

OPTN Membership and Professional Standards Committee (MPSC)

Meeting Summary

July 13-14, 2022

Chicago, Illinois

Zoe Stewart Lewis, M.D., Chair

Scott Lindberg, M.D., Vice Chair

Introduction

The Membership and Professional Standards Committee (MPSC) met in-person in Chicago, Illinois, and via Citrix GoToTraining in both open and closed session on July 13-14, 2022. The following agenda items were discussed during the meeting:

1. HRSA Remarks
2. Performance Monitoring Enhancement Project – Metrics Review
3. Performance Monitoring Enhancement Project – Implementation
4. Measures of Monitoring Effectiveness
5. Educational Initiatives

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

1. HRSA Remarks

A Health Resource and Service Administration (HRSA) representative provided an overview of the partnership between HRSA and the Organ Procurement Transplantation Network (OPTN). She explained that HRSA is the primary federal entity responsible for the oversight of solid organ transplant system in the United States. HRSA regulates the contract that helps guide the OPTN through policymaking. HRSA's oversight is exercised according to statutory requirements, federal regulation, and federal contracts. She reported that The National Organ Transplant Act (NOTA) enables the OPTN to do its work and grants authority for the Scientific Registry of Transplant Recipients (SRTR) and United Network for Organ Sharing (UNOS) to assist the OPTN. The HRSA representative reviewed The OPTN Final Rule and stated that it guides the OPTN's operations and functions. She explained that as an operating committee, the MPSC is responsible for overseeing the system, monitoring patient safety, and evaluating compliance. Lastly, she discussed HRSA's cooperative efforts among other HHS agencies. She thanked UNOS staff and the MPSC for their service. The MPSC did not have any questions.

2. Performance Monitoring Enhancements – Metrics Review

The Director of the Scientific Registry of Transplant Recipients (SRTR) provided the Committee with an overview of the metrics used in the new transplant program performance monitoring system. The goals of the discussion were to review the metrics evaluated by the MPSC, risk adjustment model resources, and metric modifications in response to the COVID pandemic. The Director reviewed the history and efforts of the MPSC in enhancing the performance monitoring system.

The Director reviewed factors that were considered when choosing appropriate metrics, the differences between system metrics and program metrics, and absolute (unadjusted) versus relative (risk-adjusted) evaluations. The SRTR director presented a diagram of system metrics and program/OPO performance metrics. The MPSC decided to focus on performance metrics that are directly under the program's control rather than metrics that describe system performance, which includes aspects that are beyond

the control of the program. The Director stated that the MPSC chose four metrics to assess holistic transplant program performance. He reviewed each metric and provided illustrations of each screening rule. He also reviewed where committee members can find resources on the SRTR website to improve understanding of the risk adjustment models. The Director answered commonly asked questions and committee members asked additional clarifying questions about the metrics.

The Director explained the current modifications to performance evaluations in response to the COVID pandemic. He discussed the effects of the SRTR COVID “carve out” period from 3/13/2020 to 6/12/2020 for the July 2022 Program Specific Reviews (PSRs) and explained that

- Transplants that occurred prior to the carve-out period are not followed beyond the start of the COVID carve-out on 3/13/2020.
- Transplants that occurred during the carve-out period of 3/13/2020 – 6/12/2020 are not included in the evaluations.
- Transplants that occurred after the carve-out period are followed per normal methods.

The Director explained the effect of the carve-out on program evaluations and on the identification of programs for MPSC performance review in the January 2022 program evaluations. Committee members offered questions and feedback.

3. Performance Monitoring Enhancement Project – Implementation

The Committee received an update on the implementation and evaluation phase of the Performance Monitoring Enhancement Project. Committee members also reviewed charts containing data for the July 2022 PSR for each metric. The charts reported the total number of flags for adult and pediatric transplants under all four metrics and the total number of adult and pediatric transplant programs that would be identified. Committee members also reviewed and discussed trend charts on the number of flags for adult and pediatric transplants for each metric. The staff member answered clarifying questions from committee members.

The staff member provided the committee with details on the Performance Improvement (Yellow) Zone. She reported that programs who fall within the yellow zone for the two post-transplant graft survival metrics would receive notifications this summer. The notifications will alert the programs that they are close to the thresholds for MPSC review and will offer assistance, if desired. Committee members reviewed a chart comparing the characteristics of the MPSC interaction (red) and performance improvement (yellow) zones. The staff member reviewed a list of resources available to members to assist with understanding the metrics and performance improvement efforts.

A staff member informed the committee about an upcoming proposed offer acceptance conference and collaborative. The staff member reported that the OPTN FY23 Budget includes funding for a 1.5 day in-person conference on offer acceptance. She described the proposed format for the conference and a proposed collaborative that would follow the conference. The goals of this initiative is to invite high performing programs to share effective practices and engage directly with programs likely to be identified for review, identify effective practices to share on the OPTN website for future reference, and to assist in the development of tools and processes for MPSC review of programs identified for low offer acceptance. The conference and the collaborative would fulfill the MPSC’s goal to provide education prior to the implementation of the offer acceptance rate ratio and would address the NASEM’s recommendation regarding national education efforts. Committee members offered feedback and questions which included:

- Is there a role for OPOs in this collaborative? Consider asking high performing programs if participation by OPOs in the collaborative could be valuable.
- Consider separating the conference from the collaborative to make it as broad as possible. Many programs may want to participate. Staff responded that space will be limited, so we may need to prioritize who is invited.
- Consider inviting multiple staff from one program because more than one person is needed to affect change. Staff responded that there would be opportunities for multiple people to attend.
- If a program is identified, participation in the collaborative may serve as a part of the program's corrective action strategy.
- Consider how the invitation to the collaborative will be communicated to programs.
- Consider inviting third party entities who accept offers on behalf of programs.
- Consider topics for future collaborative meetings, i.e. acceptance of offers from DCD donors and perfusion devices.

4. Measures of Monitoring Effectiveness

Staff started by re-orienting the committee to the Monitoring Effectiveness project, HRSA contract task 3.6.2. The purpose of Monitoring Effectiveness is threefold:

- Demonstrate the value of the monitoring performed by the staff and the MPSC.
- Ensure that the processes used to monitor OPTN members, as well as to identify compliance problems, encourage performance improvement, and determine sanctions, when appropriate, are as efficient and consistent as possible.
- Identify areas of focus for member improvement as well as any improvements that need to be made to monitoring approaches and methodology.

The Committee was also informed about the classification ("current state", "near future state", "future state") and process behind implementing future monitoring effectiveness metrics, and that the goal for this year is to implement two additional "near future" state metrics.

As a part of these efforts, staff produced the July 2022 Monitoring Effectiveness Data Report, an overview, which was presented to the Committee. The report contains information on seven different monitoring effectiveness metrics, which were:

- Metric 1: Quantity of deceased donor organ allocations resulting in a transplant wherein a deviation of allocation policy occurred
- Metric 2: Quantity of cases processed by Patient Safety analysts, subset by whether the case was sent to the MPSC
- Metric 3: Proportions of member touchpoint survey respondent answers to a question asking respondents whether "The process helped us identify areas of improvement."
- Metric 4: Member program policy compliance rates
- Metric 5: Proportion of member program routine site surveys which resulted in a recommendation by the MPSC or Member Quality to perform a follow-up focused desk review survey

- Metric 6: Proportion of member programs which underwent a focused desk review, and based on those findings the MPSC or Member Quality recommended that they participate in another focused desk
- Metric 7: Comparison of policy compliance rates across two routine surveys

Staff solicited feedback and questions from the committee. One committee member asked if Metric 1 incorporated match run sequence numbers at which bypass codes are first used on match runs. Staff informed the committee member that Metric 1 does not incorporate match run sequence numbers, but that we can change the metric to include that aspect if the committee feels that it is appropriate to do so. Staff encouraged the committee to review the Monitoring Effectiveness Data Report on their own to read additional details and findings, including what processes have been changed as a result of the data, and to offer feedback on what changes should be made to the choice of metrics in the future.

5. Educational Initiatives

A staff member updated the Committee on the status of current MPSC educational initiatives. The purpose of the discussion was for MPSC members to review and discuss each ongoing initiative, and to provide ideas for future educational initiatives. The staff member reviewed the new process for reporting all potential policy issues and referrals to the Policy Oversight Committee (POC) before they are referred onto the other policy making committees. The new process would involve sending a prioritized list of educational initiatives from the MPSC. The staff member discussed each initiative and the MPSC offered feedback and questions:

- **Ongoing educational referrals – programming and conferences** – The staff member shared the ongoing community and conference educational efforts with the MPSC. MPSC Members had no additional comments or questions at this time.
- **Recent committee referrals** – The staff member discussed six recent committee referrals and asked MPSC members to recommend which referrals should be prioritized. MPSC members discussed the referrals and offered feedback. The MPSC Chair stated that the POC has its own criteria and process for prioritizing referrals, so the MPSC actually does not need to go through a prioritization process. A staff member stated that if the MPSC has a unique perspective on an issue, then this should be noted in the description sent to the POC as to why the referral should be prioritized. The staff member stated that, unlike the MPSC, the POC does not have access to peer-reviewed information. So, the MPSC will have to advocate for certain issues, especially as it relates to patient safety issues. MPSC members reviewed each referral and offered questions and feedback on several of them:
 - **Use of liver and heart pediatric emergency exceptions pathways** – A committee member stated that this referral should be a priority, as pediatric candidates are generally underserved.
 - **Centralized reporting for stored vessels to help members locate extra vessels when needed and track disposition**
 - **Streamline donor assessment and evaluation procedures and communications of updated donor and recipient information** – A committee member stated that there are varying practices around the U.S. by OPOs and there have been cases of transmission due to inadequate testing. The committee member stated that this referral is an effort to streamline practices.

- **Consider whether HOPE Act requirements apply to any donor with at least one positive HIV test result, or a clinical determination based on all available tests** – A committee member stated that there is currently confusion on how to interpret the HIV test algorithms and how to proceed with positive antibodies that turn out to be false positives. She stated that organs are being wasted due to false positive HIV tests.
- **Referring allocations data to other committees**
- **Provide guidance for OPOs on how to manage DCD recovery in the event of autoresuscitation** – A committee member stated that there is a need for education in the community on DCD recovery.

The staff member stated that the POC would be provided with a periodic informational update on all ongoing committee referrals.

- **Recommendations for consideration** – The staff member discussed two referral recommendations for consideration by the MPSC. Committee members discussed and provided feedback on each:
 - **Require photographs of donor organs in OR to facilitate placement and minimize discard** – Many MPSC members stated that their programs are already using photographs of donor organs to help place organs. Committee members also stated that photographing donor organs should be standard practice. Committee members discussed other topics around this referral which included: seeing pictures before the organ is extracted from the donor, destroying photos from devices for security, and improving the quality of images. A committee member stated that there is an opportunity to broaden the discussion around this topic.
 - **Evaluate the policy that permits programs to have two simultaneous acceptances** – Committee members discussed the rationale for allowing two simultaneous acceptances by programs. Some committee members stated they did not support programs having two simultaneous acceptances, while others supported the practice. Many committee members stated their support for allowing programs two simultaneous acceptances, but stated the importance of transparency. Committee members stated that it should be disclosed on DonorNet® when a program has two acceptances. Another committee member stated that a timeframe should be added for when a program must accept an organ.
- **Other Ideas** – The staff member asked committee members for other topics that OPTN members would benefit from additional education on or what information would be valuable to the community? A committee member stated that the community could benefit from hearing more about the Individual Member Focused Improvement (IMFI) program and that having a transplant program or OPO partner who has participated in IMFI to talk about their experience would be beneficial.

The staff member concluded the discussion and encouraged committee members to reach out if interested in submitting an abstract for the Transplant Management Forum (TMF) on behalf of the MPSC. Committee members had no additional comment on questions at this time.

Upcoming Meetings

- August 22, 2022, 2-4pm, ET (Virtual)
- September 23, 2022, 2-4pm, ET (Virtual)
- October 26-27, 2022, 11am-6pm, ET (Virtual)
- December 8, 2022, 1-3pm, ET (Virtual)

Attendance

- **Committee Members**
 - Alan Betensley
 - Emily Blumberg
 - Anil Chandraker
 - Robert Fontana
 - Reginald Gohh
 - Lafaine Grant
 - Robert Harland
 - Kyle Herber
 - Victoria Hunter
 - Ian Jamieson
 - Christopher Jones
 - Peter Kennealey
 - Catherine Kling
 - Michael Kwan
 - Carolyn Light
 - Scott Lindberg
 - Melinda Locklear
 - Gabriel Maine
 - Amit Mathur
 - Kenneth McCurry
 - Nancy Metzler
 - Dan Meyer
 - Bhargav Mistry
 - Regina Palke
 - Michael Pham
 - Elizabeth Rand
 - Sara Rasmussen
 - Dianne LaPointe Rudow
 - Pooja Singh
 - Jason Smith
 - Zoe Stewart Lewis
 - Laura Stillion
 - Sean Van Slyck
 - J. David Vega
 - Candy Wells
- **HRSA Representatives**
 - Marilyn Levi
 - Arjun Naik
- **SRTR Staff**
 - Ryo Hirose
 - Jonathan Miller
 - Jon Snyder
 - Bryn Thompson
- **UNOS Staff**

- Sally Aungier
- Tameka Bland
- Tory Boffo
- Tyrone Brown
- Kate Breitbeil
- Tommie Dawson
- Robyn DiSalvo
- Nadine Drumn
- Demi Emmanouil
- Katie Favaro
- Jasmine Gaines
- Lauren Guerra
- Asia Harden
- Kay Lagana
- Krissy Laurie
- Trung Le
- Ann-Marie Leary
- Anne McPherson
- Sandy Miller
- Amy Minkler
- Steven Moore
- Alan Nicholas
- Delaney Niiles
- Samantha Noreen
- Jacqui O'Keefe
- Beth Overacre
- Rob Patterson
- Dina Phelps
- Michelle Rabold
- Liz Robbins Callahan
- Sharon Shepherd
- Olivia Taylor
- Stephon Thelwell
- Melissa Tisdale
- Roger Vacovsky
- Marta Waris
- Betsy Warnick
- Trevi Wilson
- Claudia Woisard
- Emily Womble
- Karen Wooten
- Amanda Young
- **Other Attendees**
 - None