - Lauren Mauk
 - Joann White