

OPTN/UNOS Organ Procurement Organization Committee
Meeting Summary
September 30, 2016
Chicago, Illinois

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Discussions of the full committee on September 30, 2016 are summarized below. All committee meeting summaries are available at <https://optn.transplant.hrsa.gov>.

Committee Projects

1. System Optimizations to Expedite Organ Allocation and Increase Utilization

The Committee was provided with an update on this project being led by the OPO Committee. Work group conference calls have been held monthly since March 2016. The work group has developed a list of DonorNet[®] changes to better facilitate communication between OPOs and transplant centers. This list has been submitted to UNOS information technology for review to determine the feasibility and cost of the changes.

The work group has also discussed the reasons for inefficient organ placement and developed a list of five issues that need to be addressed. One main issue is the use of the provisional yes. The work group agreed there is variation in the interpretation and use of the provisional yes. The provisional yes can slow down the allocation process if OPOs struggle to get final acceptance from transplant centers. This issue will remain a topic of discussion at future work group meetings.

The work group also discussed the time limits for responding to electronic organ offers in an attempt to improve the organ offer process. Currently, transplant centers are allowed one hour from the time an offer is made to their first viewing of the offer. Once the transplant center views the offer, they have one hour to respond to the offer with either a refusal reason or a response of "provisional yes." The work group is considering a policy change that would shorten those time periods from one hour to 30 minutes. The work group will review data during its next conference call that will analyze how long transplant centers are currently taking to view an offer. Additionally, how long does it take a transplant center to enter a response (refusal or provisional yes) after the first view of the offer?

The Committee discussed other issues that affect organ placement. They acknowledged that expedited placement should be addressed, particularly as broader sharing discussions move forward. They also recognized that OPOs should be consistent in providing the necessary information for transplant centers to make informed decisions on organ offers. The Committee discussed developing guidelines or best practices for OPOs regarding donor information in an effort to promote consistency. The Committee also recommended contacting the Transplant Coordinators Committee to identify best practices used by transplant programs when receiving organ offers.

Committee Projects Pending Implementation

2. Imminent and Eligible Death Data Definitions

This proposal was approved by the Board of Directors in 2013 and the effective date is currently set for January 1, 2017. The Committee has completed educational materials and UNOS Instructional Innovations provided a demonstration. The Centers for Medicare and Medicaid Services (CMS) published proposed rule changes in the Federal Register in July 2016 that included acceptance of the OPTN policy changes addressing paper documentation shipped with organs as well as the proposed changes to the imminent and eligible definitions. The Committee has provided initial communications to the community and will continue to monitor the CMS changes.

Implemented Committee Projects

Not discussed

Review of Public Comment Proposals

The Committee reviewed 5 of the 15 proposals released for public comment from August 15, 2016 – October 15, 2016.

3. Infectious Disease Verification to Enhance Patient Safety (Operations and Safety Committee)

The OPO Committee supports the proposal but has concerns about adding another task that needs to be performed in the donor operating room. The Committee recommends that the verification be done using DonorNet[®] or TransNetsm instead of creating another paper form.

4. Ethical Considerations of Imminent Death Donation (Ethics Committee)

The OPO Committee supports the plan to create separate white papers for the two types of potential donors. (1. An individual with devastating neurologic injury that is considered irreversible and who is not brain dead and 2. A patient who has capacity for medical decision making, is dependent on life-support, has decided not to accept further life support who wants to donate) The Committee also recommends including pediatrics in the second category.

5. The Ethics of Deceased Organ Recovery without Requirements for Explicit Consent or Authorization (Ethics Committee)

The OPO Committee had no comments on this white paper.

6. Redesigning Liver Distribution (Liver and Intestinal Organ Transplantation Committee)

The OPO Committee supports the concept of broader sharing to increase equity in the system. The Committee acknowledges that improvement to the allocation systems (e.g. UNetsm and DonorNet[®]) are essential and need to be in place prior to the implementation of broader sharing allocation systems.

The OPO Committee also recommends that transplant center behavior be monitored during this process. This includes realistic listing practices, acceptance practices, and response times as well as late reallocation. The Committee agreed with the suggestion to limit the number of offers (e.g. 2) that a transplant center can accept for one candidate and to encourage more transparency about multiple acceptances.

The OPO Committee recognizes that improved systems, including DonorNet® changes, expedited placement systems, and monitoring systems, need to be in place to support broader sharing of all organs.

The OPO Committee encourages a more thorough assessment of the complete cost impact for the proposed broader liver allocation strategies. Data shared to date focused on transportation costs. A letter to the editor in the American Journal of Transplantation (March 2015) outlines the impact of sharing more livers on the Medicare cost report. Increases in the number of livers counted on the cost report raised the assignment of overhead cost on a per organ basis. These costs significantly exceed the proposed transportation cost increase. The increase in the number of organs “counted” drives costs but produces no increase in the number of livers transplanted.

Finally, the OPO Committee would like to strongly note that the geographical disparity in access to liver transplantation is not a product of OPO performance. The Committee does recognize that the OPO community should continue to improve authorization and conversion rates in order to make more organs available for transplant.

7. Proposal to Modify the Adult Heart Allocation System (Thoracic Organ Transplantation Committee)

The OPO Committee supports the concept of broader sharing to increase equity in the system. The Committee acknowledges that improvement to the allocation systems (e.g. UNetsm and DonorNet®) are essential and need to be in place prior to the implementation of broader sharing allocation systems.

Other Significant Items

8. Task 17 Update

The Committee was provided with an update on the OPTN Task 17 study examining the feasibility of the OPTN collecting ventilated referral data. Health Resources and Services Administration and UNOS is finalizing the report and recommendations. The Committee requested another update on this project once the report has been finalized.

9. Policy Oversight Committee Update

The Committee was provided with an update from the August 2016 POC meeting. The POC reviewed several new committee projects and provided recommendations to the Executive Committee. The Committee Vice Chair noted that the important aspects of the POC review of proposed projects is to determine if there is a clearly defined problem with proposed solutions, alignment with the OPTN Strategic Plan, and identification of stakeholders.

10. Social Media and Directed Donations

The Committee reviewed a memorandum from the Membership and Professional Standards Committee (MPSC). The MPSC is concerned about the potential for directed donations driven by social media to erode the public’s trust in the integrity of the OPTN. In particular, directing donation to candidates within a certain age range, to any patient at a specific hospital or from a specific town.

The Committee understands the increasing impact of social media on the transplant community and recognizes the variability in how OPOs address directed donations. The Committee does support directed donations when specific candidates are named. The Committee does not support the practice of directed donations to a specific class of candidates, specific institutions, or localities. The Committee agreed with the MPSC’s

concern that this practice could erode the public's trust in the fairness and equity of the current allocation system. The Committee supports further discussion on this issue in order to develop future guidance for both OPOs and transplant hospitals. The Committee will draft a response memo to the MPSC.

11. Pre-Procurement Tissue Typing Blood Samples

The Committee reviewed a memorandum from the Kidney Transplantation Committee who received a member request to discuss a requirement that OPOs provide blood samples for preliminary crossmatch testing for at least the top two ranked highly sensitized (99-100% CPRA) candidates on the kidney match run.

The Committee understands the concern and while there are inconsistent practices among OPOs and transplant hospitals, the Committee believes that providing blood samples is case dependent and most OPOs are willing to work with the transplant hospitals to reduce cold ischemia time. Additionally, with the increased use of virtual crossmatching, there is the potential for a reduction in requests for blood samples prior to shipping the kidney. The Committee agreed to seek input from the Histocompatibility Committee on the status of virtual crossmatching for kidney allocation, then make a determination on how to proceed with this issue.

12. OPO Waiver Practices

The Committee reviewed a memorandum from the Kidney Transplantation Committee addressing OPO waiver practices. The member requesting input states that the inconsistent practice of granting waivers can potentially disadvantage patient access to transplant. They believe that if an OPO chooses to offer an organ with waivers, then it should be required to offer the same waiver to all transplant centers.

The Committee understands the problem statement but agreed that these situations are operational and dependent on individual donors. It would be challenging at this point to develop a recommendation or policy to address the use of waivers since the OPTN does not capture information on waivers. The Committee also questioned if this is a nationwide issue or just an issue for a few OPOs. The Committee recommended no action at this time and will provide a response memo.

13. VCA Label

The Committee reviewed an updated version of the VCA label. The changes are intended to be compatible with TransNetsm while also allowing a back-up in the event of equipment or technology breakdown. OPO staff completing the labels will be able to mark the type of VCA and laterality for the most commonly recovered. Additionally, specificity can be marked where applicable. In the case of "Other VCA", this line item is intended to capture instances where glands (e.g.: adrenal or thymus) and spleen would be recovered for vascularized transplant. The Committee approved the new label but suggested that "Other VCA" line be moved to the bottom of that section of the label.

14. OPTN Policy to Require an ECHO and EKG on Lung Donors

Prior to the policy rewrite in 2013, *Policy 2 (Deceased Donor Information)* contained required information for "thoracic organs." These were separated into sections for "heart" and "lungs" during the rewrite. An electrocardiogram and echocardiogram (if facilities are available) are currently listed as required information for both organs. The Committee agreed to seek input from the Thoracic Organ Transplantation Committee and then submit a project form to the POC.

15. Committee Project Brainstorming

The Committee has had several discussions about project ideas that focus on “increasing the number of transplants.” The Committee has narrowed the list of potential projects down to “increasing the availability of DCD organs” and “facilitated placement of organs.” The Committee agreed to form a small subgroup of committee members to define the problems and identify potential solutions for the project forms.

Upcoming Meeting

- TBD