OPTN/UNOS Transplant Administrators Committee (TAC)
Meeting Summary
October 20, 2016
Chicago, IL

James Pittman, RN, MSN, Chair
Nancy Metzler, Vice Chair

Discussions of the full committee on October 20, 2016 are summarized below. All committee meeting summaries are available at https://optn.transplant.hrsa.gov.

Committee Projects

1. **None**

   This meeting was used to finalize UNOS Transplant Management Forum (TMF) planning. No TAC OPTN projects were discussed.

Committee Projects Pending Implementation

2. **None**

Implemented Committee Projects

3. **None**

Review of Public Comment Proposals

4. **Infectious Disease Verification to Enhance Patient Safety Proposal (Operations and Safety Committee (OSC))**

   The Committee received a presentation on the proposal and provided the following comments to the OSC for consideration. Committee members agreed that this is not the best time to move this proposal forward for Board approval. There was a lot of concern regarding centers being able to maintain compliance and their ability to properly train OR staff on these requirements in addition to requirements of the recently implemented ABO verification requirements. One recommendation for this issue was to require the accepting MD and coordinator verify the required elements of this proposal instead of OR staff. The accepting MD and coordinator have access to DonorNet and would require less training. Several members stated that the proposal also needs to define the following: what is considered acceptable source documentation in the electronic medical record (EMR), pre-OR, and who is responsible for organ check-in. Other comments included:

   - "Simple attestation" does not exist
   - Not every patient goes to pre-op area so pre-op verification is not always possible
   - There needs to be more flexibility in the process

   The Committee also agreed that this proposal needs to align with CMS regulations and it would be helpful to have centers share their CMS experiences. It was also recommended to expedite the implementation of and training transplant centers' staff on TransNet[sm] and then revisit this proposal.

Other Significant Items

5. Heroin Epidemic Presentation

The Committee received a presentation on the heroin epidemic and utilization of organs from a donor with a history of IV drug use. According to the presentation, the CDC reported, that since 2000, the rate of deaths from drug overdoses has increased 137%, including a 200% increase in the rate of overdose deaths involving opioids. The CDC analyzed mortality data to examine current trends and characteristics of drug overdose deaths, including the types of opioids associated with drug overdose deaths. The CDC also reported that, in 2014, approximately 125 Americans died, each day, from a drug overdose. These numbers are reaching levels similar to HIV when that epidemic was at its peak. Between 2010 and 2015, the numbers of organs transplanted per donor remained fairly constant, following a spike after 2009 when the rise in drug overdose deaths started to become more noticeable. There continues to be a fear of increased disease transmission (HIV and HCV) with donors that have a history of IV drug use. However, these instances are infrequent or rare and when they do occur transplant centers can intervene with newer treatments. In summary, the opioid epidemic has led to an increase in organ donation though there may be an "increased risk" of disease transmission, OPOs should consider donors with a history of IV drug use, and transplant centers should consider organs from PHS increased risk donors to reduce waitlist mortality.

Committee members found this presentation and data to be interesting and informative. Members agreed that patient and staff education on increased risk donors is important. For various reasons, some transplant center staff have "education fear" meaning they are fearful of not providing enough or too much information about increased risk donors to their patients. There needs to be more consistency in the information that is communicated to patients by the transplant center staff to help minimize the fear of receiving an organ from a high risk donor. UNOS research staff is reviewing more data and their findings can be reported back to the Committee on a later date if requested. The Committee will consider this presentation as a 2017 TMF session.

6. Standardized Benchmark Reports

UNOS research provided a review of the standardized benchmark reports that are now available on UNet[sm]. UNOS research receives many OPTN data requests each year involving centers attempting to compare their data with those of like centers and regional and national aggregates. Many of those centers use the data collected by UNOS to benchmark their performance; however, there was no existing national benchmarking report for many of these measures. In an effort to provide this data to centers, UNOS research developed an enhanced report with visualized data beyond what is provided by the OPTN to its members. This report was made available on September 30, 2016. Every center receives a standard report for kidney, liver, heart, lung, and pancreas. This report contains data on the wait list, transplant, and there is an FAQ. This report is made available quarterly through the data services portal on UNet.

7. UNOS Data Service Portal

UNOS research reviewed new tools available in the UNOS data services portal in UNet to include the Report of Organ Offers (ROO) and center STAR files. More recent releases include the Benchmark Report, Kidney Wait List Management Tool, Standard Living Kidney Donor Follow-up Report, and standard reports on listings and transplants by state, zip code, and center. Future reports will include additional organ offer related

reports, waiting list management tools for other organs besides kidney, standard living liver donor follow up report, 30 reports similar to common data requests, custom analyses and dashboards, and reorganization of the portal for filtering of reports.

A demonstration of the data centers can obtain using the Kidney Waitlist Management Tool and Standard Living Kidney Donor Follow-up Report was also provided.

8. **KPD Financial Subgroup**

The Committee received an overview of the KPD Financial Work Group's progress. Finances in KPD remain an issue. In 2013, a KPD participation barriers survey was disseminated and it found that finances and lack of training in KPD finances was a moderate to large barrier, variability in transplant hospital billing practices, and difficulty in getting claims paid were top barriers. Suggestions on how to improve KPD finances were also received in the survey. Also in 2013, there was a KPD Consensus Conference. It was noted that there are unique financial costs associated with KPD that are challenging to recover. There were three payment models evaluated and there were six criteria used to evaluate each model. At the end of the conference, there was consensus that a nations KPD SAC would best achieve the criteria. The advantages and disadvantages of a national SAC were reviewed and the fact that an infrastructure for a KPD SAC does not exist at this time was also discussed at the conference. Financial responsibility for donor complications remains an unresolved challenge. CMS provides for the reimbursement of both professional and facility fees for donor complication costs by billing through the recipient's Medicare number. The mechanism for reimbursement from commercial payers is less clear cut. The situation becomes increasingly opaque as time from donation increases. Therefore, provisions for time-limited, comprehensive insurance for donors' complications should be developed.

In 2016, KPD outreach interviews were conducted. Findings from these interviews were as follows:

- Financial contracts for each exchange continue to be a substantial barrier to KPD participation
- Time spent on contracts and the delay from offer to surgery can cause match failures
- Lack of standardization in the financial contracts or SAC continues to impede KPD
- More education on KPD finances is needed

The KPD Financial Subgroup has also had discussions with CMS about KPD finances but no changes have been made.

In efforts to educate and assist centers with KPD finances, the Subgroup developed a KPD financial webinar and toolkits. All are available on the OPTN website.

Information on how other KPD organizations billing/payment processes was also provided to the Committee for reference.

The Committee briefly discussed donor complications payment processes and plans to work with the OPTN KPD Subgroup, payers, and other stakeholders to develop a national SAC.

Upcoming Meeting

- November 16, 2016