

OPTN/UNOS Kidney Transplantation Committee
Meeting Summary
October 20, 2014
Conference Call

Richard Formica, MD, Chair
Mark Aeder, MD, Vice-Chair

Discussions of the full committee on October 20, 2014 are summarized below and will be reflected in the committee's next report to the OPTN/UNOS Board of Directors. Meeting summaries and reports to the Board are available at <http://optn.transplant.hrsa.gov>.

Review of Public Comment Proposals

1. MPSC-Definition of a Transplant Hospital

The Committee has some questions and concerns about how this proposal will impact hospitals with a pediatric component. The Committee would like the MPSC to consider how the proposal may place an undue burden on hospitals with a pediatric component when the transplant team is made up of the same individuals serving the adult transplant program in the same hospital system.

Members of the Committee were also interested in the number of programs that would be impacted by the change, but the MPSC staff could not provide numbers at the time of the call. The Committee encourages the MPSC to assess this data to better frame the problem that the proposal is meant to solve and the impact it may have on current OPTN approved programs.

2. MPSC-Proposal to Establish a Quality Assessment and Performance Improvement Requirement for Transplant Hospitals and Organ Procurement Organizations

The Committee is concerned that this appears to be a very broad, open ended requirement that will likely require a lot of time from the transplant program but is not likely to improve outcomes, especially if the program already has a QAPI program that is compliant with CMS. The Committee understands and appreciates that the proposal has been written in a way that is consistent with what CMS currently requires. However, some members voiced concern that future changes to either CMS or OPTN policies could mean that the OPTN and CMS requirements conflict with one another (similar to the ABO requirements) and CMS and UNOS may interpret these requirements differently even if they are similar. It is very burdensome to ask OPTN members to comply with two different standards, even if they are very similar to another.

The Committee understands that the MPSC does not intend to monitor these new requirements as part of site surveys and will only request QAPI information when a transplant program is being reviewed for performance standards. However, the Committee recommends that the policy language specifically outline that no additional action is required from the member if they are in compliance with the CMS standards. At a minimum, the Committee recommends that UNOS add QAPI requirements to the OPTN/CMS crosswalk if these changes are approved.

3. MPSC-Proposal to Implement Pre-Transplant Performance Review by the Membership and Professional Standards Committee

The Committee has significant concerns with this proposal.

Several committee members mentioned that there are a whole host of clinical factors impacting pre-transplant outcomes that are not accounted for in the model, such as whether the program participates in desensitization and adjustment for race. There was also a discussion about how minimal acceptance criteria may allow a program to have very conservative acceptance criteria and also appear to have very good pre-transplant metrics because they eliminate a lot of offers.

The Committee's overarching concern is that these changes could have *significant and serious unintended consequences* for patients with ESRD because they will likely lead to kidney programs changing listing practices to list less high risk patients. The Committee requests that the MPSC consider the monumental impact that these changes could have for patients and weigh those against the benefits of having a more complete picture of pre and post-transplant outcomes to assess transplant programs.

Upcoming Meetings

- November 17, 2014
- December 8, 2014
- January 26, 2015