

OPTN/UNOS Kidney Transplantation Committee
Meeting Summary
September 19, 2016
Conference Call

Dr. Mark Aeder, Chair
Dr. Nicole Turgeon, Vice Chair

Discussions of the full committee on September 19, 2016 are summarized below. All committee meeting summaries are available at <https://optn.transplant.hrsa.gov>.

Review of Public Comment Proposals

1. Updating Primary Kidney Transplant Physician Requirements

The Committee generally supported the proposal. However, a few committee members felt that there should be a way to “grandfather” current primary kidney transplant physicians prior to implementation of the proposed updates. Members were concerned that transplant physicians that move to a different program may be unable to meet the new requirements. There should also be monitoring to be certain that patients in a particular program are not unfairly disadvantaged.

2. Proposed Changes to the OPTN Transplant Program Outcomes Review System

The Kidney Committee supports the idea of revising the method for reviewing transplant program outcomes. However, committee members do not support the proposed changes as presented. Members felt that this proposal was complex and will be confusing for transplant professionals. Furthermore, members believe that the proposed changes will increase member burden without changing acceptance behavior for “riskier” organs. Members did not like the idea of randomly selecting centers for survey, as it would create an unnecessary time/work burden for programs that are not clearly outside the defined metrics, and shift program resources away from patient care and transplantation goals. If the intent of the proposal is to identify and assist underperforming centers, this should not be a random evaluation but a data-based decision.

3. MPSC Transplant Program Performance Measures (Outcomes Measures)

Committee members are concerned that the proposed changes may not affect the behavior of risk-adverse programs because this proposal **will not affect CMS review**. It will be challenging to impact center behavior with two **different review systems in place**. Additionally, the decision to accept or decline an organ offer is complex and not **entirely based on EPTS and KDPI**. The discard rate needs to be further analyzed to assess the characteristics of discarded organs. Additionally, there was no data to support the premise that utilizing KDPI >84 kidneys to recipients with EPTS scores >79 shows effective outcomes and optimal utilization of the kidneys and associated resources. Any change of this nature should be data driven.

Upcoming Meetings

- October 20, 2016
- November 21, 2016
- December 19, 2016