

**OPTN/UNOS Membership and Professional Standards Committee (MPSC)
Meeting Summary
July 15-16, 2015
Chicago, Illinois**

**Jonathan M. Chen, M.D., Chair
Jeffrey Orlowski, Vice Chair**

Discussions of the OPTN/UNOS Membership and Professional Standards Committee (MPSC) committee on July 15-16, 2015 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/>.

Committee Projects

1. Joint Society Working Group Projects

UNOS staff reviewed the MPSC projects addressed by the Joint Societies Working Group (JSWG) and updated the Committee on their status. Two public comment proposals resulting from these efforts are slated for distribution during the next public comment cycle- addressing the term "foreign equivalent" in the OPTN Bylaws, and key personnel procurement requirement modifications.

The remaining projects included modifications to the bylaws, some of which the MPSC had already agreed to submit for public comment. These projects have been placed on hold by the OPTN/UNOS Executive Committee in its efforts to align the OPTN/UNOS committees' project portfolio with the new strategic plan adopted by the OPTN/UNOS Board of Directors at its June 2015 meeting. These projects include:

- Addressing approved transplant fellowship program Bylaws
- Modifying primary kidney physician requirements to align better with current transplant nephrology fellowship requirements
- Consider primary surgeon qualification - primary or first assistant on transplant cases
- Primary Physician sub-specialty board certifications
- Define working knowledge for primary physician qualification pathways
- Reassess currency requirements for primary surgeons and primary physicians

2. Transplant Hospital Definition

The Committee continued its discussion of the proposal to clarify the definition of a transplant hospital in the bylaws. Specifically, the Committee discussed whether a member should be able to perform transplants at more than one site, and if so, what membership requirements would apply to each individual site rather than the member. The Committee also discussed whether there are certain scenarios in which a member should not be permitted to perform transplants in more than one site. The Transplant Hospital Definition will continue to refine the definition, including clarifying the definition of a single site, and will report to the Committee at the next meeting.

3. Outcomes Measures Discussion (proposal for increasing transplants)

The Committee received an update on the progress of the Outcome Measures Work Group. The update include presentations by UNOS Research and the SRTR on the data

analysis reviewed by the work group. The data analysis provided information on the characteristics of kidneys that are now discarded as well as outcomes of similar kidneys. An overview of the effectiveness of the current risk adjustment models was also included in the SRTR presentation. The work group plans to have a proposal for a variance that would exclude certain higher risk but transplantable kidneys from a participating member's outcomes data ready for public comment in spring 2016.

4. Strategic Plan

UNOS Staff reviewed the OPTN Strategic Plan adopted by the OPTN/UNOS Board of Directors at its June 2015 meeting. The MPSC was reminded of the purpose and process for establishing these goals. A new component of the recently adopted strategic plan is resource allocation benchmarks for each goal. Prioritization of the goals by the Board, OPTN/UNOS Committee chairs, OPTN/UNOS Policy Oversight Committee (the POC), and at regional meetings all indicated that increasing the number of transplants should be the OPTN's highest focus within this strategic plan.

To better align the new strategic plan resource allocation benchmarks with where committee efforts are focused, the POC and OPTN/UNOS Executive Committee (the Executive Committee) reviewed all of the projects being undertaken by the committees. As a result of this review, a number of MPSC projects have been placed on hold, including some of those issues that had been addressed by a Joint Societies Working Group (JSWG):

- Composite Pre-transplant Metrics
- Consider primary surgeon qualification- primary or first assistant (JSWG)
- Primary physician sub-specialty board certifications (JSWG)
- Define working knowledge for primary physician qualification pathways (JSWG)
- Reassess currency requirements for primary surgeons and primary physicians (JSWG)
- Approved transplant fellowship training programs (JSWG)

The MPSC asked what it meant for a project to be "on hold." UNOS Staff clarified that committees should cease working on these projects but that they could be included in the regular project review process performed by the POC and Executive Committee. Those projects that are on hold would move forward based on how they fit in the entire project portfolio, relative to the OPTN Strategic Plan goals, at the time of the POC and Executive Committee's review.

5. Ventricular Assist Device Requirements for Primary Heart Transplant Surgeons

The Committee received an update on the OPTN/UNOS Thoracic Organ Transplantation Committee (the Thoracic Committee) recent discussion about forming a joint working group to consider pursuing primary heart transplant surgeon Bylaws that address experience with ventricular assist devices (VADs). The Thoracic Committee ultimately decided that it was not necessary to pursue such Bylaws changes at this time.

Some disagreement with the Thoracic Committee's perspectives prompted further discussion about this topic. In response, MPSC members noted the volume of VADs that are implanted today essentially means that all new cardiothoracic transplant fellows will be exposed to VADs during their training. Additional concerns were raised about creating requirements for pre-transplant care procedures, and that the real problem is non-transplant surgeons who are implanting VADs (something the OPTN cannot truly impact). Also considering limited success of advancing VAD primary transplant heart

surgeon requirements without the Thoracic Committee's support, the Committee ultimately agreed to continue monitoring this matter but not actively pursue any changes at this time.

Review of Public Comment Proposals and Preliminary Proposals

None

Other Significant Items

6. Member Related Actions and Personnel Changes:

During the July meeting, the Committee reviewed and approved applications from new and existing members. The Committee will ask the Board of Directors to approve recommendations for approval during its December 1-2, 2015, meeting:

- New Member
 - Approve 1 new transplant hospital
 - Approve 1 business member and 3 individuals for another 2-year term.
 - Approved the reclassification of a histocompatibility lab from independent to hospital based.
- Existing Members
 - Fully approve 8 transplant programs
 - Approve 2 transplant program reactivations

The Committee also reviewed and approved the following:

- Program-Related Actions and Personnel Changes:
 - 76 applications for changes in transplant program personnel
 - 8 applications for changes in histocompatibility lab personnel

The Committee also received notice of the following membership changes:

- 1 transplant program withdrew from membership
- 1 living donor component withdrew from membership
- 2 transplant programs inactivated
- 3 living donor components inactivated
- 6 OPO key personnel changes

7. Late Notification of Key Personnel Change

The Committee discussed a Key Personal Change histocompatibility laboratory that had not met the notification requirements in the Bylaws.

8. Live Donor Adverse Events and Follow-up Reporting

The Committee reviewed three mandatory reported cases, all living donor deaths. The Committee was also informed of a voluntary report of a living donor death after two years and unrelated to donation. The Committee also continued its review of compliance with living donor follow-up data submission requirements. The Committee is not recommending any further action to the Board at this time for any of the issues.

9. Due Process Proceedings and Informal Discussions

During the meeting, the Committee conducted three interviews and one informal discussion with member transplant hospitals and OPOs. The Committee is not recommending any further action to the Board for any of these issues.

10. Expedited Threat Review Committee:

The Committee convened as an Expedited Threat Review Committee and discussed ongoing HRSA-Directed peer visit issues involving OPTN members.

11. Committee Referrals

Medical Urgency Kidney Allocation- Policy 8.2.A: The Committee received a response from the OPTN/UNOS Kidney Transplantation Committee (the Kidney Committee) in response to an earlier memo it sent about clarifying policy pertaining to the allocation of kidneys to medically urgent patients. The Kidney Committee stated that it had decided not to pursue any policy language changes at this time because the situation arises infrequently and medically urgent status does not appear to be used inappropriately by OPTN members. Reviewing this response, Committee leadership had decided that it should also reach out to the OPTN/UNOS Organ Procurement Organization Committee (the OPO Committee) to get its perspectives on this issue. Accordingly, a similar memo about kidney allocation to medically urgent candidates was distributed to the OPO Committee, which is slated to review this topic at its upcoming September 2015 meeting.

Policy 18.5.D (Reporting of Non-transplanted Living Donor Organs): At its December 2014 meeting, the Committee reviewed a living donor adverse event involving an unutilized living donor kidney. The receiving hospital notified the recovery hospital that the kidney was not utilized and the recovery hospital submitted a report, more than 72 hours after the kidney was recovered, through the OPTN Patient Safety Portal. Considering the increasing number of living donor kidney transplants that occur through a paired donation, the MPSC discussed the potential need for modifying Policy 18.5.D. Specifically, the Committee suggested that once a living donor organ is received by the intended recipient's hospital, it should be the recipient hospital's responsibility to report and explain the non-utilization of the living donor organ to the OPTN and the recovery hospital. The Living Donor Committee responded to this request from the MPSC that they were not recommending any changes to the requirement that the recovery hospital report, but were exploring other options. The Committee asked that staff reiterate its concerns to the Living Donor Committee.

Policy 2 (Deceased Donor Organ Procurement): After a review discussion, the Committee asked that the OPO Committee review the requirements for donor evaluation in the case of anencephalic newborn donors. The Committee suggests that the OPO Committee review the policies to determine whether any of the required testing should be different for these donors, or whether testing on the mother's blood may be appropriate.

Upcoming Meetings

- August 31, 2015, Chicago, IL
- September 9, 2015, Conference Call
- October 27-29, 2015, Chicago
- March 15-17, 2016, Chicago
- July 12-14, 2016, Chicago
- October 25-27, 2016, Chicago