

**OPTN Operations & Safety Committee
Match Run Rules Workgroup
Meeting Summary
January 20, 2022
Conference Call**

Alden Doyle, MD, MPH, Chair

Introduction

The Match Run Rules Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 01/20/2022 to discuss the following agenda items:

1. Project Overview and Goals
2. Review and Discussion: Provisional Yes Data Request
3. Project Review and Discussion

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

1. Project Overview and Goals

The Workgroup reviewed the purpose of the Match Run Rules project.

Summary of discussion:

The Workgroup will work to improve processes to increase the efficiency of organ offer, review, and acceptance system and reduce overall organ allocation time. The Workgroup will review and propose modifications to current OPTN policies.

2. Review and Discussion: Provisional Yes Data Request

The Workgroup discussed additional data requests relevant to this project.

Summary of discussion:

The Workgroup previously reviewed data that sought to determine the number of donors for which a transplant program entered a provisional yes response for at least one candidate; of the donors identified, determine the number of these donors for which a transplant program accepted an organ. The Workgroup requests to review data to determine the number of identified donors for which a transplant program declined the organ. The Workgroup requests to review the conversion rate per transplant program from provisional yes to acceptance as well as from provisional yes to decline.

The Workgroup requests data on the conversion rate from provisional yes to acceptance stratified by if the responder is directly employed by the transplant program or if they are affiliated with other organizations such as a contracted screening service.

Additionally, the Workgroup requests the following modifications to be applied to all three data requests; 1) provisional yes to acceptance conversion rates, 2) number of transplant programs notified, and 3) provisional yes conversion rates by transplant program affiliation:

- Do not exclude offers after the final acceptor. Include any offer with a response from the transplant program (provisional yes, acceptance, or decline)
- Do not obscure organ procurement organization (OPO) codes

- Stratify results by day/night to assess if time of day has an impact on provisional yes usage
- Cohort: organ-specific. X months pre/post circles implementation for each organ

A member stated that when the Workgroup reviews the data, they will need to consider that a lot of transplant programs have their staff, or their contractor, enter provisional yes on every organ offer. The member explained this may be the reason for a lot of declines. The member added that it may be beneficial for the Workgroup to review the Technical Methods for the OPO-Specific Reports.¹ New Organ Utilization Report.

Next steps:

The Workgroup will review the updated data report during the next meeting.

3. Project Review and Discussion

The Workgroup discussed the proposed tiered approach and associated member responsibilities.

Summary of discussion:

The Workgroup discussed the thresholds for tier 2. A member suggested that tier 2 should be adjustable on the kidney donor profile index (KDPI) of a kidney offer. The member explained that if there is a kidney offer with a high KDPI, then tier 2 would allow for more offers. If a kidney offer has a lower KDPI, then tier 2 would allow for less offers. The Chair agreed, but stated that would be a difficult framework to apply to all organ types. The Chair suggested that tier 2 could remain a consistent threshold, but allow tier three to expand and contract based on organ quality.

Another member agreed that a sliding scale for kidney offers based on organ quality is valuable to determine thresholds for the various tiers. The member stated that tier 3 should be the most flexible. The member added that, for kidney, tier 2 should have a threshold of ten offers, while the other organ types should have fewer. The Chair suggested that tier 3 could be based on sequence A, B, C, or D for kidney offers. The Chair explained, that for example, tier 3 could include enough offers for a sequence C kidney to be accepted 80% of the time.

A member stated that the threshold for tier 2 depends on organ type and organ quality. Another member stated that the threshold for tier 2 could be two offers. A member explained that a threshold of five or ten offers would have push back from transplant programs citing too much workload. Another member disagreed having two offers as the threshold for tier 2. The member cited that currently liver transplant programs can accept two offers and the liver offers are declined at a later rate because the transplant program chooses the primary liver offer versus the secondary liver offer.

The Workgroup discussed how to have transplant programs support the proposed tiered approach and associated responsibilities. A member stated that complete organ offers would be helpful. The member explained that currently OPOs are not utilizing donor highlights, and that most of the information needed to make a decision is not readily accessible. The member added that it is due to OPO staff being short staffed or overworked. The member stated that due to all the information being in attachments, they also do not have the time to intake the information in order to adequately review the offer.

Another member responded that donor entry takes a lot of time, and adding the additional burden of summarizing the data may not be reasonable. The member suggested that standardization of organ offer data could allow for the ability to highlight and directly correlate important information. A member

¹ Scientific Registry of Transplant Recipients, *Technical Methods for the OPO-Specific Reports*. Available at <https://www.srtr.org/about-the-data/technical-methods-for-the-opo-specific-reports/>.

added that updated data in organ offer information would increase efficiency when reviewing organ offer information.

Another member stated that direct contact with the staff who is managing a specific donor case is helpful for efficiency.

The Workgroup agreed that more transparency is needed on match runs to allow transplant programs to see where they are in relation to the organ offer. A member emphasized that transplant programs may not be willing to carry out the extra work associated with the new responsibilities if they do not have a clear understanding where they stand on a match run.

A member expressed concern regarding the logistics of transplant programs moving up through the tiers and the possibility of an increase in notifications for the transplant coordinators. Another member agreed and suggested that the transplant programs should be able to elect how they receive notifications regarding a change in tier placement. The Chair stated that transition from tier 2 to tier 1 will most likely need a phone call, however, tier 3 to tier 2 may have a more automatic notification. Another member added that the notifications will need to include information about the associated responsibilities of the new tier to maintain a provisional yes. The Workgroup suggested that two-way communication through text message notifications may be the most useful solution.

The Workgroup discussed the associated responsibilities in each tier. A member stated that having the language of the associated responsibilities be open to interpretation may be beneficial.

Another member emphasized that patient education is critical in conjunction with a new tiered approach.

Next Steps:

The Workgroup will continue to discussions during their next meeting.

Upcoming Meeting

- February 17, 2022 (teleconference)

Attendance

- **Workgroup Members**
 - Alden Doyle
 - Audrey Kleet
 - Charles Strom
 - Deborah Maurer
 - Jennifer Muriett
 - Jill Campbell
 - John Stallbaum
 - Kimberly Koontz
- **HRSA Representatives**
 - Marilyn Levi
 - Raelene Skerda
 - Vanessa Arriola
- **SRTR Representatives**
 - Katie Audette
- **UNOS Staff**
 - Carlos Martinez
 - Janis Rosenburg
 - Joann White
 - Kerrie Masten
 - Lauren Mauk
 - Leah Slife
 - Meghan McDermott
 - Melissa Lane
 - Rob McTeir
 - Susan Tlusty