

## **OPTN Operations & Safety Committee**

### **Meeting Summary**

**April 28, 2022**

**Conference Call**

**Chris Curran, CPTC, CTBS, CTOP, Chair**

**Alden Doyle, MD, MPH, Vice-Chair**

### **Introduction**

The Operations & Safety Committee (the Committee) met via Citrix GoToMeeting teleconference on 04/28/2022 to discuss the following agenda items:

1. Reminders/Updates
2. Project Update: Provisional Yes
3. Project Update: Mandatory Offer Filters
4. Updates/Discussion (if time permits)

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

#### **1. Reminders/Updates**

The Committee were updated on the status of their in-person meeting. The spring meeting will not be occurring due to a lack of available in-person attendees. The fall meeting in-person meeting is to be determined at a later date.

##### Summary of discussion:

The Vice-Chair encouraged attendees to attend a fall in-person meeting, noting that, barring new Coronavirus Disease (COVID) events, it may be an expectation to attend in-person rather than optionally virtual.

##### Next steps:

Staff will update the Committee when determining the fall in-person meeting date.

#### **2. Project Update: Provisional Yes**

The Committee reviewed progress to date on their project to redefine provisional yes. IT Staff presented on a potential system solution to the tiered framework the Committee has been developing.

##### Data summary:

Staff presented the potential design for a system implementation of the tiered framework. Key features of this design were:

- Alert notifications designed to make programs aware that they can anticipate getting an organ offer for a candidate
  - Alerts occur once per program per match
- Programs will not be notified following an alert notification until they are receiving a Tier I or Tier II offer
- Organ Procurement Organizations (OPOs) can provide information for each organ in the OPTN Donor Data and Matching System

- This information will be available to all programs with candidates on matches for this donor and provides visibility into multi-organ transplants
- An enhancement will be made to the “Find Candidate” tool to be able to search by candidate criteria
- These requirements assume a level of compliance tracking built into the system

Summary of discussion:

IT Staff posed the following questions for feedback:

- What tools would be useful in the implementation of this system? Would a dashboard improve organ allocation visibility?
- Does the presented structure of alerts match the Committee’s framework?
- How should compliance tracking be built into the system?

A member also asked how multi-organ transplant visibility would be built into the system. Staff noted that possible multi-organ transplants could be indicated on a dashboard. The Vice-Chair added that complete certainty on whether there would be a multi-organ combination requiring a kidney may never exist, as a previously accepting program could refuse close to the operating room time, and the following center could require a kidney. They noted that their program’s current practice is to allocate kidneys as backup while finding confirmed interest in their heart and liver; this practice may still continue with the change in allocation structure but with more information from the allocation dashboard. The Chair said that this feature could also help programs evaluate offer suitability for more than just their initial candidate, contributing that they believed part of the problem in the current system is programs not evaluating donor suitability at a program level for more than their first candidate.

A member wondered if, given the increase in responsibilities for transplant programs, whether there would be a corresponding increase in allowed offer evaluation time. The Vice-Chair supported giving programs the necessary time, but noted they did not know if that time was what currently existed or if that also needed to change. They also added that time limits may also be contingent on how many programs are allowed within each tier. For example, if there is only Tier I program, it may be acceptable to maintain a stricter time limit because the system needs to run efficiently at that point of allocation. Finally, they also posed the question whether the number of candidates allowed in each tier should vary based on organ quality.

The Chair countered that they felt the allocation process already took too long, and they believe programs are exceeding their time limit because they are not truly evaluating offers. It is believed that if there are policy requirements outlined at each step, it could potentially change program behavior. .

It was asked whether there would be resources for patients in addition to members to be able to understand the allocation changes. Staff responded that public comment will solicit feedback not just from the transplant community, but also the other OPTN committees of which the Patient Affairs Committee (PAC) will be one.

The Chair suggested that each tier’s response column should be color coded to improve readability. IT staff agreed.

The Vice-Chair noted that whatever changes the Committee moves forward with need to be applicable within the continuous distribution framework. Staff agreed with this consideration.

A member added that policy requirements for each tier need to be backed by a policy definition. Staff agreed, and requested that the Committee provide any input for proposed definitions. The Chair

contributed that “Patient availability” needed to have specific guidelines; for some programs this may mean bringing in the patient for COVID testing while others may simply phone them to determine if they can travel.

Next steps:

The Committee will begin drafting a concept paper for public comment in August.

**3. Project Update: Mandatory Offer Filters**

The Committee reviewed the progress to date on their project to implement mandatory offer filters.

Data summary:

The purpose of the project is to mandate the usage of offer filters based on identified criteria in policy. The project will review the monitoring reports of the nationwide rollout of voluntary kidney offer filters and consider efforts for the mandatory usage of offer filters.

The associated workgroup has considered increasing awareness through the regional meetings, peer led discussions, and guidance materials.

Summary of discussion:

There was no discussion surrounding this item.

Next steps:

The Committee will consider approaches to encourage programs to be receptive of offer filters.

**4. Updates/Discussion (if time permits)**

This agenda item was not discussed.

**Upcoming Meeting**

- May 23, 2022 (Teleconference)

## Attendance

- **Committee Members**
  - Chris Curran
  - Alden Doyle
  - Gregory Abrahamian
  - Katherine Audette
  - Andrew Bonham
  - Steven Johnson
  - Kimberly Koontz
  - Stephanie Little
  - Renee Morgan
  - Paige Oberle
  - Joanne Oxman
  - Steven Stockemer
- **HRSA Representatives**
  - Marilyn Levi
- **UNOS Staff**
  - Betsy Gans
  - Katrina Gauntt
  - Meghan McDermott
  - Kerrie Masten
  - Lauren Mauk
  - Sharon Shepherd
  - Kaitlin Swanner
  - Joann White
  - Emily Womble
  - Amanda Young