

OPTN/UNOS Policy Oversight Committee (POC)
Meeting Summary
September 10, 2015

4-5 PM EST, Conference Call
Sue Dunn, RN, BSN, MBA, Chair
Jennifer Milton, BSN, CCTC, MBA, Vice Chair

Discussions of the full committee on [November 11, 2013] 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. Proposal to Increase Committee Terms to Three Years

This project is currently out for public comment; the POC will review public comment on the proposal at its in-person meeting in Chicago on September 29, 2015.

Committee Projects Pending Implementation

2. None

Implemented Committee Projects

3. None

Review of Public Comment Proposals

4. None

Other Significant Items

5. Assignment of Primary Goal to 4 Committee Projects

The primary purpose of this call was the review four committee projects that had no clearly define primary goal to assign each to one of the five primary goals in the 2015-2018 OPTN strategic plan. See the full OPTN Strategic Plan [here](#).

- Goal 1= Increase the number of transplants
- Goal 2= Provide equity in access to transplants
- Goal 3= Improve waitlisted patient, living donor, and transplant recipient outcomes
- Goal 4= Promote living donor and transplant recipient safety
- Goal 5= Promote the efficient management of the OPTN

The list of the four projects is as follows, and includes a recommended primary goal as recommended by POC leadership and previous surveys completed by POC members.

Project (committee sponsor)	Recommended Primary Goal
1. Pediatric Transplantation Training and Experience Considerations in the Bylaws (Pediatric Transplantation Committee)	3
2. Define Working Knowledge For Primary Physician Qualification Pathways (Membership & Professional Standards Committee)	5
3. Post-Transplant Performance Review of Multi-organ Transplants (Membership & Professional Standards Committee)	3
4. Define Biologically Incompatible for KPD (Kidney Transplantation Committee)	1

6. Discussion Items

Define Biologically Incompatible for KPD (Kidney Transplantation Committee)

The Kidney Committee vice chair began the discussion on the *Define Biologically Incompatible for KPD* project and explained that this project was going to become more of an operational definition and guidance rather than a policy deliverable. This change would mean this project would not be a Board deliverable and would not require POC approval.

One committee member asked for further clarification and whether that meant that this would not be binding. The Policy Director commented that yes, that it would not be binding since it would not be a policy change. Another committee member asked whether that meant then that we did not need to assign this a primary goal or go through the POC approval process. The Policy Director confirmed that this would not need to be completed if the project goes down that pathway, but that it is worth doing this today during the meeting since we have already begun the process.

The Ethics Committee vice chair asked if we could clarify the scope of this project since it appears there are two different aims for this project. She stated that one of the goals is explicitly stated to define what biologically compatible means but then if you read further, it seems that the goal is to encourage compatible pairs to become part of the KPD program. Which is the goal? The Policy Director said that he would not put it as “encourage”, but as that it would “permit.” There are folks out there that are under some definitions of compatible pairs, some a more narrow definition of biologically incompatible or broader definition of compatible, then that allows them to participate in KPD if they choose to do so. We want to develop a definition that is broad enough to allow some of these pairs to participate.

The Thoracic vice chair commented that the NKF defines compatible pairs pretty simply. But I’ll just leave it at that since I don’t want to complicate the issue.

The committee then voted to keep this project as a Goal 1: Increase the number of transplants.

Pediatric Transplantation Training and Experience Considerations in the Bylaws (Pediatric Transplantation Committee)

The Living Donor vice chair asked how we define outcomes versus increase transplants, and long term versus short term impact. The Policy Director reported that this is a

judgement call. With this project the committee started more on the safety side but has moved more towards long term outcomes. Most of this is not in the project form, but that's where the committee is spending most of its time.

MPSC vice chair confirmed that he thinks this is more of a goal 3, outcomes. From my perspective goal 3 is the logical place for that. The Thoracic vice chair then commented that the only data they have to support this is that they say higher volume centers have better outcomes. Most of the data they have are based on outcomes.

The Committee voted unanimously to keep this project's primary goal as Goal 3: Improve waitlisted patient, living donor, and transplant recipient outcomes.

Define Working Knowledge For Primary Physician Qualification Pathways (Membership & Professional Standards Committee)

The MPSC vice chair reported that the primary driver here is efficiency in evaluating whether the program meets the standards to be a program of whatever type and they vary by physician and surgeons and so goal 5 also impacts outcomes (goal 3), no question. The Ethics vice chair thought this was more in alignment with safety (4), and commented that the last sentence under the explanation for the efficiency goal says "the additional effort made to enforce these may not promote the efficient management" raised my eyebrows. The MPSC vice chair confirmed that this project does indeed have a patient safety implication, but we put it in 5 because it will make it much more efficient to review program applications and easier for programs to affect their program review status.

The committee voted unanimously to identify this project's primary goal as Goal 5: Promote the efficient management of the OPTN.

Post-Transplant Performance Review of Multi-organ Transplants (Membership & Professional Standards Committee)

The recommended goal for this project is goal 3 (outcomes). The MPSC vice chair commented that this gets back to the conversation that when we're reviewing people we're looking at patient safety and outcomes as our key focus so multi-organ transplants have not really had much guidance or review in terms of outcomes and what is expected. So we're trying to close that gap and be consistent in terms of how we're looking at that outcomes data. The living donor vice chair asked for clarification about whether short term means under one year? Will the MPSC be reviewing transplant programs for beyond 1-year outcomes? We review outcomes on a routine schedule and would be looking at both short-term and long-term outcomes.

The Living Donor vice chair also asked if the performance review is similar to the PSRs we have for other programs? Yes; however if someone is flagged we look at additional data, and we would review based on the one-year outcomes but then look at more than one year if they're flagged. So short term it's safety.

The Thoracic vice chair says his interpretation is more logistical stuff for safety, not time. He questioned whether it might be goal 2 in equity in access since this kidney is now gone for someone else. That was not the purpose of this particular proposal correct? The MPSC vice chair agreed that this is the case and that goal 3 is the best place for it to be initially.

The Living Donor vice chair said that she still does not agree with this if we're going to apply this consistently. The Policy Director reported that he views this as an outcome review first, and once you start the conversation it becomes more granularly a safety

issue, but at the start and the primary goal is an outcomes proposal. But it will certainly have a safety component.

The committee then voted to keep this as a Goal 3: Improve waitlisted patient, living donor, and transplant recipient outcomes, project as its primary goal.

The committee chair summarized the discussion of the four committee projects by confirming that the committee voted to support that all four projects aligned with the recommended primary goal as identified in the table above.

7. Orientation on Upcoming Review of New Committee Projects

The new committee members were presented a brief orientation to the upcoming review of new committee projects. This orientation explained how the committee reviews new committee projects to make a recommendation to the Executive Committee about whether these projects should be worked on by the sponsoring committee and included in the committee project work plan.

Upcoming Meetings

- November 12, 2015, Conference Call, 4:00 PM EST
- December 10, 2015, Conference Call, 12:00 PM EST
- Thursday, January 14, 2016, Conference Call, 4:00 PM EST